

## Addressing the Needs of Young Adolescents

**Although programs are beginning to pay attention to the needs of young adolescents, more evaluations of these efforts are needed.**

Most research and interventions addressing youth reproductive health (RH) and HIV issues have focused on older adolescents (ages 15 to 19) or young adults (ages 20 to 24). Recently, a growing number of projects are focusing on the needs of young adolescents (ages 10 to 14). Few of these projects have been evaluated, however, and more rigorous research is needed to identify the most promising aspects of the new projects for replication and expansion.

Worldwide, nearly 10 percent of people are ages 10 to 14, and in developing countries, the percentage is often higher (e.g., Uganda, 16 percent).<sup>1</sup> Early adolescence marks a critical time of physical, developmental, and social changes. Interventions during early adolescence may be more effective in shaping healthy attitudes and behaviors than in late adolescence, when attitudes and behaviors are more established. Young adolescents are also more likely to still be in school and less likely to have begun sexual activity.

### Why focus on young adolescents?

The International Women's Health Coalition recently published a series of briefs on adolescents ages 10 to 14 called *Overlooked and Uninformed*, which describe the important reproductive health risks facing young adolescents. Some of these risks include:<sup>2</sup>

*Early sexual debut.* Demographic and Health Surveys (DHS) found that at least 25 percent of girls ages 15 to 19 had begun vaginal intercourse before age

15 (mostly within marriage) in Bangladesh, Central African Republic, Guinea, Mozambique, and Niger; the figure is more than 10 percent (within or outside marriage) in India and many countries in sub-Saharan Africa, Latin America, and the Caribbean. Among boys, 25 percent or more said they had intercourse before age 15 in Brazil, Gabon, Haiti, Jamaica, Kenya, Malawi, Mali, Namibia, Nicaragua, and Zambia. In an FHI study in Jamaica comparing outcomes of pregnant and never-pregnant teenagers (average age 16), 54 percent of the pregnant teens (n=250) had first sex before age 14, compared to 41 percent of the never-pregnant teens (n=500).<sup>3</sup>

*Early pregnancy.* Before age 15, a girl's pelvic bones, birth canal, and muscular growth are not fully developed. Pregnancy before full development exposes girls to greater risks of miscarriage, obstetric complications (hypertension, obstructed and prolonged labor, vaginal tearing, fistula, and hemorrhage), and death. Pregnant girls under age 15 are twice as likely to experience premature labor and four times more likely to die from pregnancy-related causes than women over age 20. Early childbirth is also a cause of premature delivery, low birth-weight, stillbirth, and the death of the newborn.

*High risk for abuse.* Young adolescents have fewer skills to protect against sexual abuse, which can range from being pressured for sex to rape. A study in Zambia found that one-third of all assaults reported to police and health facilities occurred among people ages 10 to 14.<sup>4</sup>





*Early adolescence marks a critical time of physical, developmental, and social changes. . . . In general, new interventions with this age group fall into two categories: community-based approaches and school-based efforts.*

*Lack of information.* Young adolescents lack information and skills regarding sexuality but have a curiosity about changes in their bodies and sexual and reproductive health information. The Institute for Reproductive Health, Georgetown University, conducted focus groups and in-depth interviews with community leaders in Guatemala and Madagascar. They found low knowledge regarding fertility and reproductive processes among boys and girls, a low level of comfort with puberty-related changes, and the need to sensitize parents and the community about puberty and gender roles. The focus groups included boys and girls (separately, for ages 10 to 12 and ages 13 to 14), parents, and teachers. Findings will guide development of an intervention on fertility awareness.

Recognizing these risks, projects are beginning to focus on young adolescents, with an emphasis on developmentally appropriate areas such as puberty, pregnancy, body changes, life skills, and HIV.<sup>5</sup> A recent toolkit produced by the Population Council provides samples of research methodologies and tools that can be used by program managers and researchers to design and implement programs and services to reach young adolescents.<sup>6</sup>

In general, new interventions with this age group fall into two categories: community-based approaches and school-based efforts. The community-based projects work primarily with parents, neighborhood groups, the media, clubs, girl guides and scouts, and sports teams.

### **Community programs**

One project in Nicaragua supported young adolescents with safe community settings and increased communication with parents. Called *Entre Amigas* (Between Girlfriends), the project used community activities to reach girls in a poor, high-risk, urban area. Monthly gatherings in local community centers or churches provided a safe place for conversation about private issues. Mothers and teachers shared experiences with each other and with the girls. One local partner introduced a 13-year-old character into a popular soap opera and encouraged mothers and daughters to watch it together. Girls helped with the scripts and other activities, including

puppet shows and peer education. An evaluation by PATH found positive changes in knowledge, attitudes, and behaviors among girls ages 10 to 14 and their mothers, and a cost study found the activities feasible and affordable.

Other projects are also working with parents to engage this age group. For example, the Youth Intervention Programme in Kenya, with its “Families Matter” curriculum, emphasizes awareness of risks and communication between parents/primary caregivers and their 9- to 12-year-olds. A pre- and post-intervention assessment of the Kenya project found improvements in communication and parental involvement.<sup>7</sup>

Girl guides and scout groups provide an opportunity for many young adolescents. From 2000-2006, a Kenya Girl Guides Association (KGGA) project on HIV prevention among girls ages 10 to 14 reached more than 340,000 girls in nearly 800 schools. An evaluation by Horizons/Population Council found a positive impact on social well-being, gender equity, attitudes toward people living with HIV, and HIV-related knowledge, through a survey with about 2,000 youth at baseline and another 2,000 youth at end-line.<sup>8</sup> A scouting project supported by PATH is also working with boys ages 13 to 15 in the country.

In Kenya, clubs with structured learning and a catchy, fun slogan provide a potentially successful approach. The campaign promotes abstinence among urban youth ages 10 to 14 in the media and through “Chill Clubs,” a project implemented by Population Services International (PSI). Using a curriculum developed by PATH, these clubs promote skills that enable youth to delay their sexual debut. In 2006, the project reached some 12,500 students in 250 schools in five districts. It addresses healthy friendships, cross-generational relationships (e.g., “sugar daddies”), self-esteem, assertiveness, decision-making, peer pressure, gender violence, pregnancy, sexually transmitted infections (STIs), and HIV.

Sports also offer a promising avenue. A project called PeacePlayers International (PPI-SA) in Durban, South Africa, hires and trains young people to coach

basketball and lead weekly, interactive, life skills sessions with boys and girls, grades 6-7, in 39 primary schools. The activities, which reach about 1,500 young adolescents annually, include a curriculum that covers drugs and alcohol, self-awareness, HIV/AIDS and sexuality, children's rights and responsibilities, goal setting, and healthy decisions.

### School-based projects

More than 85 percent of all children age 12 in developing countries are in school, but attendance drops off quickly as children get older, especially among female, poor, and rural youth.<sup>9</sup> Well-designed and implemented curriculum-based RH and HIV education programs have a positive impact on sexual behaviors, including delaying sexual initiation, reducing the number of sexual partners, and increasing condom use.<sup>10</sup> Moreover, as a recent review of African projects found, "programmes targeting younger, primary school children have had greater success in influencing sexual behaviors compared with those targeting older, secondary school children."<sup>11</sup>

Young adolescents often are not receiving such education. A recent four-country study found that fewer than one in five of all young adolescents in Burkina Faso and Malawi received sexuality education in schools, with fewer than half in Ghana and Uganda receiving this information.<sup>12</sup> New curricula are beginning to reach young adolescents in schools in some countries (see box for more resources), but no evaluations were identified regarding impact on behaviors.

In Zambia, the International HIV/AIDS Alliance's Africa Youth Program worked with the Ministry of Education and other partners to develop curricula and teacher guides for grades 4-5, 6-7, and 8-9, called *Our Future: Sexuality and Life Skills Education for Young People*. The teacher guide for grades 4-5 emphasizes growing up, gender and sexuality, reproductive health, STIs, HIV, and drug use. Students practice the skills needed to develop caring relationships, make good decisions, solve problems, and seek help. The curriculum, which can fit into the national curriculum or extracurricular activities, emphasizes engagement of the community, especially parents and caregivers.

In 2005, Namibia's Ministry of Education launched an after-school program called "Window of Hope" for youth ages 10 to 15. Up to 30 youth form a voluntary club that meets one afternoon a week. Trained teachers lead the clubs and try to involve parents and other community members. The clubs go through modules for ages 10 to 12 and ages 13 to 15, focusing on self-awareness, self-esteem, changing bodies, and feelings. Club activities use singing, storytelling, role-playing, and art to help participants develop their strengths, values, and skills.

Recent funds from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) are supporting work with young adolescents with a focus on abstinence, including curricula. A 2006 midterm evaluation of these PEPFAR programs included a recommendation for more targeting of curricula by age.<sup>13</sup> World Vision and World Relief have created two of the curricula. *Abstinence and Risk Avoidance (ARK) for Youth: Value-Based Life Planning Skills Guide for Youth (10 to 14 Year Olds)*, produced by World Vision, has been used in Haiti, Kenya, and Tanzania with more than 250,000 youth in schools and in out-of-school settings (both faith-based and non-faith-based). The curriculum promotes family, religious, and societal values, while encouraging healthy behavior change and skills development. World Relief developed the *Choose Life* curriculum

### SELECTED SEXUALITY AND HIV EDUCATION CURRICULA FOR YOUNG ADOLESCENTS

Curricula on sexuality and HIV education, as well as standards for such curriculum-based efforts, are available with other resources at the "Young Adolescent" page on the Interagency Youth Working Group Web site: [www.infoforhealth.org/youthwg/prog\\_areas/youngyouth.shtml](http://www.infoforhealth.org/youthwg/prog_areas/youngyouth.shtml)

- *Adolescent Reproductive Health and Life Skills Curriculum for Upper Primary School Youth*. Population Services International/Kenya, 2005.
- *Choose Life Guide for Peer Educators and Youth Leaders: a Curriculum for Youth Ages 10-14*. World Relief, 2006.
- *Our Future: Sexuality and Life Skills Education for Young People. Book 1: grades 4-5; Book 2: grades 6-7; Book 3: grades 8-9*. International HIV/AIDS Alliance/Zambia, 2006.
- *Positively Informed: Lesson Plans and Guidance for Sexuality Educators and Advocates*. International Women's Health Coalition, 2004.
- *Standards for Curriculum-Based Reproductive Health and HIV Education Programs*. Family Health International, 2006.

for Haiti, Kenya, Mozambique, and Rwanda – first for older adolescents and then, in 2007, for ages 10 to 14. The curriculum is being used primarily in schools, churches, and other organizations, including Food for the Hungry, Children’s AIDS Fund, and Christian Reform World Relief Committee.

Some curricula are being adapted for younger youth. For example, in Cameroon, FESADE (Women, Health, and Development in sub-Saharan Africa) recently developed a curriculum that can be adapted for ages 10 to 18. Outreach centers in urban areas have used the curriculum with more than 20,000 youth, and FESADE is working with the government to adapt it into a national sexuality education program.

### Challenges ahead

As programs focus more attention on young adolescents, more evaluations of school-based efforts are needed. In areas with high dropout rates or without sexuality education in schools, expansion of out-of-school programs is also important, including scouting projects, community and media projects, faith-based programs, and sports clubs.

An expanded evidence base is needed on effective strategies to reach the particular needs of young adolescents and to determine which curricula are most effective with this group. A next wave of research and programs can build on the efforts that have begun and further assist this often neglected sub-group of adolescents.

— Chris Parker and William Finger

*Chris Parker is a consultant who has written for Family Health International and others on many reproductive health topics. William Finger is an associate director at FHI for youth information.*

### REFERENCES

1. Measure DHS. *STATcompiler.com*. Jan. 24, 2008.
2. International Women’s Health Coalition (IWHC). *Overlooked and Uninformed: Young Adolescents’ Sexual and Reproductive Health and Rights*. New York: IWHC, 2007. For links to the regional summaries and citations for this *YouthLens*, go to: [www.iwhc.org/resources/youngadolescents/index.cfm](http://www.iwhc.org/resources/youngadolescents/index.cfm).
3. Geary CW, Baumgartner JN, Tucker HT, et al. *Early Sexual Debut, Sexual Violence, and Sexual Risk-taking among Pregnant Adolescents and Their Peers in Jamaica and Uganda*. *Youth Research Working Paper No. 8*. Research Triangle Park, NC: Family Health International, 2008.
4. *New Windows of Opportunity: Meeting the Needs of Sexual Assault Survivors in Zambia’s Copperbelt*. ECAfrique and Population Council, n.d.
5. James-Traore TA. *Developmentally Based Interventions and Strategies: Promoting Reproductive Health and Reducing Risk among Adolescents*. Washington, DC: FOCUS on Young Adults, 2001.
6. Chong E, Hallman K, Brady M. *Investing When It Counts: Generating the Evidence Base for Policies and Programmes for Very Young Adolescents – Guide and Tool Kit*. New York: Population Council, 2006.
7. Ferguson J, Shears KH. *Helping Parents Improve Adolescent Health*, *YouthLens No. 25*. Research Triangle Park, NC: FHI, 2007.
8. Kiragu K, Odingo G, Juma M, et al. *Beacon of Hope: Evaluation of the Kenya Girl Guides Association HIV/AIDS Program for School Children, Horizons Final Report*. Washington, DC: Population Council, 2007. Available at: [www.popcouncil.org/pdfs/horizons/KenyaGirlGuidesEval.pdf](http://www.popcouncil.org/pdfs/horizons/KenyaGirlGuidesEval.pdf).
9. Lloyd CB (ed). *Growing Up Global: The Changing Transitions to Adulthood in Developing Countries*. Washington DC: National Academies Press, 2005 (Table 8.3, p. 517); World Bank. *World Development Report 2007: Development and the Next Generation*. Washington, DC: World Bank, 2007.
10. Kirby D, Laris B, Roller L. *Impact of Sex and HIV Education Programs on Sexual Behaviors of Youth in Developing and Developed Countries*. *Youth Research Working Paper No. 2*. Research Triangle Park, NC: Family Health International, 2005.
11. Gallant M, Maticka-Tyndale E. School-based HIV prevention programs for African youth. *Soc Sci Med* 2004;58(7):1337-51 (quote, p. 1349).
12. Bankole A, Biddlecom A, Guiella G, et al. Sexual behavior, knowledge and information sources of very young adolescents in four sub-Saharan African countries. *Afr J Reprod Health* 2007;11(3):28-43.
13. Speizer I, Lopez C. *Field Assessment of Emergency Plan Centrally-Funded HIV Prevention Programs for Youth*. Chapel Hill, NC: University of North Carolina at Chapel Hill, Carolina Population Center, MEASURE Evaluation, 2007.

For more information,  
please contact:

### Interagency Youth Working Group

c/o Family Health International  
Youth Information  
P.O. Box 13950  
Research Triangle Park, NC 27709  
USA

telephone  
(919) 544-7040

e-mail  
[youthwg@fhi.org](mailto:youthwg@fhi.org)

web site  
[www.youthwg.org](http://www.youthwg.org)



**YouthLens** is an activity of the Interagency Youth Working Group (IYWG), a network of nongovernmental agencies, donors, and cooperating agencies working to improve reproductive health and prevent HIV among young people ages 10 to 24. The U.S. Agency for International Development funds the IYWG. Family Health International produces the YouthLens publication series.