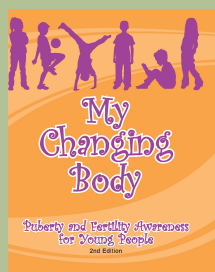


## Meeting the Needs of Very Young Adolescents (VYA) in Rwanda

**Taking Policy to Action** with evidence-based approaches

The Institute for Reproductive Health (IRH) at Georgetown University has developed and tested several tools for improving the health and well-being of VYAs in Rwanda. Through these evidence-based and locally adapted approaches, IRH is moving Rwanda's adolescent health policies to action. These tools are available for adolescent-serving organizations to use in their own programs.



**My Changing Body**

(See page 3)



**CycleSmart Kit**

(See page 4)



In Rwanda, over 40% of the population is below the age of 14. These 10-14 year old boys need accurate, age-appropriate information about the changes they experience during puberty in order to protect their own health and the health of their peers.

Child health experts agree that early adolescence is a critical time in the life of a young person. In addition to the physical, cognitive and emotional changes that come just before and during puberty, very young adolescents (VYA), those between ages 10-14, are acquiring information, developing attitudes and experimenting with behaviors that will affect their future health and well-being.

In Rwanda, over 40% of the population is below the age of 14.<sup>1</sup> Ensuring the healthy development of VYAs is essential for Rwanda's future. This is a stage in a child's journey to adulthood when information and support are particularly needed. Studies show that VYAs have low levels of information about puberty and their emerging fertility and that pregnancy and sexually transmitted infections are not well understood. Boys and girls are internalizing the cultural values of what it means to be a man and a woman and are guided by parents, teachers, community leaders and peers, often towards gender-inequitable choices that directly influence health-related behaviors.

The Ministry of Health (MOH) has recognized the need for adolescent-serving programs in Rwanda and is making great strides to improve reproductive

<sup>1</sup>CIA World Fact Book. <https://www.cia.gov/library/publications/the-world-factbook/geos/rw.html>. Accessed November 30, 2012.

health information and services for this age group. For example, the MOH has developed two important policies for adolescent sexual and reproductive health: the National Reproductive Health Policy and the National Youth Policy. But while policies and programs may address older adolescents, few to date have focused specifically on the unique needs of VYAs. The VYA age group presents a window of opportunity to intervene before most adolescents become sexually active and before gender roles and norms that can lead to negative reproductive health consequences become solidified.

Through the USAID-funded FAM Project, the Institute for Reproductive Health (IRH) at Georgetown University has developed innovative tools and approaches for increasing body literacy and fertility awareness among VYA girls and boys. IRH considers body literacy and fertility awareness for adolescents as critical components to understanding their maturing bodies and protecting their own reproductive health. In addition, IRH is contributing to the development of new methodologies to evaluate VYA programs that are tailored to adolescents' unique intellectual development level. These methods use creative, participatory, game-based techniques that engage adolescents in information collection yet allow for quantitative and qualitative evaluation of programmatic outcomes.

IRH has learned key lessons working with VYAs in Rwanda from which other youth-serving organizations may benefit.

- **Develop curricula based on formative research to facilitate scale-up.** Using standardized curricula to improve VYA health and well-being can facilitate program scale-up, reaching more adolescents with the critical information and skills they need. However, for scale-up to achieve maximum impact, the curriculum must be tailored to the attitudes, beliefs and concerns expressed by Rwandan adolescents. Therefore, formative research should be conducted when designing new approaches.
- **Help VYAs explore and challenge gender norms.** Gender-equitable attitudes and behaviors can catalyze the improvement of a broad range of health outcomes as VYAs get older, such as improved communication, shared decision-making, condom use, contraceptive use, access to health services and non-violence.
- **Use appropriate pedagogy.** Participatory learning methodologies allow children to play an active, transformative role in their own lives while exploring attitudes, values and future intentions. When possible, provide a safe space for discussion of sensitive issues between the sexes and avoid didactic methodologies such as lectures and readings.
- **Involve parents and other significant adults in the lives of VYAs.** Involve parents, school leaders and the wider community to bring about structural changes that ensure success and sustainability. As part of this approach, offer mini-courses for parents where they can learn the same reproductive health information, gain skills in talking to their children during puberty, and explore gender attitudes as their children are doing, leading to more positive parent-child communication.



Girls and boys, ages 10-14, play interactive games designed specifically for VYAs.

IRH stands ready to assist the MOH and partners in implementation and evaluation of adolescent sexual and reproductive health strategies that move Rwanda's policies into action.

## PROJECT SNAPSHOT: MY CHANGING BODY

**Implementing Partners:** Catholic Relief Services

**Where:** Huye District of Southern Province and Ngoma District of Eastern Province

**When:** 2009-2010

**Target audience:** Girls and Boys ages 10-14 and their parents

### What is My Changing Body?

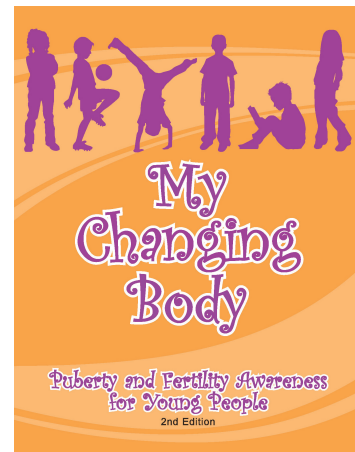
My Changing Body is a training manual for VYAs which features interactive sessions designed to help girls and boys ages 10 to 14 learn about puberty, including fertility and the body, self-image, gender norms and roles, communication, protective and risk behaviors, and relationships in and outside the home. A complementary set of participatory exercises for parents improves their understanding of puberty-related issues and builds skills to support their children with these issues.

### How was the tool tested?

- Formative research was conducted with 10-14 year old girls and boys and their parents in Huye and Ngoma Districts.
- The curriculum was integrated into on-going life skills programs for adolescents.
- Evaluation of the curriculum measured changes between an intervention and control group in knowledge, attitudes and behaviors related to puberty and fertility awareness, gender roles, intergenerational relationships, and interpersonal communication of both parents and adolescents.
- Evaluation used a quasi-experimental design and methodologies were tailored to the age group. Participatory learning and action exercises, including card games, modified pile sorts, storytelling and discussion of photo series were used during interviews.

### What were the findings?

- My Changing Body increased knowledge among girls and boys of developmental changes during puberty, including fertility awareness.
- My Changing Body improved acceptability among VYAs and parents to talk with each other about sexual matters and romantic relationships.
- My Changing Body improved self-efficacy of VYAs and parents related to challenging traditional gender roles through role modeling and advice-giving.



## PROJECT SNAPSHOT: CYCLESKART KIT

**Implementing Partners:** Association Rwandaise pour le Bien-Etre Familial (ARBEF)

**Where:** Rwamagana District of Eastern Province and Kicukiro District of Kigali

**When:** 2012-2013

**Target audience:** Girls and boys ages 12-14 and their parents

### What is the CycleSmart Kit?

The CycleSmart Kit can be used to teach young girls and boys about important topics around puberty in a visual, tactile and very concrete way. It includes CycleBeads®, a string of color-coded beads used to keep track of the fertile days of a woman's menstrual cycle, a calendar, a weekly diary, and an age-appropriate brochure which includes topics like the menstrual cycle, puberty-related changes, risk of pregnancy, gender norms, and safety tips.

### How was the tool tested?

- The CycleSmart Kit was developed based on research conducted with adolescent girls and boys, their parents, and key informants in order to better understand the puberty- and fertility-related information gaps that exist.
- The CycleSmart Kit was given to girls ages 12-14 to use for six weeks. During that time, the girls tracked their menstrual cycles using CycleBeads and the CycleSmart brochure and documented their experiences in their CycleSmart diaries. Prior to using the CycleSmart Kit, the girls participated in a group discussion where they were given an orientation to the CycleSmart Kit and field-testing process.
- VYAs provided feedback on their experience during focus group discussions organized after the field-testing period. This information was used to improve the CycleSmart Kit and develop programmatic guidelines for youth-serving organizations interested in using the CycleSmart Kit in their program activities.

### What were the findings\*?

- The CycleSmart Kit helped girls understand changes during their menstrual cycle, including natural secretions and menses.
- Girls were able to easily use CycleBeads to track their menstrual cycles and determine their regularity.
- The CycleSmart Kit was appreciated by both VYAs and parents as a needed tool which filled a gap in puberty education that no other tool or resource was addressing.
- The CycleSmart Kit helped facilitate important puberty discussions between VYAs and their parents, peers and friends.
- The CycleSmart Kit generated interest even among young boys because of the age-appropriate pamphlet and the tangible, easy-to-use CycleBeads tool.

\*These are preliminary findings from the formative research (updated Nov. 2012). Evaluation findings in which the CycleSmart Kit will also be tested with sanitary napkins for young girls are expected in March 2013.



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