

Very Young Adolescents in Humanitarian Settings:

Examining the Sexual and Reproductive Health Needs and Risks of Girls and Boys Aged 10-14 in Ethiopia, Lebanon and Thailand

Introduction

In humanitarian settings, adolescents face multiple risks to their sexual and reproductive health (SRH). Child-bearing and HIV-related risks are compounded by increased exposure to forced sex, early marriage and reduced availability of SRH services that are sensitive to adolescent needs. Additionally, following an emergency, gaps in accessible and affordable services and family networks reduce adolescents' ability to access age- and developmentally appropriate information and services for their healthy sexual and reproductive development.¹

Despite consensus that this age group faces extremely high risks to their SRH, limited information is available about their experiences, perspectives and needs, especially of very young adolescents aged 10-14. According to a 2012 report examining adolescent SRH programs in humanitarian settings by the Women's Refugee Commission (WRC), Save the Children, the United Nations High Commissioner for Refugees (UNHCR) and the UN Population Fund (UNFPA), among the very few programs that addressed adolescent health needs, there is a tendency to target older youth, and programs are rarely accessed nor designed appropriately for younger populations.²

In more stable, development contexts, supporting healthy very young adolescent development through engagement with learning, emotional and physical safety, positive self-efficacy, decision-making skills and physical and mental health has been found to be associated with later onset of sexual debut, improved contraceptive utilization, diminished risk of sexual infections and improved

Very Young Adolescents

The period of adolescence, from 10 to 14 years of age, is gaining attention among those aiming to reduce negative health and social outcomes for young people. This stage is a critical phase of educational, emotional and physical development. It is increasingly understood that programs to prevent early pregnancy, early marriage and the spread of HIV or sexually transmitted infections, as well as to reduce risks of forced or transactional sex, need to start early in adolescent development. It is also increasingly accepted that keeping young people in school or working in livelihoods activities promotes health and development, while reducing poverty.

Few programs are currently available to address the needs of very young adolescents, or those aged 10-14. Meaningful participation of very young adolescents and adult community members is needed to better understand their unique needs and risks following a conflict, and to guide programs in humanitarian settings.

social, educational and behavioral outcomes.³ Recent global efforts have further stressed the critical opportunity available in reaching very young adolescents with interventions to delay first pregnancy and early marriage, and build SRH knowledge and skills that will continue into adulthood.⁴

In humanitarian settings, the *Inter-agency Field Manual for Reproductive Health in Humanitarian Settings* (IAFM)⁵ and Save the Children and UNFPA's comple-

mentary *Adolescent Sexual and Reproductive Health Toolkit*⁶ provide guidance to program managers on the basics of implementing adolescent SRH programs. However, with a paucity of specific information on the unique needs, risks and capacities of very young adolescents in humanitarian settings, more nuanced information is needed to aid the development of effective programs for this age group.

Background

To guide field-based programming and contribute to the literature, the WRC, Johns Hopkins University (JHU) Bloomberg School of Public Health, Adolescent Reproductive Health Network (ARHN), International Medical Corps (IMC), Save the Children and the American University in Beirut (AUB) came together in 2012 to develop a consortium for very young adolescents in humanitarian settings. The question that the Consortium examined was: What are the SRH needs and risks of very young adolescents in the humanitarian contexts of Thailand, Lebanon and Ethiopia, and how can programs address their needs in each location?

Funded and informed by the U.S. Centers for Disease Control and Prevention (CDC), the study is intended to enhance and improve programs for this age group to support the well-being and healthy development of very young adolescents. To this end, the Consortium followed a “research to action” model, where study activities were designed for findings to be applied in pilot projects to address the needs and risks identified by the participants themselves in each setting. The WRC coordinated the efforts of the Consortium, while JHU provided overall technical assistance and served as the institutional review board of record. Additional local ethical approval was obtained in each country.

Study locations

The study was implemented in three locations where conflict-affected refugees or migrants reside. The sites were selected based on prior availability of programs for adolescents, capacity for implementation of a research to action model and possibilities for institutional advocacy related to adolescent SRH.

Ethiopia: The study was undertaken in Kobe Camp, Dollo Ado, and the surrounding host community. The Dollo Ado refugee camps border Kenya, Somalia and Ethiopia. Refugees in Kobe Camp are primarily from So-

malia, with an estimated 38,000 of the 200,000 Somali refugees in Dollo Ado residing in Kobe Camp. The Ethiopian government is responsible for overall primary health care in the camps, including SRH services. IMC, which is a key provider of health, sanitation and hygiene, nutrition, prevention of gender-based violence (GBV) and mental health services in Dollo Ado, hosted the study in this site.

Lebanon: The peri-urban towns of Barelías and Qabelías in Bekaa Valley—on the Syrian border, where many Syrian refugees have sought refuge since the conflict began in 2011—were selected for the study. As of June 2014, there were an estimated 247,000 Syrian refugees living in the Bekaa Valley. The vast majority are women, children and adolescents. Most live among the local population in small settlements and urban neighborhoods. Save the Children, which provides services to Syrian refugees and the Lebanese community, hosted the study in this site, in partnership with AUB.

Thailand: Located on Thailand’s northwestern border with Myanmar, Mae Sot town and Mae La refugee camp in Tak Province were selected for this study. As a major transit and destination point for migrant workers, Tak Province is home to over 120,000 migrants, most of whom are undocumented Burmese migrant workers and displaced persons living in Mae Sot and Phop Phra Districts. JHU partnered with ARHN, a consortium of nine community-based organizations (CBOs) that provides services to adolescents, including through a youth center in Mae Sot.

The Action-Research Process

The study employed a three-phased approach to maximize participatory involvement from adolescents and stakeholders in the research design.

Phase I: Scanning the service environment

The first phase aimed to build the foundations of the “research to action” model, where partners explored avenues to address findings from the research. Key topics explored through interviews with community adults and staff from UN agencies, NGOs, CBOs and local government agencies included:

- the perceived SRH risks and needs of very young adolescents, and observed differences between boys and girls and sub-groups of adolescents;

- existing programs that address the needs of very young adolescents, their service delivery approaches and factors for consideration when addressing their SRH needs;
- current sources of SRH information for very young adolescents, and information gaps about very young adolescents that would aid service providers.

Phase II: Working with very young adolescents through interactive activities

Based on learning from the first phase, the Consortium developed questions for further inquiry and honed activities that would be most appropriate for the 10-14 year age group. Questions that the qualitative phase explored were:

- What are the perceived SRH risks and needs of very young adolescents? Are there differences between boys and girls, and between age groups (10-12, 13-14)?
- How has displacement affected the transition from young adolescence into later adolescence and adulthood? What kinds of risks or problems do 10-14 year olds face?
- What help is available for 10- to 14-year-olds, in terms of community, school, family and services?

Building on the literature and in consultation with adolescent experts such as JHU's Robert Blum and his *Global Early Adolescent Study*,^{7, 8} two participatory activities were implemented among 10- to 12-, 13- to 14- and 15- to 16-year-old girls and boys:

1. **Community mapping:** Trained facilitators asked girls and boys to draw a map of their community(ies) that showed important places for their age group. More specifically, adolescents were asked to identify homes and residential areas; schools and places of learning; places of worship; places where they met or socialized; and other places of importance, such as water/firewood collections points, health centers and hospitals. Adolescents were then led through a guided discussion on where they obtained specific information and services about growing up and advice for difficult questions and concerns around violence. Lastly, they were asked to identify where on the map they felt safe and unsafe, and their rationale.

2. **Photo elicitation interviews (PEI)**⁹: The second activity employed several photographs of locally relevant places, activities and themes to elicit discussion. Through photographs selected from each setting to represent pre-determined themes, facilitators asked what adolescents saw in the photos, and probed about gender norms in daily activities, security concerns and community perceptions around certain scenarios. Lastly, they solicited suggestions from adolescents on how the situation can be improved for them.

Each group activity took an average of two hours. Adult (18 and older) community members were engaged through focus group discussions around the roles and relationships of very young adolescents in their community, pre- and post-displacement.

Phase III: Obtaining quantifiable information about very young adolescents

Based on the learning from the qualitative phase, the Consortium implemented a household survey in Kobe Refugee Camp in Ethiopia and Mae Sot town in Thailand to obtain quantifiable data on the experiences and situation of very young adolescents. In a private setting and with adolescent assent and parental permission, adolescent girls and boys aged 10-14 were asked questions about their living situation, their views on friends and romantic relationships, bodily changes and sources of information for health concerns and risks around their safety.

The third phase was only implemented in Ethiopia and Thailand, because Lebanon was facing an acute emergency from the daily influx of refugees fleeing the conflict in Syria.



Photographs, such as this one of a girl walking, were used to elicit discussion. © Ahmad Baroudi, Save the Children

Table 1: Number of participants consulted in all phases			
	Ethiopia	Lebanon	Thailand
Phase I: Program mapping			
Stakeholders	16	10	6
Phase II: Qualitative activities			
Girls (10-12 years)	15	16	16
Boys (10-12 years)	16	15	16
Girls and Boys (10-12 years, mixed group)	--	--	16
Girls (13-14 years)	15	13	16
Boys (13-14 years)	16	15	16
Girls and Boys (13-14 years, mixed group)	--	--	16
Girls (15-16 years)	16	14	16
Boys (15-16 years)	16	15	16
Girls and Boys (15-16 years, mixed group)	--	--	16
Host community adolescent girls	8	--	--
Host community adolescent boys	8	--	--
Adults (18+ years)	32	30	32
Phase III: Quantitative survey			
Girls (10-14 years)	192	--	201
Boys (10-14 years)	214	--	198

Learning, at a glance

Through engaging with adolescent SRH experts and designing and implementing adolescent-friendly approaches to data collection, the Consortium learned much from all phases of the study. Preliminary findings reveal several concerns for very young adolescents in the three settings:

- Poverty, being forced to work, no access to school and physical violence are pressing concerns for adolescents in Ethiopia and Thailand. Drugs and alcohol are common concerns for boys; for girls, marriage and pregnancy are more prominent fears. In Ethiopia and Lebanon, early marriage is a concern for girls.
- Girls and boys are concerned about different forms of violence that affect their safety and well-being. In Ethiopia, girls fear rape and forced sex, while boys fear group violence. In Lebanon, girls and boys fear kidnapping and vehicle accidents. In Thailand, girls fear trafficking.
- Access to information about puberty, pregnancy and overall health varies across sites: Mothers are important current sources of information, while adolescents report preferences to learning from teach-

ers and health care providers in Thailand, and from friends and siblings in Ethiopia. Girls in Lebanon shared cultural reservations over discussions with parents around body changes, although older girls still consulted their mothers for health information. In Ethiopia, most adolescents shared that they learned about body changes before they occurred, while in Thailand, this was not the case.

- Menstrual hygiene is a critical gap in Ethiopia. While the majority of menstruating girls in Thailand report having sufficient access to soap and water, private facilities and pads or cloth to manage their periods, no menstruating girl in Ethiopia reported having access to all three.

The Consortium has further reflected on learning that can aid programming for very young adolescents in humanitarian settings. Some preliminary learning and considerations include:

- It is critical to involve parents, peers, friends, teachers and health providers to build knowledge and awareness about the needs and risks for displaced or migrant very young adolescents.
- The integration of different and cross-cutting sec-

tors is critical, but the SRH framework does not necessarily fit well with the needs and risks faced by very young adolescents. Adolescent concerns span healthy growth and development, protection from risks, enhancing knowledge of emerging sexuality and addressing gender roles and norms.

- Programming that aims to address the SRH needs of very young adolescents should consider the continued education of children and adults that inform and influence their decisions and behaviors. This includes service providers.

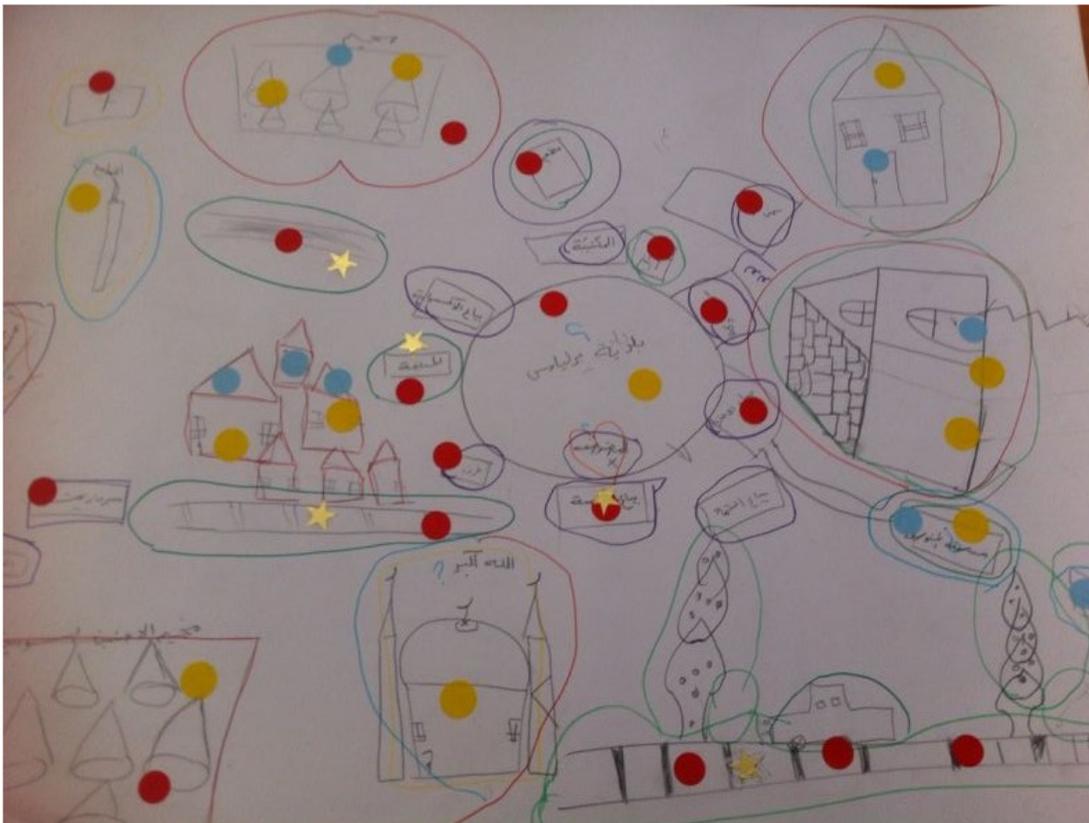
Next steps

The Consortium is developing a series of articles to contribute to the peer-reviewed literature. In the meantime, partners are attempting to operationalize findings by securing funds to pilot strategies that address identified needs in the respective settings. The research to action model aims for programs to improve the wellness and healthy development of adolescents during and following conflict.

Notes:

1. IAWG on Reproductive Health in Crises (2010). *Inter-agency Field Manual for Reproductive Health in Humanitarian Settings*, Chapter 4. http://www.iawg.net/resources/field_manual.html.

2. Women's Refugee Commission, Save the Children, et al (2012). *Adolescent Sexual and Reproductive Health in Humanitarian Settings: An In-depth Look at Family Planning Services*. <http://wrc.ms/X2XF3l>.
3. Blum, R. et al (2014). A conceptual framework for early adolescence: a platform for research. *International Journal of Adolescent Medicine and Health*.
4. WHO (2010). *The Sexual and Reproductive Health of Young Adolescents in Developing Countries: Report of a WHO technical consultation*, Geneva 4-5 Nov 2010.
5. See note 1.
6. Save the Children, UNFPA (2009). *Adolescent Sexual and Reproductive Health Toolkit in Humanitarian Settings*. https://www.unfpa.org/webdav/site/global/shared/documents/publications/2009/UNFPA_ASRHtoolkit_english.pdf.
7. Blum R. et al (2014). A conceptual framework for early adolescence: a platform for research. *International Journal of Adolescent Medicine and Health*.
8. Institute for Reproductive Health, Georgetown University. *Gender Roles, Equality and Transformation (GREAT) Project*. Accessible from http://irh.org/projects/great_project/.
9. Visual research methodologies have been found to elicit more detailed discussion and more focused engagement, especially among younger participants. Epstein I. et al (2006). Photo Elicitation Interview (PEI): Using Photos to Elicit Children's Perspectives. *International Journal of Qualitative Methods* 5 (3). Harper D (2002). Talking about pictures: a case for photo elicitation. *Visual Studies*, Vol. 17, No. 1.



A group of 13- and 14-year-old girls in Barelías, Bekaa Valley, Lebanon, illustrated safe (blue circles) and unsafe (red circles) areas in the community during a safety-mapping exercise. Red stickers are homes and residential areas, while blue stickers are schools and places of learning. Yellow stickers are places of worship.

The Consortium



The Women's Refugee Commission (WRC) is an NGO based in the United States. It is a research and advocacy organization that works to protect the rights, safety and well-being of displaced communities around the world. It works with governments, the UN and international organizations.

To learn more about the WRC, contact the organization at info@wrcommission.org or visit www.womensrefugeecommission.org.



Center for Refugee and Disaster Response (CRDR) is a unique, collaborative academic program conducted jointly by the Department of International Health at Johns Hopkins University (JHU) Bloomberg School of Public Health, the Department of Emergency Medicine at JHU School of Medicine and JHU School of Nursing. CRDR partners globally with various entities on field-based research and humanitarian projects to measure health indicators, conduct needs assessments, carry out program monitoring and evaluation and build local capacity through training and on-site technical assistance. To learn more about CRDR, contact the organization at HealthSystems@jhsph.edu or visit www.jhsph.edu/research/centers-and-institutes/center-for-refugee-and-disaster-response/.



Adolescent Reproductive Health Network (ARHN) was created in 2003 by eight organizations that work together to meet the SRH needs of migrant adolescents from ethnic communities in Burma. ARHN opened a youth center in Mae Sot in 2008 where it provides SRH services, including workshops, counseling and supplies.

To learn more about ARHN, contact the organization at arhnetwork@gmail.com.



International Medical Corps (IMC) is a global, humanitarian, nonprofit organization dedicated to saving lives and relieving suffering through health care training and relief and development programs. Since 2003, IMC has operated a multi-faceted program in Ethiopia, strengthening local capacities and delivering services.

To learn more about IMC, visit www.internationalmedicalcorps.org.



Save the Children is the leading independent organization for children, with programs in more than 120 countries around the world. Its mission is to inspire breakthroughs in the way the world treats children, and achieve immediate and lasting change in their lives. Save the Children has been in Lebanon since the mid 1960s, promoting child protection and education.

To learn more about Save the Children, visit www.savethechildren.org.



American University in Beirut's (AUB) Faculty of Health Sciences prepares professionals in the disciplines of public health and health sciences through graduate and undergraduate programs, and introduces future physicians to public health. It contributes to knowledge and the improvement of the public's health in Lebanon and the region by conducting scholarly and relevant research and by responding to priority health issues and training needs in collaboration with stakeholders.

To learn more about AUB, visit www.aub.edu.lb/fhs.