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FAMILY HEALTH RESEARCH

A forum for putting knowledge into practice

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EVIDENCE-BASED INTERVENTIONS FOR YOUTH

This issue explores how research results can be used to prevent unintended pregnancies and HIV infection in youth.

More than 85 percent of the world's youth — defined by the World Health Organization as people from 15 to 24 years old — live in developing countries. In sub-Saharan Africa, the number of youth is expected to increase by 25 percent in the next generation. Thus, more young people than ever before will soon require services, education, and support to protect their sexual and reproductive health.

In many countries in sub-Saharan Africa, more than 20 percent of young women report that they have been pregnant, and many more young women and men have an unmet need for contraception. Youth are also at especially high risk of HIV and other sexually transmitted infections. Young people account for more than half of all new HIV infections in sub-Saharan Africa, where more than 75 percent of the world's HIV-infected youth live.

Research has yielded a better understanding of some of the ways to prevent unintended pregnancies and HIV infection among youth. Nevertheless, young people face multiple challenges to their sexual and reproductive health, including early marriage, negative gender and cultural norms, obstacles to finishing school, and a lack of "youth-friendly" services. To be effective, evidence-based interventions for youth must address these complex challenges while also meeting the unique needs posed by variations in age, sex, and marital status.

In July 2011, FHI became FHI 360.

FHI 360 is a nonprofit human development organization dedicated to improving lives in lasting ways by advancing integrated, locally driven solutions. Our staff includes experts in health, education, nutrition, environment, economic development, civil society, gender, youth, research and technology – creating a unique mix of capabilities to address today's interrelated development challenges. FHI 360 serves more than 60 countries, all 50 U.S. states and all U.S. territories.

Visit us at www.fhi360.org.

FIELD RESEARCH REPORT

REVIEWING THE EVIDENCE

KEYPOINTS

- The World Health Organization and partners completed the first systematic review of interventions to prevent HIV among youth in developing countries.
- Specific interventions are ready for widespread implementation in schools, health facilities, the mass media, and geographically defined communities.
- More investments are needed in evidence-based interventions for youth.

Experts recommend strategies to improve some aspects of reproductive health.

Health professionals at all levels have struggled for years to identify the most appropriate and effective interventions to decrease the risks of unintended pregnancy, HIV, and other sexually transmitted infections among youth.

Comprehensive projects such as FHI's YouthNet, the Guttmacher Institute's Protecting the Next Generation, and the collaborative African Youth Alliance have made strides in improving health services, educating youth, and creating a supportive environment for young people who want to protect their sexual and reproductive health. Now that many of these projects have ended, their impact is being reviewed.

"Governments in developing countries have many people knocking at their doors requesting resources. In order for decision-makers to be able to make difficult decisions when allocating limited resources, they need the scientific evidence made simple," says Jane Ferguson, a scientist specializing in adolescent health and development at the World Health Organization (WHO). "After years of work, the evidence is finally available for us to be able to recommend the interventions that really work."

Systematic review

In 2006, WHO and the Joint United Nations Programme on HIV/AIDS (UNAIDS) Interagency Task Team on Young People completed the first systematic review of interventions to prevent HIV among young people in developing countries (see Resource, this page).

Although the review focused on HIV prevention, many of the interventions also aimed to prevent unintended pregnancy. The findings are therefore relevant to professionals working in many areas of reproductive health.

"Providing information about sexuality and its consequences, building skills to use that information, improving access to health services, and altering social norms related to young people's sexual behavior and their access to information and services is relevant for both HIV and pregnancy prevention," Ferguson says.

The review included evidence from 80 different studies and concluded that reproductive health interventions had been successful in schools, health facilities, the mass media, and geographically defined communities. Based on the evidence, the team also identified specific

INTERVENTIONS THAT ARE READY FOR WIDESPREAD IMPLEMENTATION . . .

- Interventions that simultaneously train service providers, make health facilities more "youth friendly," and involve the community to ensure support and create demand
- Curriculum-based interventions that adults lead in schools
- Mass-media campaigns that deliver messages through a range of channels including radio, television, and print media
- Community-based interventions that exclusively target young people and work through existing organizations and structures

. . . AND INTERVENTIONS THAT ARE ALMOST READY

Facility-based interventions that target at-risk youth and have an outreach component have been successful enough to warrant implementation worldwide. However, because stronger evidence of their impact is needed, research and evaluation should continue.

Resource

Preventing HIV/AIDS in Young People: A Systematic Review of the Evidence from Developing Countries. *http://whqlibdoc.who.int/trs/WHO_TRS_938_eng.pdf*.

interventions that are ready for widespread implementation in each of these settings. For example, 13 of the studies found that in the school setting, curriculum-based interventions led by adults can promote positive changes in youth's knowledge, skills, and behavior regarding their sexual and reproductive health.

Few of the interventions in the developing world targeted youth who are at the highest risk of being infected with HIV, such as commercial sex workers and partners of injection-drug users. Increased research and action are needed to address these young people.

Call to action

In April 2008, the Bill and Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health collaborated with a group of international partners to host "Investing in Young People's Health and Development: Research that Improves Policies and Programs," a global conference in Abuja, Nigeria.

During the conference, FHI collaborated with the Gates Institute, WHO, partners in Nigeria, and others to draft the "Abuja Call to Action." WHO's systematic review of interventions to prevent HIV was among the resources used to create the document.

"The Abuja Call to Action was developed to call attention to the reproductive health needs of young people around the world and to emphasize the evidence that exists for action now," says Dr. Adesegun Ola Fatusi of Obafemi Awolowo University, a member of the conference's International Steering Committee and a co-developer of the document. "These action areas include age-appropriate, curriculum-based sex education; gender-sensitive, youth-friendly services with outreach; comprehensive information campaigns; better policies; and expanding girls' education. Greater investments in young people will allow them to realize their potential and help ensure that they become healthy and productive adults."

Resource

Abuja Call to Action. *http://www.infoforhealth.org/youthwg/iywg/Abuja_Call_to_Action_final.pdf*.

A Nigerian parliamentarian presents the Abuja Call to Action at the global conference on youth.

INTERAGENCY YOUTH WORKING GROUP

The Interagency Youth Working Group (IYWG) provides global leadership in improving the reproductive health and HIV/AIDS outcomes for young people in the developing world. This informal network of nongovernmental organizations, donors, and other cooperating agencies shares research results and lessons from successful youth programs, promotes the use of promising research findings and practices, and advocates for a greater focus on youth. The U.S. Agency for International Development (USAID) funds FHI to coordinate IYWG activities.

One of the IYWG's notable accomplishments is the development of the IYWG Web site, a comprehensive clearinghouse of youth-focused information and resources on reproductive health and HIV prevention. The Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs, hosts the site, and FHI coordinates its content. The site features:

- A searchable database with abstracts of more than 1,700 journal articles, books, and communication materials
- Guidance and resources on key program areas, including abstinence, peer education, and early marriage
- Links to hundreds of publications, research tools, and training materials sorted by the organizations that developed them
- Publications produced by the IYWG, including *YouthLens* and *Youth InfoNet*, a monthly electronic publication that provides abstracts of and links to new research articles and program resources about youth reproductive health and HIV prevention

For more information about the IYWG or to submit your organization's materials for inclusion on the Web site, write to youthwg@fhi.org.

The Web site is: *http://www.youthwg.org*.

PROGRAM DISPATCH

IMPROVING SERVICES

An innovative counseling tool supports integrated services for youth.

Traditionally, HIV counseling and testing services have provided only information about HIV and other sexually transmitted infections. But many young people who visit these facilities also have questions on other topics related to sex and sexual risk-taking.

HIV Counseling and Testing for Youth: A Manual for Providers is a job aid developed by FHI and its partners to make it easier for counselors to share comprehensive reproductive health information with youth.

"Youth have needs beyond counseling and testing for HIV," says Jane Harriet Namwebya, FHI's regional senior technical officer for counseling and testing in Africa. "In fact, some young people fear pregnancy more than they fear HIV, and many are more interested just in seeking information than in finding out their HIV status."

Because family planning and HIV services have traditionally been offered separately, a young person who seeks HIV counseling and testing may not tell a counselor all of his or her needs and fears. But service providers should not miss this opportunity to address all of the reproductive health questions a young person may have, says Namwebya.

Research in "youth-friendly" sites offering HIV counseling and testing in Tanzania demonstrates the need for integrated services, particularly among young women.[1] According to a report on the research published in 2006, about one-quarter of the young women in the study said they used no contraception. Even when they did use contraception, most chose less effective methods such as condoms and withdrawal, and both the women and their health care providers lacked extensive knowledge about the different methods of family planning.

In 2003, even before these research results were available, FHI began developing a tool that combined all the evidence on what youth need to know about reproductive health into an effective job aid for people providing HIV counseling and testing.

Resources

HIV Counseling and Testing for Youth: A Manual for Providers. *http://www.fhi.org/en/Youth/YouthNet/rhtrainmat/vctmanual.htm.*

Training Guide for HIV Counseling and Testing for Youth: A Manual for Providers. *http://www.fhi.org/en/Youth/YouthNet/rhtrainmat/hiv_c_and_t.htm.*

THE COUNSELING TOOL . . .

- The manual includes technical information on the prevention of pregnancy, HIV, and other sexually transmitted infections, as well as guidance on the life skills youth need to make healthy choices.
- More than 2,000 print copies have been distributed worldwide. Information on the manual has been electronically disseminated to approximately 100,000 people, and the manual has been viewed more than 52,000 times on the Internet.

. . . AND HOW IT IS BEING USED

- FHI collaborated with the International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR), and Population Services International (PSI) to develop a guide to train providers on how to use the manual to deliver integrated services.
- The training guide was field-tested with IPPF/WHR providers in St. Lucia in 2007 and with FHI and PSI providers in Zambia in 2008.
- FHI/Uganda is working with multiple nongovernmental organizations in Uganda to train providers to use the manual.
- The AIDS, Population, and Health Integrated Assistance (APHIA) II program, which is working to strengthen service delivery in Kenya, is using the counseling tool there.

FHI/Kenya was already working in many sites providing HIV services, so it assembled a group of HIV counselors who were working with youth. These stakeholders were critical in shaping the tool, which was first published in 2005 and then updated in 2007. A review of previously published resources, as well as consultations with reproductive health and HIV experts, contributed to the tool as well.

"The manual helps counselors integrate reproductive health messages for youth, but it also provides hints on how they can establish community support for youth services, create demand for those services, and improve their skills in communicating with young people," says Namwebya. "If you are a trained counselor, you do not need to go back to school to learn how to work with young people. This manual provides you with that knowledge."

Reference

1 Thomsen S, Katz K, Reynolds H, et al. *Voluntary Counseling and Testing for Youth and Linkages to Other Reproductive Health Services in Tanzania. Youth Research Working Paper No. 5.* Research Triangle Park, NC: Family Health International, 2006.

PROFILE

YOUTH COUNSELOR TOM AKILENG

Three times a week, Tom Akileng devotes his entire day to young women and men seeking HIV counseling and testing through the Soroti branch of the AIDS Information Centre (AIC) in Uganda. As a part-time youth counselor, he meets with 10 to 15 youth a day, guiding them through HIV testing and offering information about family planning and other reproductive health services.

Although he has been a counselor at the AIC for the past four years, Akileng began working exclusively with youth in June 2008. This was just after he attended an FHI-sponsored training on HIV counseling and testing for youth, and just before the AIC opened a new wing of the Soroti branch specifically to serve youth.

"Working with youth is different from working with adults in that you really need to focus on creating a warm, welcoming, and safe environment," says Akileng. "You also need a friendly staff who are sensitive to the needs of youth, and you need to assure young people that the information they share with you will remain confidential."

The new youth wing offers free HIV counseling and testing, education on sexual and reproductive health, a radio program for youth, and an outreach program that sensitizes the community about HIV, AIDS, and other sexually transmitted infections.

Akileng acknowledges the many challenges of working with youth, such as limited parental involvement to support his clients in the behavior-change process, insufficient resources for services, and an inadequate number of "youth-friendly" clinics where he can refer his clients for further care and support. But he points out that the rewards are many, too.

"We need to give young people moral support, encouragement, and the opportunity to succeed in life. They need to be valued as important people in society and be treated with dignity and respect," he says. "I have shared a lot of knowledge and experiences with youth, and I, too, feel enriched."

Tom Akileng counsels a young Ugandan woman before she is tested for HIV.

FIELD RESEARCH REPORT

EDUCATING YOUTH

Curriculum-based programs reduce sexual risk-taking.

Unlike broad interventions to raise awareness about reproductive health issues or promote informal discussion about them, curriculum-based education offers structured group activities for youth with the information and skills they need to protect their health.

"There is strong evidence that curriculum-based sex education works," says Dr. Douglas Kirby, a senior research scientist at ETR Associates who has studied sex and HIV curricula for youth for more than 25 years. "Compared to youth development programs or other interventions, these programs have the strongest evidence for changing sexual risk-taking behavior."

Curricula can provide young people with detailed information about a variety of issues, such as how to deal with the pressure to have sex, how to prevent pregnancy, and how to prevent sexually transmitted infections, including HIV. Activities are commonly led by an adult in a school, where many youth can be reached on a regular basis. However, educators can also create curriculum-based programs in other places where young people congregate.

In a 2005 publication, Dr. Kirby and his colleagues reviewed 83 published evaluations of the use of reproductive health or HIV curricula in both developing and developed countries. Sixty-five percent of the curricula had a positive impact on at least one aspect of youth's sexual behavior, such as when they initiated sex, the number of sexual partners they had, whether they used condoms or other contraceptives, and whether they became pregnant or acquired a sexually transmitted infection. Thirty-three percent of the curricula had a positive impact on two or more of these measures.

Based on these results, Dr. Kirby and his colleagues developed a set of 17 characteristics of effective curricula, noting that programs that incorporated these characteristics were much more likely to change behavior than programs that did not.[1]

In 2006, FHI published a list of 24 standards for curriculum-based reproductive health and HIV education programs. Besides drawing on Dr. Kirby's research, the authors consulted with experts in developing countries to inform their final recommendations (see Resource, this page).

The 24 standards are organized into three main categories: creating and adapting an appropriate curriculum for an individual community; developing the curriculum's content and educational approach; and effectively implementing the curriculum. Some of the standards for implementation are already being applied in Tanzania, where FHI's UJANA project is using curricula to build life skills that help young people lower their risk of HIV infection.

Resource

Standards for Curriculum-Based Reproductive Health and HIV Education Programs. *http://www.infoforhealth.org/youthwg/PDFs/OtherPubs/RHandHIV_ed_standards.pdf.*

SELECTED STANDARDS FOR CURRICULUM-BASED EDUCATION PROGRAMS

A partial list of the standards includes:

- Involve professionals, stakeholders, and others in developing or adapting the curriculum.
- Assess the needs and assets of the target population.
- Pilot-test the curriculum and revise it as needed.
- Focus on clear health goals, such as pregnancy prevention, when determining the curriculum's content, approach, and activities.
- Address multiple risk and protective factors that affect the sexual behavior the curriculum is designed to change.
- Include multiple activities to change each of the targeted risk and protective factors.
- Use activities, messages, and methods that are appropriate to the culture, age, and sexual experience of the target population.
- Present information that is scientifically and medically accurate.
- Make appropriate authorities and gatekeepers aware of the program's content and timetable, keep them informed of significant developments, and encourage them to support the program.
- Establish systems to monitor and assess the effectiveness of the program on a continual basis.

One of the standards emphasizes that program managers should cultivate a relationship with the appropriate authorities and gatekeepers of a country's educational system. Jane Schueller, a senior technical advisor to UJANA, says that maintaining these connections is a critical part of the project's work. "We try to collaborate with the Ministry of Education at all levels," she says. "Nationally, we work to improve standards for HIV/AIDS education and preservice teacher training. At the district level, we engage education officers to gain support for continuing curriculum-based activities in schools. And locally, we build the capacity of school staff to talk to students about HIV prevention" she says.

Implementing curricula also requires that teachers be adequately trained. "The methodologies we use are very participatory — quite different from the didactic methods normally used in schools in Africa," says Michelle Weinberger, an associate program officer for UJANA. "One of our challenges is to help stakeholders see how participatory education can help students have a better learning experience."

Reference

1 Kirby D, Laris BA, Rolleri L. *Impact of Sex and HIV Education Programs on Sexual Behaviors of Youth in Developing and Developed Countries. Youth Research Working Paper No. 2.* Research Triangle Park, NC: Family Health International, 2005.

PROGRAM DISPATCH

CREATING A SUPPORTIVE ENVIRONMENT

Community support can bolster behavioral interventions.

Helping young people navigate the challenges of adolescence requires approaches that reach beyond attempts to modify young people's behavior. Modifying the social environment is important, too, because individual behavior is influenced or even determined by community expectations.

Community outreach is one way to influence young people's social environment. In the Iringa region of Tanzania, for instance, the staff of FHI's UJANA project are working with educators who have made community outreach a central part of their efforts to institute a comprehensive sex-education project in schools. In the town of Makete, a group known as Supporting Makete to Self-Support (SUMASESU) has taken some unique steps, including staging music and theater performances, to help both parents and youth be more receptive to messages about safer sexual practices.

Global media also play a significant role in shaping cultural landscapes. One of the biggest influences on youth culture — the television channel MTV — has been a leader in spreading messages about how to prevent HIV.

Since 1998, MTV has collaborated with public health organizations including FHI on the global media campaign *Staying Alive*. Public-service announcements, television programs, and printed materials generated by *Staying Alive* have reached young people in 166 countries. An evaluation of the program in four sites concluded that the campaign has promoted interpersonal communication and influenced young people's beliefs about HIV prevention in a positive way.[1]

Parents, of course, are another major component of the social environment in which young people live. Parent-centered projects have improved communication and parenting skills and have provided parents with valuable knowledge about adolescent development and reproductive health. Evaluations also show that they have improved overall community support for reproductive and sexual health programs and services for youth.[2]

References

1 Geary C, Mahler H, Finger B, et al. *Using Global Media to Reach Youth: The 2002 MTV Staying Alive Campaign.* Research Triangle Park, NC: Family Health International, 2005.

2 Ferguson J, Shears KH. *Helping Parents Improve Adolescent Health. YouthLens 25.* Research Triangle Park, NC: Interagency Youth Working Group and Family Health International, 2007.

THE SOCIAL ENVIRONMENT

- Family
- Peers and friends
- Neighborhoods
- Religious institutions
- Educational institutions
- Health care services
- Workplace
- Media

Young people dance and make music at a youth center in Tanzania.

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Inclusion of persons in photos should not be construed as indicating their HIV status.

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INTERVIEW

CARING FOR YOUNG PEOPLE WITH HIV IN UGANDA

Sabrina Bakeera-Kitaka, MD, a specialist in pediatric infectious diseases, is the head of adolescent programs at the Paediatric Infectious Diseases Clinic (PIDC) at Mulago Hospital (which is supported by the Baylor College of Medicine Children's Foundation Uganda). In 2003 she helped establish the PIDC's Mulago Teens Club, which provides psychosocial support to young people with HIV. She is also the project leader for the PIDC site of the Antiretroviral Research for Watoto (ARROW) trial, a multicenter study recruiting 1,200 children and adolescents initiating highly active antiretroviral therapy (HAART) in sub-Saharan Africa.

Q: Why is it important to focus attention on adolescents living with HIV?

A: Adolescents with HIV are a unique group, as they tend to fall through the cracks of the health care system in sub-Saharan Africa. Prior to the expanded rollout of HAART, very few children born with HIV survived to adolescence. However, thanks to the availability of treatment today, many adolescents with HIV are healthy. And just like any other adolescents, they may desire to experiment sexually and to have children.

Q: Do you feel that current efforts in Uganda, such as the National Strategic Plan, adequately address the needs of young people with HIV?

A: Although more can be done, a lot of progress has been made. The National Strategic Plan is comprehensive, but it will not be fulfilled without engaging all of its stakeholders, who must be convinced that adolescents are a unique group whose needs should be addressed separately. We are lucky in Uganda that our president has spearheaded efforts to teach children about HIV and to introduce the ABC prevention strategy in primary schools through the Presidential Initiative on AIDS Strategy for Communicating to Youth (PIASCY). Also, by lowering the age of consent for HIV testing to eight years, the government has enabled early testing and referral to care for infected youth. The AIDS Control Program has also established a national pediatric subcommittee on HIV care, which works closely with the Ministry of Health and caters to the needs of young people with HIV.

Dr. Sabrina Bakeera-Kitaka

Q: What role do you think support groups play in addressing the needs of young people with HIV?

A: Peer support among young people provides consolation, builds trust, promotes confidentiality, and improves knowledge and attitudes. In 2003, when we started the Mulago Teens Club, only a few young people attended, but now we have more than 350 regular attendees. Our peer-support model has spread to other health institutions like the Joint Clinical Research Centre and the Makerere University-Johns Hopkins University Research Collaboration.

Q: In your opinion, what do we need to know in order to develop more effective programs for adolescents with HIV?

A: I think we should find out more about the role of peer support in promoting positive prevention messages. We also need to better understand the factors surrounding the desire of HIV-positive youth to have children, what drives self-initiated disclosure, and how a young person can best disclose his or her status to minimize stigma. It is also important to learn more about the clinical outcomes of HAART, as well as the effects of long-term HAART utilization, on adolescents who were infected with HIV perinatally.