

(DRAFT 1)
Technical Assistance Document
**UNICEF/LAC CORE ADOLESCENT WELL-BEING
INDICATORS FOR ASSESSING PROGRESS AT
MULTIPLE LEVELS, WITH RATIONALE AND TABLE OF
INDICATORS**

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ADOLESCENT WELL-BEING INDICATORS AND THEIR USE

“We are not the sources of problems; we are the resources that are needed to solve them. We are not expenses; we are investments.

We are not just young people; we are people and citizens of this world.”

(From the Children’s Statement, UN Special Session on Children, May 2002)

I. Introduction: Measuring Adolescent Well-Being

Accountability for Progress

Social and health programs of all kinds are increasingly required to provide *evidence* of impact – to show that the investment in a particular program, initiative or policy produced results. This kind of accountability, however, only makes sense if it is linked to some understanding about what kind of impact is desired. In turn, that requires agreement about goals to be achieved. UNICEF, as the key UN agency focusing on children, has at the core of its mission the advancement of a broad agenda of child rights, health, education, participation and development. Particularly following the Convention on the Rights of the Child (1989), World Summit for Children (1990), the Millennium Development Goals (2000), the World Fit for Children declaration (2002), and the UNICEF Child Protection Framework, the UNICEF mission includes a mandate to monitor progress towards the goals outlined in these documents. More recently, there has been a global movement to better address the needs of adolescents, as a unique population within the broad category of children. For this reason, the UNICEF Adolescent Development and Participation (ADAP) Division was created in late 2001 to focus on UNICEF adolescent policy and programming.

In order to monitor progress towards these UN/UNICEF adolescent goals, it is necessary to collect data at many levels which can serve as the basis for assessment. A key operational step in this process is identifying the kinds of data and specific indicators that would represent an adequate measure of progress with respect to adolescents. This document, building on previous background reports¹ is intended as a guide to general categories of data to be collected, based on an overall framework of *adolescent well-being*, a concept that is oriented, as described in the next section, towards a broad ecological understanding about the kinds of factors necessary for adolescents to thrive and to have the kind of social place envisioned in the conventions referred to above.

In addition, there is a practical purpose for this document. It is intended as a guide to the use of the adolescent well-being framework to monitor progress at the program level, local level, national level, regional or global level, and to

¹ *Development of UNICEF Latin America-Caribbean Well-Being Indicators: Background and Domains/Indicators*, December 2008; and *Preliminary Set of UNICEF/LAC Core Adolescent Well-Being Indicators for the MICS4 (and Beyond) with Rationale and Sample Module*, August 2009.

develop the evidence base for policy/program efforts that are successful at promoting adolescent well-being.

Why Well-Being Indicators?

The Convention on Rights of the Child (CRC) established an extensive legal framework of rights in a broad spectrum of domains that outline the conditions necessary to ensure adolescent (and child) well-being. The CRC rights encompass safety, discrimination, best interests of the child, exploitation, violence and trafficking, freedom of expression, thought and assembly, education, health and health care access, and many others that pertain to positive conditions for development. At the same time, indicators concerning the state of affairs for adolescents age 10-19 (or other related age brackets) often focus on negative outcomes; that is, school dropout, early pregnancy, sexual risk (STIs, HIV/AIDS), drug/alcohol use, violence, gang involvement, unemployment, and so on. Conclusions about well-being among this age group are then based on the *reduction* or *absence* of negative consequences, with an assumption that the period of adolescence amounts to “bad things waiting to happen.” However, the reduction or absence of negative outcomes is often a consequence of the positive assets, characteristics, and rights present in the environment surrounding adolescents, as well as within them as individuals. Put simply, a negative consequence such as drug use or involvement in drug trafficking is likely to follow from such factors as the lack of educational and employment opportunities, the lack of available, positive social roles, poverty, discrimination and lack of cultural respect, and many others. Thus the logic of measuring well-being is based on tracking the presence of positive aspects of adolescents and their environment, which should serve as a guide to the social forces available to prevent negative consequences and to help adolescents thrive and become productive, contributing individuals. A key assumption underlying this approach is that adolescents are in fact “good things waiting to happen.”

In parallel with efforts by other UNICEF regions, the TACRO region has developed a proposed framework for identifying adolescent well-being indicators, and subsequently a preliminary set of indicators. The TACRO effort is based on theoretical background document entitled *Development of UNICEF Latin America/Caribbean (LAC) Well-Being Indicators* (December 2008). This document sought to outline a comprehensive, ecological justification for defining adolescent well-being and a set of domains for measurement that represent expected outcomes/impacts under that definition. The justification drew from social/behavioral theory related to adolescent development and risk, programmatic approaches to well-being drawn from the Latin America-Caribbean region, and the set of legal and rights-based conventions pertaining to children and youth. The age range for adolescent well-being indicators was identified as 10-19, with an acknowledgement that the age of adolescence varies socially and culturally, and that in a developmental sense, the adolescent age range is closely

linked to younger age brackets as well as the 19-24 age category following adolescence.

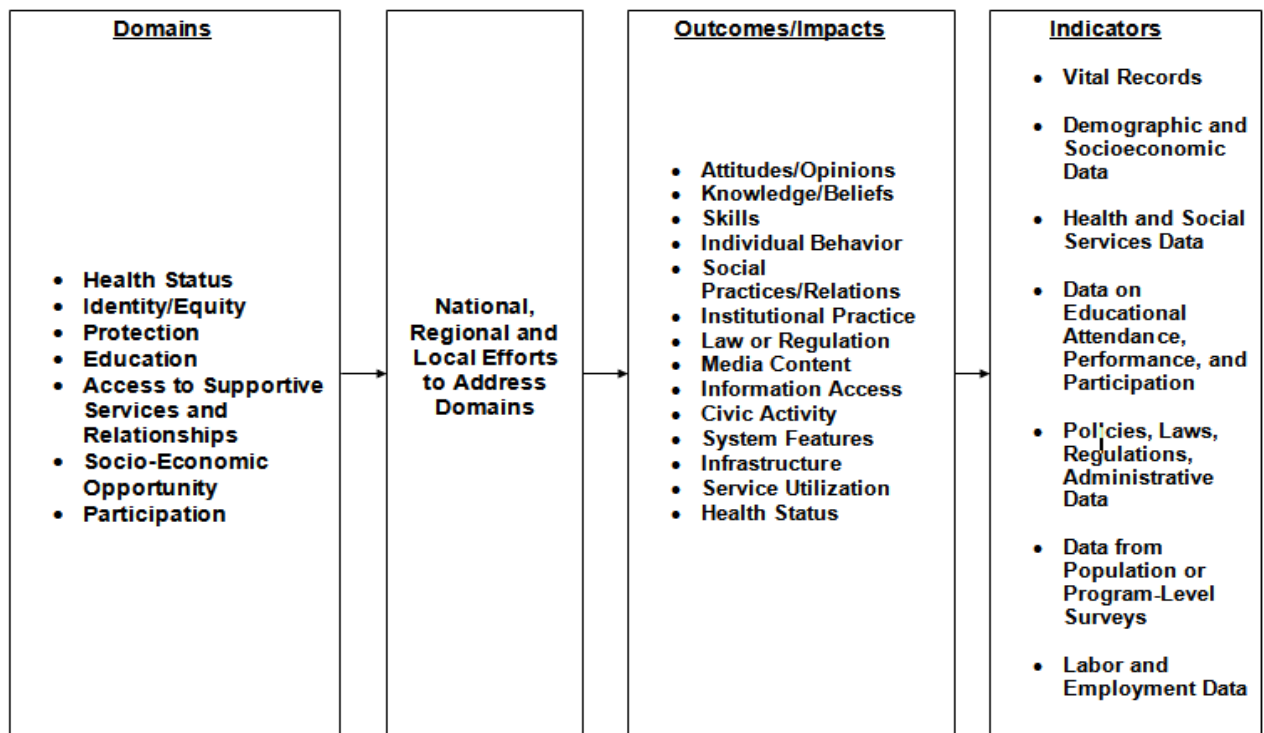
Table 1 (Attachment A) summarizes a selection of the social/behavioral theory and programmatic approaches reviewed in the December 2008 document and their implications for measurement. Table 2 (Attachment B) summarizes key rights-based frameworks that pertain to adolescent well-being and their implications for measurement.

II. Rationale and Proposed Indicators

1. Notes on Structure

As described in the December 2008 document, an effective strategy for developing a set of indicators to measure progress in adolescent well-being is to use a logic model structure to organize factors contributing to well-being into “actionable domains”; identifying the outcomes/impacts to be expected by domain in order for progress to occur; defining indicators for each of these outcomes/impacts; identifying any existing data sources for the indicators; and setting out the practical methods and means for collecting the data. The following is an illustrative diagram of such a logic model:

Logic Model



Monitoring progress is accomplished based on the collection and reporting of a selection of indicators within each domain – *where the entire set of domains represents adolescent/youth well-being from a positive viewpoint.*

2. Adolescent/Youth Well-Being: Domains

The domains described below are intended to represent the dimensions of adolescent/youth well-being that should be measured according to the framework outlined here. As noted, the domains reflect a positive youth orientation, as opposed to an emphasis on risk behavior or negative consequences (e.g., violence, substance abuse, HIV/AIDS, early pregnancy, school dropout, drug selling). Moreover, taken together, the domains *represent an overall definition of adolescent well-being*. Progress towards improved adolescent well-being will be measurable as progress within and across the domains. The following definition is the final version agreed to at a UNICEF expert group meeting in late November, 2009:

[Note: Adolescence includes ages 10-19, with younger ages developmentally important and youth over 19 sharing some adolescent characteristics.]

“Adolescent well-being is a developmental state which depends on the full realization of rights outlined in CRC and CEDAW* to education, protection and support related to family and other social institutions, equal rights to health, employment, juvenile justice, religion, culture and identity.”*

“Adolescent well-being includes the ability to acquire knowledge, skills, experience, values, and social relationships, as well as access to basic services and supplies, that will enable an individual to negotiate multiple life domains, participate in community and civic affairs, avoid harmful and risky behavior, and be able to thrive in a variety of circumstances, free from preventable illness, exploitation, abuse, conflict and discrimination. It also refers to the ability of the surrounding society (e.g., family, peers, community, social institutions) to support those aspects of well-being.”

* CRC = Convention on the Rights of the Child; CEDAW = Convention on the Elimination of Discrimination Against Women

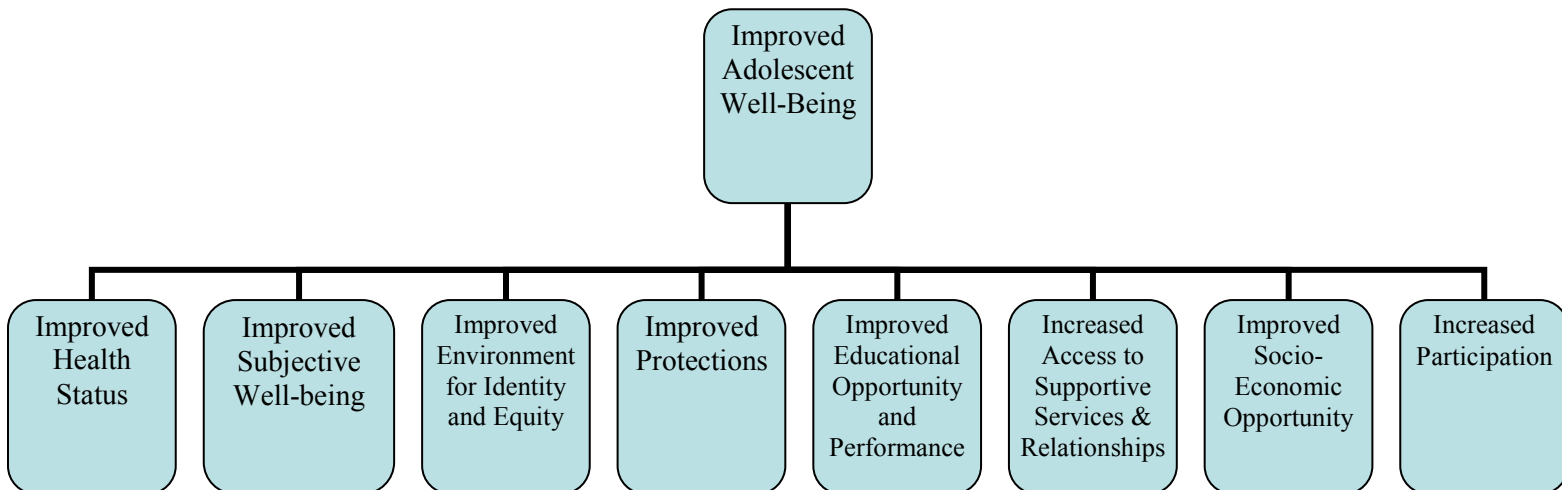
While these domains represent a positive well-being perspective, some data on risk behaviors should be included in the overall calculation of progress under the assumption that higher scores on the positive well-being measures should correlate with reduced risk behaviors.

3. Well-Being Domains and Potential Outcomes/Impacts by Domain

Based on the adolescent well-being definition, potential outcomes and impacts (as well as output measures) for each of the domains are a precursor to identification of indicators, where outputs are defined as actions/activities implemented, outcomes are short-term results, and impacts are defined as long term gains (e.g., 5 years). Potential outcomes/impacts within each domain could include a range of *types*: Impacts related to access (to health care, education, social services); impacts related to knowledge/awareness; impacts related to skills; economic impacts (e.g., employment, training); impacts related to equity, exclusion and discrimination; impacts related to perceptions and expectations; impacts related to rights and conditions within the justice system; impacts related to recognition and identity; impacts related to participation, and more. Actual development of indicators requires that each of the outcomes/impacts be specified in measurable terms.

The expected outcomes/impacts below are organized by domain, viewed as short-term outcomes vs. longer term impacts, and as *results* of some activity. When utilized, at baseline the outcomes/impacts would be phrased in terms of the content itself. For example: At baseline, health status might be measured in terms of morbidity from infectious disease; from then, it would be assessed in terms of a change from baseline – e.g., decrease in morbidity from chronic disease. For purposes of monitoring and evaluation, progress towards adolescent well-being should be understood as the aggregate result of progress in each of the domains, as illustrated in the following figure:

Figure 1: Adolescent Well-Being Domains



Now we will review each of the domains, derived from the definition of adolescent well-being, and present a list of the kinds of outcomes/impacts that should be included under each domain. This first list of outcomes/impacts can be considered a “full list,” because within each domain, a very broad, though selected, set of outcomes/impacts is included.

Domain 1: Health Status/General Well-Being

Domain 1 focuses on several key areas related to health, including basic health status, behavior, knowledge and environmental quality. All issues are not covered, but the selection is intended to include key health issues for adolescents.

Health status (selected):

- Reduced morbidity and mortality from infectious disease
- Reduced morbidity and mortality from lack of nutrition
- Reduced morbidity and mortality from intentional violence
- Reduced morbidity and mortality from accidents and unintentional injuries

Health risk behavior:

- Reduction of tobacco use
- Reduction in drug/alcohol use
- Reduction in HIV/AIDS and STI risk behaviors
- Reduction of involvement in intentional violence, interpersonal violence and gangs
- Reduction in unintentional injuries, such as from car accidents
- Increase in exercise/physical activity
- Increase in healthy food intake
- Reduction of early pregnancy

Health knowledge/skills:

- Increased knowledge of HIV risk and prevention
- Increased knowledge about tobacco risk and prevention
- Increased knowledge about substance abuse risk and prevention
- Increased knowledge about family planning
- Increased knowledge about the role of diet and exercise in health
- Increased knowledge about hygiene and prevention of infectious disease
- Adequate skills and knowledge to make informed decisions about health

Environmental Quality:

- Availability of clean water
- Availability of sanitation systems
- Living conditions free from toxic pollutants

Domain 2: General Well-Being

This is the domain reserved for broader perceptions of well-being, including general life-satisfaction and spirituality.

- Increased satisfaction with oneself (the individual is satisfied with who he/she is and their situation).
- Increased satisfaction with life in general.
- Increase in sense of purpose, connection with spiritual beliefs (however defined).

Domain 3: Identity and Equity

Domain 3 refers to both rights-based and developmental concepts related to identity and equity, around the general theme that adolescents should be able to enact the identity of their choosing, without persecution, sanctions, social exclusion or discrimination. This may include gender identity, ethnic identity, religious identity, cultural identity, or any other.

- Existence of legal rights, protections and processes related to national identity, indigenous culture, spiritual belief, others.
- Increased evidence showing social recognition of ethnic/indigenous identity including language, cultural practices, and religion
- Increased recognition of, and social practices promoting equality of individual identity regardless of gender.
- Increase in the freedom of adolescents to affiliate with social, educational, political, family and civic groups of their choosing (connectedness).
- Positive treatment of adolescents in the media, opportunities for adolescent voices in the media.

Domain 4: Protection

Domain 4 addresses the degree to which adolescents are protected – through laws and policies as well as social practices – from exploitation and harm.

- The enactment of legal frameworks and policies for protection from exploitation, violence and abuse, social exclusion, harmful traditional practices, juvenile justice abuses, discrimination (e.g., based on race, gender, culture, disabled status).
- Institutional enforcement of those protections.
- Protections in place for adolescents in emergencies such as war, civil conflict, and natural disasters.
- Education and information provided to the public with respect to legal protections and sanctions regarding abuse
- Increased awareness among adolescents and all others about the protective frameworks and policies, and their enforcement.

Domain 5: Education

Domain 5 includes the important issues of educational access, success and gender equity, at the primary and secondary level as well as “second chance” education for those returning to school.

- Elimination of barriers to primary and secondary education, regardless of gender
- Increased access to adult and “second chance” educational opportunities, including vocational school
- Increased attendance at school
- Increases in literacy and academic performance
- Increase in adolescent belief in the utility of school completion (bonding to school)
- Increased resources, staff allocated for schools
- Increased access to higher education

Domain 6: Access to Supportive Services (Health, Social) and Relationships

Supportive services and relationships in this domain are intended to encompass the multiple social supports that provide a base for healthy adolescent development – both agency and social/health services as well as positive family and community relationships.

- Designated national government agency or unit focusing on adolescents
- Designated local agency/unit focusing on adolescents
- Regularized data collected on the well-being of adolescents
- Increased access to basic health services, including treatment, preventive services, and family planning.
- Increased access to social services and emergency services and staff at such services trained to work with adolescent psycho-emotional needs.
- Increase in the practice of equitable and humane treatment in the justice system, availability of alternatives to confinement, and increased access to services (e.g., legal representation) that help insure this.
- Increased use of media and communications to disseminate health information for adolescents
- Increase in the prevalence of caring and supportive family, peer, school and community environments
- Increase in access to positive peer activities (including recreation, social, civic, work)
- Resources and finances budgeted for adolescent supportive services and policies.

Domain 7: Socio-Economic Opportunity

Socioeconomic opportunity does not just refer to the mitigation of poverty, but to the kind of economic future that an adolescent can envision, and the support and training available to enable adolescents to take advantage of available opportunities.

- Reduction in family poverty level.
- Reduction in adolescent poverty level.
- Increase in employment rate for adolescents/youth (all gender categories).
- Access to productive employment (among family members) at a level that can sustain families and individuals.
- Access to training and skills development for employment.
- Adequate skills and knowledge to secure employment.
- Opportunities to develop and engage in (legal) economic activity.
- Belief in a social place – an adolescent’s expectation that there is a viable future for him/her, socially, culturally and economically.

Domain 8: Participation

Participation is a complex domain, in part because it includes access to information, some level of participation in the governing or political process, and involvement in civic groups or activities. The kind of participation possible is, however, significantly impacted by cultural patterns (e.g., the kinds of social or civic institutions that exist).

- Increase in percentage of adolescents (at voting age) who vote.
- Increase in knowledge among adolescents about civic affairs.
- Increase in adolescent knowledge and capabilities to access information.
- Increase in adolescent-led organizations and activities in schools and communities and networking.
- Increase in the number of social action activities involving adolescents, and/or for adolescents.
- The institutionalization of adolescent participation in civic affairs, in the form of youth committees, councils, representation, and other forms.
- Increased access to information (libraries, the Internet, etc.).

4. Measuring Outcomes/Impacts at Multiple Levels

Ideally, a complete system of indicators under the adolescent well-being framework described in this document would include indicators for all of the above outcomes/impacts in each domain, and at several possible levels – from a national or governmental level down to the program level. This allows national or local agencies as well as specific programs to monitor progress using the same general framework, but using the kinds of data that are appropriate for each level. For example:

- *Officials in a national agency want to select indicators to monitor progress under Domain 1, Health Status.* For this domain in particular there are many national-level (or other government-level, including city) indicators from which to select – primarily, the data on morbidity and mortality. However, the national agency may or may not be able to select indicators relating to change in knowledge about HIV/AIDS, unless there is a national survey that collects such data. This *is* an indicator that a specific health promotion program for adolescents could use, because the program can collect it using pre- and post-intervention questionnaires. And, if several programs are able to use the same kinds of questionnaires, it may be possible to aggregate the data to a larger level and be able to state that “a sample of X number of adolescent HIV education programs showed a 25% improvement in HIV knowledge among participants.”
- *A country wants to document progress in Domain 8, Participation.* This is a domain where there are not many national or governmental-level indicators available, except for documenting voting rates and the number of adolescent-led organizations, youth committees and councils, and so on. In this domain, much of the data would be appropriate at the program level, where programs can collect data on the increase in knowledge and skills among their participants concerning civic affairs.
- *A specific adolescent program wants to document the impact of their program in promoting socio-economic opportunity, Domain 7.* The program cannot use national data on poverty or employment for this purpose, but it can use indicators of improvement in job skills and knowledge among program participants, or data from questionnaires showing any change in participant expectations about the likelihood of future employment. If the program includes some local advocacy to increase the availability of adolescent job skills programs, it may also be able to show increased local access to job skills.

Attachment C to this document is a table that lists a selected sample of potential indicators that could be used to measure outcomes/impacts for each domain either at the larger national/local government level or at the specific program level, from many potential sources. It is not a complete list of potential indicators, but should help illustrate how the proposed adolescent well-being framework can be put in practice at many levels. Section 6, below, includes a brief description of a process for helping a program select indicators responding to the domains and outcomes/impacts it expects to address. Engaging in this process can also help program designers structure components in order to better address adolescent well-being domains.

5. Measuring Potential Core Outcomes/Impacts and Associated Indicators

As noted, the list of outcomes/impacts in the previous section represents a “full set” for potential measurement in efforts to assess adolescent well-being. It is important to acknowledge again that data responsive to the full set could potentially come from national/local records, surveys (such as the MICS surveys), program-specific data, legislative and policy records, and other sources. Not all outcomes/impacts can be assessed with one instrument or protocol; moreover, different countries will vary in the levels and types of data available. Therefore, the most practical strategy is to provide a range of *indicator options* for each domain, at multiple levels, where some indicators are designated as *core* because they represent a minimal, basic measure of a particular domain, and others as *optional*, because they provide a choice of measures within a domain to be used together with the core indicator(s).

Drawing from the full set of outcomes/impacts, a recommendation for a *minimal, core set of outcomes/impacts and corresponding indicators representing all domains in the TACRO framework* is presented below. These core indicators are divided in two categories: those that can be measured using a general survey (such as the UNICEF Multiple Indicator Cluster Survey or MICS) that is administered to a significant populations sample (national or local); and those requiring national/local data (e.g., vital records, education, labor, administrative, legislation). Where possible, an attempt is made to use indicators that have also been suggested or are in use by other UNICEF regions in order to facilitate standardized comparison. Outcomes/impact categories are shown in italics, followed by proposed indicators. Because the object in this section is to propose a minimum set of indicators, a selection process is involved. Where multiple indicators are possible for a given outcome/impact (for example, reduction in health risk behavior could include indicators for many such behaviors), I have selected approximately one-three indicators that address *critical* or *signal* impacts/outcomes that if changed, are likely to have an impact on other related indicators as well. If the indicator is also one recommended by other UNICEF regions, in the World Fit for Children (WFFC) documents, by WHO, or by other UN agencies, it will be marked. It will also be marked if it is a new indicator for which a data item would have to be created.

The full set of recommended core indicators across domains is as follows:

Domain 1: Health Status/General Well-Being

Improved health status (selected):

- Mortality from 3 leading causes of death for adolescents (from vital records).*
- Probability at age 15 of survival to age 25 (because this is an indicator of multiple health threats – derived from vital records).
- *Potential MICS4*: General perceived health status, number of days sick.
- *Potential MICS4*: General satisfaction.

Reduction in health risk behavior:

- *Potential MICS4:* Percentage of adolescents using a condom all the time (because this behavior is linked to HIV/AIDS, STIs, and early pregnancy – which are themselves linked to other risks).
- *Potential MICS4:* Lifetime prevalence of drug abuse among adolescents (because this is connected to many other risks).*
- *Potential MICS4:* Percent of women age 15-24 with a birth before 18 years of age.*

Increase in health knowledge/skills:

- *Potential MICS4:* Percent of adolescents who have correct knowledge of HIV (this can be seen as an imperfect proxy measure for having been exposed to health education – could also use a measure of knowledge about diet/obesity, drug use, etc.).*

Domain 2: Identity

Existence of legal rights, protections and processes related to national identity, indigenous culture, spiritual belief, others:

- *Potential MICS4:* Percent of adolescents with civil registration (this is often necessary for access to education, social and health services).
- *Potential MICS4:* Percent of adolescents who have attended any religious activity in the past month.***
- *Potential MICS4:* Percent of adolescents who have attended any cultural activity in the past 6 months (NOTE: Longer time period because cultural events may only be widely attended at holidays/special days).***
- Number of policies and official statements recognizing ethnic/indigenous identity (from national/local government records).

Domain 3: Protection

The enactment of legal frameworks and policies for protection from exploitation, violence and abuse, social exclusion, harmful traditional practices, juvenile justice abuses, discrimination (e.g., based on race, gender, culture, disabled status):

- Minimum legal age (18) for marriage (from government/legislative records).*
- Existence of laws prescribing specific legal action against domestic violence, sexual exploitation, sex trade, child labor, trafficking, involvement in armed forces, and genital mutilation (from government/legislative records).
- Existence of alternatives to confined juvenile detention (legal, programmatic – data from government/legal records).

Institutional enforcement of those protections:

- *Potential MICS4:* Percentage of adolescents ever married by age and sex.*
- *Potential MICS4:* Percent of adolescents who have been the victim of physical, sexual or emotional violence.***

- *Potential MICS4*: Percent of adolescents ever confined in a juvenile or other correctional facility.***
- *Potential MICS4*: Percent of adolescents who have experienced discrimination in the past year*** (this can be taken from one of several Perceived Discrimination Scales).
- Number and rate (per 100,000) of adolescents in juvenile detention (from government/legal records).
- Number and rate of adolescents per 100,000 child population who have been reported victims of violence and trafficking (from government/legal records).*
- *Potential MICS4*: Percentage of children/young adolescents ages 5-14 involved in child labor (could also be obtained from government/legal or NGO data).*

Domain 4: Education

Increased access to primary, secondary, adult and “second chance” educational opportunities, regardless of gender:

- *Potential MICS4*: Gross enrollment rates, primary, secondary, and tertiary school* (gross enrollment may capture second-chance or returning students).
- *Potential MICS4*: Ratio of girls to boys in primary and secondary education.*

Increases in attendance, literacy and academic performance:

- Youth literacy rate, by gender.*
- Percent improvement on standardized educational tests.

Bonding to school:

- Perceived importance of doing well in school.

Domain 5: Access to Supportive Services (Health, Social) and Relationships

Designated government agency or unit focusing on adolescents/youth:

- Existence of national youth council.*

Increased access to social services, and basic health services, including treatment, preventive services, and family planning:

- *Potential MICS4*: Percentage of young people who have a regular source of health care.
- *Potential MICS4*: Percent of young people with access to contraception.
- *Potential MICS4*: Percent of adolescents who know of an agency or organization they could go to if they or their family needed help*** (There is a measure for this used on the SAFER Latinos program in U.S., with reliability/validity scores).

Resources and finances allocated for adolescent supportive services and policies:

- Existence of youth-oriented agency, staff and resources.
- Existence of staff within emergency and disaster services who are trained to work with adolescent psycho-emotional needs.

Increase in the prevalence of caring and supportive family, peer, school and community environments:

- *Potential MICS4:* Percent of adolescents with at least one caring adult relationship.

Domain 6: Socio-Economic Opportunity

Reduction in adolescent poverty level:

- Percentage of adolescents living in poverty by gender (national/government data).*

Increase in employment rate for adolescents/youth (all gender categories):

- *Potential MICS4:* Economically active adolescents population rate.*
- *Potential MICS4:* Female/male adolescent labor force participation ratio (a gender equality measure).*

Access to training and skills development for employment:

- *Potential MICS4:* Percentage of adolescents who have access to job skills training.

Belief in a social place/expectation of a viable future, socially, culturally and economically:

- *Potential MICS4:* Percent of adolescents with a positive score on the Expectations/Aspirations scale or shortened version (see below, Adolescent Module).

Domain 7: Participation

Increase in knowledge among adolescents about civic affairs.

- *Potential MICS4:* Percent of adolescents with adequate knowledge of civic institutions and processes.***

The institutionalization of adolescent participation in civic affairs, in the form of youth committees, councils, representation, media involvement, and other forms.

- *Potential MICS4:* Percent of adolescents who voted in last federal election.
- *Potential MICS4:* Percentage of adolescents participating in civil society organizations.*
- *Potential MICS4:* Percent of adolescents that are part of an organized group, club or association. **

Access to information and communication technology:

- *Potential MICS4*: Proportion of 10-19 year olds who used computer in last month.*
- *Potential MICS4*: Proportion of 10-19 year olds who used Internet in last month.*

*Indicators also used by MENA (and UN, WFFC)

**Indicators also used by CEE/CIS. Note their age bracket is usually 15-24.

***Item may need to be created for MICS4.

6. A Proposed Adolescent Module

In *Attachment D*, these core indicators are framed as a draft version of an Adolescent Module, divided in two parts: Part I-Survey Items (e.g., MICS4); and Part II-Data from National/Local Records. In some cases, a particular indicator may be measurable via both survey and records data – thus there is some overlap between Parts I and II. *The Module as a whole is intended to apply to the 10-19 year old adolescent age bracket recommended in this document and in the December 2008 background document*, even though some indicators included in the Module were adapted from sources that considered different age brackets (e.g., 15-24). For purposes of analysis, the 10-19 range could also be separately analyzed as 10-14 and 15-19.

As noted earlier, Part I of the proposed Adolescent Module in Attachment C is oriented to a MICS-like survey that would be administered to a relatively large sample, though this could be national or local. The assumption is that it would be one module in a larger household survey. For that reason, the number of questions per domain is limited so that the Module is not too large; but all well-being domains are covered. Moreover, because it is constructed as part of a larger survey, there are no gender, age or other demographic questions, because it is assumed that another section of the survey would include those, allowing for the analysis of the adolescent data by specific demographic variables.

7. Using Core Indicators at the Program Level

The proposed MICS Adolescent Module in its entirety would not typically be useful at the program level, because no single program can address all the well-being domains included. For a specific program (e.g., a sports development program), the use of well-being indicators would involve a process as follows:

- Identify the domains that the program could be expected to affect. This may be just one or a few domains.
- Identify indicators from those domains for use in the program. These would not be restricted to just core indicators, but include appropriate indicators from the full set.

- Set up the program evaluation to collect indicators in each of the relevant domains – and to include at least one core indicator per domain (if possible) as well as other optional indicators.

In this way, the impact of programs across different communities, countries or regions could be compared, and data could be aggregated to assist in broader measurement of progress with respect to adolescent well-being.

To facilitate the process of selecting appropriate indicators at the program level, we recommend as a later step development of an "indicator bank" or "indicator inventory" that programs/communities could use to identify indicators across the well-being domains appropriate for specific programs (core and non-core or optional indicators). Such an indicator bank could be made available via a website (best option), or even a hardcopy document. Supported by technical assistance/training, program implementers could learn to structure their programs and the data collected in selected domains of expected impact. They could then select indicators from the indicator bank for each of those domains. The indicator bank approach allows for some standardization in indicators, but at multiple levels, and therefore flexibility to choose a range of possible indicators for each domain.

III. Relationship between LAC Region Proposed Indicators and Proposed Indicators from Other Regions

Other UNICEF regions, including MENA and CEE/CIS, have been moving along the same path, recognizing the importance of improved monitoring of adolescent well-being and its relationship to achievement of MDGs as well as monitoring progress vis a vis the CRC. There is some overlap between these efforts, which is a positive indication. The proposed CEE/CIS module on Adolescents and Youth includes selected measures in the following categories: tobacco use; alcohol/drug use; mental health; violence; and social cohesion. In addition, a proposed life satisfaction/subjective well-being module is proposed, using the Multidimensional Students Life Satisfaction Scale (MSLSS). The age range for the proposed Adolescents and Youth module is 15-24. For the Well-Being module, there are several age range possibilities – 9-14 (“children”) and 15-24 (“young people”). The proposed MENA region Adolescent and Youth indicators include data in the following domains: demographics (percentage youth, percent married, child marriage, dependency, etc.); poverty (including poverty measures as well as underweight, water/sanitation, shelter); education (literacy, enrollment, gender); livelihoods and economic participation (employment, labor force participation, economic activity/inactivity); health/reproductive health (fertility, legal marriage age, contraception, maternal mortality, HIV risk behavior, treatment, HIV knowledge); mortality (survival probability; leading causes of death); migration (youth, adults); civic participation (voting, marriage without parental consent, youth council and civil society participation, school-related participation); armed conflict (adolescent refugees, displaced youth); child protection (homicides, violence and suicide victimization,

female genital mutilation, child marriage, child labor, registration, etc.); youth in emergencies (survival, involvement with armed forces, separation from family, land mine injuries/fatalities); and information/communication technologies (computer and internet access, mobile and other phones).

There are clear overlaps between these efforts. There are several domains of measurement in the CEE/CIS proposal related to health, one related to violence, and one related to social cohesion. While important, these domains in their entirety may not capture the range of other contributing factors for well-being; moreover, if only a limited set of indicators are possible, there may be too many health indicators at the expense of others. The CEE/CIS social cohesion measures, however, are interesting and an attempt is made to incorporate those in this proposal. The MENA proposal includes a much broader set of domains, and utilizes UN and WFFC indicators. Some of the data items separated out in this proposal under specific domains are subsumed within other domains of the MENA set. One issue, however: Many of the MENA indicators are oriented to national data sets, as opposed to questions that could be included on a survey such as MICS.

On the CEE/CIS proposal for a Life Satisfaction Module: A module of this nature aims at an important issue. However, it may be too abstract for some adolescents to understand fully, responses may be dependent on current affective state and thus inconsistent, and its connection to adolescent well-being in a broad sense may not be clear. Because adolescent risk behaviors occur within a social ecology where individual adolescents have agency and assess what they need to do given “the world they see around them” and their perception of a potential future, a better tool for assessing their sense of satisfaction would be to assess their sense of social place and future expectations. There are several potential measures, including: the Expectations/Aspirations Scale (from Fast Track program, U.S.); and several subscales from a recently developed Future Expectations Scale for Adolescents (FESA) might be useful (McWhirter & McWhirter 2008). I would recommend consideration of these kinds of measures/scales to address the important issue raised by CEE/CIS.

ATTACHMENT A
TABLE 1: THEORETICAL AND PROGRAM APPROACHES
TOGETHER WITH THEIR OPERATIVE DYNAMIC, THE TYPE OF PROGRAM
COMPONENTS, AND MEASUREMENT

<u>Theory/Approach</u>	<u>Operative Dynamic</u>	<u>Program Response/Outcome Measurement</u>
Risk/Protective Factors	Exposure to risk vs. protective factors	Reduce risk factors, support protective factors. <i>Measured by:</i> Baseline and followup assessments of change in the specified indicators (many instruments already developed).
Problem Behavior	Exposure to multiple risk vs. protective factors, creating high risk peer groups	Reduce clusters of risk factor exposure, support protective factors. <i>Measured by:</i> Baseline and followup assessments of change in the specified indicators (many instruments already developed).
Pathways	Early exposure to internal/external risk factors creating trajectory of delinquent behavior	Early identification, treatment of temperament and control problems; or later change in control environment. <i>Measured by:</i> Baseline and followup behavioral assessments, risk factor measures.
Self-Concept	Perceived possible selves motivates behavior to achieve self-concept that is socially valued	Among adolescents, work to expand perceived possible selves (as motivators and mental models) to include positive selves that are integrated with and contribute to community and society. <i>Measured by:</i> Baseline and followup Self-

		Concept instruments such as the Possible Selves Questionnaire (Kurtines, in press).
Socioecological	Socioeconomic context shapes utility and value of risk behavior patterns, including substance use and selling, violence	Change socioeconomic environment to increase availability and value of non-criminal opportunities. <i>Measured by:</i> Change in community socioeconomic measures (number of jobs available, etc.); baseline/followup measures of opportunity perception.
Applied Developmental Science and Positive Youth Development (PYD)	Youth have the potential to thrive if developmental assets are supported	Marshaling of community, school, family and other supports to maximize development of the “5 Cs” (or “6 Cs” with the addition of contribution). <i>Measured by:</i> Developmental Assets instrument, measures of resources/programs available.
Health Promotion Theory: Individual	Health behavior results from individual decisionmaking processes	Education, skill-building, seek to impact behavior decision process. <i>Measured by:</i> Baseline and followup assessments of knowledge, skills, attitudes.
Health Promotion Theory: Social and Group	Health behavior results from individual-group interaction, group processes	Change group processes, build support networks, support individual ability to interact positively with group influence. <i>Measured by:</i> Assessment of change in group processes, tracking

		of change in group behavior or norms.
Health Promotion Theory: Societal and Cultural	Behavior tied to social, structural, cultural context and constraints	Necessary to make change in structural, contextual conditions (e.g., through policy), and broad public (cultural) attitudes (e.g., through media). <i>Measured by:</i> Change in broader social indicators, changes in (shared) cultural beliefs and practices.
Youth Development as Participation	Development and social competence related to participation in public decision making processes strengthens connectedness to society and reduces risk behavior	Increase opportunities for youth participation in local, national governance and information dissemination. <i>Measured by:</i> Data on number of youth involved in governance, number of youth-based dissemination outlets (Internet, other)
Life Skills/Employment Development	Development of general skills and employment skills increases the likelihood of academic and employment success, reduces alienation and delinquency	Curricula and skills based programs that focus on development of life skills. <i>Measured by:</i> Competency assessments (program level), youth employment data
Resiliency	A combination of confidence, positive attitude, adaptability, supportive social relations, work, values, goal-setting and other qualities helps adolescents remain resilient in the face of adversity	Programs, curricula or activities that specifically foster these qualities and help adolescents develop autonomous capabilities. <i>Measured by:</i> Survey or interview data with items reflecting the idea of resiliency; data on evidence of achievement or success
Social	Behavior of youth is	Policies and legal

Inclusion/Exclusion	related to degree of “connectedness” with society – thus exclusion promotes anti-social behavior and goals	remedies to ensure equity, prohibit discrimination or exclusion, support participation, and support economic opportunities. <i>Measured by:</i> Documenting policies and legislation, compliance, educational attainment, income distribution, employment, data on representation.
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ATTACHMENT B
TABLE 2: RIGHTS-BASED FRAMEWORKS RELEVANT TO ADOLESCENT WELL-BEING, AND THEIR MEASUREMENT

<u>Rights Document</u>	<u>Rights Included</u>	<u>Outcomes/Measurement</u>
UNICEF Child Protective Framework	<ul style="list-style-type: none"> ○ Freedom from violence, exploitation, and abuse 	Documenting policies and legislation, information access, training for those around children, availability of resources and services, monitoring/reporting system
Convention on Rights of the Child	<ul style="list-style-type: none"> ○ Freedom from discrimination ○ Right to life, survival and development ○ Right to a name, nationality and care by parents ○ Freedom from separation from parents against will, family reunification ○ Suppression trafficking, exploitation, or prostitution ○ Freedom of expression and religion ○ Access to health care ○ Right to benefit from social security ○ Right to a standard of living for physical, mental, spiritual, moral and social development ○ Right to education ○ Prohibition against torture ○ Prohibition of child participation in conflict 	Documenting policies and legislation, educational data, measures of resources/programs available, economic and social data, law enforcement data, vital statistics record, health care availability and access

Millennium Development Goals	<ul style="list-style-type: none"> ○ Eradicate poverty and hunger ○ Universal primary education ○ Gender equality, empowerment of women ○ Reduced child mortality ○ Improved maternal health ○ Reduction of HIV/AIDS, malaria ○ Environmental sustainability 	Poverty indicators, education access, enrollment, attendance, literacy, prohibit discrimination or exclusion, vital statistics, access to and utilization of health services, and disease risk behaviors
A World Fit for Children	<ul style="list-style-type: none"> ○ Access to education ○ Availability and access to facilities and support services ○ Access to information ○ Freedom from poverty ○ Equitable social and economic conditions ○ Freedom from discrimination, violence and abuse ○ Equal responsibilities with regards to children ○ Adequate housing ○ Freedom from environmental problems 	Documenting policies and legislation, educational enrollment data, measures of resources/programs available, information availability and access, poverty indicators, economic and social data, law enforcement data, housing data
United Nations Declaration on the Rights of Indigenous Peoples	<ul style="list-style-type: none"> ○ Freedom to live in peace without threat of violence, forcible removal or genocide ○ Education in own language and culture ○ Protection for economic exploitation ○ Equitable social and economic conditions 	Documenting policies and legislation ensuring equity, education data, measure of resources available, prohibit discrimination or exclusion, law enforcement data, social and economic data, employment data.
Convention on the Rights of Persons with	<ul style="list-style-type: none"> ○ Freedom from exploitation, violence 	Documenting policies and legislation ensuring

Disabilities	<p>or abuse</p> <ul style="list-style-type: none"> ○ Equal education ○ Birth registration and identity ○ Family life ○ Fertility ○ Right to health care ○ Freedom from discrimination ○ Equal participation in culture and recreation 	equity, educational access, health care availability and utilization, measure of resources available, vital records, prohibit discrimination or exclusion, law enforcement data.
Convention on the Elimination of All Forms of Discrimination Against Women	<ul style="list-style-type: none"> ○ Suppression trafficking, exploitation, or prostitution ○ Equal nationality ○ Equal education ○ Equal employment opportunity ○ Equal access to health care services ○ Equal responsibilities with regards to children ○ Reproductive rights ○ Minimum marriage age 	Documenting policies and legislation ensuring equity, educational attainment and access, employment, data, health care utilization, law enforcement data, prohibit discrimination or exclusion, measure of resources available, vital records.

ATTACHMENT C: Sample Indicators by Domain and Data Collection Level			
Domain 1: Health Status/General Well-Being			
Outcomes/Impacts		Potential Indicators	
		National/Gov't. Level	Program Level
<i>Improved health status</i>		Mortality from 3 leading causes of death for adolescents	General perceived health status
		Probability at age 15 of survival to age 25	Number of days sick
		Number of persons in household suffering non-fatal injury in last 30 days (list age and sex)	Number of persons in household suffering non-fatal injury in last 30 days (list age and sex)
		List cause or mechanism of injury (traffic injury, fall, struck/hit by person or object, poisoning, intoxication, burn)	
		Attempted self harm or suicide in past 12 months	Attempted self harm or suicide in past 12 months
		Frequency in past month of feeling down or depressed	Frequency in past month of feeling down or depressed
		Frequency in past month of being bothered or having little interest or pleasure in doing something	Frequency in past month of being bothered or having little interest or pleasure in doing something
<i>Reduction in health risk behavior</i>		Percent of adolescents using a condom all the time (if national survey)	Percent of adolescents using a condom all the time
		Percent of adolescents using a family planning method all the time (if national survey)	Percent of adolescents using a family planning method all the time
		Prevalence and frequency of drug abuse among adolescents (if national survey)	Prevalence and frequency of drug abuse among adolescents
		Percent of women age 15-24 with a birth before 18 years of age	Percent of women age 15-24 with a birth before 18 years of

			age (from self-report questionnaire)
<i>Increase in health knowledge/skills</i>		Percent of adolescents who have correct knowledge of HIV(if national survey)	Percent of adolescents who have correct knowledge of HIV
		Percent of adolescents with correct knowledge about the role of diet and exercise in health (if national survey)	Percent of adolescents with correct knowledge about the role of diet and exercise in health
		Percent of women ages 15-24 years who correctly identify three ways of preventing pregnancy	Percent of women ages 15-24 years who correctly identify three ways of preventing pregnancy
Domain 2: Identity			
Outcomes/Impacts		Potential Indicators	
		National/Gov't. Level	Program Level
<i>Existence of legal rights, protections and processes related to national identity, indigenous culture, spiritual belief, others</i>		Percent of adolescents with civil registration	
			Percent of adolescents who have attended any religious activity in the past month
		Number of policies and official statements recognizing ethnic/indigenous identity	Percent of adolescents who have attended any cultural activity in the past 6 months
Domain 3: Protection			
Outcomes/Impacts		Potential Indicators	
		National/Gov't. Level	Program Level
<i>The enactment of legal frameworks and policies for protection from exploitation, violence and abuse, social exclusion, harmful traditional practices,</i>		Minimum legal age (18) for marriage	

<i>juvenile justice abuses, discrimination</i>			
		Existence of laws prescribing specific legal action against domestic violence, sexual exploitation, sex trade, child labor, trafficking, involvement in armed forces, and genital mutilation	
		Existence of alternatives to confined juvenile detention	Existence of alternatives to confined juvenile detention
<i>Institutional enforcement of those protections</i>		Percent of adolescents ever married by age and sex	
			Percent of adolescents who have experienced discrimination in the past year
		Percent of adolescents who have been the victim of physical, sexual or emotional violence (national survey)	Percent of adolescents who have been the victim of physical, sexual or emotional violence
		Percent of adolescents ever confined in a juvenile or other correctional facility	Percent of adolescents ever confined in a juvenile or other correctional facility
		Number and rate (per 100,000) of adolescents in juvenile detention	
		Number and rate of adolescents per 100,000 child population who have been reported victims of violence and trafficking	
		Percent of children/young adolescents ages 5-14 involved in child labor	Percent of children/young adolescents ages 5-14

			involved in child labor
Domain 4: Education			
Outcomes/Impacts		Potential Indicators	
		National/Gov't. Level	Program Level
<i>Increased access to primary, secondary, adult and "second chance" educational opportunities, regardless of gender</i>		Enrollment rates, primary, secondary, and tertiary school	
		Ratio of girls to boys in primary and secondary education	
<i>Increases in attendance, literacy and academic performance</i>		Adolescent literacy rate, by gender	
		Percent improvement on standardized educational tests	Percent improvement on standardized educational tests
<i>Bonding to school</i>			Perceived importance of doing well in school
		Percent adolescents who have adult at school who supports youth as a person and in learning	Percent adolescents who have adult at school who supports youth as a person and in learning
		Percent adolescents who have adult at school who sets high academic expectations for youth	Percent adolescents who have adult at school who sets high academic expectations for youth
Domain 5: Access to Supportive Services (Health, Social) and Relationships			
Outcomes/Impacts		Potential Indicators	
		National/Gov't. Level	Program Level
<i>Designated government agency or unit focusing on adolescents</i>		Existence of national youth council	
<i>Increased access to social services, and basic health services, including treatment, preventive services, and</i>		Percent of adolescents who have a regular source of youth-friendly health care (if national survey)	Percent of adolescents who have a regular source of youth-friendly health care

<i>family planning</i>			
		Frequency having visited a health facility or health provider for ill health or health concerns in past 3 months	Frequency having visited a health facility or health provider for ill health or health concerns in past 3 months
		Percent aware of health services that are provided to adolescents in community	Percent aware of health services that are provided to adolescents in community
			Percent of adolescents who know of an agency or organization they could go to if they or their family needed help
		Percent of adolescents with access to contraception (if national survey)	Percent of adolescents with access to contraception
<i>Resources and finances allocated for adolescent supportive services and policies</i>		Existence of adolescent-oriented agency, staff and resources	
		Existence of staff within emergency and disaster services who are trained to work with adolescent psycho-emotional needs	
<i>Increase in the prevalence of caring and supportive family, peer, school and community environments</i>			Percent of adolescents with at least one caring adult relationship
		Percent of adolescents reporting frequent open communication with parent/caregiver	Percent of adolescents reporting frequent open communication with parent/caregiver
		Percent of adolescents reporting frequent listening by parent/caregiver	Percent of adolescents reporting frequent listening by

			parent/caregiver
		Percent of adolescents reporting frequent comforting from parent/caregiver	Percent of adolescents reporting frequent comforting from parent/caregiver
		Percent of adolescents reporting parent trying to know where they go at night	Percent of adolescents reporting parent trying to know where they go at night
		Percent of adolescents reporting that parent really knows where they go	Percent of adolescents reporting that parent really knows where they go
Domain 6: Socio-Economic Opportunity			
Outcomes/Impacts		Potential Indicators	
		National/Gov't. Level	Program Level
<i>Reduction in adolescent poverty level</i>		Percent of adolescents living in poverty by gender	
			Access (among family members) to productive employment at a level that can sustain families and individuals
<i>Increase in employment rate for adolescents</i>		Economically active adolescent population rate	
		Female/male adolescent labor force participation ratio	
<i>Access to training and skills development for employment</i>		Percent of adolescents who have access to job skills training (national survey)	Percent of adolescents who have access to job skills training
<i>Belief in a social place/expectation of a viable future, socially, culturally and economically</i>			Percent of adolescents with a positive score on the Expectations/ Aspirations scale or shortened version
Domain 7: Participation			
Outcomes/Impacts		Potential Indicators	

		National/Gov't. Level	Program Level
<i>Increase in knowledge among adolescents about civic affairs</i>		Percent of adolescents with adequate knowledge of civic institutions and processes (national survey)	Percent of adolescents with adequate knowledge of civic institutions and processes
<i>The institutionalization of adolescent participation in civic affairs, in the form of adolescent committees, councils, representation, media involvement, and other forms</i>		Percent of adolescents who voted in last federal election	
		Percent of adolescents participating in civil society organizations (if national survey)	Percent of adolescents participating in civil society organizations
		Percent of adolescents that are part of an organized group, club or association (if national survey)	Percent of adolescents that are part of an organized group, club or association
<i>Access to information and communication technology</i>		Proportion of 10-19 year olds who used computer in last month (if national survey)	Proportion of 10-19 year olds who used computer in last month
		Proportion of 10-19 year olds who used Internet in last month (if national survey)	Proportion of 10-19 year olds who used Internet in last month

ATTACHMENT D: PARTS 1 AND 2 OF SAMPLE ADOLESCENT MODULE

DRAFT ADOLESCENT MODULE PART 1: SURVEY (MICS4) (AGES 10-19)		
DOMAIN 1: HEALTH STATUS		HS
HEALTH STATUS AND GENERAL WELL-BEING		
HS1. HOW WOULD YOU DESCRIBE YOUR CURRENT HEALTH?	Poor 1 Fair 2 Good 3 Excellent 4	
HS2. HOW MANY TIMES HAVE YOU BEEN SICK IN THE PAST YEAR?	Never 1 Once 2 Less than 5 times 3 More than 5 times 4	
HS3. HOW SATISFIED ARE YOU WITH YOUR OVERALL LIFE RIGHT NOW?	Very satisfied 1 Somewhat satisfied 2 Somewhat unsatisfied 3 Very unsatisfied 4	
HEALTH RISK BEHAVIOR		
HS3. HAVE YOU EVER HAD SEXUAL INTERCOURSE?	Yes 1 No 2	2⇒HS6
HS4. HOW OLD WERE YOU WHEN YOU HAD SEX FOR THE FIRST TIME?	Age __ __ DK 98	⇒MA5 98⇒MA5
HS5. SINCE YOU FIRST HAD SEX, HOW OFTEN HAVE YOU USED CONDOMS?	All of the time 1 Some of the time 2 Occasionally 3 Never 4	
HS6. HAVE YOU EVER SMOKED CIGARETTES OR USED CHEWING TOBACCO?	Yes 1 No 2	
HS7. HAVE YOU EVER USED ALCOHOL (BEER, WINE, LIQUOR)?	Yes 1 No 2	
HS8. HAVE YOU EVER USED ANY DRUG OTHER THAN ALCOHOL (INCLUDES MARIJUANA, COCAINE, CRACK COCAINE, HEROIN, METHAMPHETAMINES, ECSTASY, HALLUCINOGENS SUCH AS LSD OR DATURA, PRESCRIPTION DRUGS WITHOUT A PRESCRIPTION)?	Yes 1 No 2	
HS9. [FOR ADOLESCENT WOMEN]: HAVE YOU EVER GIVEN BIRTH?	Yes 1 No 2	2⇒ HS11
HS10. HOW MANY TIMES HAVE YOU GIVEN BIRTH?	Number of times __ __	
HEALTH KNOWLEDGE/SKILLS		
HS11. HOW IS THE HIV/AIDS VIRUS TRANSMITTED? PLEASE CHECK ALL THAT APPLY FROM THE FOLLOWING LIST:	Unprotected sex __ Sharing of injection drug equipment or needles __ Contaminated blood products __ Mosquitoes __ Kissing an infected person __ Touching an infected person __	

DOMAIN 2: IDENTITY			I
EXISTENCE OF LEGAL RIGHTS, PROTECTIONS AND PROCESSES RELATED TO NATIONAL IDENTITY, INDIGENOUS CULTURE, SPIRITUAL BELIEF, OTHERS			
11. DO YOU HAVE A BIRTH CERTIFICATE OR CIVIL REGISTRATION?	Yes 1 No 2 DK 98		
12. IN THE PAST 6 MONTHS, HAVE YOU ATTENDED ANY RELIGIOUS CEREMONY OR ACTIVITY?	Yes 1 No 2		
13. HAS ANY PERSON OR GROUP EVER TRIED TO PREVENT YOU FROM ATTENDING ANY RELIGIOUS CEREMONY OR ACTIVITY?	Yes 1 No 2		
14. IN THE PAST 6 MONTHS, HAVE YOU ATTENDED ANY EVENT OR ACTIVITY THAT IS PART OF THE CULTURE/CULTURES YOU IDENTIFY WITH (COULD INCLUDE WEDDINGS, HOLIDAY CEREMONIES, BLESSINGS, HEALING CEREMONIES, COMING-OF-AGE EVENTS, SEASONAL CELEBRATIONS)?	Yes 1 No 2		
15. HAS ANY PERSON OR GROUP EVER TRIED TO PREVENT YOU FROM ATTENDING ANY CULTURAL EVENT OR ACTIVITY?	Yes 1 No 2		
DOMAIN 3: PROTECTION			PR
INSTITUTIONAL ENFORCEMENT OF PROTECTIONS			
PR1. HAVE YOU EVER BEEN MARRIED?	Yes 1 No 2		2⇒ PR3
PR2. AT WHAT AGE WERE YOU MARRIED?	Age _ _		
PR3. HAVE YOU EVER BEEN THE VICTIM OF PHYSICAL VIOLENCE?	Yes 1 No 2		
PR4. HAVE YOU EVER BEEN THE VICTIM OF A SEXUAL ASSAULT, ATTACK OR OTHER SEXUAL VIOLENCE?	Yes 1 No 2		
PR5. HAVE YOU EVER BEEN FORCED TO HAVE SEX FOR MONEY?	Yes 1 No 2		
PR6. HAVE YOU EVER BEEN FORCED TO TRAVEL SOMEWHERE TO HAVE SEX FOR MONEY?	Yes 1 No 2		
PR7. HAVE YOU EVER BEEN CONFINED IN A CORRECTIONAL FACILITY (DETENTION CENTER, JAIL, PRISON)?	Yes 1 No 2		2⇒ PR9
PR8. WAS IT AN ADULT FACILITY OR A YOUTH FACILITY?	Adult facility 1 Youth facility 2 DK 98		
PR9. HAVE YOU EVER BEEN TREATED UNFAIRLY, TREATED RUDELY, INSULTED, PHYSICALLY ATTACKED, THREATENED, EXCLUDED OR REFUSED SERVICE BECAUSE OF YOUR ETHNIC OR RACIAL BACKGROUND?	Yes 1 No 2		

PR10. HAVE YOU EVER WORKED AT A JOB OUTSIDE YOUR HOME?	Yes 1 No 2	2⇒ E1
PR11. HOW OLD WERE YOU AT THE TIME YOU STARTED WORKING AT THIS JOB/THESE JOBS?	Age _ _	
DOMAIN 4: EDUCATION		E
ACCESS TO PRIMARY, SECONDARY, ADULT AND "SECOND CHANCE" EDUCATIONAL OPPORTUNITIES, REGARDLESS OF GENDER		
E1. ARE YOU CURRENTLY ATTENDING SCHOOL	Yes 1 No 2	2⇒ E3
E2. IF YES, WHAT IS YOUR GRADE LEVEL?	Grade level _ _	
E3. IF NO, WHAT IS THE REASON YOU ARE NOT ATTENDING SCHOOL?	Graduated or completed school requirements 1 Dropped out 2 Expelled 3 Financial barriers 4 Pregnancy 5 Work 6 Transportation 7 Family Disapproval 8	
BONDING TO SCHOOL/PERCEIVED ROLE OF SCHOOL		
E4. HOW IMPORTANT IS IT TO DO WELL IN SCHOOL?	Very Important 1 Somewhat important 2 Not important 3	
DOMAIN 5: ACCESS TO SUPPORTIVE SERVICES (HEALTH, SOCIAL) AND RELATIONSHIPS		AS
ACCESS TO SOCIAL SERVICES AND BASIC HEALTH SERVICES, INCLUDING TREATMENT, PREVENTIVE SERVICES AND FAMILY PLANNING		
AS1. DO YOU HAVE A REGULAR DOCTOR OR PLACE TO GO FOR HEALTH CARE?	Yes 1 No 2	
AS2. COULD YOU OBTAIN CONTRACEPTION (E.G. CONDOMS) OR CONTRACEPTIVE SERVICES IF YOU NEEDED THEM?	Yes 1 No 2	
AS3. DO YOU KNOW OF GROUPS OR ORGANIZATIONS IN THE COMMUNITY THAT YOU COULD CONTACT IF YOU NEEDED HELP WITH PERSONAL, FAMILY, SCHOOL OR OTHER PROBLEMS?	Yes 1 No 2	
PREVALENCE OF CARING AND SUPPORTIVE FAMILY, PEER, SCHOOL AND COMMUNITY ENVIRONMENTS		
AS4. DO YOU KNOW AT LEAST ONE ADULT WHO YOU CAN TALK TO AND CALL ON FOR HELP AND SUPPORT?	Yes 1 No 2	
AS5. DO YOU HAVE FRIENDS WHO WILL HELP YOU IF YOU NEED IT?	Yes 1 No 2	

DOMAIN 6: SOCIO-ECONOMIC OPPORTUNITY		SO
EMPLOYMENT RATE FOR ADOLESCENTS/YOUTH (ALL GENDER CATEGORIES)		
SO1. ARE YOU CURRENTLY WORKING?	Yes 1 No 2	2⇒ SO3
SO2. DO YOU WORK PART-TIME OR FULL-TIME?	Part-time 1 Full-time 2	
ACCESS TO TRAINING AND SKILLS DEVELOPMENT FOR EMPLOYMENT		
SO3. DO YOU KNOW OF A PLACE YOU CAN GO FOR JOB SKILLS OR TRAINING?	Yes 1 No 2	
BELIEF IN A SOCIAL PLACE/EXPECTATION OF A VIABLE FUTURE SOCIALLY, CULTURALLY, AND ECONOMICALLY		
SO4. HOW LIKELY IS IT THAT YOU WILL GET A JOB THAT SATISFIES YOU SOME DAY?	Very likely 1 Somewhat likely 2 Not likely 3	
SO5. HOW LIKELY IS IT THAT YOU WILL GROW UP AND BE THE KIND OF PERSON YOU WANT TO BE?	Very likely 1 Somewhat likely 2 Not likely 3	
DOMAIN 7: PARTICIPATION		P
KNOWLEDGE AMONG ADOLESCENTS ABOUT CIVIC AFFAIRS		
P1. WHAT IS THE HEAD OF GOVERNMENT IN YOUR COUNTRY CALLED?	-----	
P2. WHICH PERSON OR GROUP MAKES THE LAWS IN YOUR COUNTRY?	-----	
INSTITUTIONALIZATION OF ADOLESCENT PARTICIPATION IN CIVIC AFFAIRS IN THE FORM OF YOUTH COMMITTEES, COUNCILS, REPRESENTATION, MEDIA INVOLVEMENT, AND OTHER FORMS		
P3. DID YOU VOTE IN THE LAST FEDERAL ELECTION?	Yes 1 No 2	1⇒ P5
P4. IF NO, WHAT WAS THE REASON YOU DIDN'T VOTE?	Not old enough 1 Did not know how 2 No access to polling place 3 Wasn't interested 4	
P5. ARE YOU A MEMBER OF ANY YOUTH GOVERNMENT ORGANIZATIONS OR YOUTH COUNCILS (AT SCHOOL OR IN THE COMMUNITY)?	Yes 1 No 2	
P6. ARE YOU INVOLVED IN ANY CLUBS, SERVICE ORGANIZATIONS, OR RECREATIONAL GROUPS?	Yes 1 No 2	
ACCESS TO INFORMATION AND COMMUNICATION TECHNOLOGY		
P7. DID YOU USE A COMPUTER IN THE PAST 30 DAYS?	Yes 1 No 2	
P8. DID YOU ACCESS THE INTERNET IN THE PAST 30 DAYS?	Yes 1 No 2	

**DRAFT ADOLESCENT MODULE PART 2: DATA FROM
NATIONAL/LOCAL RECORDS
(REFERS TO ADOLESCENTS BETWEEN AGE 10-19)**

DOMAIN 1: HEALTH STATUS/GENERAL WELL-BEING		
HS		
HEALTH STATUS		
HS1. MORTALITY FROM 3 LEADING CAUSES OF DEATH		
HS2. PROBABILITY AT AGE 10 OF SURVIVAL TO AGE 25		
DOMAIN 2: IDENTITY		
I		
EXISTENCE OF LEGAL RIGHTS, PROTECTIONS AND PROCESSES RELATED TO NATIONAL IDENTITY, INDIGENOUS CULTURE, SPIRITUAL BELIEF, OTHERS		
I1. PERCENT WITH CIVIL REGISTRATION	% -----	
I2 NUMBER OF POLICIES AND OFFICIAL STATEMENTS RECOGNIZING ETHNIC/INDIGENOUS IDENTITY		
DOMAIN 3: PROTECTION		
PR		
PR1. MINIMUM LEGAL AGE FOR MARRIAGE	Age	
PR2.1 EXISTENCE OF LAWS PRESCRIBING SPECIFIC LEGAL ACTION AGAINST DOMESTIC VIOLENCE	Yes 1 No 2	
PR2.2 EXISTENCE OF LAWS PRESCRIBING SPECIFIC LEGAL ACTION AGAINST SEXUAL EXPLOITATION	Yes 1 No 2	
PR2.3 EXISTENCE OF LAWS PRESCRIBING SPECIFIC LEGAL ACTION AGAINST SEX TRADE	Yes 1 No 2	
PR2.4 EXISTENCE OF LAWS PRESCRIBING SPECIFIC LEGAL ACTION AGAINST CHILD LABOR	Yes 1 No 2	
PR2.5 EXISTENCE OF LAWS PRESCRIBING SPECIFIC LEGAL ACTION AGAINST TRAFFICKING	Yes 1 No 2	
PR2.6 EXISTENCE OF LAWS PRESCRIBING SPECIFIC LEGAL ACTION AGAINST INVOLVEMENT IN ARMED FORCES	Yes 1 No 2	
PR2.7 EXISTENCE OF LAWS PRESCRIBING SPECIFIC LEGAL ACTION AGAINST GENITAL MUTILATION	Yes 1 No 2	
PR3. EXISTENCE OF ALTERNATIVES TO CONFINED JUVENILE DETENTION	Yes 1 No 2	

INSTITUTIONAL ENFORCEMENT OF PROTECTIONS		
PR4. PERCENT EVER MARRIED BY AGE AND SEX	_____ %	
PR5. PERCENT WHO HAVE BEEN THE VICTIM OF PHYSICAL, SEXUAL OR EMOTIONAL VIOLENCE	_____ %	
PR6. PERCENT EVER CONFINED IN A JUVENILE OR OTHER CORRECTIONAL FACILITY	_____ %	
PR7. NUMBER AND RATE (PER 100,000) IN JUVENILE DETENTION		
PR8. NUMBER AND RATE (PER 100,000) WHO HAVE BEEN REPORTED VICTIMS OF VIOLENCE AND TRAFFICKING		
PR9. PERCENT AGES 10-14 INVOLVED IN CHILD LABOR	_____ %	
DOMAIN 4: EDUCATION		E
ACCESS TO PRIMARY, SECONDARY, ADULT AND "SECOND CHANCE" EDUCATIONAL OPPORTUNITIES, REGARDLESS OF GENDER		
E1. GROSS ENROLLMENT RATE IN PRIMARY SCHOOL		
E2. GROSS ENROLLMENT RATE IN SECONDARY SCHOOL		
E3. GROSS ENROLLMENT RATE IN TERTIARY SCHOOL		
E4. RATIO OF GIRLS TO BOYS IN PRIMARY EDUCATION		
E5. RATIO OF GIRLS TO BOYS IN SECONDARY EDUCATION		
E6. RATIO OF GIRLS TO BOYS IN TERTIARY EDUCATION		
LITERACY RATES AND ACADEMIC PERFORMANCE		
E7. ADOLESCENT LITERACY RATES, BY GENDER		
E8. PERCENT IMPROVEMENT ON STANDARDIZED EDUCATIONAL TESTS	_____ %	
DOMAIN 5: ACCESS TO SUPPORTIVE SERVICES (HEALTH, SOCIAL) AND RELATIONSHIPS		AS
DESIGNATED GOVERNMENT AGENCY OR UNIT FOCUSING ON ADOLESCENTS/YOUTH		
AS1. EXISTENCE OF NATIONAL YOUTH COUNCIL	Yes 1 No 2	
RESOURCES AND FINANCES ALLOCATED FOR ADOLESCENT SUPPORTIVE SERVICES AND POLICIES		
AS2. EXISTENCE OF ADOLESCENT-ORIENTED AGENCY, STAFF AND RESOURCES	Yes 1 No 2	

AS3. EXISTENCE OF STAFF WITHIN EMERGENCY AND DISASTER SERVICES WHO ARE TRAINED TO WORK WITH ADOLESCENT PSYCHO-EMOTIONAL NEEDS.	Yes 1 No 2	
DOMAIN 6: SOCIO-ECONOMIC OPPORTUNITY		SO
ADOLESCENT/YOUTH POVERTY LEVELS		
SO1. PERCENTAGE OF ADOLESCENTS LIVING IN POVERTY BY GENDER %	
EMPLOYMENT RATE FOR ADOLESCENTS/YOUTH		
SO2. ECONOMICALLY ACTIVE ADOLESCENT POPULATION RATE		
SO3. FEMALE/MALE ADOLESCENT LABOR FORCE PARTICIPATION RATIO		
DOMAIN 7: PARTICIPATION		P
INSTITUTIONALIZATION OF ADOLESCENT PARTICIPATION IN CIVIC AFFAIRS IN THE FORM OF YOUTH COMMITTEES, COUNCILS, REPRESENTATION, MEDIA INVOLVEMENT, AND OTHER FORMS		
P1. PERCENT WHO VOTED IN LAST FEDERAL ELECTION? %	
P2. PERCENT PARTICIPATING IN CIVIL SOCIETY ORGANIZATIONS %	
P3. PERCENT WHO ARE A PART OF AN ORGANIZED GROUP, CLUB OR ASSOCIATION %	