



HIV-Related Data on Very Young Adolescents

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ABBREVIATIONS

| | |
|------------|---|
| Add Health | National Longitudinal Study of Adolescent Health |
| AIS | AIDS indicator survey |
| BBSS | biological and behavioral surveillance survey(s) |
| BSS | behavioral surveillance survey(s) |
| CDC | U.S. Centers for Disease Control and Prevention |
| DHS | Demographic and Health Survey(s) |
| ESPAD | European School Survey Project on Alcohol and Other Drugs |
| GBV | gender-based violence |
| HBSC | Health Behavior in School-Aged Children |
| IATT/YP | Inter-Agency Task Team on Young People and HIV/AIDS |
| IMAGES | International Men and Gender Equality Survey |
| MICS | multiple indicator cluster survey |
| PEPFAR | U.S. President's Emergency Plan for AIDS Relief |
| SI | strategic information |
| USAID | U.S. Agency for International Development |
| VYA | very young adolescent |
| WHO | World Health Organization |

BACKGROUND

In 2012, the United States Agency for International Development (USAID) introduced its first policy on youth in development in order to outline the agency’s conceptual approach to achieve its goal of improving the capacities and enabling the aspirations of youth so that they can contribute to and benefit from more stable, democratic, and prosperous communities and nations.¹ Because young people, especially young women, are particularly vulnerable to HIV infection, and youth are important influencers in families and communities and can promote positive behavior across generations, the policy recognizes that investing in health, and HIV prevention, among youth, defined as people ages 10–29, pays off. Very young adolescents (VYAs)—those between the ages of 10 and 14—represent about half of the 1.2 billion adolescents ages 10–19 in the world.² A technical working group that the World Health Organization (WHO) convened in 2010 observed that, although adolescents ages 15–19 have been the main population segment addressed by adolescent health and development programs, the “special needs and concerns of young adolescents ages 10–14—some of whom are already sexually active—have been relatively neglected.”³ Part of this neglect is a lack of global HIV-related data for VYAs.

The Inter-Agency Task Team on Young People and HIV/AIDS (IATT/YP) strategic information (SI) working group, co-convened by UNICEF and UNFPA and made up of a core group of international and national agencies, including USAID and MEASURE Evaluation, seeks to accelerate the global response to HIV prevention for young people ages 10–24 by improving the availability and accessibility of high-quality data related to youth HIV. Capitalizing on the 2010 WHO meeting, the IATT/YP SI working group met in June 2014 to discuss categories of HIV-related information that can and should be collected for VYAs. The discussion revolved around the following questions:

- What HIV-related data are available for VYAs?
- What additional data are needed for VYAs?
- What effort is required to collect additional data needed for VYAs?

During the meeting, the working group identified the following domains as possible categories of information that the global health community may need for more effective HIV programming for VYAs:

- Self-reported sex behavior
- HIV and AIDS knowledge and attitudes
- HIV testing
- Exposure to media
- Social networks and assets
- Survivorship of parents
- Living arrangements
- Violence experience
- Gender norms and attitudes

¹ USAID (2012). *Youth in Development: Realizing the Demographic Opportunity*. USAID: Washington, DC

² Igras, S., Macieira, M., Murphy, E., & Lundgren, R. (2014). Investing in very young adolescents sexual and reproductive health. *Global Public Health*, 9(5), 555–569.

³ Blum, R. W., Astone, N. M., & Decker, M. R. (2014). A conceptual framework for early adolescence: A platform for research. *International Journal of Adolescent Medicine and Health*, 26(3), 321–331.

- Self-efficacy
- Substance use
- Type of transmission among HIV-positive VYA
- Parent-child communication about HIV and sex
- Mortality

This brief focuses on available HIV-related data for VYAs.

METHODS

In 2015, the USAID- and PEPFAR-funded MEASURE Evaluation conducted a global desk review of sources, consisting of cross-sectional and longitudinal surveys and special studies, that collect data on 10- to 14-year-old youth in the domains mentioned above. These sources are surveys administered to VYAs or their guardians. The project then organized the data sources by domain and summarized the advantages and disadvantages of collecting data on each domain, the domain-specific indicators or concepts measured by each data source, and a description of the data sources, including age range and the sex of respondents.

FINDINGS

MEASURE Evaluation identified twenty-three specific sources of data, ten of which are nationally representative or targeted cross-sectional surveys in developing countries. Table 1 provides a summary of these nationally representative and targeted cross-sectional surveys, by domains of HIV and related risks for VYAs. This table indicates that self-reported sex behavior is the most commonly measured domain, followed by knowledge of and attitudes toward HIV and AIDS. None of the surveys in Table 1 measured social networks and assets of VYAs or types of HIV transmission among HIV-positive VYAs. Additionally, only the Demographic and Health Surveys (DHS) measure mortality (i.e., all DHS include questions about children in the household who have died) and self-efficacy of VYAs (i.e., select DHS include questions related to VYA’s ability to seek sexual and reproductive health information and services if they needed them).

The remaining tables provide detailed information about all data sources identified, including indicators or measurable concepts captured, how often data are collected, and information about the respondent sample. These tables report the results of such longitudinal studies as the National Longitudinal Study of Adolescent Health (Add Health), which has tracked and surveyed a cohort of adolescents in the United States, and such special studies as the Safe Passage into Adulthood Study, which collected life histories from adolescents ages 10–19 in Uganda.

DISCUSSION

Although some data exist on almost all domains of interest, many of these data, particularly those related to behavior, are collected retrospectively from women and men ages 15–49. Retrospective data, which is information collected about a person’s past behavior or history, is subject to recall bias and may not accurately reflect the situation of VYAs. Additionally, though some surveys and studies exist that collect data directly from VYAs, most of these surveys and studies do not collect data from children under 12 years of

age. More data are needed on the sexual and reproductive health needs and experiences of 10–14-year-olds, to inform programs and policies that aim to improve their health. Data on the knowledge, attitudes, behaviors, status, and health needs of very young adolescent males and of the most vulnerable VYAs—male and female HIV-positive youth and those with disabilities—are scant.

Table 1. Summary of data sources on domains of HIV and related risks for very young adolescents (ages 10–14 years)

| Domain | Nationally Representative Household Surveys | | | | Other Cross-Sectional Surveys | | | | | |
|--------------------------------------|---|-----------------------------------|---|--|--|---|---|----------------|---|---|
| | Select DHS* | Kenya AIDS Indicator Survey (AIS) | Multiple Indicator Cluster Surveys (MICS) | Violence Against Children Surveys (VACS) | Jamaican Youth and Resiliency Behavior Survey 2005 | Behavioral Surveillance Surveys (BSS) and Biological and Behavioral Surveillance Surveys (BBSS) | Global School-Based Student Health Survey | Youth Risk BSS | Health Behavior in School-Aged Children Study | International Men and Gender Equality Survey (IMAGES) |
| Self-Reported Sex Behavior | X | X | X | X | | X | X | X | X | X |
| HIV and AIDS Knowledge and Attitudes | X | X | X | X | | X | X | | | |
| HIV Testing | X | X | | X | | | | | | |
| Exposure to Media | X | | X | | | | | | | |
| Social Networks and Assets | | | | | | | | | | |
| Survivorship of Parents | X | | X | X | | | | | | |
| Living Arrangements | X | | X | | | | | | | X |
| Violence Experience | X | | X | X | X | | | | | X |
| Gender Norms and Attitudes | X | X | | X | | | | | | X |
| Self-Efficacy | X | | | | | | | | | |
| Substance Use | X | | X | | X | | | | | |
| Type of Transmission | | | | | | | | | | |

| | | | | | | | | | | |
|---|---|---|--|--|--|--|--|--|--|--|
| among HIV + VYAs | | | | | | | | | | |
| Parent-Child Communication about HIV and Sex | X | X | | | | | | | | |
| Mortality | X | | | | | | | | | |

*Most DHS surveys do not include data on girls younger than 15 years. An exception is the 2006–2007 Swaziland DHS, which surveyed 12–14-year-old girls and boys.

Tables 2–15: Data Sources on Domains of HIV and Related Risks for Very Young Adolescents (Ages 10–14 Years Old)

Table 2. Domain: Self-reported sex behavior

| <p>Advantages of including VYAs:</p> <ul style="list-style-type: none"> • Reduce some recall bias • Capture more information on the extent of sexual behavior in younger years, rather than just debut • If we can identify the highest risk youth, we can identify better ways to protect them from risky behavior. • Early intervention • Important in places with higher rates of child marriage | | |
|--|--|---|
| <p>Disadvantages of including VYAs:</p> <ul style="list-style-type: none"> • Low prevalence of sexual activity among VYAs, so population-based surveys need very large sample sizes to examine associations between sexual activity and other characteristics • Parental consent • Age appropriate measures and questions • Can obtain debut information retrospectively | | |
| Data Source/ References | Relevant Concepts | Respondent Sample (Including Age Range and Sex) |
| DHS | <p>(Retrospective)</p> <p>Multiple partnerships</p> <p>Transactional sex</p> <p>Condom use during transactional sex</p> <p>Cross-generational sex</p> <p>Sexual experience among those who have never married</p> <p>Recent sex among those who have never married</p> <p>Prevalence of early sex</p> | <p>Conducted approximately every 5 years</p> <p>Age ranges for which data are available for youth (boys and girls) vary, with educational attainment and household welfare indicators available for those ages 10–29.</p> <p>Sexual data are available for ages 15–29, only.</p> <p>Swaziland 2006–2007 DHS includes ages 12–14</p> |
| AIS | <p>(Retrospective)</p> <p>Age at first sex</p> <p>Condom use</p> <p>Transactional sex</p> <p>(Kenya) Sexual history, sexual behaviors (age of sexual debut, condom use, number of sexual partners, and abstinence intentions)</p> | <p>HIV-related behavior monitored for national HIV/AIDS programs</p> <p>Conducted approximately every 3–5 years</p> <p>Few countries are represented.</p> <p>In all households, all women and men ages 15–49 are eligible to participate.</p> <p>Kenya 2012 AIS includes 10–14-year-olds</p> |
| MICS | <p>(Retrospective)</p> <p>Early sex (before age 15)</p> <p>Cross-generational sex (10 years older or younger)</p> <p>Multiple partners</p> <p>Transactional sex</p> <p>Condom use</p> | <p>UNICEF assisted household surveys collected every 3 years</p> <p>As a rule, the respondent to any of the questionnaires must be at least 15 years old.</p> <p>This also applies to the mother or primary caretaker of a child under age 5; in the rare event that a mother or primary caretaker is younger than age 15, you should record “Other” as the result of the interview, in UF9,</p> |

| | | |
|--|---|--|
| | | and specify that the mother or caretaker is younger than age 15 and, therefore, cannot be interviewed. |
| Add Health | For respondents older than 15 years, the ordering of events in the formation of romantic partnerships and sexual partnerships | Nationally representative sample of adolescents in grades 7–12 in the United States during the 1994–1995 school year This cohort has been followed into young adulthood with four in-home interviews (~ages 12–17). |
| BSS and BBSS | First sex—constructed from virginity status Current sex Multiple partners Transactional sex and condom use during transactional sex Cross-generational sex Condom use at first sex | Unmarried people ages 15–24 Respondents are asked about sexual activity Tracks HIV risk behaviors among various segments of the population, especially at-risk subpopulations that are hard to reach through household surveys (e.g., female sex workers) Data must be disaggregated by age, if they are not youth specific. |
| Global School-Based Student Health Survey | Age of first intercourse Number of partners Condom use Education Protective factors against violence (e.g., school attendance) | U.S. Centers for Disease Control and Prevention (CDC)/WHO surveillance project for behavioral risk and protective factors (adolescents 13–15 years old) |
| Youth Risk Behavior Surveillance System | Age at first sex Number of sexual partners Additional risky behaviors around sex Sexual partner preference | Assesses prevalence and trends of high-risk behaviors among students in the United States conducted among students in grades 9–12 |
| HBSC | Sexual intercourse Age of first sexual intercourse Condom use during intercourse | 11-, 13-, and 15-year-olds in 43 countries across the WHO European region and North America |
| Jamaican Youth Risk and Resiliency Behavior Survey 2005 | Sexual debut Current sex Forced first sex Condom use | School-based survey on 10–15-year-olds in Jamaica |
| IMAGES | Sex before age 18 | Men and women ages 18–49 years old in Brazil, Chile, Croatia, India, Mexico, and Rwanda |
| Birth to Twenty Cohort | For VYAs ages 11, 13, and 14, have you engaged in heavy petting or oral or vaginal sex? | 3,000 South African children were followed from birth, in 1990, to the present; the sample is surveyed each year. |

Table 3. Domain: HIV and AIDS knowledge and attitudes

| <p>Advantages of including VYAs:</p> <ul style="list-style-type: none"> • If we can identify highest risk youth, we can identify better ways of protecting them from risky behavior. • Early intervention • Cannot ask retrospectively • Cannot ask through a parent or guardian | | |
|--|--|---|
| <p>Disadvantages of including VYAs:</p> <ul style="list-style-type: none"> • How or what routinely included survey questions may need to be changed for age level or appropriateness. • Lengthy | | |
| Data Source/References | Relevant Concepts | Respondent Sample (Including Age Range and Sex) |
| DHS | <p>Attitudes toward sex education</p> <p>DHS model questionnaire (women) (status of women, husband's background)</p> <p>Women's opinions on whether a woman can refuse sex with her husband</p> <p>DHS model questionnaire (men) (employment and gender roles)</p> <p>Opinions of physical abuse</p> <p>Female Genital Cutting Module</p> <p>Knowledge and opinions of female genital cutting</p> | <p>Age ranges for which data are available for youth (boys and girls) vary, with educational attainment and household welfare indicators available for all youth ages 10–29 and sexual data available from ages 15–29, only.</p> |
| AIS | <p>Knowledge of HIV transmission</p> <p>Knowledge of HIV treatment</p> <p>Location of HIV testing</p> <p>(Kenya) Knowledge of where to get condoms and attitudes toward sex and abstinence</p> | <p>In all households, all women and men ages 15–49 are eligible to participate.</p> <p>Kenya 2012 AIS includes 10–14-year-olds</p> |
| MICS | <p>Knowledge of HIV transmission</p> <p>Knowledge of HIV treatment</p> <p>Location of HIV testing</p> | <p>As a rule, the respondent to any of the questionnaires must be at least 15 years old. This also applies to the mother or primary caretaker of a child under age 5; in the rare event that a mother or primary caretaker is younger than age 15, you should record "Other" as the result of the interview, in UF9, and specify that the mother or caretaker is younger than age 15 and, therefore, cannot be interviewed.</p> |
| Add Health | <p>Attitudes toward sexual relationships</p> <p>Sexual behaviors</p> <p>Education</p> <p>Contraceptive use</p> | <p>This is a nationally representative sample of adolescents in grades 7–12 in the United States, during the 1994–1995 school year. This cohort has been followed into young adulthood with four in-home interviews (~ages 12–17).</p> |
| BSS and BBSS | <p>Transactional sex and condom use during transactional sex</p> | <p>Tracks HIV risk behaviors among various segments of population, especially at-risk</p> |

| | | |
|---|--|--|
| | Cross-generational sex Condom use at first sex Age at first sex and number of partners | subpopulations that are hard to reach through household surveys (e.g., female sex workers) Data must be disaggregated by age, if they are not youth specific. |
| Global School-Based Student Health Survey | Age of first intercourse Number of partners Condom use Education Protective factors against violence (e.g., school attendance) | CDC/WHO surveillance project for behavioral risk and protective factors (adolescents 13–15 years old) |
| Priorities for Local AIDS Control Efforts (PLACE) Individuals —Adapted for Youth | Transactional sex and condom use during transactional sex Cross-generational sex | |
| Violence Against Children Surveys (VACS) | Knowledge of HIV testing facilities | Nationally representative household surveys of children and young adults ages 13–24 |
| National Longitudinal Survey of Youth Children and Young Adults | Sex education | Children age 4 and over and mothers—self-assessment for children 10–14 in the United States |
| Birth to Twenty Cohort | 11: Do you have sexual health class? How can you get HIV? 12: HIV/AIDS Knowledge module 13: Sexual knowledge module | 3,000 South African children were followed from birth, in 1990, to the present; the sample is surveyed each year. |

Table 4. Domain: HIV testing

| Advantages of including YYAs: | | |
|---|---|---|
| <ul style="list-style-type: none"> • Captures incidence data from a sexually debuting population | | |
| Disadvantages of including YYAs: | | |
| <ul style="list-style-type: none"> • Low rates of testing positive (in population-based surveys), so need very large sample sizes to examine characteristics of HIV-positive YYA • Parental consent • Disclosure in the presence of a parent or guardian may have repercussions. | | |
| Data Source/References | Relevant Concepts | Respondent Sample (Including Age Range and Sex) |
| DHS | Biomarker questionnaire—HIV prevalence | Age ranges for which data are available for youth (boys and girls) vary, with educational attainment and household welfare indicators available for all youth ages 10–29; sexual data are available from ages 15–29 only. |
| AIS | Biomarker—disclosed in the presence of a parent or guardian | HIV-related behavior monitored for national HIV/AIDS programs; conducted |

| | | |
|--|--|---|
| | | approximately every 3–5 years; Kenya 2012 AIS includes 10- to 14-year-olds |
| Violence Against Children Surveys (VACS) | HIV testing behaviors | Nationally representative household surveys of children and young adults ages 13–24 |
| Birth to Twenty Cohort | 12: Collection of blood Voluntary testing and counseling throughout | 3,000 South African children were followed from birth, in 1990, to present; the sample is surveyed each year. |
| International Epidemiology Databases to Evaluate AIDS Network (IeDEA) | Surveillance data from all sites on HIV testing | Collects HIV and AIDS data from seven international regional data centers, including four in Africa, and one each in the Asia-Pacific region, the Central/South America/Caribbean region, and North America |
| National Surveillance Systems | HIV surveillance | |

Table 5. Domain: Exposure to media

| Advantages of including VYAs: <ul style="list-style-type: none"> • Parents may not be fully aware of children's technology and media exposure. • Early knowledge of exposure for more targeted intervention • New technology is expanding among younger populations. • Early exposure to certain media can have behavior or health outcomes. • Cannot ask retrospectively, because this subject is especially prone to recall bias | | |
|---|--|---|
| Disadvantages of including VYAs: <ul style="list-style-type: none"> • Collecting data on media exposure is usually a lengthy process, regardless of the study group. | | |
| Data Source/References | Relevant Concepts | Respondent Sample (Including Age Range and Sex) |
| DHS | Exposure to mass media | Age ranges for which data are available for youth (boys and girls) vary, with educational attainment and household welfare indicators available for all youth ages 10–29; sexual data are available from ages 15–29, only. |
| MICS | Access to mass media and use of information and communication technology | As a rule, the respondent to any of the questionnaires must be at least 15 years old. This also applies to the mother or primary caretaker of a child under age 5; in the rare event that a mother or primary caretaker is younger than age 15, you should record "Other" because of the interview, in UF9, and specify that the mother or caretaker is less than age 15 and, therefore, cannot be interviewed. Used in more than 100 low- and middle-income countries |
| The European School Project on Alcohol and | Access to smartphones, Internet, social media, and video games Attitudes toward media | Collects comparable data on substance use among 15- to 16-year-old students in as many European countries as possible |

| | | |
|--|---|---|
| other Drugs (ESPAD) | | |
| HBSC | Viewing of TV, DVDs, and video Computer use Electronic connections with friends | 11-, 13-, and 15-year-olds in 43 countries across the WHO European Region and North America |
| British (and Korean) Youth Panel Survey | TV use, computer use, and mobile use | Children ages 11–15: http://doc.ukdataservice.ac.uk/doc/5151/mrdoc/pdf/5151questionnairesw18.pdf |
| National Longitudinal Survey of Youth Children and Young Adults | TV viewing | Children age 4 and older and mothers Self-assessment for children ages 10–14 in the United States |
| National Survey of Children's Health | Media consumption (TV, computer, video games, and other electronic devices) | Parents of children ages 6–15 in the United States |
| Birth to Twenty Cohort | 13: TV habits | 3,000 South African children were followed from birth, in 1990, to the present; the sample is surveyed each year. |

Table 6. Domain: Social networks and assets

| Advantages of including VYAs: <ul style="list-style-type: none"> • Parents might not be fully aware of peer networks. | | |
|--|---|---|
| Disadvantages of including VYAs: <ul style="list-style-type: none"> • Recall bias especially problematic | | |
| Data Source/References | Relevant Concepts | Respondent Sample (Including Age Range and Sex) |
| Child Status Index (CSI) | Child psychosocial behavior domain | Volunteers make assessments based on interactions with caregivers, parents, children, and communities in 17 countries in sub-Saharan Africa, Asia, and Latin America. |
| ESPAD | Peer use of substances | Collects comparable data on substance use among 15- to 16-year-old students in as many European countries as possible |
| HBSC | Talk to family Talk to friends Have close friends Spends time after school and evenings with friends | 11-, 13-, and 15-year-olds in 43 countries across the WHO European Region and North America |
| British (and Korean) Youth Panel Survey | Spends time with friends at home and outside of the home Has many close friends | Children ages 11–15: http://doc.ukdataservice.ac.uk/doc/5151/mrdoc/pdf/5151questionnairesw18.pdf |
| International Youth Development Study | Students' social lives Students' feelings and their experiences at school | American and Australian students ages 10, 12, and 14 Longitudinally surveyed over a 6-year period |

| | | |
|--|---|---|
| National Longitudinal Survey of Youth Children and Young Adults | Dating Friendship networks | Children ages 4 and older and mothers Self-assessment for children ages 10–14 in the United States |
| Birth to Twenty Cohort | 11: How many close friends do you have and what quality of friendships? 12: Connectedness to community, school, and parents/caregivers 14: How many friends do you have (girls and boys)? | 3,000 South African children were followed from birth, in 1990, to the present; the sample is surveyed each year. |

Table 7. Domain: Survivorship of parents

| Advantages of including VYAs: <ul style="list-style-type: none"> • Can be asked retrospectively | | |
|--|--|--|
| Disadvantages of including VYAs: <ul style="list-style-type: none"> • Sensitive; can instead be asked by caregiver or member of household | | |
| Data Source/References | Relevant Concepts | Respondent Sample (Including Age Range and Sex) |
| DHS | Orphanhood | Age ranges for which data are available for youth (boys and girls) vary, with educational attainment and household welfare indicators available for all youth ages 10–29 and sexual data available for ages 15–29 only. |
| MICS | Are the child's mother and father alive (for each child in the household)? | As a rule, the respondent to any of the questionnaires must be at least 15 years old. This also applies to the mother or primary caretaker of a child younger than age 5; in the rare event that a mother or primary caretaker is younger than age 15, you should record "Other" as the result of the interview, in UF9, and specify that the mother or caretaker is younger than age 15 and, therefore, cannot be interviewed. In more than 100 low- and middle-income countries |
| Violence Against Children Surveys (VACS) | Orphan status and experience of violence | Nationally representative household surveys of children and young adults ages 13–24 |
| Birth to Twenty Cohort | 14: Do you live with parents? (if not, are they alive?) | 3,000 South African children were followed from birth, in 1990, to the present; the sample is surveyed each year. |

Table 8. Domain: Living arrangements

| | |
|--|--|
| Advantages of including VYAs: <ul style="list-style-type: none"> • Parents and caregivers may not be open or honest about parents' whereabouts. | |
| Disadvantages of including VYAs: <ul style="list-style-type: none"> • Lengthy—can be asked by caregiver or another member of the household | |

- Could be asked retrospectively

| Data Source/ References | Relevant Concepts | Respondent Sample (Including Age Range and Sex) |
|--|---|--|
| DHS | Household composition Housing characteristics | Age ranges for which data are available for youth (boys and girls) vary, with educational attainment and household welfare indicators available for all youth ages 10–29. Sexual data are available for ages 15–29 only. |
| MICS | Where do the mother and father live, of each child in household? | As a rule, the respondent to any of the questionnaires must be at least 15 years old. This also applies to the mother or primary caretaker of a child younger than age 5; in the rare event that a mother or primary caretaker is younger than age 15, you should record “Other” as the result of the interview, in UF9, and specify that the mother or caretaker is younger than age 15 and, therefore, cannot be interviewed. In more than 100 low- and middle-income countries |
| Child Status Index (CSI) | Child shelter and care domains | Volunteers make this assessment based on interactions with caregivers, parents, children, and communities in 17 countries in sub-Saharan Africa, Asia, and Latin America. |
| HBSC | Mother, father, stepmother, stepfather, grandmother, or grandfather in main home Living in foster home Living elsewhere Siblings in main home Second home | 11-, 13-, and 15-year-olds in 43 countries across the WHO European Region and North America |
| British (and Korean) Youth Panel Survey | Kinds of family formations—moving into stepparent arrangements or single parent families and being in a stepfamily for several years or being raised by a single father | Children ages 11–15: http://doc.ukdataservice.ac.uk/doc/5151/mrdoc/pdf/5151questionnairesw18.pdf |
| National Survey of Children's Health | Household composition | Parents of children ages 6–15 in the United States |
| IMAGES | Who took care of you growing up? | Men and women ages 18–49 in Brazil, Chile, Croatia, India, Mexico, and Rwanda |
| Birth to Twenty Cohort | 10–13: Caregivers asked about household composition 14: Do you live with parents? If not, who? | 3,000 South African children were followed from birth, in 1990, to the present; the sample is surveyed each year. |

Table 9. Domain: Violence experience

| Advantages of including VYAs: <ul style="list-style-type: none"> Avoid asking caregivers who might be perpetrators or unaware of violence. | | |
|---|--|--|
| Disadvantages of including VYAs: <ul style="list-style-type: none"> Parental consent Available counselling and ethical considerations Could be asked retrospectively (although subject to recall bias) | | |
| Data Source/References | Relevant Concepts | Respondent Sample (Including Age Range and Sex) |
| DHS | <p>DHS model questionnaire (women) (status of women, husband's background)</p> <p>Women's attitudes toward spousal abuse by husbands</p> <p>Women's opinions on whether a woman can refuse sex with her husband</p> <p>DHS Model Questionnaire (men) (employment and gender roles)</p> <p>Opinions of physical abuse</p> <p>Domestic Violence Module</p> <p>Marital control by husband</p> <p>Physical abuse of women by partner</p> <p>Emotional abuse of women by partner</p> <p>Woman's behavior toward partner</p> <p>Fear of partner</p> <p>History of abuse</p> <p>History of forced sex</p> <p>Help seeking</p> <p>Parent spousal violence</p> <p>Female Genital Cutting Module</p> <p>Knowledge and opinions of female genital cutting</p> | <p>Age ranges for which data are available for youth (boys and girls) vary, with educational attainment and household welfare indicators available for all youth ages 10–29.</p> <p>Sexual data are available for ages 15–29, only.</p> |
| MICS | <p>Parents are asked questions related to use of child discipline in the past month, attitudes toward physical discipline, and attitudes toward domestic violence.</p> | <p>As a rule, the respondent to any of the questionnaires must be at least 15 years old. This also applies to the mother or primary caretaker of a child under age 5; in the rare event that a mother or primary caretaker is younger than age 15, you should record "Other" as the result of the interview, in UF9, and specify that the mother or caretaker is younger than age 15 and, therefore, cannot be interviewed.</p> <p>In more than 100 low- and middle-income countries</p> |

| | | |
|--|---|---|
| Child Status Index (CSI) | Child abuse and exploitation domain | Volunteers make assessments based on interactions with caregivers, parents, children, and communities in 17 countries in sub-Saharan Africa, Asia, and Latin America. |
| ESPAD | Times injured, engaged in a physical fight, or bullied in past 2 months | Collect comparable data on substance use among 15- to 16-year-old students in as many European countries as possible. |
| Violence Against Children Surveys (VACS) | Prevalence and type of childhood sexual violence Context of sexual violence Help-seeking behaviors Physical violence experience Emotional violence Acceptance of the use of physical violence by husbands against wives | Nationally representative household surveys of children and young adults ages 13–24 |
| British (and Korean) Youth Panel Survey | Experienced physical violence in the past month | Children ages 11–15: http://doc.ukdataservice.ac.uk/doc/5151/mr/doc/pdf/5151questionnairesw18.pdf |
| Jamaican Youth Risk and Resiliency Behavior Survey 2005 | Lifetime experience with violence Physical abuse Carry a weapon Gang member Seen a dead body | School-based survey of 10- to 15-year-olds in Jamaica |
| National Survey of Children's Health | Bullying and emotional difficulties | Parents 6- to 15-year-olds in the United States |
| Safe Passages into Adulthood Study | Prevalence, perception, and experience of gender-based violence (GBV) (intimate partner violence, rape, fighting, beating children, forced sex, beating unmarried pregnant girl, and forced marriage) Response and prevention of violence Causes of GBV | Data from life histories with adolescents (ages 10 to 19) in Uganda |
| IMAGES | Before I reached 18, I saw intimate partner violence or experienced sexual violence, emotional violence, or physical violence. | Men and women ages 18–49 in Brazil, Chile, Croatia, India, Mexico, and Rwanda |
| Birth to Twenty Cohort | 14: Have you been bullied in the last 3 months? How frequently? 11 and 14: Have you ever been physically hurt by a friend, boyfriend, girlfriend, family member, peer, or a stranger? | 3,000 South African children were followed from birth, in 1990, to the present; the sample is surveyed each year. |

Table 10. Domain: Gender norms and attitudes

| Advantages of including VYAs: <ul style="list-style-type: none"> • Period of life that involves many psychosocial changes related to self and others—capture time-sensitive information • Early intervention • Cannot ask retrospectively • Cannot ask through parent or guardian | | |
|---|---|---|
| Disadvantages of including VYAs: <ul style="list-style-type: none"> • Age-appropriate scales • Lengthy construct to measure | | |
| Data Source/References | Relevant Concepts | Respondent Sample (Including Age Range and Sex) |
| DHS | <p>Women's control over earnings</p> <p>Decision on use of earnings and contribution of earnings to household expenditures</p> <p>Women's participation in decision making by background characteristics</p> <p>Women's attitude toward wife beating</p> <p>Women's attitude toward refusing sex with husband</p> <p>Men asked attitude toward aspects of women's empowerment, such as decision making, childbearing, women's autonomy, and domestic violence</p> | Age ranges for which data are available for youth (boys and girls) vary, with educational attainment and household welfare indicators available for all youth ages 10–29 and sexual data from ages 15–29, only. |
| AIS | <p>Women's ability to refuse sex</p> <p>Women's control over condom use</p> | In all households, all women and men ages 15–49 are eligible to participate. |
| Violence Against Children Surveys (VACS) | Gender attitudes | Nationally representative household surveys of children and young adults ages 13–24 |
| National Longitudinal Survey of Youth Children and Young Adults | <p>Attitudes on gender roles</p> <p>Childbearing expectations</p> | <p>Children ages 4 and over and mothers</p> <p>Self-assessment for children 10–14 in the United States</p> |
| Safe Passages into Adulthood Study | Cultural norms, gender norms, and structural issues, as they relate to GBV | Data from life histories with adolescents (ages 10 to 19) in Uganda |
| IMAGES | Gender Equitable Men (GEM) Scale ⁴ questions—current attitudes only (for respondents older than 18) | Men and women ages 18–49 in Brazil, Chile, Croatia, India, Mexico, and Rwanda |

⁴ Nanda, G. (2011). *Compendium of Gender Scales*. Washington, DC: FHI 360/C-Change. Retrieved from <https://www.c-change.org/content/gender-scales-compendium/>

| | | |
|-------------------------------|--|---|
| Birth to Twenty Cohort | 14: Attitudes and norms measured at ages 12 and 14 with 10 questions on the 5-point Likert scale (agree or disagree) | 3,000 South African children were followed from birth, in 1990, to the present; the sample is surveyed each year. |
|-------------------------------|--|---|

Table 11. Domain: Self-efficacy

| Advantages of including VYAs: <ul style="list-style-type: none"> • Period of life that undergoes many psychosocial changes—captures time-sensitive information • Cannot ask retrospectively • Cannot ask through a parent or guardian | | |
|--|--|--|
| Disadvantages of including VYAs: <ul style="list-style-type: none"> • Many ways of measuring • Availability of age-appropriate scales • Lengthy construct to measure | | |
| Data Source/References | Relevant Concepts | Respondent Sample (Including Age Range and Sex) |
| DHS | Women's control over earnings Decision on use of earnings and contribution of earnings to household expenditures Women's participation in decision making by background characteristics Women's attitude toward wife beating Women's attitude toward refusing sex with husband | Age ranges for which data are available for youth (boys and girls) vary, with educational attainment and household welfare indicators available for all youth ages 10–29. Sexual data from ages 15–29 only |
| Add Health | Sexual efficacy (if over age 15) Compared to other children your age, how intelligent do you think you are? | Nationally representative sample of adolescents in grades 7–12 in the United States during the 1994–1995 school year; this cohort has been followed into young adulthood, with four in-home interviews (~ages 12–17) |
| British (and Korean) Youth Panel Survey | Feelings of good qualities Proud of self Able to make friends Can solve own problems | Children ages 11–15: http://doc.ukdataservice.ac.uk/doc/5151/mr/doc/pdf/5151questionnairesw18.pdf |
| Birth to Twenty Cohort | 10–14: questions scattered throughout about feelings of self-control and ability to make decisions | 3,000 South African children were followed from birth, in 1990, to the present; the sample is surveyed each year. |

Table 12. Domain: Substance use

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|--|
| Advantages of including VYAs: <ul style="list-style-type: none"> • Parents may not be aware of children's substance use behavior or attitudes |
| Disadvantages of including VYAs: <ul style="list-style-type: none"> • Parental consent • Lengthy construct to measure |

- Could be asked retrospectively

| Data Source/ References | Relevant Concepts | Respondent Sample (Including Age Range and Sex) |
|--|---|---|
| DHS | Use of tobacco (men and women) | Age ranges for which data are available for youth (boys and girls) vary, with educational attainment and household welfare indicators available for all youth ages 10–29 and sexual data for 15- to 29-year-olds only. |
| MICS | Age at first tobacco use Age at first alcohol use | As a rule, the respondent to any of the questionnaires must be at least 15 years old. This also applies to the mother or primary caretaker of a child younger than age 5; in the rare event that a mother or primary caretaker is younger than age 15, you should record “Other” as the result of the interview, in UF9, and specify that the mother or caretaker is less than age 15 and, therefore, cannot be interviewed. In more than 100 low- and middle-income countries |
| ESPAD | Access, current use, first use of cigarettes Access, current use, first use, or preference of alcohol Experiences or behaviors while using alcohol Use of tranquilizers Access, current use, and first use of marijuana Access, current use, and first use of drugs (ecstasy, amphetamines, cocaine, crack, inhalants, etc.) Use of new drugs Attitudes toward substance use Peer use of substances | Collects comparable data on substance use among 15- to 16-year-old students in as many European countries as possible |
| HBSC | Tried smoking Smokes Alcohol use Been drunk Age at first drink of alcohol Age at first drug use Age at first use of cigarettes | 11-, 13-, and 15-year-olds in 43 countries across the WHO European Region and North America |
| British (and Korean) Youth Panel Survey | Use of cigarettes Use of alcohol Use of drugs | Children ages 11–15: http://doc.ukdataservice.ac.uk/doc/5151/mrdoc/pdf/5151questionnairesw18.pdf |

| | | |
|--|--|---|
| International Youth Development Study | Influence of family factors, and supervised alcohol use, on adolescent alcohol use and harms related to alcohol, tobacco, and cannabis use | American and Australian students ages 10, 12, and 14 longitudinally surveyed over a 6-year period |
| Jamaican Youth Risk and Resiliency Behavior Survey 2005 | Alcohol, cigarette, marijuana, or crack use | School-based survey on 10- to 15-year-olds in Jamaica |
| National Longitudinal Survey of Youth Children and Young Adults | Alcohol, cigarette, and drug use | Children ages 4 and older and mothers Self-assessment for children ages 10–14 in the United States |
| Global Youth Tobacco Survey | <p>Knowledge and attitudes of young people toward cigarette smoking</p> <p>Prevalence of cigarette smoking and other tobacco use among young people</p> <p>Role of the media and advertising in young people's use of cigarettes</p> <p>Access to cigarettes</p> <p>Tobacco-related school curriculum</p> <p>Environmental tobacco smoke</p> <p>Cessation of cigarette smoking</p> | Students ages 13–15 from countries in each of the six WHO regions |
| Birth to Twenty Cohort | <p>10–14: Tobacco/Alcohol survey given at year 10 includes use, attitude, and availability of substances.</p> <p>Questions included in core questionnaire every other year</p> | 3,000 South African children were followed from birth, in 1990, to the present; the sample is surveyed each year. |

Table 13. Domain: Type of transmission (vertical or non-vertical) among HIV positive VYA

| Advantages of including VYAs: | | |
|--|---|---|
| Disadvantages of including VYAs: | | |
| <ul style="list-style-type: none"> • Difficult to collect systematically in populations | | |
| Data Source/References | Relevant Concepts | Respondent Sample (Including Age Range and Sex) |
| ART data (Source of Infection) (Ages 10–19) | | Program data |
| Surveillance Sites and Records | | National surveillance records |
| Birth to Twenty Cohort | 12: Collection of blood and voluntary testing and counseling throughout life of study | 3,000 South African children were followed from birth, in 1990, to the present; the sample is surveyed each year. |

Table 14. Domain: Parent-child communication about HIV and sex

| Advantages of including VYAs: | | |
|--|--|--|
| <ul style="list-style-type: none"> • If collected, can include depth of or perception of questions • Recall bias especially problematic | | |
| Disadvantages of including VYAs: | | |
| <ul style="list-style-type: none"> • Asking only VYA may not provide complete and valid information. • May be a complex construct to ask about, if in-depth and nuanced information is desired | | |
| Data Source/References | Relevant Concepts | Respondent Sample (Including Age Range and Sex) |
| DHS | Have you talked to your child about HIV? | Age ranges for which data are available for youth (boys and girls) vary, with educational attainment and household welfare indicators available for all youth ages 10–29; sexual data are available for ages 15–29 only. |
| AIS | Should children ages 12–14 be taught about using a condom to avoid getting AIDS? | In all households, all women and men ages 15–49 are eligible to participate. |
| Cebu Longitudinal Health and Nutrition Survey | | Filipino women born between May 1, 1983 and April 30, 1984 Mostly nutritional information |
| Birth to Twenty Cohort | 11,13,14: Have you talked to your parents about sex? | 3,000 South African children were followed from birth, in 1990, to the present; the sample is surveyed each year. |

Table 15. Domain: Mortality

| Advantages of including VYAs: | | |
|--|------------------------------|--|
| Disadvantages of including VYAs: | | |
| <ul style="list-style-type: none"> • Data may be aggregated at the facility level and may not able to be disaggregated by a specific (10–14) age group. | | |
| Data Source/References | Relevant Concepts | Respondent Sample (Including Age Range and Sex) |
| DHS | How many children have died? | Asked in all household surveys |
| Demographic Surveillance System and an in-Depth Study (of Surveillance Data) | | Surveillance data |

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