

Developmentally Based Interventions and Strategies: Promoting Reproductive Health and Reducing Risk among Adolescents

Tijuana A. James-Traore, MSW

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About the Author

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Preface

Many population, reproductive health (RH) and maternal and child health professionals who work internationally or in developing countries are not experts on the needs and issues of young people between the ages of 10 and 24. Many professionals have no academic training in adolescent health or adolescent reproductive health (ARH). They have spent the better part of their careers on the needs of children under five or who are older married couples, child survival programs targeted by family planning and RH programs, respectively.

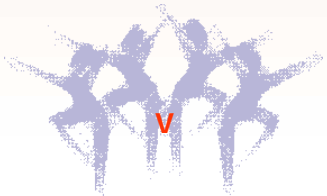
The FOCUS on Young Adults program decided in 1997 that a simple reference tool was needed to help professionals working in RH and related fields make informed policy, program and resource decisions. This tool would draw on adolescent development theory to present key adolescent development characteristics and behaviors by age and stage of development over the age 10-24 span and would relate such characteristics - by stage - to possible ARH program goals, interventions, and activities.

FOCUS staff - Barbara Seligman, Sharon Epstein, Kate Bond, Lindsay Stewart, and others - began consulting within and outside FOCUS with ARH and RH experts. When Tijuana James-Traore joined FOCUS, she took the lead on this project. She firmed up the theoretical and practical basis for this tool, drawing on her own consultancy experience with the United Nations High Commissioner for Refugees and International Rescue Committee, where she worked with health supervisors and as well as others who served refugee youth from Sierra Leone and Liberia, as well as the forest region of Guinea, West Africa. The training program she helped develop for those staff persons sought to present adolescence as a development process with defining characteristics that affect how young people learn and how they process and retain information. Further, the program was based on the conviction that adolescents are a heterogeneous group who have distinct needs that require various approaches depending on the stage of development.

FOCUS specifically seeks to take that developmental approach a step further by suggesting possible responses to the questions, "What does understanding adolescent development suggest for actions in terms of sexual and reproductive health, in the field, in practical and applied conditions?" and "What does understanding adolescent development tell us about how ARH and RH programs and services should be

designed and implemented?" The approach of this tool was discussed with 75 participants from developing and developed countries in FOCUS' Southeast Asia State of the Art training workshop, which was held in Chiang Mai, Thailand in June 2000, and with 25 participants from developing countries in Asia, the Near East, and Africa at a training course on "Youth Development and Reproductive Health" sponsored by the Center for Development and Population (CEDPA) in July 2000.

We hope that this ready-reference tool will stimulate the thinking of RH professionals and others who are not specialists in working with adolescents so that they begin to think through the stages of adolescent development, consider its policy and program implications, and find ways of adapting each stage and the program possibilities offered as suggestions, to cultural circumstances. This tool presents a process that non-specialist professionals can use in developing and deciding on appropriate ARH programming. This tool, therefore, seeks to move us away from a generic or "one size fits all" approach to adolescents and to ARH, toward an approach more relevant to and suitable for young people ages 10-24, whom we all now wish to reach and serve.





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Abbreviations

ARH	adolescent reproductive health
CEDPA	Center for Development and Population
HIV/AIDS	human immunodeficiency virus/acquired immune deficiency syndrome
IEC	information, education, and communication
RH	reproductive health
S&RH	sexual and reproductive health
STIs	sexually transmitted infections
WHO	World Health Organization
YARH	young adult reproductive health

Purpose of this Tool

This tool has been prepared by FOCUS on Young Adults primarily for those who design and deliver programs and who formulate policies concerned with the well-being of young people in the developing world. It specifically explores (a) adolescence as a distinct stage in the developmental process, (b) the defining characteristics of adolescence, (c) the variety of factors that influence it, and (d) its societal and cultural relevance. In addition, the tool looks at the relationship between the developmental characteristics and the appropriate outreach and service delivery strategies designed to promote health and to reduce the life-altering hazards that are often initiated during this critical stage in the human life cycle. Further, the tool recognizes the strengths and promise of adolescence while seeking to help adolescents avoid negative outcomes from sexual activity and poor reproductive health care, including sexually transmitted infections and unintended pregnancy.

Introduction

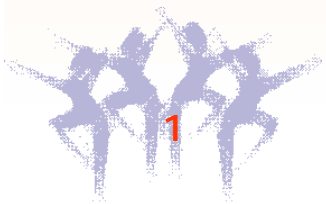
What is adolescence?

Adolescence is a period of dynamic change representing the transition from childhood to adulthood that begins at puberty. For girls, puberty is a process generally marked by the production of estrogen, the growth of breasts, the appearance of pubic hair, the growth of the external genitals, and the start of menstruation (menarche). For boys, it is marked by the production of testosterone, the enlargement of the testes and penis, a deepening of the voice, and a growth spurt. The World Health Organization (WHO) identifies adolescence as the period in human growth and development that occurs after childhood and before adulthood, from ages 10 to 19.¹ We have further subdivided adolescence into the following categories: pre-puberty, before age 10; early adolescence, ages 10– 14; middle adolescence, ages 15– 19; and late adolescence, or young adulthood, ages 20– 24. Although age is often not an accurate measure because of variations in cultural norms and expectations, such categories can be useful as a basis for understanding the *process* of adolescence.

The biological determinants of adolescence are fairly universal; however, the duration and defining characteristics of this period may vary across time, cultures, and socioeconomic situations. Furthermore, this period has been radically altered over the past century by earlier onset of puberty, later age of marriage, urbanization, global communication, and changing sexual attitudes and behaviors. Adolescence is a period of furious growth and development during which young people are universally exposed not only to exciting new opportunities but also to risks.

The *process* of adolescence is a period of preparation for adulthood. During this time, several key developmental experiences occur. These experiences include physical and sexual maturation, movement toward social and economic independence, and development of identity. Behavior patterns that are established during this process, such as drug use or nonuse and sexual risk taking or protection, can have long-lasting positive

¹ World Health Organization (WHO), 1999. Programme for Adolescent Health and Development: Report of a WHO/UNFPA/UNICEF Study Group on Programming for Adolescent Health. WHO: Geneva, Switzerland.





and negative effects on future health and well-being. As a result, during this process providers have unique opportunities to influence young people. Although some problems that occur or that are magnified during adolescence require special attention, adolescents should be viewed as assets to society rather than as problems. In many ways, adolescence is a joyful and creative time, and youth can be a boundless national and international resource when it is nurtured and if its energies are thoughtfully channeled in positive directions.

Why focus on adolescents?

The need to focus on adolescents is grounded in the belief that adolescents are different both from very young children and from adults. Adolescents have distinct needs at different stages of the process of their development and, therefore, different approaches are required for reaching and serving them. Although they are by no means a homogeneous group, many common characteristics define their lives and affect their ability to access and use reproductive health information and services. Specifically, adolescents, unlike most adults, are not fully capable of understanding complex concepts, or the relationship between behavior and consequences, or the degree of control they have or can have over sexual decision making. This inability may make them particularly vulnerable to sexual exploitation and high-risk behaviors.

Laws, customs, and practices may also affect adolescents differently than adults. For example, laws and policies often restrict access by adolescents to reproductive health information and services, especially when they are unmarried. Some laws even penalize those who responsibly seek such services. In addition, even when services do exist, provider attitudes about adolescents having sex often pose a significant barrier to use of those services.

What factors influence adolescent developmental and reproductive health?

Several factors that influence adolescent developmental and reproductive health are identified below. Although their degree of influence may vary at different points, they all shape how young people experience the transition from childhood to adulthood.

Biological—Biological and physiological changes, such as physical growth, the development of secondary sex characteristics, and menarche, occur during puberty and early adolescence. They, in turn, can influence an adolescent's psychological development, self-image, and peer and other relationships, plus the social expectations placed on adolescents.

Emotions—The emotional aspects of a young person's development include the role feelings play in motivating behavior, how youth feel about themselves in relation to their peers and others, how they view their bodies, and what their interpersonal relationships are. These emotions can manifest as excitement, optimism, change, and growth from the perspective of adolescents; however, circumstances can sometimes defeat those very positive emotional characteristics.

Cognition—As development progresses, enhanced thinking skills enable an adolescent to move from concrete to abstract thought. This process has an impact on the way information is perceived and understood. Consequently, it has implications for how information, education, and communication (IEC) materials and counseling and reproductive health services should be designed and delivered.

Identity—Above all, adolescence is a time for discovering "Who am I?" The development of identity—largely determined by culture and tradition—is also linked to family and peer relationships, values, and the meaning of being male or female in a given society. Girls are particularly vulnerable to negative reproductive health outcomes because they are often assigned roles that limit and constrain their independence and decision making, placing them at greater reproductive health risk. Although attitudes vary, most cultures expect young women to abstain from premarital sex while tolerating, or sometimes even encouraging, it for males.

Family—In most cases, adolescent development takes place within the context of the nuclear or extended family. The degree to which this developmental period results in family tension and conflict rather than





support and celebration will vary. Societal and familial expectations and the nature of family relationships, as well as significant events such as births, deaths, and separation, all affect how young people develop. Family stability can be especially critical, and disruptions, including death, divorce, or separation, can have a lasting effect on adolescent behavior and development. In addition, some adolescents are institutionalized, are fighting wars, are living on the streets, are orphaned, or have married or formed other partnerships.

Sexuality—Sexuality includes a range of emotions, thoughts, and behaviors and is not limited to sexual intercourse. It involves the individual's physiological, psychological, and emotional state; sexual expression and gender roles; and expectations.

Society—Adolescent development also takes place within the context of the adolescent's social environment. The healthy development of social skills is reflected in interpersonal and group relationships and in the balance between healthy group interaction, individuality, and independence.

Ethics and Morality—A sense of ethical standards and morality, or values, helps an individual distinguish between right and wrong and shapes decisions about individual behavior. That sense is evident in an awareness of broader issues affecting not only the individual, but also the family, the community, and the society.

Because of these factors, adolescence, especially in its early stages, is an optimal time to influence the development of healthy gender roles as well as positive and productive goal setting. Data confirm that adolescents do listen to adults and that positive relationships with adults can reduce some of the potential hazards associated with adolescence and can increase positive behaviors. Outlined in this tool are intervention strategies that focus on prevention. These strategies hold special promise for younger adolescents.

How does the tool address the varied circumstances of adolescents?

This tool does not specifically address the special and varied circumstances of many of today's young people. Some adolescents have been displaced as a result of war and civil unrest. Others have become heads of household because of the absence of parents, have become orphaned because of AIDS, or have been forced into the commercial sex industry to support themselves or their families. Displaced by poverty, homelessness, and war, some are catapulted through this critical period by cruel demands that ignore their special needs. Furthermore, their circumstances often place them beyond the reach of traditional institutions and supports.

Adolescents who marry at an early age, who are parenting, or who are out of school may experience the transition to adulthood differently and, therefore, may have very different needs. We recognize this tool's limitations in its inability to address specifically the needs of adolescents living in those special circumstances. However, even for those populations, the user will find some of the program goals and strategies in this tool relevant and useful.

How does this tool apply to your work?

Societies evolve along different cultural, religious, historical, economic, geographical, and political paths. At any time, members of different societies view themselves and the world from distinctive perspectives. Yet global trends—in communication and information dissemination, entertainment, and other economic and commercial exchanges—always affect local realities, sometimes more than people living in those localities fully understand. How children, adolescents, and adults are assigned roles ultimately reflects the convergence of such paths and trends.

In your work, you are faced with the challenge of understanding these complex circumstances and meeting the needs and desires of young people. You want to help them engage in healthy behaviors, protect themselves from risk, and develop into healthy adults. Understanding the developmental needs of adolescents will enable users to design more practical, effective programs. This tool guides you—as program managers, service





providers, and policymakers—assessing the characteristics of adolescents through their developmental stages and across social contexts. It concentrates on some of the aspects of adolescence that are common across developing country societies, and it focuses on features of interventions and programs that have achieved success in similar circumstances.

What are “universal” interventions?

This tool suggests some health and development strategies and interventions that are most effective under specific societal and cultural conditions. Others have universal applicability and value across societies, including the following:

- ❖ Provide education and skill-building for in-school and out-of-school youth.
- ❖ Provide factual reproductive health information.
- ❖ Involve youth caretakers, including parents, extended family, or other adults such as teachers and youth workers.
- ❖ Involve youth themselves in program design, development, implementation, and evaluation.
- ❖ Ensure access to counseling and other services that respond to the special needs of adolescents.
- ❖ Increase collaboration and effective referrals among existing health and other development agencies and organizations serving youth.
- ❖ Reach out or go to youth where they congregate, rather than making them come to service providers.
- ❖ Train program site managers, service providers, and others to improve their interactions with youth.
- ❖ Have clear goals, target populations, and indicators while building in monitoring and evaluation from the beginning of a project; use such findings to improve strategies and services.

How do I use this tool?

Although this tool is not intended as a “blueprint,” we hope it will help you understand adolescent developmental needs so that you can design more practical, effective programs. The design of the tool provides a quick and ready reference so that you can learn more about adolescent development. The pull-out sheet allows you to work with staff members, young adults, community members, and others in planning program strategies and in thinking creatively about how to adapt ongoing reproductive health programs or how to develop new programs to serve specific adolescent populations. We encourage you to test interventions with opinion leaders, parents, other important extended family members, youth caretakers, and, above all, adolescents themselves. And we invite you to correspond with FOCUS about how you have used this tool. You can reach us at:

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Please Strip
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Pre-Puberty

(under age 10)



Key Developmental Characteristics	Goal of Program or Intervention	Some Suggested Interventions or Activities	Notes
<p>Biological</p> <ul style="list-style-type: none"> ✓ Has immature reproductive organs. ✓ May begin to develop signs of puberty such as budding breasts and pubic hair. 	<ul style="list-style-type: none"> ✓ Ensure healthy physical growth and development; prevent disease. ✓ Ensure access to basic primary health care services. ✓ Prepare youth for puberty. 	<ul style="list-style-type: none"> ✓ Provide information, education, and communication (IEC) on general health care, including nutrition and immunizations, to youth and family members. ✓ Implement community-based immunization campaign. ✓ Provide primary health care. ✓ Provide primary health care and education to parents and caretakers through visiting health professionals. 	
<p>Emotional</p> <ul style="list-style-type: none"> ✓ Can be impulsive. ✓ May have difficulty expressing feelings. 	<ul style="list-style-type: none"> ✓ Help youth begin to learn to resolve conflicts effectively. ✓ Help youth begin to learn to express feelings appropriately. ✓ Help youth build internal self-defenses against external dangers. 	<ul style="list-style-type: none"> ✓ Integrate conflict resolution activities within small group and play-group activities. ✓ Use stories or parables to communicate messages about appropriate expression of feelings and ways to resolve conflict. ✓ Provide opportunities to discuss conflicts with adults. 	
<p>Cognitive</p> <ul style="list-style-type: none"> ✓ Is learning to master skills. ✓ Finds that play is an essential way of learning. ✓ Has limited language skills (difficulty putting feelings into words). ✓ Is curious. ✓ Has difficulty distinguishing fantasy from reality. ✓ Is creative. ✓ Has unrestrained imagination. ✓ Is oriented to the moment. ✓ Is receptive to new ideas. ✓ Has very concrete thinking. ✓ Sees behavior in terms of right and wrong. 	<ul style="list-style-type: none"> ✓ Teach youth to communicate effectively. ✓ Prepare youth for puberty. ✓ Help youth understand the consequences of behavior. ✓ Help youth begin to learn decision-making skills. ✓ Provide age-appropriate sexuality education, including anatomy, physiology and HIV/AIDS awareness. 	<ul style="list-style-type: none"> ✓ Use comic or cartoon characters in IEC materials. ✓ Develop or adapt educational board games where youth respond to reproductive health questions. ✓ Design and implement provider and teacher training curriculum. ✓ Use or develop videos and interactive games. ✓ Develop and implement school- and community-based educational programs. ✓ Conduct same-sex group sessions to role-play "real life" situations. ✓ Interact with adults, especially teachers, who work with this age group. 	

<p>Identity</p> <ul style="list-style-type: none"> ✓ Is sensitive to gender differences. ✓ Distinguishes gender roles based on observations and societal norms. ✓ Copies adult behavior. 	<ul style="list-style-type: none"> ✓ Promote positive perception of self and gender. 	<ul style="list-style-type: none"> ✓ Provide basic education to girls. ✓ Include girls in sports activities. ✓ Facilitate theater or peer group presentations of “real life” situations to stimulate discussion among youth about gender relationships. ✓ Offer training programs for parents and caretakers on gender issues. ✓ Provide rewards, ceremonies, and other incentives to recognize achievements. ✓ Provide opportunities for interaction with positive role models. ✓ Collaborate with adults who work with this age group. ✓ Provide leadership opportunities for girls. 	
<p>Family</p> <ul style="list-style-type: none"> ✓ Has values determined by family and society. ✓ Spends the majority of time with family. ✓ Is dependent on parents and extended family caretakers. ✓ Has parents or relatives who make all decisions. 	<ul style="list-style-type: none"> ✓ Facilitate improved relationships among youth and between youth and adults. ✓ Obtain positive support from parents, extended family members and community. ✓ Promote positive health practices. ✓ Prevent harmful health practices such as use of alcohol, tobacco, and drugs. 	<ul style="list-style-type: none"> ✓ Provide skills to parents and caretakers. ✓ Develop curricula and training programs. ✓ Design and implement education and training program for providers, community leaders, parents, and teachers. ✓ Establish multiagency working group to design and implement education and training programs. ✓ Advocate for community support and involvement activities that help people understand the need for programs and services for this age group. 	
<p>Sexuality</p> <ul style="list-style-type: none"> ✓ Is exploratory, particularly in relation to body parts. ✓ Is curious about opposite sex. 	<ul style="list-style-type: none"> ✓ Prepare youth for puberty. ✓ Delay onset of sexual activity. ✓ Provide basic knowledge of biology and reproduction, including HIV/ AIDS transmission and prevention. ✓ Help youth distinguish “good touch” from “bad touch.” ✓ Help youth understand that sex and sexuality are a normal part of life. ✓ Make youth aware of sexual abuse and what to do to prevent or report it. 	<ul style="list-style-type: none"> ✓ Implement school- and community-based reproductive health education programs. ✓ Develop and implement sexual and reproductive health (S&RH) curriculum for youth. ✓ Develop S&RH curriculum for parents and caretakers, and for adults in the community that this age group is in contact with or who have a role in protecting and raising this age group. 	





Key Developmental Characteristics	Goal of Program or Intervention	Some Suggested Interventions or Activities	Notes
<p>Social</p> <ul style="list-style-type: none"> ✓ Is competitive (especially among boys). ✓ Shows tendency toward aggressive behavior (also more often among boys). ✓ Has strong desire to please (especially among girls). ✓ Is rules oriented. ✓ Is physically active. 	<ul style="list-style-type: none"> ✓ Help youth develop negotiation skills. ✓ Implement activities that teach behavioral consequences. ✓ Reinforce positive behaviors and impulse control. ✓ Establish rules that promote health and help avoid risks. 	<ul style="list-style-type: none"> ✓ Develop curricula and training programs and materials. ✓ Communicate information through multimedia, videos, and interactive games. ✓ Select potential mentors from the community and train them in young adult reproductive health (YARH). ✓ Develop group activities for youth. ✓ Link reproductive health education and information to other activities, such as sports and recreation, to attract youth to programs. 	
<p>Ethics/Morality</p> <ul style="list-style-type: none"> ✓ Has values and beliefs determined by family. ✓ Adheres to values with little questioning. 	<ul style="list-style-type: none"> ✓ Help youth understand family and community values. ✓ Help family and community articulate values and beliefs. 	<ul style="list-style-type: none"> ✓ Provide opportunities to participate in community and traditional events and celebrations. ✓ Use community and traditional events to provide information and education about puberty and age-appropriate S&RH to children, parents, and other adults. ✓ Engage community leaders and elders in discussions to gain support for program activities. 	



Early Adolescence

(10-14)



Key Developmental Characteristics	Goal of Program or Intervention	Some Suggested Interventions or Activities	Notes
<p>Biological</p> <ul style="list-style-type: none"> ✓ Puberty begins and body changes: growth spurts occur. ✓ Ovaries mature in girls in preparation for menstruation. ✓ Menstruation begins in most girls. ✓ Breasts enlarge in girls. ✓ Hips widen in girls. ✓ Girls are able to get pregnant. ✓ Boys can produce sperm. ✓ Genitals enlarge. ✓ Acne develops. ✓ Boys experience nocturnal emissions (“wet dreams”). ✓ Muscles enlarge in boys. 	<ul style="list-style-type: none"> ✓ Increase knowledge of puberty and changes that occur during this period. ✓ Increase knowledge of sexual growth and development, reproduction, contraception, and prevention of HIV/AIDS among youth and in the community. ✓ Foster good health practices. ✓ Involve adolescent males in reproductive health. 	<ul style="list-style-type: none"> ✓ Implement school-based S&RH programs. ✓ Implement community-based S&RH education programs. ✓ Train educators, teachers, and health providers in YARH. ✓ Provide information to parents and caretakers regarding YARH issues. ✓ Provide information regarding youth programs and services at community health fairs and other sites. ✓ Provide individual and group counseling by trained counselors. ✓ Work with existing social groups to provide a forum for discussing YARH and related issues. ✓ Develop specific outreach and education activities targeting males. 	
<p>Emotional</p> <ul style="list-style-type: none"> ✓ Exhibits behavior driven by feelings. ✓ Has frequent mood swings. ✓ Is confused about emotional and physical changes. 	<ul style="list-style-type: none"> ✓ Help youth improve decision making. ✓ Encourage positive expression of feelings. ✓ Identify ways to control or acceptably express impulses and urges. 	<ul style="list-style-type: none"> ✓ Perform skits at community events followed by discussion that illustrates issues. ✓ Use traditional as well as modern strategies to communicate messages. ✓ Train providers, peers, and others in counseling. ✓ Provide individual counseling that offers privacy, as well as group counseling. ✓ Provide opportunities to practice skills in “real life” situations. 	

<p>Cognitive</p> <ul style="list-style-type: none"> ✓ Is learning to master skills. ✓ Sees behavior in terms of right and wrong. ✓ Responds best to rewards and punishment. ✓ Has thinking that becomes more abstract and less concrete. ✓ Tends to suppress feelings. ✓ Is receptive to new ideas. ✓ Questions conflicting messages. ✓ Feels invincible or fatalistic. ✓ Is fearful of the future. ✓ Lacks control over life or feels that he or she lacks control. ✓ Seeks to make more decisions. 	<ul style="list-style-type: none"> ✓ Increase knowledge about availability of youth programs and services. ✓ Increase understanding of consequences of behavior. ✓ Teach ways to redirect and channel feelings that could lead to negative outcomes. ✓ Assist youth in thinking about and planning for the future. 	<ul style="list-style-type: none"> ✓ Conduct role-plays and model skills and desired behaviors. ✓ Present skits at community events followed by discussion. ✓ Take young people to youth programs, including clinics. ✓ Set up community health fairs with booths targeting youth. ✓ Help youth describe individual goals and periodically monitor progress. ✓ Hold recognition ceremonies for youth who have accomplished goals. ✓ Provide referrals for other youth programs and counseling and services where young people congregate, as needed. ✓ Develop radio, television, and print media programs that communicate messages and illustrate both decision making and ways of dealing with feelings. 	
<p>Identity</p> <ul style="list-style-type: none"> ✓ Models same-sex behavior. ✓ Learns gender roles and differences. ✓ Tends to associate with members of the same sex. ✓ Girls tend to focus on relationships and nurturing, while boys focus on achievement and competition. ✓ Has self-esteem that is primarily influenced by others. ✓ Is preoccupied with physical appearance. 	<ul style="list-style-type: none"> ✓ Assist in developing healthy gender roles and in making gender a positive, not a limiting, attribute. ✓ Foster gender equity. ✓ Establish positive peer supports. ✓ Develop positive self-esteem. 	<ul style="list-style-type: none"> ✓ Develop mentoring programs. ✓ Provide “job shadowing” of men and women in “nontraditional” gender roles. ✓ Provide forums for youth and community to discuss changing roles and relationships. ✓ Provide historical overview of how traditional and common practices came to be and why they may or may not be relevant today. ✓ Establish youth groups around common interests. ✓ Set up team competitions in sports and games. ✓ Provide cultural and sports events and activities. ✓ Establish a youth council to provide input to programs and services. ✓ Identify youth to serve on boards and advisory committees. 	





Key Developmental Characteristics	Goal of Program or Intervention	Some Suggested Interventions or Activities	Notes
<p>Family</p> <ul style="list-style-type: none"> ✓ Spends majority of time with family but is beginning to move away from family toward peers. ✓ Generally has close relationship with parents or extended family, caretakers, and advisors. 	<ul style="list-style-type: none"> ✓ Enhance communication around sexuality-related issues. ✓ Make resources available to youth and their families (e.g., counseling, behavior management) 	<ul style="list-style-type: none"> ✓ Offer parent or extended family member/child workshops. ✓ Offer parenting workshops or classes. ✓ Provide information, education, and materials to family members, teachers, religious and community leaders, and significant others. ✓ Provide training for other adults in the community to serve as resources for this age group. ✓ Provide individual and family counseling by trained providers, including peers and health or social service workers 	
<p>Sexuality</p> <ul style="list-style-type: none"> ✓ Begins to develop interest in opposite sex. ✓ Is interested in own physical development, particularly in relation to peers. ✓ May begin to masturbate. ✓ May begin to experiment with sex play. ✓ May have sexual intercourse. 	<ul style="list-style-type: none"> ✓ Encourage sexual abstinence; delay initiation of sexual activity. ✓ Prevent unwanted sex. ✓ Prevent unwanted or mistimed pregnancy. ✓ Ensure knowledge and involvement of adolescent males in reproductive health. ✓ Ensure awareness of and provide access to reproductive health services. ✓ Help youth learn to negotiate within intimate and sexual relationships. 	<ul style="list-style-type: none"> ✓ Make contraception, especially condoms, available to sexually active youth. ✓ Take counseling/services to sites at which youth congregate and when they congregate. ✓ Provide youth-specific clinic hours. ✓ Develop IEC materials related to contraception. ✓ Provide information and education on alcohol, drug, and tobacco use; nutrition; and HIV/AIDS and other diseases, especially sexually transmitted infections (STIs). ✓ Implement youth-specific mass media and social marketing campaigns to communicate messages. ✓ Provide sexuality education in varied settings to reach youth who are both in and out of school. ✓ Provide opportunities to role-play negotiating condom use and other relationship and negotiation skills. ✓ Develop specific outreach activities that target males. 	

		<ul style="list-style-type: none"> ✓ Add S&RH information to existing formal and informal youth groups. ✓ Conduct poster, art, and music contests on YARH issues. ✓ Involve youth in the design, development, implementation, and evaluation of programs for them. ✓ Educate health-care providers on issues of privacy, anonymity, and confidentiality that are of concern to young people. 	
<p>Social</p> <ul style="list-style-type: none"> ✓ Increasingly transfers interest from family to friends and others as central focus. ✓ Recognizes wider social spectrum outside the family. ✓ Is concerned with social and sexual behavior and acceptance by peers and adults. ✓ Begins to interact with opposite sex. ✓ May be socially recognized as an adult. May go through pre-marriage or marriage rules or rituals. ✓ Experiences rites of passage in various forms. ✓ Seeks acceptance by peers. 	<ul style="list-style-type: none"> ✓ Facilitate positive relationships with peers and adults. ✓ Teach ways to address negative peer pressure. ✓ Increase awareness of available community resources. ✓ Establish alternative rite-of-passage activities to those that have been deemed harmful. ✓ Reach out-of-school youth. ✓ Develop activities that foster positive interaction among youth and between youth and adults. 	<ul style="list-style-type: none"> ✓ Provide or support adult mentoring programs, within and outside the family. ✓ Implement peer support programs in schools and communities. ✓ Develop youth sports clubs, social clubs, and interest groups. ✓ Link with existing youth programs and clubs, and help them incorporate reproductive health information. ✓ Develop peer support and depot holder programs. ✓ Involve youth in YARH programs and other community development activities. 	
<p>Ethics/Morality</p> <ul style="list-style-type: none"> ✓ Has values, beliefs, and religion primarily determined by family. ✓ Is aware of different values. 	<ul style="list-style-type: none"> ✓ Discuss values of family and community as a basis for developing own value system. ✓ Help community eliminate or modify harmful traditional practices. 	<ul style="list-style-type: none"> ✓ Assist family and community in evaluating traditional practices. ✓ Conduct workshops to clarify values among youth and community groups. ✓ Assist community (a) in modifying practices found to be harmful or no longer desirable and (b) in developing alternative rites of passage and other traditional programs. ✓ Retrain traditional leaders to take on new roles. 	







Middle Adolescence

(15-19)



Key Developmental Characteristics	Goal of Program or Intervention	Some Suggested Interventions or Activities	Notes
<p>Biological</p> <ul style="list-style-type: none"> ✓ Continues physical growth, development, and sexual maturation. ✓ Pace of physical and emotional development in relation to peers' development is important. 	<ul style="list-style-type: none"> ✓ Assist youth in maintaining good health. ✓ Ensure access to RH services. ✓ Prevent pregnancy and disease. ✓ Reduce complications from pregnancy and disease. 	<ul style="list-style-type: none"> ✓ Ensure easy access to condoms; provide information and counseling on use. ✓ Conduct large-scale campaigns using the media, social marketing strategies, and other available technology, emphasizing information, motivation, and commercially or privately available services that are easy to access and confidential. ✓ Ensure that youth are welcome to receive RH and related medical care through existing health systems, including modern and traditional health practitioners, community- and clinic-based health workers, pharmacists, private as well as government doctors, and female as well as male practitioners. ✓ Provide outreach and clinical services for youth where they congregate or at entertainment, education, employment, and other sites. ✓ Provide information and education regarding good health and nutrition. 	
<p>Emotional</p> <ul style="list-style-type: none"> ✓ Starts to challenge rules and test limits. ✓ Feelings contribute to behavior but do not control it. ✓ Is less impulsive. Begins to respond based on thoughtful analysis of potential consequences. ✓ Develops more advanced problem-solving skills. ✓ Concerned with self-image compared with peers. ✓ May be encouraged to participate in rites of passage. ✓ Males more likely to engage in sexual activity before marriage, with multiple partners, than females. 	<ul style="list-style-type: none"> ✓ Help youth make decisions that are based on informed choice and awareness of health and other consequences. ✓ Help youth be aware of and embrace options for behavior. ✓ Help youth resist negative peer and adult pressure. ✓ Build self-esteem. ✓ Build respect for opposite sex and notions of responsibility to opposite sex. 	<ul style="list-style-type: none"> ✓ Link RH with other content areas, like skills-building, within YARH programs. ✓ Collaborate with providers in other disciplines, e.g., job training, literacy. ✓ Provide referral network for other services. ✓ Train staff members to identify reproductive health and other risk factors. ✓ Have peer educators available in schools and communities. ✓ Provide counseling related to risk-taking behaviors, low self-esteem. ✓ Assist in setting life goals. ✓ Provide information and education related to other risks, such as substance use or abuse, violence, etc. ✓ Develop programs to reach out-of-school youth. 	

<p><i>Cognitive</i></p> <ul style="list-style-type: none"> ✓ Desires more control over own life. ✓ Begins to develop own value system. ✓ Thinks in more abstract terms. 	<ul style="list-style-type: none"> ✓ Help youth begin to manage own time and resources. ✓ Help improve decision-making and life-planning skills. 	<ul style="list-style-type: none"> ✓ Link RH with entrepreneurial and other small business opportunities. ✓ Provide employment within RH programs or assist with securing employment. ✓ Assist with learning time- and money-management skills. Link to literacy/numeracy programs. 	
<p><i>Identity</i></p> <ul style="list-style-type: none"> ✓ Has sense of self that is largely shaped by peers, although becoming less so. ✓ May be struggling with gender identification. ✓ May be married and under strong influence of spouse, relatives. 	<ul style="list-style-type: none"> ✓ Help youth develop a healthy sense of self. ✓ Help youth explore personal identity issues. 	<ul style="list-style-type: none"> ✓ Provide individual and group counseling, mixing adolescents and adults when appropriate. ✓ Provide opportunities to discuss gender issues and sexual orientation, and refer to services that serve homosexual youth. ✓ Provide a "safe place" for youth to discuss identity issues. Suggest mentors, confidants. 	
<p><i>Family</i></p> <ul style="list-style-type: none"> ✓ May become more removed from family and may seek more privacy. ✓ Moves away from parents toward peers. ✓ May marry and move away from family of origin. ✓ May have children. 	<ul style="list-style-type: none"> ✓ Provide positive adult interaction. ✓ Enhance parenting skills. 	<ul style="list-style-type: none"> ✓ Provide mentoring opportunities. ✓ Train teachers, community, and youth leaders to provide support to youth and families. ✓ Provide individual and family counseling. ✓ Provide parenting workshops. ✓ Provide links to job-training, income-generating, and other livelihood activities. ✓ Provide education and employment opportunities for parenting teens. ✓ Provide child care for young parents who work or attend school. 	



Key Developmental Characteristics	Goal of Program or Intervention	Some Suggested Interventions or Activities	Notes
<p>Sexuality</p> <ul style="list-style-type: none"> ✓ Has increased sexual interest. ✓ May initiate sex within or outside of marriage. ✓ May struggle with sexual identity. ✓ May be introduced into the sex industry. 	<ul style="list-style-type: none"> ✓ Continue to delay sexual initiation for those not yet active. ✓ Provide knowledge of and access to information and services, as needed. ✓ Prevent negative health outcomes, including unintended pregnancy, unsafe abortion, and disease (including STIs); promote positive health practices, especially use of condoms, single-sex partner, emergency contraception. ✓ Provide support to gay, lesbian, bi-sexual, and transgendered youth. ✓ Provide opportunities to develop skills to negotiate within sexual relationships. ✓ Ensure consistent use of contraception. 	<ul style="list-style-type: none"> ✓ Make condoms available at varied access points within and outside existing health structure. ✓ Help develop condom use and negotiation skills. ✓ Develop training, counseling, and services for emergency contraception. ✓ Implement programs in places where youth gather. ✓ Organize accompanied visits to clinics and other service-delivery sites such as pharmacies. ✓ Provide training in youth-friendly service strategies and techniques to medical, nonmedical, and nontraditional providers. ✓ Engage peer educators to provide outreach, education, and services. ✓ Use multimedia outlets to communicate information. ✓ Conduct multisession workshops on YARH. ✓ Provide confidential access to information, services, and counseling. ✓ Provide sexuality information for married youth on delaying pregnancy and in spacing children. ✓ Establish special counseling and services for young marrieds. ✓ Provide post-abortion counseling and services. ✓ Provide knowledge of sexual growth and development, contraception, and family planning. ✓ Provide HIV/AIDS and STI education. ✓ Provide opportunities for youth to discuss issues related to sexuality and relationships with providers trained in counseling. ✓ Provide effective referrals for sexual abuse and violence situations, and for suicide prevention. 	

<p>Social</p> <ul style="list-style-type: none"> ✓ Peers influence leisure activities, appearance, substance use, and initial sexual behaviors. Family influences education, career, religious values, and beliefs. ✓ Relationships are developed and are based on mutual expectations and on conformity to group norms regarding time apart from spouse and children, family obligations, hairstyles, dress, music, etc. 	<ul style="list-style-type: none"> ✓ Help youth develop and sustain positive peer relationships. ✓ Teach ways to deal with negative peer and family pressure. 	<ul style="list-style-type: none"> ✓ Design youth programs that address multiple needs and desires either directly or in formal partnerships with other youth-serving, youth development organizations. ✓ Conduct role-plays, dramas, and other demonstrations of "real life" situations, followed by discussion and referrals for various services. ✓ Solicit testimonials and advice from peers in pressure situations. ✓ Provide opportunities to participate in sports and recreation activities. ✓ Link with employment-skills training, micro-credit, and other livelihood and literacy programs. ✓ Provide opportunities to practice resisting negative peer and family pressure. ✓ Provide or refer to safe homes or hostels. 	
<p>Ethics/Morality</p> <ul style="list-style-type: none"> ✓ Increases exposure to the values and beliefs of others. ✓ Starts to question own beliefs, which may lead to conflicts with parents or family. ✓ Begins to develop own set of values. 	<ul style="list-style-type: none"> ✓ Facilitate establishment of a healthy set of values and beliefs. ✓ Help youth minimize conflicts with family and others. 	<ul style="list-style-type: none"> ✓ Provide opportunities to clarify values and to strengthen beliefs. ✓ Conduct parent/child workshops. ✓ Conduct exercises to clarify values. ✓ Develop skits and dramas through radio, television, and traditional communications outlets. ✓ Provide guidance in enhancing relationship with family and meeting competing demands. ✓ Increase awareness of national and international laws and policies regarding human rights, including women's rights and youth rights. 	







Young Adulthood

(20-24)



Key Developmental Characteristics	Goal of Program or Intervention	Some Suggested Interventions or Activities	Notes
<p>Biological</p> <ul style="list-style-type: none"> ✓ Has reached sexual and physical maturity. 	<ul style="list-style-type: none"> ✓ Maintain good health. ✓ Eliminate or modify personal health risk behaviors; enhance protective ones. 	<ul style="list-style-type: none"> ✓ Provide directly or establish referral system for prenatal and postnatal care, and post-abortion services. ✓ Develop IEC programs and materials related to other health issues, such as STI screening, cancer screening, immunizations, screening for diabetes, hypertension, and information on nutrition. ✓ Provide or refer for primary health care, as needed. 	
<p>Emotional</p> <ul style="list-style-type: none"> ✓ Is better able to resolve conflicts. ✓ Develops more stable relationships. ✓ Is able to recognize and seek help when needed. ✓ Has developed a stronger sense of self. 	<ul style="list-style-type: none"> ✓ Assist with problems, as needed. ✓ Help develop and maintain positive sense of self. 	<ul style="list-style-type: none"> ✓ Offer mental health counseling directly, or refer for individual or family counseling. ✓ Establish a network of other support services, including housing, micro credits, employment, literacy and skills training, drug counseling and treatment, rape crisis and suicide services, services for homosexuals. 	
<p>Cognitive</p> <ul style="list-style-type: none"> ✓ Demonstrates improved problem solving. ✓ Shows greater understanding of behavioral consequences of actions. ✓ Has clearer definition of self. 	<ul style="list-style-type: none"> ✓ Effectively manage time and resources. ✓ Demonstrate appropriate decision-making and problem-solving skills. 	<ul style="list-style-type: none"> ✓ Offer workshops about money management and access to credit. ✓ Offer life-planning and life-skills exercises, and assist in setting realistic goals. ✓ Offer parenting workshops. ✓ Encourage group actions in support of decisions. 	
<p>Identity</p> <ul style="list-style-type: none"> ✓ Struggles with adult roles and responsibilities. ✓ Struggles between dependence and independence. ✓ Struggles with competing demands of spouse, family, community, and self 	<ul style="list-style-type: none"> ✓ Begin to assume more adult responsibilities. ✓ Set realistic goals and work toward their successful completion. ✓ Be empowered to make decisions and to advocate on own behalf. 	<ul style="list-style-type: none"> ✓ Provide peer mentoring. ✓ Provide adult counseling. ✓ Conduct parenting workshops. ✓ Ensure youth involvement in program development and implementation. ✓ Conduct life-skills exercises to enable youth to set realistic goals and manage life. 	

<p>Family</p> <ul style="list-style-type: none"> ✓ Begins to reintegrate into family as a new, emerging adult. ✓ Begins to create a “fit” between newly defined self and family. ✓ Is clearer about roles and expectations. ✓ Is more aware of self in relation to others, including spouse. ✓ Relates to spouse and family as a fully autonomous adult. ✓ Is comfortable with role as adult. 	<ul style="list-style-type: none"> ✓ Maintain healthy interpersonal relationships with spouse, family, children, and others. ✓ Help articulate needs. ✓ Help function as a responsible adult in the community. 	<ul style="list-style-type: none"> ✓ Encourage and provide opportunities for youth to serve on boards and committees. ✓ Establish an advisory group to speak on own behalf and that of peers. ✓ Offer mentoring programs. ✓ Provide counseling for individuals, couples, and family members. ✓ Provide opportunities to serve as mentor for younger adolescents. ✓ Provide support services directly or through referral. 	
<p>Sexuality</p> <ul style="list-style-type: none"> ✓ Develops serious intimate relationships that replace group relationships as primary. ✓ Develops adult social relationships. ✓ Is ready to enter into a committed relationship. 	<ul style="list-style-type: none"> ✓ Prevent unwanted pregnancy and disease. ✓ Use RH services when needed. ✓ Make informed decisions about whether and when to use contraception, use of dual methods and emergency contraception, and consistent use of contraception. ✓ Demonstrate positive RH behaviors, including prenatal and postnatal care. ✓ Space children at intervals deemed appropriate given choice, health, and economic circumstances. 	<ul style="list-style-type: none"> ✓ Provide RH services, including family planning and STI/HIV/AIDS prevention; provide STI diagnosis and treatment; and prenatal, postnatal, and post-abortion care or referrals. ✓ Provide community-based distribution of contraceptives and depot-holding. ✓ Facilitate provision of counseling and other assistance on handling interpersonal relationships and on responsibilities for the health and well-being of sexual partners. 	
<p>Social</p> <ul style="list-style-type: none"> ✓ Shows that importance of peer interaction for decision making has diminished. ✓ Has a diminished role of peer relationships as a decisive factor in personal beliefs and actions. ✓ Makes choices about career or vocation and about roles inside and outside the home. ✓ Completes education; prepares for employment. Prepares for parenthood. ✓ Can balance the needs of self and others on the basis of healthy interaction. ✓ Achieves socially recognized status with clear adult rights and responsibilities while showing advanced stages of “social conscience.” 	<ul style="list-style-type: none"> ✓ Assist in developing healthy interpersonal relationships. ✓ Prevent abusive relationships. ✓ Increase knowledge of and ability to use YARH services. ✓ Help develop a marketable skill; secure and maintain employment outside home if desired. ✓ Help develop skills to clearly articulate needs and to follow through on tasks required to meet identified needs. 	<ul style="list-style-type: none"> ✓ Hold seminars on domestic violence and sexual abuse prevention. ✓ Provide referrals and other resources for those who have been or are being abused. ✓ Provide referrals to or develop partnerships with job-training programs. ✓ Build an employment network and coalitions with businesses and other potential employers. ✓ Provide directly or refer for job counseling, job training, and micro-credit programs. ✓ Integrate RH information into the workplace. ✓ Retrain those involved in “unsafe” income-earning activities. ✓ Discuss leisure-time activities, including community participation. 	





Key Developmental Characteristics	Goal of Program or Intervention	Some Suggested Interventions or Activities	Notes
<p>Ethics/Morality</p> <ul style="list-style-type: none">✓ Is often caught between traditional and modern roles and values.✓ Balances between own beliefs and those of the family	<ul style="list-style-type: none">✓ Help clarify values and maintain a healthy value system as appropriate to the cultural context.✓ Help identify goals.✓ Help youth develop and maintain positive relationship with family/partner/ community.✓ Provide opportunities to participate in change-producing activities such as voting and lobbying policymakers and service providers.	<ul style="list-style-type: none">✓ Conduct family and community meetings to discuss changing values and norms.✓ Provide activities that clarify individual and peer-group values.✓ Develop community advocacy groups.✓ Implement voter-education programs. <p>Facilitate voter registration.</p>	

Developmental Stage Wallchart:

Instructions for Using this Tool



Instructions for Using this Tool

- Step 1** Engage in dialogue with youth, parents, extended family members, teachers, and other community members and leaders. Collect available national and local research and data to assess the needs and desires of young people and the community. Identify a particular need or issue that you want to address.
- Step 2** Identify the population that you want to reach because it has these needs or is affected by this issue.
- Step 3** Identify characteristics of this population by referring to the influencing factors outlined in this tool and by using current literature; staff observations; and the perspectives of youth, parents, extended family, and community members.
- Step 4** Establish realistic, measurable goals for the project or activity and appropriate indicators related to each characteristic. Develop a plan for monitoring and evaluating your intervention.
- Step 5** Select or develop activities best suited for the target population on the basis of that population's stage of growth and development, the cultural context, and available resources. Creativity and youth input are particularly important at this stage.
- Step 6** Hang your completed chart on the wall, and be proud of your accomplishment!
- You may also want to refer to the FOCUS tools series for further assistance, including the following:
- ❖ "Listening to Young Voices: Facilitating Participatory Appraisals on Reproductive Health with Adolescents"
 - ❖ "A Guide to Monitoring and Evaluating Adolescent Reproductive Health Programs"
 - ❖ "Assessing and Planning for Youth-Friendly Reproductive Health Services"



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