Commentary

Why We Must Invest in Early Adolescence: Early Intervention, Lasting Impact

Cate Lane, M.P.H. a,1, Clarissa Lord Brundage, M.P.H. b,*, and Tamara Kreinin, M.H.S.A. c

a United States Agency for International Development, Washington, D.C.
b Bill & Melinda Gates Foundation, Seattle, Washington
c The David and Lucile Packard Foundation, Los Altos, California

Why This Research Is Important

Over the past 20 years, we have seen global reductions in maternal mortality and gains in early childhood survival [1]. As world leaders are now increasingly focused on achieving the United Nations Sustainable Development Goals to ensure that all women, girls, and adolescents have equal chances of surviving and thriving, it is timely for us as funders to use our collective voice to heighten global attention and investment to one specific, and often understudied, group: young adolescents aged 10–14 years.

As individuals move from childhood to adolescence, they enter a dynamic period of development—a time when health attitudes and behaviors and gender norms are shaped [2]. The literature shows that early adolescence, in particular, is marked by an increase in restrictions placed on girls and greater independence afforded to boys. For both groups, there are strong social pressures to conform to existing gender norms. This early period of adolescence is a largely unstudied phase of life, yet evidence suggests that this is an opportune time for community to encourage the development of positive health and equitable gender norms early in life that can be transformative both immediately and over the life course [3,4]. But, how does one develop positive social and gender norms among youth aged 10–14 years? Very little evidence guides us toward appropriate interventions.

As funders, we are committed to investing in research and interventions that ensure young people live healthy and productive lives with the agency to make their own sexual and reproductive health decisions and that support their physical, social, and emotional well-being. The Global Early Adolescent Study (GEAS) seeks to connect the dots between childhood and adolescence by examining the intersection of gender, health, and development very young adolescents aged 10–14 years in living in periurban communities in 13 countries. The GEAS builds upon previous research by the Population Council, the University of Oxford, and the Institute of Reproductive Health at Georgetown University which has contributed to increased global awareness and understanding of very young adolescents.

What We Have Learned, So Far

The GEAS study is designed in two phases. Phase 1 focused on identifying common themes related to young adolescents’ norms and attitudes and sought to develop tools to measure changes in these norms and health behaviors for subsequent implementation in the second phase of research. Phase 2 will follow cohorts of young adolescents over 3 years in a smaller set of countries to understand how gender norms and attitudes evolve, while applying these new developed standardized, validated measurement tools. In select sites, the longitudinal study will be paired with intervention research for 10- to 14-year-olds. The data generated will help us to better understand how gender norms and attitudes are formed, and how they influence adolescent health behaviors and subsequent health outcomes.

Qualitative data from phase 1 shows that young periurban adolescents share a lot in common with one another. Findings from phase 1 underscore the important role parents play in the lives of early adolescents and the commonality of adolescent experiences and gender norms across cultures, with both girls and boys experiencing the harmful effects of gender stereotypes and inequitable gender norms.

We learned that where there a group of committed, strong-willed individuals, some previously “impossible” things
become very possible. As funders, we appreciate the tremendous methodological learnings achieved in phase 1; including the development of new approaches and research tools to collect information from adolescents and caregivers in 13 diverse countries. We applaud that GEAS’ tools will be made publicly available to researchers and programmers around the world for adaptation and application into country-level programs. We share the hope of our colleagues at the World Health Organization, the Johns Hopkins Bloomberg School of Public Health, and the collaborating research partners and in-country Principal Investigators, that this new validated set of tools, in itself, will benefit the field and contribute to the development of interventions focused on very young adolescents that can be evaluated and inform the development of future programs and policies for adolescents.

One of the key contributions of the GEAS was developing and defining ways to conduct research with this very young target population. The GEAS team intentionally set out to understand and then address the ethical concerns and issues early in research process, such as how to obtain informed consent. Achieving this, in itself, constitutes a major contribution to the field and lessons learned will inform future research with early adolescents. Far too many projects simply exclude young adolescents out of concerns over perceived difficulties and potential delays in obtaining ethical approvals.

Where We Go From Here

The World Health Organization estimates that two million girls under the age of 15 years give birth every year [5], many as a result of coercive practices, including child marriage. Sexual and reproductive health determinants and needs must therefore be addressed early in life and long before many programs are comfortable intervening. As a field, we must expand our definition and understanding of this population to achieve sustained improvements in sexual and reproductive health for all. For this reason, we are enthusiastically supporting phase 2 of the GEAS, seeking answers to critical questions about the role of parents, caregivers, and peer influences on gender socialization of young adolescents, as well as how cultural and economic contexts (especially schools, neighborhoods, and mass and social media) influence gender norms and socialization.

As funders, we are committed to investing in research and programs that focus on this critical phase of life. Young adolescents have been given too little attention; yet, their lives will have an effect on all of us. We believe in their present and their future, and we are confident that our continued investment in them, through the GEAS as well as other initiatives, will bring about positive and sustained changes for young people, their current and future families, and our global population. We encourage other funders to join us in this effort to support this cadre of global citizens.

References

[1] UNICEF. Committing to child survival: A Promise Renewed. New York: UNICEF; 2014. Available at http://files.unicef.org/publications/files/APR_2014_web_15Sept14.pdf. Accessed March 7, 2017.
[2] Kågesten A, Gibbs S, Blum RW, et al. Understanding factors that shape gender attitudes in early adolescence globally: A mixed-methods systematic review. PloS One 2016;11:e0157805.
[3] Blum R, Astone N, Decker M, Chandra-Mouli V. A conceptual framework for early adolescence: A platform for research. Int J Adolesc Med Health 2014; 26:321–31.
[4] Patton G, Sawyer S, Santelli J, et al. Our future: A Lancet commission on adolescent health and wellbeing. Lancet 2016;387:p2423–78.
[5] Adolescent pregnancy fact sheet. World Health Organization; September 2014. Available at: http://www.who.int/mediacentre/factsheets/fs364/en/. Accessed March 7, 2017.