

# EXECUTIVE SUMMARY

## VERY YOUNG ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH LANDSCAPE ANALYSIS



### WHY VERY YOUNG ADOLESCENTS?

Early adolescence (ages 10–14) is a time of significant change. This age group experiences the second most significant period of rapid brain changes after the first 1,000 days of early childhood.<sup>1</sup> At the same time, adolescents experience major physical and socio-emotional changes as they go through puberty, and they increasingly experience the constraints and expectations of gender inequality.<sup>2–6</sup>

The confluence of changes creates a unique opportunity to shift the trajectory of the very young adolescent (VYA) life course to improve: gender attitudes, behaviors, and norms before firmly entrenched; social and emotional development; present health outcomes, such as reducing very early pregnancy; and future health outcomes, including use of contraception.<sup>2–4,7</sup> Despite the potential of investing in this population to contribute to achieving the Sustainable Development Goals, the sexual and reproductive health (SRH) of VYAs remains largely overlooked in global development agendas, investments, and data.

*This document is an executive summary of a landscape analysis of very young adolescent sexual and reproductive health programming and research conducted with support from the Bill & Melinda Gates Foundation. The executive summary describes the rationale, key findings, and recommendations. The comprehensive findings of the landscape analysis are available in a slide deck at [this link](#).*

# WHERE ARE WE NOW?

## A SUMMARY OF LANDSCAPE FINDINGS

**VYA SRH data:** There is inadequate routine data and multi-country population-based data on the SRH of VYAs. Major surveys, such as the Demographic and Health Survey, either do not collect any information on VYAs or only collect information retrospectively. In addition, 10-14 year olds are rarely captured in health management information systems, and key groups of VYAs are consistently underrepresented in existing data and research, such as VYA boys and VYAs living in humanitarian settings.

**The VYA landscape identified 60 VYA SRH programs and 5 multi-country research initiatives. The following are key characteristics of the programs and research identified:**

### Geography:

The majority (63%) of programs are in the Africa region (using World Health Organization regions).

### Interventions:

More than half of the programs (n=37) use mentor-led, age- and sex-segregated, small peer groups to deliver SRH content through a structured curriculum or a set of activities in a toolkit.

### Target group:

More than half (62%) of the programs and research include both VYA boys and girls, reflecting differing perspectives in the field on the value of gender synchronized programming for this age group.

### Multilevel interventions:

Half of the programs (53%) include interventions at more than one level of the socio-ecological model, meaning half of the programs reach only VYAs, and did not include interventions reaching parents, community, health and education systems, or policies. This runs counter to the prevailing evidence that multilevel programs are important for impact.<sup>2,4,6,8-10</sup> In particular, engagement with the health services and the health system is rare in the VYA SRH programs identified by the landscape.

### Scale:

Among those programs that documented total VYAs reached, the number ranged from 1,500 to 75,000 VYAs. Few programs describe systematic engagement with health, education, or other systems to scale-up and sustain program interventions.

### Duration and dose:

Programs range from nine sessions over three months to more than 100 sessions over a two-year period. Some of this variation is attributable to differences in desired outcomes (some programs are multisectoral while others only focused on SRH), funding and donor priorities, and lack of evidence on how many sessions and what duration is sufficient to catalyze change in different VYA outcomes.

**The landscape analysis identified three theory- and evidence-based key approaches in VYA SRH programming. They are:**

- **INTERVENE AT MULTIPLE LEVELS:**

Include interventions across the socioecological model, with VYAs, parents/caregivers, community members, systems, and policies.<sup>2,4,8-12</sup>

- **AIM TO BE GENDER TRANSFORMATIVE:**

Promote critical reflection and change in gender attitudes, behaviors, and norms.<sup>2-4,8,12,13</sup>

- **RESPOND TO THE HETEROGENEITY OF VYAS:**

Tailor programming to the diverse needs different VYAs, including those who are most vulnerable such as out-of-school VYAs, VYAs who are refugees or displaced, or VYAs with disabilities.<sup>2,4,13</sup>



**The landscape analysis also identified three VYA interventions with evidence of impact across multiple studies. They are:**

- **COMPREHENSIVE SEXUALITY EDUCATION:**

The delivery of gender transformative SRH education in line with UNESCO standards contributes to positive SRH outcomes.<sup>3,4,14,15</sup>

- **SMALL PEER GROUPS (SAFE SPACES):**

Groups of adolescents that meet together regularly, typically with a mentor-led SRH and life skills curriculum, contribute to strengthening social capital, SRH knowledge, and select gender-equitable attitudes.<sup>4,9</sup> Small group approaches do have suboptimal performance on health behavior and health status when implemented without multilevel interventions.<sup>16</sup>

- **CASH TRANSFERS:**

Conditional or unconditional cash transfers with the intent of keeping VYAs in school are associated with delayed marriage and reduced adolescent fertility in some studies.<sup>3,4</sup> However, sustainability of impact is in question.<sup>17</sup>

# WHERE DO WE GO FROM HERE?

## SUMMARY OF KEY FINDINGS AND RECOMMENDATIONS FOR FUTURE VYA SRH PROGRAMMING AND RESEARCH

The following key findings and associated recommendations emerged from the VYA landscape analysis and recent VYA evidence reviews.<sup>3,4,9,11,13</sup>

KEY FINDING	RECOMMENDATION
With the exception of comprehensive sexuality education, few programs have systematically sought to embed VYA interventions in health, education, and social protections systems to facilitate scale-up and sustainability.	Embed VYA SRH in global and national policies, plans, and systems in order to increase impact on VYA SRH and gender equality at scale.
Evidence-based practices, such as using multilevel approaches, are not consistently applied in current VYA programming. Current programming is limited compared with size of VYA population.	Design and fund programming based on the latest VYA SRH evidence.
Despite increasing evidence, there are still considerable gaps in our knowledge on how to most effectively improve short-term and long-term VYA SRH outcomes.	Expand the knowledge base on effective VYA programming.
VYA SRH is not captured in routine and population-based data. Some longitudinal data is becoming available, but more is needed (and for longer duration) to understand the future impacts of investments in early adolescence.	Increase routine data, population-based data, and longitudinal data on VYA SRH.
There has been improvement in research methods and measures around VYA SRH and gender in the last 10 years. However, there are many different measures being used, and there has been limited analysis on what measures work best, for which population, and when.	Refine and strengthen consensus on SRH and gender measures for VYAs

# WORKS CITED

1. Dahl, R. E., Allen, N. B., Wilbrecht, L., & Suleiman AB. A Developmental Science Perspective on Investing in Adolescence. *Nature*. 2018;554. <https://doi.org/10.1038/nature25770> .
2. Igras SM, Macieira M, Murphy E, Lundgren R. Investing in very young adolescents' sexual and reproductive health. *Glob Public Health*. 2014;9(5):555-569. doi:10.1080/17441692.2014.908230
3. Woog V, Kågesten A. *The Sexual and Reproductive Health Needs of Very Young Adolescents Aged 10 – 14 in Developing Countries: What Does the Evidence Show?* New York, NY; 2017. [https://www.gutmacher.org/sites/default/files/report\\_pdf/srh-needs-very-young-adolescents-report\\_0.pdf](https://www.gutmacher.org/sites/default/files/report_pdf/srh-needs-very-young-adolescents-report_0.pdf).
4. McCarthy K, Brady M, Hallman K. *Investing When It Counts: Reviewing the Evidence and Charting a Course of Research and Action for Very Young Adolescents*. New York, NY; 2016. file:///Users/akramaiya/Library/Application Support/Mendeley Desktop/Downloaded/McCarthy, Brady, Hallman - 2016 - Investing When it Counts Reviewing the Evidence and Charting a Course of Research and Action for Very.pdf.
5. Blum RW, Mmari K, Moreau C. It Begins at 10: How Gender Expectations Shape Early Adolescence Around the World. *J Adolesc Heal*. 2017;61(4):S3-S4. doi:10.1016/j.jadohealth.2017.07.009
6. Chandra-Mouli V, Plesons M, Adebayo E, et al. Implications of the Global Early Adolescent Study's Formative Research Findings for Action and for Research. *J Adolesc Heal*. 2017;61(4, Supplement):S5-S9. doi:<https://doi.org/10.1016/j.jadohealth.2017.07.012>
7. Lane C, Brundage CL, Kreinin T. Why We Must Invest in Early Adolescence: Early Intervention, Lasting Impact. *J Adolesc Heal*. 2017;61(4 Suppl):S10-S11. doi:10.1016/j.jadohealth.2017.07.011
8. Levy JK, Darmstadt GL, Ashby C, et al. Characteristics of successful programmes targeting gender inequality and restrictive gender norms for the health and wellbeing of children, adolescents, and young adults: a systematic review. *Lancet Glob Heal*. 2019;(19):1-12. doi:10.1016/s2214-109x(19)30495-4
9. Marcus R, Gupta-Archer N, Darcy M, Page E. *GAGE Rigorous Review: Girls' Clubs, Life Skills Programmes and Girls' Well- Being Outcomes*. London; 2017. [www.gage.odi.org.uk](http://www.gage.odi.org.uk).
10. Blum RW, Bastos FIPM, Kabiru CW, Le LC. Adolescent health in the 21st century. *Lancet*. 2012;379(9826):1567-1568. doi:10.1016/S0140-6736(12)60407-3
11. Chandra-Mouli V, Plesons M, Adebayo E, et al. Implications of the Global Early Adolescent Study 's Formative Research Findings for Action and for Research. *J Adolesc Heal*. 2017;61(4):S5-S9. doi:10.1016/j.jadohealth.2017.07.012
12. Palmer, Louise, Cho KN. *Advancing Promising Program and Research / Evaluation Practices for Evidence-Based Programs Reaching Very Young Adolescents : A Review of the Literature*. Washington, DC; 2010. <http://irh.org/resource-library/advancing-promising-program-and-researchevaluation-practices-for-evidence-based-programs-reaching-very-young-adolescents-a-review-of-the-literature/>.
13. Kågesten A, Chandra-Mouli V. Gender-transformative programmes: implications for research and action. *Lancet Glob Heal*. 2020;8(2):e159-e160. doi:10.1016/S2214-109X(19)30528-5
14. Haberland NA. The case for addressing gender and power in sexuality and HIV education: a comprehensive review of evaluation studies. *Int Perspect Sex Reprod Health*. 2015;41(1):31-42. doi:10.1363/4103115
15. Haberland N, Rogow D. Sexuality Education: Emerging Trends in Evidence and Practice. *J Adolesc Heal*. 2015;56(1):S15-S21. doi:10.1016/j.jadohealth.2014.08.013
16. Temin M, Heck CJ. Close to Home: Evidence on the Impact of Community-Based Girl Groups. *Glob Heal Sci Pract*. 2020;8(2):300-324.
17. Baird S, McIntosh C, Özler B. When the money runs out: Do cash transfers have sustained effects on human capital accumulation? *J Dev Econ*. 2019;140:169-185. doi:<https://doi.org/10.1016/j.jdeveco.2019.04.004>

**Save the Children** believes every child deserves a future. In the United States and around the world, we give children a healthy start in life, the opportunity to learn and protection from harm. We do whatever it takes for children – every day and in times of crisis – transforming their lives and the future we share.

501 Kings Highway East  
Suite 400  
Fairfield, CT 06825

899 North Capitol Street, NE  
Suite 900  
Washington, DC 20002

[savethechildren.org](http://savethechildren.org)  
1-800 Save the Children

