

# Promoting the Health and Well-Being of Very Young Adolescents (VYAs)



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## WHY DO IT?

Child health experts agree that early adolescence is a critical time in the life of a young person. In addition to the physical, cognitive and emotional changes that come just before and during puberty, very young adolescents (VYAs), those between ages 10-14, are acquiring information, developing attitudes and experimenting with behaviors that will affect their future health and well-being. The accuracy of the information they acquire about sex and reproduction, their attitudes about sexuality and gender roles and whether they become sexually active at an early age are among the most important issues facing VYAs--and the adults who care about them.

This is a stage in a child's journey to adulthood when information and support are particularly needed. Studies show that VYAs have low levels of information about puberty and their emerging fertility; pregnancy and sexually transmitted infections (STIs) are not well understood. Boys and girls are internalizing the cultural meanings of what it means to be a man and a woman and are guided by parents, teachers, community leaders, and peers towards often gender-inequitable choices that directly influence health-related behaviors.

In this case, the old saying, "What you do not know cannot hurt you," is turned on its head. A lack of ability to self-advocate coupled with lack of information about fertility or AIDS prevention can be deadly for young people.

For example, if a young girl has sex but does not understand her own fertility and how to prevent pregnancy, or submits to an early marriage, she is at risk of bearing and giving birth to a child while she is still a child herself. Early childbearing is associated with serious health problems; girls ages 10 to 14 are five times more likely to die of maternal causes than women ages 20 to 24. Their babies are more likely to die as well. For a significant number of girls, their first sexual experience is unwanted or coerced, often by older adolescent boys or men. Programs for VYAs that communicate correct puberty and reproductive health information and foster self-esteem, self-efficacy and needed coping skills can be life-saving and life-enhancing. VYA programs that recognize and increase awareness of gender norms help address gender inequalities that are at the heart of many of the risks young people encounter—early childbearing, STIs, and gender-based violence.

## DOING IT RIGHT

Acknowledging that there are far fewer programs to serve the reproductive health needs of young persons between age 10 and 14 than for older teens and youth, there is now growing interest in reaching out to this important group and to the adults in their lives. Recently, Georgetown University's Institute for Reproductive Health (IRH) issued a report, [Reaching Very Young Adolescents \(VYAs\): Advancing Program, Research and Evaluation Practices](#), based on a technical consultation with 30 expert consultants and representatives of organizations that focus on the reproductive health and well-being of young people. With the insights and shared experiences of the participants, plus an IRH-sponsored literature review of 18 state-of-the-art programs for VYAs, a consensus emerged on important lessons learned and the best way forward, and is summarized on the next page.



Be visual, not verbal. Participatory approaches, such as using photos, allow programs to facilitate conversations about gender and self-image with youth on a level that they understand.



Systems-based VYA Programs involve parents, school leaders and the wider community to bring about structural changes that ensure longer-term success.

## LESSONS LEARNED

- As part of a multi-faceted program approach, develop curricula based on formative research to reach VYAs. A multi-faceted program reflects holistic, mutually reinforcing interventions to address VYA issues. A curriculum provides standardized content and strategically sequenced lesson plans that feature instruction, materials, and learning activities. Curriculum-based approaches facilitate evaluation and scale-up.
- Reflect the diversity of VYAs when designing programs. For example, the age range 10-14 is a convenient grouping but not all individuals within this range are at the same stage at the same time. Understanding the changes that occur during puberty and when they happen for girls compared to boys has significant implications for program content.
- Help VYAs explore and challenge gender norms. Changing gender norms can be a “gateway factor” for improving a broad range of outcomes. Since more equitable, respectful or egalitarian attitudes can give rise to many important health-related behaviors, these attitudes may be “gateway factors” to desired health outcomes as VYAs get older, such as improved communication, shared decision-making, condom use, contraceptive use, access to health services, and non-violence.
- Use appropriate pedagogy. Brief lectures, slide shows and readings may not be as effective with this age group as participatory learning methodologies that allow children to play an active, transformative role in their own lives while exploring attitudes, values and future intentions. Provide a safe space for discussion of sensitive issues between the sexes.
- Train teachers or other course leaders. Pre-service and in-service training that provides coaching in dealing with sensitive topics such as puberty and sex in a culturally sensitive and gender equitable way and in facilitating interactive activities will yield the best results.
- Use a systems approach: Involve parents, school leaders and the wider community to bring about structural changes that ensure success and sustainability. As part of this approach offer mini-courses for parents where they can learn the same reproductive health information and explore gender attitudes as their children are doing, drawing on their own experiences with puberty. This may lead to more positive parent-child communication.

## THE WAY FORWARD

- Spread the word that VYAs are a group both vulnerable and full of promise—and that effective program to reach them and their parents can make a significant difference in their future health and well-being. Harness the power of the media.
- Advocate that donors and organizations concerned about young people include VYA reproductive health-related programs in their portfolios. Seek support from private sector companies that invest in future generations.
- Improve evaluation: include participatory and longitudinal approaches and explore ways to measure gender-related changes. Disseminate successful results widely.
- Build in plans to scale-up successful programs from the very beginning.
- Bring in other disciplines. To reflect the “social ecology” of VYAs’ lives, mental health, social work, and education need to be involved alongside public health.
- Go beyond the curriculum. Form partnerships with schools, health services and faith-based organizations to promote the health and well-being of VYAs.
- Explore new technologies, such as cell phones, to reach VYAs.

## CONTACT US

For more information, the report from the technical consultation, or the literature review of VYA programs, contact us at [irhinfo@georgetown.edu](mailto:irhinfo@georgetown.edu).

The Institute for Reproductive Health at Georgetown University contributes to a range of health initiatives and is dedicated to helping women and men make informed choices about family planning and providing them with simple and effective natural options. For more information about the Institute, please see [www.irh.org](http://www.irh.org).

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**Institute for Reproductive Health**  
Georgetown University  
4301 Connecticut Avenue, NW  
Suite 310  
Washington, DC 20008  
Tel. 202-687-1392  
Fax: 202-537-7450  
[irhinfo@georgetown.edu](mailto:irhinfo@georgetown.edu)