Creating a Gender-Equitable Environment for Very Young Adolescents

Messages and Evidence to Persuade Decision Makers

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Breakthrough ACTION
FOR SOCIAL & BEHAVIOR CHANGE

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Table of Contents

Acronyms

GEAS	Global Early Adolescent Study
SGM	Sexual and Gender Minorities
SRH	Sexual and Reproductive Health
VYA	Very Young Adolescent
USAID	U.S. Agency for International Development

About this guide

This Message Framework is designed for advocates working to increase funding for, and improve the implementation of, programs that seek to create a gender-equitable environment for very young adolescents (VYAs) (aged 10-14). While gender equality among VYAs is a critical outcome on its own, it is also an important social determinant of health that can support improvements in a broad array of health outcomes, including sexual and reproductive health (SRH), violence prevention, mental health, and more.

The Framework provides a core set of key messages and recommendations that can, and should, be tailored to specific contexts and stakeholders. It is designed to be used as part of a strategic advocacy process, such as **SMART Advocacy**, particularly during the process of developing key "asks" and compiling supporting evidence. Users can adapt the messages provided to create advocacy materials, events, and campaigns in support of gender equity for VYAs.

Suggested resource

SMART Advocacy User's Guide

https://smartadvocacy.org[1]

(Available in English, French and Spanish)

How Breakthrough ACTION developed this resource

In 2022, Breakthrough ACTION conducted informal interviews with subject matter experts in gender, SRH, and youth programming as well as youth-led and youth-serving organizations seeking to improve gender equality for VYAs. The purpose of these interviews was to understand the facilitators and barriers that influence the extent to which stakeholders support and prioritize gender-related policies and programs for VYAs.

The project also conducted a narrative review of publicly available information on gender norms and gender transformative interventions for VYAs, focusing on reports and results from the **Global Early Adolescent Study** (GEAS), a multi-country longitudinal study exploring gender socialization and its implications for adolescent health and wellbeing. All information was synthesized and transferred into an operational message framework and validated with experts in SRH, gender, and youth.

Background: Gender equity for very young adolescents

Very young adolescence is a time of rapid physical, social, and emotional change. Cognitive development accelerates and puberty brings both physical and socio-emotional changes. Social expectations also shift, exposing VYAs to more gendered experiences and expectations.[1] Results from the **GEAS** demonstrate that these changes influence the treatment of boys and girls from a young age and lead to distinct gendered behaviors that can be detrimental to adolescents' health, particularly reproductive health.[2] While boys are more likely than girls to engage in harmful risk-taking behaviors and unprotected sex, girls are more likely to suffer from complications related to early pregnancy, childbirth, and unsafe abortions that all significantly contribute to their mortality.[4] GEAS data has also shown that more egalitarian views related to gender norms decrease violence perpetration among adolescents.[5]

As such, early adolescence —the time between 10 and 14 years of age—is a critical opportunity for intervention.[6,7] Building VYAs' SRH knowledge and skills and fostering more gender-equitable attitudes, behaviors and norms lays the foundation for their future health and well-being. But reaching adolescents themselves is not enough. To truly create a supportive environment for gender equality among VYAs, programs must reach the people, systems, and organizations that influence adolescents' lives, including families, community networks, schools, health systems, civil society, and other government services.[8] These social and structural determinants of gender inequality influence how gender norms, roles, and systems take shape during adolescence and how VYAs navigate power relations and their emerging gender identities during this crucial period.

Investment in health research and programming for VYAs has been limited, despite the potential for intervention during this period to improve their health and well-being across the life course. Greater and more effective advocacy is needed to increase tailored programming for this age group. Historically, lack of data made effective advocacy challenging, but recent evidence generated by the GEAS, Save the Children, and others allow for evidence-based messaging to improve investment in VYAs' health and wellbeing.

For more information on VYAs, gender, and health, please review the GEAS supplement in the Journal of Adolescent Health.

Key terms

Very young adolescents are young people ages 10-14. Very young adolescence is a time of rapid physical, social, and emotional change where young people face new pressures to conform to stereotypical gender roles and traits.

Gender refers to "the socially constructed and culturally defined roles, responsibilities, attributes, and entitlements assigned to people based on their sex assigned at birth in a given setting, along with the power relations between and among the assigned groups[…]. The definition and expectations of gender, and sanctions for not adhering to those expectations, vary across cultures and over time and often intersect with other factors such as race/ethnicity, class/caste, age, sexual orientation, and nationality. Because gender is socially constructed it is therefore subject to change. Some people identify as 'non-binary,' meaning that their gender identity does not fit neatly into or exists beyond the gender binary of 'boy/masculine' and 'girl/feminine.' They might not identify exclusively as "boy/masculine" or "girl/feminine.' They might identify as a blend of both. They might not identify at all with either."[9]

Gender equality is "the concept that all human beings, irrespective of their sex or gender identity, are free to develop their personal abilities and make choices without the limitations set by stereotypes, rigid gender roles, or discrimination. Gender equality means that the different behaviors, aspirations, and needs of men, women, and people of other gender identities are considered, valued, and favored equally. It does not mean that all people become "the same," but that the rights, responsibilities, and opportunities of individuals will not depend on their sex assigned at birth."[9] A gender-equal society is one where people of all genders are afforded "equal enjoyment of human rights, socially valued goods, opportunities, and resources."[10]

Gender equity is "the process of being fair to someone regardless of their sex or gender. To ensure fairness, measures must be taken to compensate for cumulative economic, social, and political disadvantages based on sex or gender that prevent someone from operating on a level playing field."[9]

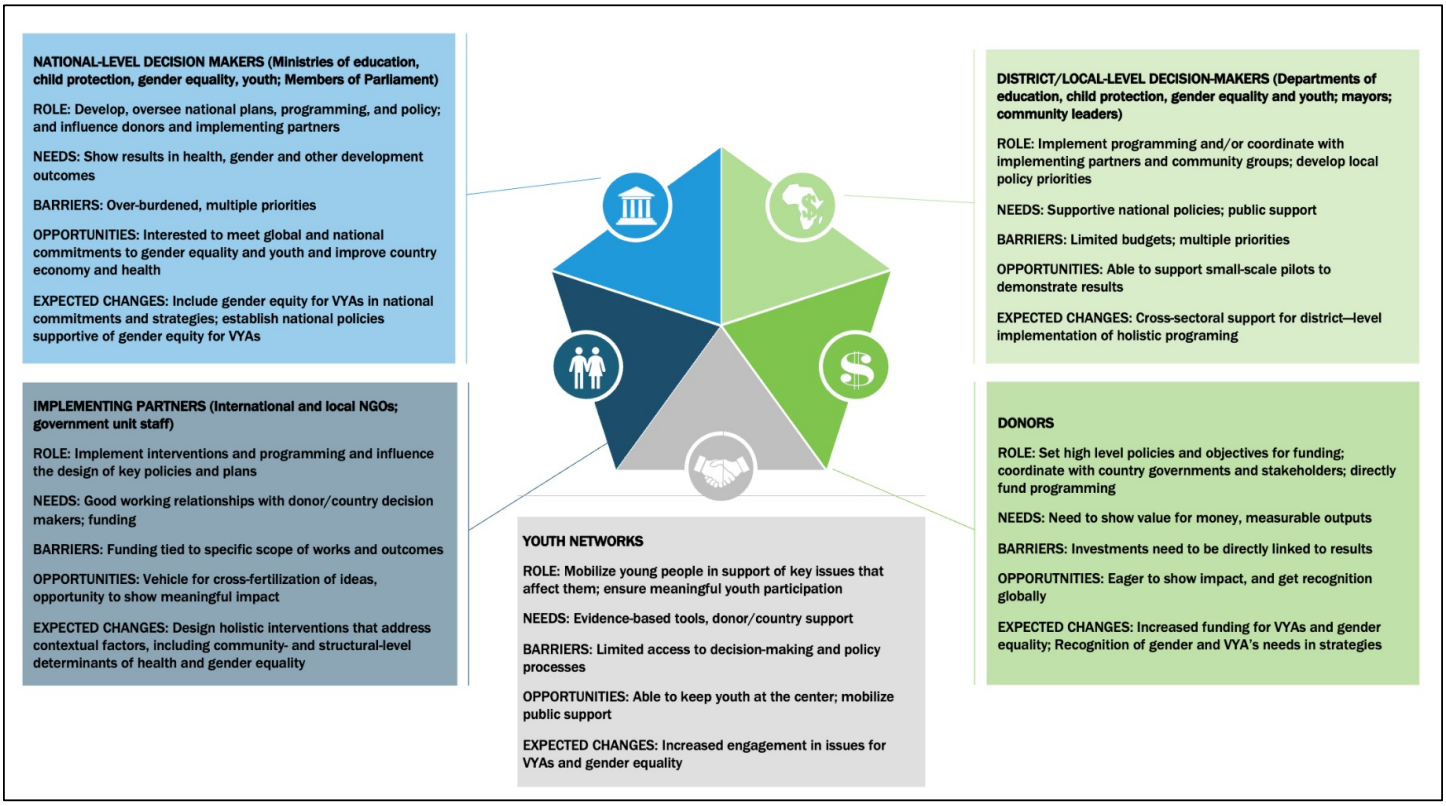
Gender norms are "the informal rules and shared social expectations that distinguish expected behavior on the basis of gender. Norms are learned and reinforced from childhood to adulthood through observation, instruction, positive and negative sanctioning, the media, religion, and other social institutions. Gender norms are embedded in formal and informal institutions and play a role in shaping women and men's (often unequal) access to resources and freedoms, thus affecting their voice, power, and sense of self."[9]

Gender attitudes are "individual perceptions, beliefs, or endorsement of gender norms"[11] (e.g., "Girls should be nurturing and accommodating.").

Sexual and gender minorities (SGM) is an umbrella term for persons who are not heterosexual or do not identify with their sex assigned at birth, such as those who identify as lesbian, gay, bisexual, transgender, queer, intersex, and asexual, among others.

Key actors

Creating a gender-equitable environment for adolescents requires support and action from different stakeholders. Mapping your stakeholders and their role in creating this environment will help you to select which decision maker to target to reach your advocacy objectives. Common actors include:



Adapted from Breakthrough ACTION. (2020). Advocating for Social and Behavior Change in Family Planning Programs.[12]

Getting to know your decision maker

Once you have identified your decision maker, getting to know them is a critical stage in the advocacy process and particularly important for refining and tailoring the messages provided in this Framework. You will want to understand your decision maker's current knowledge and experience around the issue of gender equity for VYAs as well as their barriers and motivations to act. Examining what they value is particularly important in refining your messaging. See **SMART Advocacy User's Guide**, Step 4 for guidance in this process.

The questions below may help refine what you want to know about your decision maker:

LEVEL	QUESTIONS TO EXPLORE
Individual	• What does the decision maker already know about VYAs and gender equality, SRH, and other health outcomes for adolescents? • What support have they demonstrated for gender-related policies and programming in general? For VYAs? • What does the decision maker value? Are they driven by development outcomes, religious beliefs, or career advancement? What appears to be their core driving value?
Institutional	• What are the organization's goals and priorities? Do they align with gender-equitable policies and programming for VYAs? SRH or other health outcomes for VYAs? Why or why not? • What are the most important institutional resources and constraints affecting the decision maker's willingness or ability to support gender-equitable policies or programs for VYAs? • Does the organization have a unique opportunity to further this work? For example, does the organization have the ability to influence global or local-level health agendas, set goals and priorities for funders or grantees, or bring a variety of stakeholders together?
Contextual	• What prevailing social, cultural, and gender norms might affect the decision maker's ability to support gender-related programming for VYAs? • What political factors might influence the decision maker's ability to support gender-related programming for VYAs? • What policy or legal factors might influence the decision maker's ability to support gender-related programming for VYAs?

Key messages

The core argument for supporting a gender-equitable environment for VYAs is based on five key messages, as shown below. Supporting points for each key message are provided, along with supporting assets and tools, with a focus on those that demonstrate global evidence and ethical arguments. These messages can be used to develop advocacy materials, such as briefs, presentations, or videos, as well as talking points to meet with your decision maker.

Advocates should select and tailor the messages and supporting points based on the decision maker's knowledge, needs, priorities, and values (see "**Getting to know your decision maker**" and **SMART Advocacy User's Guide**, Step 4 for guidance). Advocates should supplement the evidence provided with local-level data as relevant.

KEY MESSAGES	
KEY MESSAGE	WHY THIS MESSAGE
1. Very young adolescence is a time when young people experience increased pressure to adhere to unequal gender norms that negatively affect their current and future health and well-being, particularly for SGM youth.	Establishes the problem and describes why the decision maker should care
2. While intervention during this life stage has great potential to improve young people's health and well-being, there has been less investment in this age group compared to older adolescents and insufficient focus on boys.	Describes the current approach that is contributing to the problem
3. Advancing gender equity for VYAs requires a holistic approach to policies and programs that addresses contextual factors, including community- and structural-level factors that affect health.	Proposes a solution that the decision maker can support
4. It is essential to meaningfully partner with and engage VYAs and young people more broadly in all policy and program efforts related to youth.	Describes approaches important to carry out that solution
5. Creating gender-equitable environments for VYAs will lead to improved health outcomes across the life course and healthier communities where everyone can thrive and prosper.	Offers hope by appealing to values

Evidence-based, emotional, and ethical arguments

The **SMART Advocacy User's Guide** recommends using a combination of evidence-based, emotional, and ethical arguments to persuade stakeholders (see "Make your case using the "Three E's", p.40-41). The majority of key messages and supporting points provided in this Message Framework are evidence-based or ethical. Advocates should consider supplementing the provided messages with emotional ones, utilizing local stories and perspectives to persuade decision makers.

Make your case using the "Three E's": Guidance from the SMART Advocacy User's Guide[1]

- ***Evidence-based:*** *Use evidence to inform and guide policy change and provide a sense of the scope and impact of a decision on health and development. Evidence-based advocacy helps neutralize controversy and lead to agreement.*
- ***Emotional:*** *Use evocative stories and photos to add the human dimension. Stories related to your objective underscore the commonality of experience and the potential for policy to alleviate suffering and improve lives.*
- ***Ethical:*** *Use a rights-or faith-based approach and reflect an understanding of social and cultural norms. Ethics arguments center on justice, equity, and awareness of the implications of one's action or inaction. Leverage the decision maker's sense of responsibility to uphold rights and be held accountable.*

Key messages with supporting points and evidence

KEY MESSAGE 1: Very young adolescence is a time when young people experience increased pressure to adhere to unequal gender norms that negatively affect their current and future health and well-being, particularly for SGM youth.

SUPPORTING MESSAGES & EVIDENCE	REFERENCES AND SUPPORTING ASSETS
Unequal gender norms contribute to poor health outcomes for VYA girls and boys. • For girls, gender inequitable norms established during young adolescence contribute to an increased risk of sexually transmitted infections, unsafe sex, and unintended pregnancy in later adolescence. • Boys face increasing pressure in adolescence to adhere to ideas of masculinity that put them at greater risk of violence, accidental injury, self-harm, and drug and alcohol use compared to girls.	**SRH of young adolescents[7]** **Gender and Health[13]** **Factors that shape gender attitudes in early adolescence[11]** **Gender socialization and masculinity norms in VYAs[14]** **How gender expectations shape early adolescence[2]**
Unequal gender norms are linked to poor mental health among VYAs. • Gender-unequal norms are associated with greater symptoms of depression in VYAs. • Evidence suggests that gender norm perceptions may contribute to differences in rates of depression between VYA boys and girls.	**How gender expectations shape early adolescence[2]** **VYAs, gender norms, and depression[15]** **Gender differences in depression: Meta-analyses[16]**

Unequal gender norms are associated with higher rates of violence and abuse experienced by VYAs. • Unequal gender norms are associated with higher rates of child marriage, intimate partner violence, and sexual violence for girls. • Boys with more gender-equal views are less likely to perpetrate peer violence or sexual abuse than boys with less gender-equal views.	**Gender and Health**[13] **How gender expectations shape early adolescence**[2] **Peer violence perpetration and gender norms among VYAs**[17] **Violence perpetration in early adolescence**[5]
Unequal gender and social norms put SGM youth at higher risk of poor mental and health outcomes • Many adolescents do not identify with their sex assigned at birth. • SGM experience stigma and discrimination that contribute to poor mental and physical health outcomes. • Rights-based programming[1] means ensuring the needs of all VYAs are met, including SGM.	**Health disparities among SGM**[18] **SGM youth stigma and health disparities**[19] **SGM health: What we know**[20] **Nonbinary or genderqueer genders**[21]

KEY MESSAGE 2: While intervention during this life stage has great potential to improve young people's health and well-being, there has been less investment in this age group compared to older adolescents and insufficient focus on boys.

SUPPORTING MESSAGES & EVIDENCE	REFERENCES AND SUPPORTING ASSETS
Intervention during very young adolescence has the potential to improve health and well-being. • Very young adolescence is a time when gender attitudes are formed and young people experience increasing pressure to conform to gender norms. • Intervening during this time has the potential to increase young people's understanding of their bodies, reproduction, and challenge and shift the gender attitudes and norms that influence health outcomes throughout the life course.	**Why we must invest in early adolescence**[23] **SRH needs of VYAs: What does the evidence show?**[24]
There is insufficient attention and investment in programming for this age group. • Youth SRH programming has historically focused on older adolescents. • Around the world, a large number of girls are married before the age of 15; childbearing will often closely follow marriage.	**Why we must invest in early adolescence**[23] **SRH needs of VYAs: What does the evidence show?**[24] **Investing in VYAs' SRH**[6]

[1] Rights-based approaches promote and protect human rights by addressing "inequalities which lie at the heart of development problems and redress discriminatory practices and unjust distributions of power that impede development progress and often result in groups of people being left behind."[22]

VYAs are distinct from older adolescents and require programming that addresses gender norms and power dynamics and is accessible, developmentally appropriate, and otherwise tailored to their unique needs and concerns. • Compared to older adolescents, VYAs experience additional barriers to care seeking compared to older adolescents, including an inability to travel alone to a health facility, parental consent laws and policies, age of sex consent laws, and heightened stigma around sexual activity at a younger age. • VYAs' developmental needs are distinct from those of older adolescents.	**The SRH of younger adolescents: Research issues**[25] **SRH needs of VYAs: What does the evidence show?**[24]
Men and boys are often neglected in policy frameworks and theories of change, negating their ability to challenge unequal gender power relations.[2] • Failure to address the needs of boys reflects restrictive gender norms that assign women and girls outsized responsibility for reproduction. • Boys have their own unique health needs that must be addressed.	**Reframing men and boys in policy for gender equality**[26] **Theory of Change for Engaging Men and Boys in FP**[27] **Involving men in RH**[28]

KEY MESSAGE 3: Advancing gender equity for VYAs requires a holistic approach to policies and programs that addresses contextual factors, including community- and structural-level factors that affect health.

SUPPORTING MESSAGES & EVIDENCE	REFERENCES AND SUPPORTING ASSETS
Gender inequality is embedded in cultural, economic, and government systems that cannot be changed by individual-level approaches alone. • Gender inequality is relational, meaning that solutions must address the power inequalities between people with different gender identities (e.g., men/boys and women/girls) rather than working solely with any group in isolation. • While there are some examples of programs intervening at the community and structural levels, more work is needed to challenge the social and structural factors that preserve gender inequalities among VYAs.	**Factors that shape gender in early adolescence - implications for action and research**[29] **Reframing men and boys in policy for gender equality**[25] **Very Young Adolescent SRH Landscape: Where are we now? Where do we go from here?**[30] **Fostering gender equity among early adolescents in Nepal**[31]

[2] See **Know, Care, Do: A Theory of Change for Engaging Men and Boys in Family Planning** for guidance on how to engage men and boys in family planning programs.

Interventions must go beyond reaching only VYAs themselves and also engage with VYAs' key influencers—such as parents, peers, siblings, and teachers—who shape VYAs' gender attitudes and perpetuate community gender norms. • Peers, parents, and teachers shape gender norms and attitudes of VYAs. • Siblings become sources of gender-related information and play a key role in gender socialization for VYAs. • Only 53% of interventions surveyed in a recent landscape review engaged actors beyond interventions with VYAs, including caregivers, communities, and/or health services/systems.	**Factors that shape gender in early adolescence - implications for action and research**[29] **Gender norms, adolescents, and siblings**[32] **Very Young Adolescent SRH Landscape: Where are we now? Where do we go from here?**[30]
Gender inequality exists alongside other manifestations of marginalization that divide societies and communities by sexual orientation, race/ethnicity, ability, class/caste, and other socially defined groups and identities. • Policymakers and implementers should consider the unique contextual, historical, and cultural factors that shape social groups and hierarchies in different communities and that reinforce power imbalances and injustice. • Any effort to understand and address these injustices should be done with and alongside a representative group of community members, including VYAs and older adolescents.	**Let Them Know: The Youth-Led AYSHRH Global Roadmap for Action**[33]
Functional collaboration between key sectors—especially health and education—is critical to meeting the needs of VYAs. • Funders can invest in partnerships between stakeholders working in education, health, transportation, economic development, and other sectors to better address systemic and institutional structures leading to gender inequality. • Policymakers can develop strategies, policies, and budgets that incentivize or require cross-sectoral collaboration to achieve common objectives. For example, policymakers can be encouraged to work with project management and coordination experts to implement integrated health policies. • Implementers can design programs in collaboration with stakeholders outside of the health sector.	**Factors that shape gender in early adolescence - implications for action and research**[29] **Cross-sector collaborations and partnerships to improve health and well-being**[34]

KEY MESSAGE 4: It is essential to meaningfully partner with and engage VYAs and young people more broadly in all policy and program efforts related to youth.

SUPPORTING MESSAGES & EVIDENCE	REFERENCES AND SUPPORTING ASSETS
Gender inequality is embedded in cultural, economic, Though young people continue to play a critical role in improving their own health and well-being, several barriers hinder equitable and meaningful youth participation in gender and SRH programming. • There is limited access to SRH and health services, opportunities for professional development and employment in health fields, education, compensation for time/expertise; lack of representation of young people from underserved and marginalized communities; and the lack of a shared understanding of success for youth-public health partnerships.	**Let Them Know: The Youth-Led AYSHRH Global Roadmap for Action**[33]
Let Them Know: The Youth-Led AYSHRH Global Roadmap for Action includes several recommendations for policymakers, implementers, and others working in global health regarding youth partnership, including: • Hiring and sharing decision-making power with a diverse cohort of young people with different identities, ensuring representation from the most impacted groups • Improving adults' capacity to work productively with young people and challenging imbalanced power structures that constrain adolescent decision-making and agency • Compensating young people for their time and investing in strengthening their professional skills and abilities • Encouraging and supporting cross-sectoral collaboration and investment to mainstream youth participation in health programming and decision-making	**Let Them Know: The Youth-Led AYSHRH Global Roadmap for Action**[33]

KEY MESSAGE 5: Creating gender-equitable environments for VYAs will lead to improved health outcomes across the life course and healthier communities where everyone can thrive and prosper.

SUPPORTING MESSAGES & EVIDENCE	REFERENCES AND SUPPORTING ASSETS
Engaging boys in gender and SRH programming improves their own lives as well as those of their partners, families, and communities. • Evidence shows that engaging men and boys improves gender equality outcomes • Evidence shows that engaging men and boys improves SRH, HIV, and other health outcomes.	**Integrating a gender focus into programs**[35] **Gender perspectives improve RH outcomes**[36] **Gender-integrated interventions for RH**[37] **Engagement of men and boys in country FP commitments and implementation plans**[38]
It is important to fund and support research, data collection, and evaluation to expand our understanding of this life stage and identify optimal points of intervention to improve gender equality. • There is a need for better access to and collection of age-, sex-, and gender-disaggregated and gender-sensitive data in HMIS and other systems. • Policymakers and funders can invest in research initiatives to further our understanding of VYAs' needs and what works to improve their health and well-being; these stakeholders can also expand access to data collection platforms and systems. • Implementers/researchers can collect, evaluate, and make publicly available age-, sex, and gender-disaggregated data to contribute to a better understanding of VYAs' needs.	**Very Young Adolescent SRH Landscape: Where are we now? Where do we go from here?**[30]

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