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I. WHY INVEST IN YOUTH?

Often referred to as the “youth bulge,” today’s 1.5 billion youth aged 10 to 24 are the largest generation to ever transition to adulthood, and 1.3 billion live in developing countries. The values, attitudes, and skills acquired by youth—especially the choices made by the current generation of young women and men—will influence the course of current events and shape our future world in fundamental ways. Youth are a diverse group, and adolescence and young adulthood are formative stages in life. In particular, their decisions about sexual health, and if and when to start families, will have a long-term impact on the future.

Young people’s ideas about sexuality, sexual behavior, and reproductive health are not formed in a vacuum. Rather, they are influenced by the expectations, norms, and practices of peers, parents, and other adults in the communities in which they live. Unfortunately, the majority of programs for youth focus on achieving and measuring behavior change only at the individual level (e.g. mass media and behavior change communication; peer education; youth-friendly services; social marketing; and life skills education in schools, clubs, and churches, etc). What is needed are interventions that engage the community. Involving

community members helps support youth in the sexual and reproductive health decisions they make and helps programs achieve greater impact. Community involvement may be particularly helpful when programs tackle sensitive issues such as early marriage, child spacing among newly married young couples, post-abortion care for young women, school attendance policies for pregnant adolescents, and female genital cutting.

II. STEPS FOR DESIGNING PROGRAMS FOR YOUTH IN A COMMUNITY SETTING

Addressing youth sexual and reproductive health may be unfamiliar territory or taboo in some communities. Therefore, programs working to reach youth with information and services need to be sensitive to community members’ concerns. Consider the following steps in designing programs for youth in a community setting:

Step 1: Identify barriers to reaching youth. Have discussions with community leaders and gatekeepers to identify appropriate traditional networks for delivering an intervention that deals with sexual behavior and the best type of leaders to deliver the intervention.

Step 2: Determine your program's strengths and weaknesses. What components of your program address the concerns of your community members and which components prevent your program from being accepted within the community? Make sure you are reaching the right audience and engaging the right stakeholders to gain community investment for your program.

Step 3: Design and implement programs that reach youth through the various strategies addressed below. When interventions include choosing community members as intervention leaders, focus on careful selection, training, and supervision. For broad community wide approaches a) identify activities with wide community appeal; b) choose timing and location to maximize reach and community participation; and c) advertise the activities in a way that make them accessible to community.

Step 4: Work to ensure continued acceptance of and support for your interventions among gatekeepers. Develop strategies to deal with potential community backlash to program components.

III. STRATEGIES TO REACH YOUTH THROUGH COMMUNITY MEMBERS

There are many key audiences in the community that can be involved in order to gain support for reaching youth. Determine who are the most influential people in your communities and design interventions that are relevant and convincing to them.

Involve youth themselves

Youth, by virtue of their age and position in society, experience different barriers to access and choice, and their perspectives need to be included in program interventions. They may be engaged as peer educators to provide information and/or services or become community advocates for youth priorities. Not all peer education programs are equal. *The Youth Peer Education Toolkit*¹, a collaboration between Family Health International (FHI) and UNFPA, explains how effective peer education programs need to invest in evidence-based curricula, conduct adequate training, use program management best practices, and regularly assess quality.

Ensure that youth participation, in any shape or form, is authentic and meaningful, whether it is seeking input in program design or project monitoring and evaluation. Examples of how to build partnerships between youth and adults can be found in *The Youth Participation Guide*:

Assessment, Planning, and Implementation².

Work through existing youth-oriented organizations, centers, or infrastructures rather than spend efforts creating new infrastructure for delivery. Ensure that these youth-oriented organizations are accepted by the community.

Involve both genders

During adolescence, people experiment with and model examples of relationships set by men and women. As such, reaching youth with gender-equitable reproductive health and HIV prevention messages can have a significant impact on the rest of their lives. Many projects that address gender inequality have focused primarily on the needs of girls, but working with boys and young men is necessary to help achieve positive, long-term change.

As an example, the Program H model developed in Brazil meets weekly with groups of young men to discuss gender, sexuality, and reproductive health; evaluations of the model have shown positive impact. Programs can use the *Gender Equitable Men (GEM)*³ scale to measure changes in attitudes and behaviors.

Involve parents

Parents and families play an important role in young people's health behaviors. Programs trying to reach youth should include supporting parents in their roles as caretakers. Focus

on outcomes for parents as well as for youth. Provide information about normal adolescent development as well as specialized topics such as HIV. Build communication skills and refer parents to local resources. Use multiple channels of communication to reach parents by considering home visits, working with existing institutions such as schools and faith-based organizations, and employ special efforts to reach fathers. Be creative and strategic in offering incentives to parents, such as waiving school fees, offering entertainment, or buying seeds for farmers. Consider how promoting different parental roles can influence adolescent health outcomes, listed here: 1) connection; 2) behavioral control; 3) respect for individuality; 4) modeling of appropriate behavior; and 5) provision and protection. See *Helping parents in developing countries improve adolescent health*⁴ for more information.

Involve religious leaders

A connection to religion is a protective factor for healthy youth behaviors. Many youth worldwide attend churches, mosques, and other religious institutions and spend considerable time engaged in religious activities. Young people also look to religious leaders for guidance on decision making. However, many faith leaders often do not address issues related to sexuality, pregnancy, and STI/HIV prevention. Faith leaders may feel uncomfortable doing so or

believe that would go against religious teachings. As such, organizations should work with religious leaders to examine their role in sharing accurate information that will help youth make healthy decisions and to identify appropriate ways to discuss sexual and reproductive health.

*Family Life Education: Faith-Based Tools for Working With Youth*⁵, an FHI/YouthNet document, provides training manuals and curricula for adults and youth to discuss family life education from both Christian and Muslim perspectives.

Involve health care providers

Privacy, confidentiality, and provider attitudes towards serving young people are important dimensions of understanding young people's experiences with health care providers. Involving health care providers to address these potential barriers is one strategy for improving the quality of and accessibility to clinical services. Services for youth may include family planning/reproductive health, maternal and child health, post-abortion care, and HIV counseling, testing, treatment, and care.

Save the Children in Guatemala used the *Partnership Defined Quality for Youth*⁶ manual to improve quality and availability of health services by holding discussion groups with youth and health care providers on these topics.

IV. LINKS WITH LARGER COMMUNITY MOBILIZATION EFFORTS

Strategies to work with these various groups to reach youth may be considered part of a larger goal of community mobilization. Community mobilization is defined as a capacity-building process through which individuals, groups, or organizations plan, carry out, and evaluate activities on a participatory and sustained basis. The Community Action Cycle has been widely used as a part of community mobilization to help communities define their health priorities, develop responses, take action, and evaluate their efforts. This methodology has been applied to understand post-abortion care needs among adolescents. *The Community Post-abortion Care Project (COMMPAC) study*⁷ highlights the success of this model in Kenya.

Another methodology is Participatory Learning Assessment. Produced under the USAID-funded project *Focus on Young Adults Tool Series I: Listening to Young Voices: Facilitating Participatory Appraisals on Reproductive Health with Adolescents*⁸ describes how programs can assess adolescent reproductive health concerns while also providing a platform for engaging community members.

V. ADDITIONAL RESOURCES

The following are additional resources on community involvement and youth.

*Community Involvement in Youth Reproductive Health and HIV Prevention, Interagency Youth Working Group YouthLens No. 19*⁹ shares the outcome of a small number of studies conducted to examine the role of community involvement in improving youth reproductive health. Youth projects are increasingly involving community members in designing, shaping, and implementing projects. Research findings are promising, but more program experience and research are needed to understand the impact such efforts have.

*Community Pathways to Improved Adolescent Sexual and Reproductive Health: A Conceptual Framework and Suggested Outcome Indicators*¹⁰ presents a framework that links community involvement interventions to improved adolescent reproductive health outcomes. It provides a basis for gathering evidence of how individual, structural, and social changes can occur. The framework outlines first investing in building community capacity and then a process for community involvement that includes community engagement and collection action.

The Interagency Youth Working Group [webpage on gender](#) provides recommended resources

on gender including tools, factsheets, and reports.

*Helping parents in developing countries improve adolescent health*¹¹ is a WHO publication that articulates the five main roles parents play in young people's lives, presents implications of these roles for youth programs, and makes recommendations for future programs.

*Saving Young Lives: Pathfinder International's Youth-Friendly Post-abortion Care (PAC) Project*¹² describes the results of a study of youth-specific interventions for post-abortion care in eight African countries. The document reports that engaging the community helped increase support for services and activities that prevent unwanted pregnancy, decrease stigma around abortion, and increase awareness of the issue of unsafe abortion among young women.

*Summaries of projects in developing countries assisting parents of adolescents*¹³ is the companion piece of the WHO publication, *Helping parents in developing countries improve adolescent health* and describes 34 evaluated youth programs which include components for parental involvement.

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If you wish to receive the monthly Community Based FP Technical

Updates, please join the Community Based FP listserv by contacting Mia Foreman at Mia.Foreman@macrointernational.com

Resources

¹ Family Health International/YouthNet. Youth Peer Education Toolkit. 2005. United Nations Population Fund. <http://www.infoforhealth.org/youthwg/peeredtoolkit.shtml>.

² Family Health International. Youth Participation Guide: Assessment, Planning, and Implementation. 2008. http://www.unfpa.org/webdav/site/global/shared/documents/publications/2008/youth_participation.pdf

³Pulerwitz, Julie and Gary Baker. 2007. "Measuring attitudes toward gender norms among young men in Brazil: Development and psychometric evaluation of the GEM scale." *Men and Masculinities*. <http://www.popcouncil.org/horizons/ortoolkit/AIDSQuest/instruments/gemscale.pdf>

⁴ World Health Organization. Helping Parents in Developing Countries Improve Adolescent's Health. 2007. http://www.infoforhealth.org/youthwg/PDFs/WHOCAH/Parent_Advocacy.pdf

⁵ Interagency Youth Working Group c/o Family Health International. 2009. http://www.infoforhealth.org/youthwg/rog_areas/faith.shtml

⁶ Krishna, Aditi; Kerner, Brad; Lake-Post, Sharon; Outterson, Beth; c/o Save the Children. Partnership Defined Quality for Youth: A Process Manual for Improving Reproductive Health Services through Youth-Provider Collaboration. 2008. <http://www.savethechildren.org/publications/programs/health/PDO-Y-Manual.pdf>

⁷ The ACQUIRE Project. 2007. *Community Postabortion Care Project (COMM-PAC) in Nakuru District, Kenya: Summary report,*

Phase I—July 2005–September 2006.

New York: The ACQUIRE Project/
EngenderHealth.

http://www.acquireproject.org/fileadmin/user_upload/ACQUIRE/Publications/COMMPAC-Kenya-Report-final.pdf

⁸ Shah, Meera Kau; Simasiku, Mary; Zambezi, Rose. 1999. FOCUS on Young Adults C/O CARE International Zambia. *Listening to Young Voices: Participatory Appraisals on Reproductive Health with Adolescents*. http://www.pathfind.org/site/DocServer/Focus_Tool_1_Part_1.pdf?docID=7761

⁹ Interagency Youth Working Group/FHI: YouthLens on Reproductive Health and HIV/AIDS Number 19. 2007. <http://www.fhi.org/NR/rdonlyres/e2cd4r17srrydxg6wmvjihbhgrsx6nzyr3me5ekf3m3bxa7o5o6qtdsyte4mo6l6gz2pnmvgd07sj/YL19e.pdf>

¹⁰ Community Pathways To Improved Adolescent and Sexual Reproductive Health: A Conceptual Framework and Suggested Outcome Indicators. December 2007. Washington, DC, and New York, NY: Inter-Agency Working Group (IAWG) on the Role of Community Involvement in ARSH. http://www.unfpa.org/upload/lib_pub_file/781_filename_iawg_ci.pdf

¹¹ World Health Organization. *Helping Parents in Developing Countries Improve Adolescents Health*. 2007. http://www.infoforhealth.org/youthwg/PDFs/WHOCAH/Parent_Advocacy.pdf

¹² Pathfinder International. October 2008. *Saving Young Lives: Pathfinder International's Youth-Friendly Postabortion Care Project*. http://www.pathfind.org/site/DocServer/YFPAC_final.pdf?docID=12601

¹³ World Health Organization. 2007. *Summaries of Projects in Developing Countries Assisting The Parents of Adolescents*. http://whqlibdoc.who.int/publications/2007/9789241595667_eng.pdf