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Subject: Reducing Age of Eligibility and Age Disaggregation

Posted by [nbesser](#) on Fri, 04 Apr 2014 19:50:56 GMT

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1. What is the information needed?

We need information on young people ages 10-14. Significant evidence shows that, for many young people, the age of sexual initiation falls within this time frame. Some young adolescents between ages 10 and 14 have already been married; some have even been pregnant or given birth. We need information on this age group so we can work to ensure they have the services, information, and resources they need to lead safe and healthy lives.

2. What questions will elicit this information?

Addition of eligible categories under the Household Schedule section, line number 1.

"Circle number of all female children ages 10-14"

"Circle number of all male children ages 10-14"

Ask question on marital status for groups 10-14 as well as 15 and above.

For 10-14 year-olds who are already married, treat as survey respondents.

3. How will the resulting information be used?

With hundreds of millions of young people between the ages of 10 and 14 in the developing world, the information yielded by adding this category of eligibility would be used to inform USAID's youth-centric programs. Data collected under this added category of eligibility would yield information about young people's access to sexual and reproductive health information and services. Adding this category would also collect information about early and forced marriage, and age of sexual initiation among young people. This information would inform U.S. efforts to ensure access to youth-friendly sexual and reproductive health services, as well as the development of a congressionally-mandated comprehensive strategy to prevent early and forced marriage.

4. What is the priority of suggested additions compared with what is already in the questionnaires?

Eligibility category should be added without deletion of any existing category.

5. If suggesting more than one addition, what is the priority among the suggested additions?

Priority 1

6. Should the additional data be collected in all countries, or only in selected types of countries (e.g., countries with a particular type of program, countries with prevalence of a particular infection >5% or 10%)?

Data should be collected in all countries.