Gaps in Global Monitoring and Evaluation of Adolescent and Youth Reproductive Health: Research Brief

Background

One out of six people in the world is an adolescent between the ages of 10 and 19 years old (World Health Organization, 2018), and most of those in this age group live in a low- or middle-income country. Adolescents and youth (ages 15–24 years) are recognized increasingly as a key population for reproductive health (RH) interventions because they suffer disproportionately from negative RH outcomes, including the acquisition of HIV and sexually transmitted infections (STIs); unintended, unwanted, or mistimed pregnancy; unsafe abortion; and gender-based violence (GBV). Effective monitoring and evaluation (M&E) of RH interventions designed for adolescents and youth is essential to determine the impact of an intervention and show where improvement is needed.

Research Objectives

MEASURE Evaluation—a project funded by the United States Agency for International Development—sought to identify gaps in the M&E of adolescent and youth reproductive health (AYRH) programs. We reviewed the landscape of M&E of AYRH interventions, outcomes, and impacts; identified measurement gaps; and presented recommendations to address these gaps in measuring AYRH activities and programs across the spectrum of RH categories affecting young people. These RH categories include menstruation; marriage; sexual behaviors; pregnancy and childbirth; STIs; AYRH providers and services; AYRH information, attitudes, and perceptions; broader AYRH programs; and policies.

Methods

A document review examined published peer-reviewed and gray literature on AYRH to see how AYRH activities are monitored and evaluated. We conducted key informant interviews with in-country M&E and program staff to gather in-depth information on AYRH indicators and M&E challenges, best practices, and lessons learned in the field. The desk review and interviews gathered 803 output, outcome, and impact indicators used to measure AYRH. After a systematic assessment of each indicator, we identified 103 key indicators. These are indicators that are strong, high quality, and crucial for measuring progress toward an intended AYRH objective.

Adolescents and youth in Niamey, Niger. From left to right: Hassimi Sipti, Abdoul-Wahid Aboubacary, Abdou Nassirou Sipti, and Fatouma Almou. Photo: Bridgit Adamou, MEASURE Evaluation

Results

This review found several gaps in the M&E of AYRH. The main measurement gap was related to the lack of data collected from specific groups of young people: unmarried youth, adolescent boys, very young adolescents (ages 10–14), and youth who are the most marginalized or vulnerable. Effective M&E of AYRH requires age- and sex-disaggregated data, which are not always collected.

Data on nonheterosexual behavior are seldom collected, and sometimes the impact of digital approaches to reach adolescents and youth with RH services was not measured.

Additional M&E is necessary to track important aspects of AYRH. Efforts to monitor and evaluate adolescents' access to contraceptives show that actual care may differ greatly from what laws and policies intend, but innovative research methods and study designs are needed to improve measurement in this area. More evaluations are needed to measure the effects of interventions at the community level, such as changes in norms, attitudes, or behaviors. And because significant facets of the RH of adolescents and youth—fertility intentions, self-efficacy, and factors that influence young people's decisions—are not commonly measured, they are not being tracked.

The review also showed that gathering sensitive information from adolescents is difficult and often leads to gaps in reporting data on sexual activity, induced abortion, STIs, and GBV, particularly among adolescent girls.
Finally, the use of multiple variations of the same indicator makes it difficult to assess impact across programs and countries.

Recommendations

The report, Gaps in Global Monitoring and Evaluation of Adolescent and Youth Reproductive Health (https://www.measureevaluation.org/resources/publications/tr-20-394), makes several suggestions regarding M&E for AYRH:

- **Use a selection of relevant key AYRH indicators, as recommended in the report**. The indicators can be used selectively as part of the evaluation of national programs, regional programs, and country projects, or for routine monitoring purposes. Using relevant key AYRH indicators is particularly important in contexts where AYRH is prioritized in national family planning and RH strategies.
- **Use currently defined indicators for AYRH whenever possible** rather than creating new variations for the same indicator.
- **Improve health management information systems' abilities to collect age- and sex-disaggregated data.** Disaggregate data by age and sex, at a minimum, and by other variables, as needed. Maintain the sex and age disaggregations (at least including five-year age bands 10–14, 15–19, 20–24, etc.) as data are consolidated and synthesized, so that national-level data do not mask subnational or subpopulation disparities.
- **Improve the inclusion of adolescents from marginalized groups in program measurements.** This entails the improvement of data collection for the populations of interest (e.g., very young adolescents, males, out-of-school youth, and refugees) either by including these groups in existing surveys or by developing additional surveys (Azzopardi, et al., 2017).
- **Include specific, understandable terms when collecting data from adolescents.** Because adolescents have their own vocabulary for and understanding of many things, obtaining reliable data depends heavily on the data collection tools' use of clearly understood terms and standard definitions for each indicator.
- **Include important social determinants of adolescent health and well-being** in program M&E plans to provide a more complete picture of contributing factors of adolescent health inequities and outcomes.
- **Increase the use of digital technology to collect data on adolescents**. Using tablets and mobile phones, for example, to conduct technology-guided surveys and questionnaires has the potential to reduce underreporting of sensitive behaviors (Darroch, 2016) and leverages young people's familiarity and comfort with mobile devices.
- **Expand efforts to monitor adolescents' access to contraceptive information and services.** Although these efforts are under way, more information is needed on the accessibility and quality of family planning services that adolescents receive, because actual care may differ greatly from what laws and policies intend.
- **Develop and validate standardized indicators on** STIs (i.e., prevalence, incidence, testing, and treatment coverage for chlamydia, gonorrhea, and syphilis) and encourage the inclusion of these indicators in routine national and global surveillance systems (PATH, 2017).

Conclusion

Young people have become a population of interest for empowerment, health, and development initiatives in low- and middle-income countries. Although governments, donors, and civil society have increased attention on young people and their RH needs, several M&E gaps limit programs from reaching their full potential and prevent all youth from benefiting from RH programs and policies. By addressing these gaps, stakeholders will be better prepared to address the needs of all young people so they can transition well into adulthood and lead healthier lives.

References

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