

A FRAMEWORK FOR ARH PROGRAM MONITORING AND EVALUATION



CHAPTER AT A GLANCE

- ▶ Considers the multiple factors that shape adolescence
- ▶ Introduces three major strategies used to improve youth reproductive health
- ▶ Discusses the Logic Model, an approach to designing an effective strategy

Understanding Adolescence and Youth Decision Making

Adolescence is not the same everywhere. The definition of adolescence—and even its existence—has long been a subject of debate. Some argue that adolescence is a period in which children attain physical maturity but are not burdened with adult roles and responsibilities. Adolescence, they say, is a phenomenon of modern, industrial societies.¹ Others theorize that adolescence exists in all cultures at all times, and define adolescence as a life phase that involves the management of sexuality among unmarried individuals, social organization and peer group influence among adolescents, and training in occupational and life skills.² A recent modification of the latter definition notes that adolescence is a time of heightened vulnerability for girls and critical capability building for youth (ages 10–19) of both sexes, regardless of their marital and/or childbearing status.³

Adolescence is experienced differently in every society, and even within societies there may be vast differences in how some

youth experience adolescence as compared to others. To develop program outcomes, objectives and interventions that will have the intended impact, you must first understand the specific context of the youth target population with whom you plan to work.

Sociocultural factors influence how young people experience adolescence, and adolescent sexual behavior reflects a variety of norms and expectations. Particularly where there has been considerable social change in recent decades, young people struggle to balance mixed messages and try to sort out what is best for them.

A broad range of social factors influence young people's reproductive health.

The social factors that influence how young people experience adolescence fall broadly into five categories:

- ▶ The individual characteristics of young people, including their knowledge, attitudes, beliefs, values, motivations and experiences
- ▶ Sexual partners and peers
- ▶ Families and adults in the community

¹ Caldwell, 1998.

² Schlegel, 1995.

³ Mensch et al., 1998.

- Institutions that support youth and provide opportunities, such as schools, workplaces and religious organizations
- Communities, through which social expectations about gender norms, sexual behavior, marriage and childbearing, are transmitted

These factors influence how much schooling a young person should receive, what the pattern of courtship and marriage is and when a young person is supposed to take on adult responsibilities, such as work and support for the family. Yet, these factors are also often in conflict with one another. For example, peer norms about the appropriateness of boy-girl relationships may be quite different from those of the family and community. Moreover, each of these factors is constantly changing as the world changes. Understanding and responding

to these factors is an important part of developing effective ARH programs.

Research reveals much about how these factors shape adolescent reproductive decision making.

Researchers are increasingly turning their attention to antecedents, factors that precede and influence how adolescents make decisions about sexual and health behaviors. Antecedents can be positive, a *protective factor*, or negative, a *risk factor*. While research can show the relationship of antecedents to sexual decision making, it is more difficult to identify which antecedents most influence reproductive health outcomes.

Following is a discussion of research findings in each of the five realms of influence.

Individual characteristics

In some cases, young people may calculate or negotiate risks before taking them. They may decide to take risks because they feel invincible, are unaware of consequences and/or want to experiment, or because engaging in risks brings them social status or monetary benefits.

Research has found that the level of knowledge about reproductive health and sex as well as community and family norms and values about reproductive health and sex, influences adolescents' reproductive health decisions. For example, young women in Ghana place a high value on early fertility, which is a risk factor for early pregnancy. Self-efficacy, academic performance and motivation to do well in school appear to protect youth from taking sexual risks. Youth who are actively engaged in learning, who place a high value on helping people and who accept and take responsibility are also less likely to take



Note

Research findings

The synthesis of research findings presented here represents more than 350 studies, about 250 of which were undertaken in the United States and about 100 of which were undertaken in Asia, Africa and Latin America and the Caribbean. Each study, which was completed after 1975, had a sample size of more than 100 youth, used scientific criteria and reviewed the antecedents of age at first sex, frequency of sexual activity, number of sexual partners, and condom and contraceptive use. Research identified both protective factors and risk factors. The studies from the United States were synthesized by Doug Kirby of ETR Associates (Kirby, 1999b), and most of those from developing countries were reviewed by Ilene Speizer and Stephanie Mullen of Tulane University (Speizer and Mullen, 1997). Additional results are from papers forthcoming from FOCUS, including "Social Influences on Sexual Behaviors of Youth in Lusaka, Zambia," "Protective Factors Against Risky Sexual Behaviors Among Urban Secondary Students in Peru" and "The Influences of Family and Peer Contexts on the Sexual and Contraceptive Behaviors of Unmarried Youth in Ghana."

sexual risks. Behavioral intentions often shape adolescent risk; for example, young people who intend to avoid STI infection are less likely to take sexual risks. Other related risks have been associated with sexual behaviors among youth. The use of alcohol and drugs, smoking, depression and stress, loneliness and running away from home all enhance sexual risk behaviors among youth. Young people who have been the victims of sexual or physical abuse during childhood or adolescence are often more likely to be at risk.

Biological factors also seem to contribute to adolescent risk behaviors. Early physical development and high testosterone levels increase risk-taking. Age and gender also influence sexual risk; in general, boys are more likely to take sexual risks than girls, as are older youth.

Peers and sexual partners

Researchers have found that if youth believe their friends have sex, smoke or use alcohol or drugs, they are more likely to engage in those behaviors. Power imbalances in a partnership, such as age and income differentials between partners, exchange of money or other goods for sex, and sexual pressure from a partner, also contribute to sexual risks. Conversely, a sense of commitment in a relationship seems to protect young people from undesired health outcomes. There is some evidence that males in same-sex relationships are also more likely to take sexual risks than their heterosexual peers are.

Families

Children of families with lower educational and economic levels have been found to be more likely to be at sexual risk. Families may also enhance risk by devaluing children's education, encouraging early marriage and childbearing or discouraging



Note

Sexual risks

Sexual risks are sexual behaviors that put an individual at risk for unplanned pregnancy, STIs, HIV infection or health problems related to pregnancy and childbearing. Specific sexual risks include:

- ▶ too-early initiation of sexual activity,
- ▶ sexual intercourse without the use of contraception,
- ▶ sexual intercourse without the use of a condom,
- ▶ sexual intercourse with more than one partner, and
- ▶ sexual intercourse with a partner infected with an STI or HIV.

young people from getting information and services.

However, families can also protect youth from behavioral risks. Living with both parents, having positive family dynamics, feeling supported by parents and other adult family members and experiencing proper supervision by adult family members all seem to protect young people from taking risks. Parental values also influence young people; parents and elders who communicate with young people about their values regarding sex have been found to protect the youth from a variety of risks. Research results are less conclusive about the impact of sexual and reproductive health communication between parents and youth on adolescent decision making.

Institutions

Connections to institutions that support and provide opportunities to youth seem to protect youth from making risky decisions. For example, youth who feel connected to a religious organization are less likely to take risks. School connectedness is also a protective factor, as is successful school performance and a supportive school environment. In contrast, some institutions

in the community may promote adolescent risk-taking. The presence of a sex industry and widespread access to entertainment venues such as bars and discotheques may enhance young people's risk-taking.

Some evidence exists that connections to youth organizations also protect youth from risky behaviors. Access to organizations that provide leisure activities, counseling and services for sexually abused adolescents seem to protect youth from sexual risk-taking. Connections with other adults in the community through social institutions, such as neighborhood groups, are also generally found to be protective.

Different strategies are needed to influence the many factors – individual, peers, partners, family, institutions, community – that shape young peoples' behaviors.

Communities

Disorganization or instability in a community often influences youth to take risks. High levels of unemployment and migration, low educational levels, poverty, crime, political instability and war all seem to enhance risk-taking. A lack of programs, health and contraceptive services, and educational and economic opportunities in a community also negatively affect young

people's reproductive health decision making.

Some social norms, while not as well-documented by research, also appear to influence youth to make decisions that result in negative reproductive health outcomes. Gender discrimination, community norms that do not value adolescent education, restrictions on girls' mobility and cultural expectations to marry and bear children early in adolescence may negatively impact adolescent reproductive health outcomes.

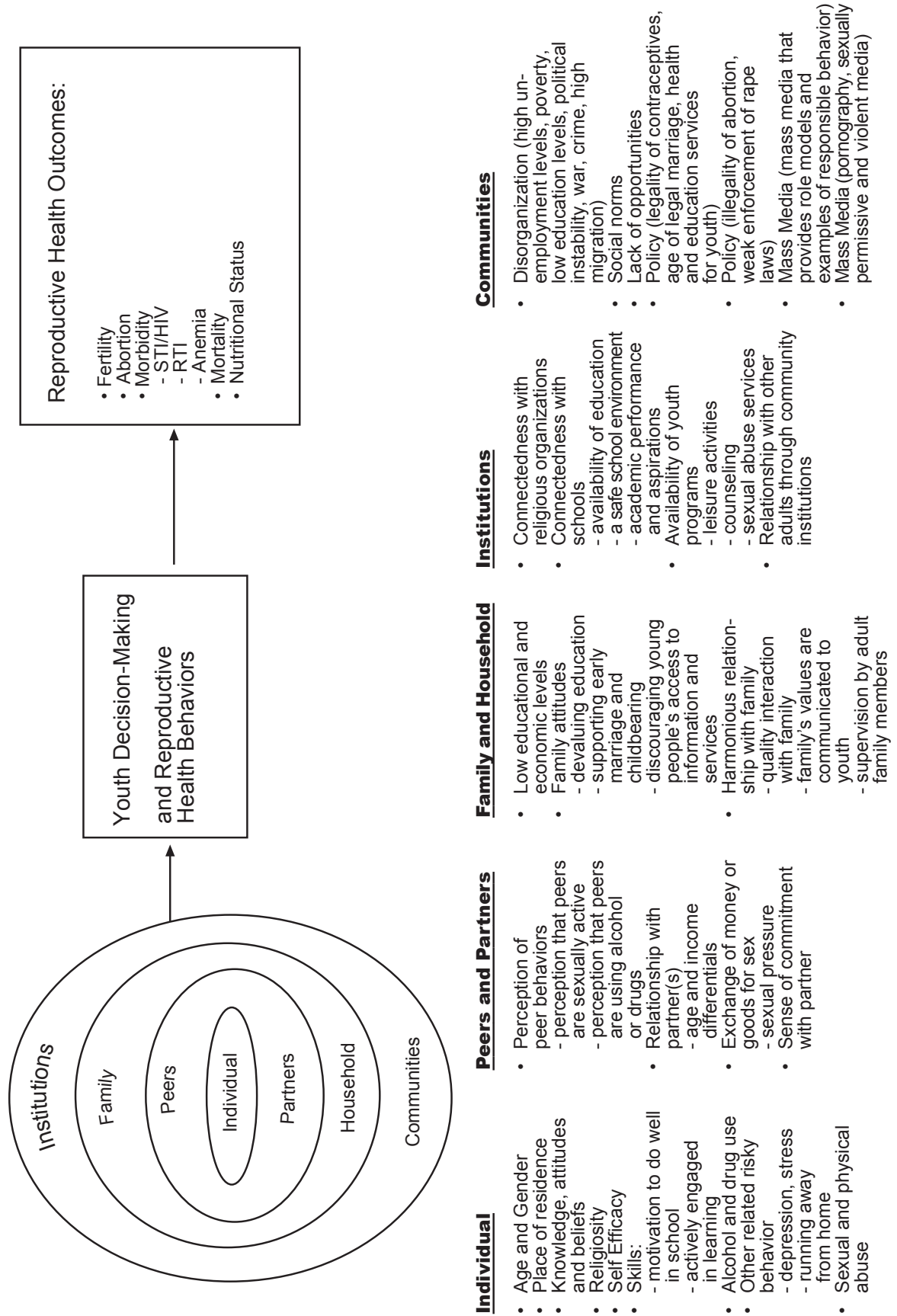
Supportive policies can also protect young people from sexual and reproductive health risks. For example, legalizing contraceptive sales to youth and enforcing a minimum legal age of marriage can be protective actions. Policies that support education and health services for adolescents are also protective. Illegality of abortion and weak enforcement of laws concerning rape and sexual abuse, conversely, may promote negative reproductive health outcomes among youth.

Finally, the mass media influences community norms and values. Advertisements and media that provide positive role models and support responsible behavior can be protective factors. Conversely, exposure to pornography and sexually permissive or violent media may enhance risk-taking among youth.

Three Strategies that Promote Youth Reproductive Health

Globally, programs to prevent adolescent sexual behavior and disease have demonstrated limited results. Two realities largely account for this. First, many of the evaluations have been short-term and are thus unable to show changes in sexual behavior and other reproductive health outcomes, such as pregnancy and STI rates.

Factors that Influence Youth Reproductive Health



Second, it seems that the programs most often evaluated—those that provide information about sex and reproductive health, or those that provide reproductive health clinical services to youth—are by themselves insufficient to reduce young people’s risky sexual behavior.

Researchers have found that if youth believe their friends have sex, use alcohol or drugs or smoke, they are more likely to engage in those behaviors.

Some studies of adolescent reproductive health programs do, however, suggest directions for future ARH program planning. First, the identification of antecedent risk and protective factors has helped program planners identify and target youth who are at greatest risk of sexual coercion and abuse, unwanted sex, unintended pregnancy, STIs and unsafe childbearing. Evaluations have also found that programs that address a broader spectrum of antecedent influences tend to be more effective at reducing risky behavior or maintaining healthy behavior, and more likely to have a long-term impact.⁴ For example, some evaluations have shown that youth development programs that strengthen relationships with school and family result in a reduced age of sexual initiation and lower rates of

unwanted pregnancy and STIs. Similarly, programs that develop specific skills related to partner negotiation and condom use have also resulted in desired reproductive health outcomes. Researchers are focusing on other developmental assets to predict and target risk behaviors, such as constructive use of time, presence of a caring community and commitment to learning.⁵

To ensure that they can effectively influence antecedents, programs should also initiate activities based on health promotion, social change and behavior change theories. The three broad strategies described below, when employed simultaneously, can have a maximum impact on young people’s reproductive health:

- ▶ Increase knowledge, encourage healthy attitudes, develop skills and form or change youth’s behaviors.
- ▶ Improve the social environment so that young people are supported in making healthy decisions and that programs and services are able to operate.
- ▶ Increase access to and utilization of youth programs and health services.

STRATEGY 1: INCREASE KNOWLEDGE, ENCOURAGE HEALTHY ATTITUDES, DEVELOP SKILLS AND FORM OR CHANGE YOUTH’S BEHAVIORS.

This strategy aims to influence individual- and interpersonal-level antecedents of adolescent decision making and risk-taking. By focusing on strengthening the individual characteristics of young people, we can help them make healthy decisions about reproductive health. This focus can also influence antecedents at other levels, for instance, by changing community norms, strengthening institutions that support youth and encouraging adults to communicate effectively with young people.

⁴Kirby, 1999c.

⁵Leffert et al., 1998

The transition to adulthood requires specific knowledge and skills.

To make the transition to adulthood, youth need to have the knowledge and skills that help them to:

- ▶ participate as citizens (as members of a household, the neighborhood and the larger community, and as workers),⁶
- ▶ gain experience in decision making,⁷
- ▶ make decisions based on reason,
- ▶ assess risks and consequences,
- ▶ assess costs and benefits of decisions and actions, and
- ▶ interact and communicate with peers, partners and adults.

This knowledge and these skills should be developed from an early age, starting as young as pre-school. They should then be sharpened and strengthened during adolescence in order to make a healthy transition to adulthood.

An increasing body of research indicates that youth development programs that promote the knowledge, skills and other individual assets needed to make a healthy transition to adulthood—coupled with reproductive health information and opportunities to discuss sexuality—can result in a broad array of positive health outcomes.^{8,9}

Youth and adult caregivers need clear and accurate information about sex.

As young people go through physical changes related to human reproduction, they need information and opportunities to discuss sexuality in a safe and open way.

With the influence of global media and changing social values and norms, young people get inadequate, mixed and

⁶ Blum, 1999.

⁷ *Ibid.*

⁸ Kirby, 1999c.

⁹ Leffert et al., 1998.

Note

Sexuality

Sexuality includes not only physical and sexual desires, but also issues of identity, societal and gender roles and human relationships, including those with family, peers and partners.

inaccurate messages about sex. In many societies, talking openly about sex is taboo, so young people resort to friends, movies, videos and pornographic materials for information. Parents and adult caregivers are often uncomfortable discussing sexual topics with their children. Taking the cultural context into account, clear and accurate information should be made available to young people and their adult caregivers through a variety of media and channels.

Young people's attitudes, intentions and motivations to avoid pregnancy and STIs should be strengthened.

Some young people have attitudes, intentions and motivations that encourage them to take sexual risks. For instance, some girls may desire to become pregnant because they think having a baby will bring meaning to their lives or motivate their partners to marry them. Other youth may intend to become sexually active without using condoms because they believe that condoms reduce sexual pleasure. Cultural expectations may encourage young people to marry early and have children soon after. Programs may be able to impact these attitudes, intentions and motivations by providing counseling or small-group discussions for young people, which can help them critically examine their attitudes and change their intentions. For example, a program can help young people examine traditional gender roles and help them make better decisions about what kind of relationship they want to be in, who and when to marry, how much education they want to achieve and how soon they want to

have children. Programs can also increase young people’s motivation to avoid pregnancy and STIs once they closely examine these consequences.

- communications and media outreach; and
- referrals to health and contraceptive services.

These activities have interacting and overlapping effects; for instance, communications and media outreach may shape community norms about youth, and skills training may stimulate economic opportunities for young people.

Research indicates that the following key programmatic elements of health education activities will lead to improved reproductive health outcomes for youth:¹¹

STRATEGY 2: IMPROVE THE SOCIAL ENVIRONMENT SO THAT YOUNG PEOPLE ARE SUPPORTED IN MAKING HEALTHY DECISIONS AND THAT PROGRAMS AND SERVICES ARE ABLE TO OPERATE.

Improving the social environment for youth reproductive health means influencing antecedents that occur among peers, partners, families, institutions and community members. This strategy aims to change social and cultural norms to support young people’s healthy decision making, improve programs and policies that reach youth and support adults and institutions that interact with and support youth.

A positive social environment supports healthy lifestyles.

Relationships with friends, partners and family members, as well as the influence of community, school and other institutions, all play a role in shaping multiple health outcomes. Some programs aim to improve the social environment for ARH. This includes encouraging critical discussion of the social and cultural norms that may adversely impact ARH, such as norms

Common Elements of Effective Sexuality Education Programs¹⁰

- A clear focus on reducing one or more sexual behaviors that lead to unintended pregnancy, STIs or HIV infection
- A foundation in theoretical approaches that have been shown to be effective in influencing other health-related risks
- Ongoing reinforcement of clear messages on risky behaviors
- Basic, accurate information about the risks of unprotected intercourse and methods of avoiding unprotected intercourse
- Activities that address social pressure on sexual behaviors
- Modeling and practice of communication, negotiation and refusal skills
- A variety of teaching methods, designed to involve the participants and have them personalize information
- Incorporation of behavioral goals, teaching methods and materials that are appropriate to the age, sexual experience and culture of the youth
- A duration long enough to complete important activities
- Teachers and peer educators who believe in the program they are implementing

Health education activities can affect many of the factors that influence youth decision making.

A successful ARH program includes activities that influence how young people make decisions as well as the larger environment in which they operate. Some activities common to reproductive health education programs are:

- sexuality, reproductive health and family life education;
- skills training, including life skills, vocational skills and skills specific to sexual behavior, such as negotiation and condom use;
- counseling;
- peer education and outreach;

¹⁰ Kirby, 1999b. This table is based on the analysis of evaluations conducted of sexuality education programs in the United States, and may be more or less relevant in some developing country settings.

¹¹ Kirby, 1997; Choi and Coates, 1994; McKaig et al., 1996; and Houvras and Kendall, 1997.

related to gender roles. Other programs might attempt to strengthen institutions that reach and support youth, such as youth clubs and religious organizations, or develop policies and programs that provide the services youth need.

Supportive and caring communities can make a difference. For example, community organizing builds communities and institutions in ways that enable members to identify and solve problems and respond to needs. It fosters ownership and participation, and engages community members—adults and youth—in social action that considers and addresses young people’s reproductive health needs.

Family support plays a critical role in young people’s decision making.

Parents and other adult family members play a critical role in shaping young people’s aspirations and values. Even when adult caregivers have difficulty discussing sex and reproductive health with youth, support from adults can positively influence a young person’s reproductive health outcomes. Adult caregivers need to be encouraged to value the education of youth, provide supervision and support and communicate effectively with young people. Programs that reach parents might aim to help parents create a harmonious relationship with their children by practicing what they could say to effectively show support. Programs might also raise awareness among adult caregivers of how some cultural traditions, such as early marriage, have a detrimental effect on young people’s lives.

Programs must identify and address the dynamics of youth’s social systems.

Understanding and addressing these dynamics is also crucial to improving the environment for youth. Many programs work to improve our understanding of social systems and to strengthen and make

Strategies to Create a Supportive Environment for Youth

- Mobilize community action, particularly among youth.
- Generate collaborative responses to ARH among youth, community members, and institutions and organizations working in the community.
- Raise awareness of young peoples’ needs and the social, cultural, economic and political issues that contribute to their RH concerns.
- Conduct mass media and social marketing campaigns.
- Gain stakeholder and other adult support for discussions with, and activities and services for, young people.
- Address antecedents that contribute to youth RH risks, such as dropping out of school, gender inequity, early marriage, female genital cutting, the sex industry and drug and alcohol consumption.
- Improve other sectors in related areas, such as female education and vocational training.
- Overcome resistance to providing RH information and services to young people, and ensure that these services are affordable.
- Institute policies to promote access to reproductive health information, education and services. Remove restrictions that limit this access.
- Support networks and coalitions to encourage advocacy, service referrals and broader social changes.

more responsive those systems that support youth. For example, a program may find that some young people are at a disadvantage—both to adults and to other youth—due to differences in age and experience, gender, income and education. An adolescent reproductive health program may not only try to improve the knowledge and skills of those youth, but also attempt to influence the behavior of those holding power over them.

STRATEGY 3: INCREASE ACCESS TO AND UTILIZATION OF YOUTH PROGRAMS AND HEALTH SERVICES.

This strategy focuses on providing the opportunities, programs and services that allow young people to gain access to youth programs and health services. By strengthening the institutions that support youth, such as youth clubs, recreational facilities, religious organizations, schools and health facilities, this strategy aims to

influence individuals' participation. The existence of youth programs may also influence families, institutions and communities as they increase the visibility of youth engaged in positive activities and change adults' attitudes toward them.

Youth programs can affect young people's lives on multiple levels.

Many youth programs aim to increase the number of young people who participate in activities that build their skills, build positive relationships with peers and adults and provide a creative outlet for their energy. For example, youth programs may attempt to build young people's skills; encourage activism in the community;

Families can protect youth from behavioral risks.

provide sports, arts or other creative activities; or foster adult mentoring of youth. At the individual level, these programs help to build self-esteem and skills and encourage young people to have aspirations for the future. At the interpersonal level, they encourage the creation of healthy norms among peer groups and positive interaction between young people and adults. At the community and institutional levels, youth can have a direct influence on changing the environment if encouraged to participate as advocates for youth-related programs and policies. The presence of youth organizations can also influence how adults in the community view youth and help the community see young people as an important asset.

Connectedness to schools improves young people's knowledge and skills.

Increasing the quality and quantity of education young people receive is another strategy to improve adolescent reproductive health. In places where young people have few educational opportunities, increasing local and national commitment to education can be an important part of addressing adolescent reproductive health. In addition to improving access to education, schools can improve their physical and emotional environments. Programs can address sexual harassment in schools, change school policies that do not allow attendance by pregnant adolescents, improve safety in schools or strengthen the extracurricular activities.

Religiosity and connection to religious organizations can positively influence youth.

Adolescence is a time of rapid change, and religious beliefs can help young people understand and process the challenges they face. Religiosity may have more to do with a young person's strong religious belief than it does with his or her actual attendance or participation in religious activities. In addition, evidence shows that feeling connected to a religious organization can support young people in making healthy decisions. Programs may want to increase these links while respecting individual decisions in this realm.

Health services enable young people to act on their healthy decisions.

The provision of health services, such as counseling, contraceptives, maternal care and nutrition programs, to youth is crucial. Without such services, young people may not be able to act on the positive decisions they make. In order to reach more young people with health services, we need to understand how young people prevent reproductive health problems and seek

treatment both within and outside the formal service delivery systems.

Many would agree that, in order to make healthy decisions about illness, it is important to see a trained medical service provider. Yet, reproductive health programs have largely addressed older, married women and sometimes men; young people perceive—often correctly—that family planning and STI clinics would not welcome them. The barriers to youth access of health services are numerous:

- long distances to service locations, and unsafe or unavailable transportation;
- inconvenient hours of operation;
- lack of anonymity;
- concerns about privacy and confidentiality;
- staff attitudes and actions, including scolding and moralizing;
- fear and embarrassment;
- cost of services; and
- laws and policies that make serving youth difficult.

Many youth rely on resources outside the formal health service provision system. These resources may include home remedies, traditional methods of contraception and abortifacients, provision of contraceptives through friends or relatives, clandestine abortion, and contraception and medication purchased without a doctor's prescription from pharmacies or traditional health practitioners. Many programs are trying to increase young people's utilization of reproductive health services through activities and strategies that:

Characteristics of "Youth-Friendly" Health Services
Health Provider Characteristics
<ul style="list-style-type: none"> • Staff specially trained to work with youth • Respect for young people • Privacy and confidentiality honored • Adequate time for interaction between client and provider • Peer counselors available
Health Facility Characteristics
<ul style="list-style-type: none"> • Separate space and special times set aside • Convenient hours • Convenient location • Adequate space and sufficient privacy • Comfortable surroundings
Program Design Characteristics
<ul style="list-style-type: none"> • Youth involvement in design and continuing feedback • Drop-in clients welcomed and appointments arranged rapidly • No overcrowding and short waiting times • Affordable fees • Publicity and recruitment that inform and reassure youth • Boys and young men welcomed and served • Wide range of services available • Necessary referrals available
Other Positive Characteristics
<ul style="list-style-type: none"> • Educational material available on site, which can be taken home • Group discussions available • Possible to delay pelvic examinations and blood tests before receiving contraceptives • Alternative ways to access information, counseling and services outside of a formal health facility

- increase young people's knowledge about the availability of reproductive health services;
- generate demand for services, for example, by promoting services through peer outreach workers; and
- examine where and how young people seek information and treatment, and improve the "youth-friendliness" of those services.

The following items are seen as characteristics of effective “youth-friendly” health services, whether services are provided in a clinic, hospital, pharmacy, youth service organization or other venue:¹²

Identifying Appropriate Program Activities

We now have a clearer understanding of the multiple levels of influence on adolescence and the broad strategies that promote healthy reproductive behavior among youth. Using this understanding as our foundation, we can design programs that are more likely to be effective and, thus, worth the effort of good evaluation. These programs will:

- clearly define desired health outcomes,
- identify the protective and risk-enhancing antecedents that influence those outcomes, and
- use program strategies that respond to more than one of the antecedents that impact adolescent reproductive health outcomes.



Note

The Logic Model

The concept of a “Logic Model,” and its importance to the design and evaluation of youth programs, was introduced by Kirby during a presentation to a meeting on Adolescent Health and Development, Washington, D.C., 4–6 February 1999. It is a simplified version of the logical framework, which emphasizes that outcomes should be pursued based on antecedents identified by research.

One way to design your strategy while keeping these elements in mind is to use a *Logic Model*.

The steps, outlined below, are as follows:

- Define your program’s goals and desired behavioral outcomes (the process of defining goals and outcomes is discussed in detail in Chapter 3).
- Identify the antecedents that, according to research, influence—both positively and negatively—the behavioral outcomes your program desires. In many places, there may not be enough research to suggest the whole range of factors that influence youth behavior and decision making. In this case, you may base your assumption of influences either on a review of the research suggesting antecedents in other countries, or you can use your experience with youth to make a “best guess” about the antecedents that influence health outcomes. You should also try to directly ask youth what they think influences their decision making.
- Identify one or more program activities that you think, based on your own experience or on the international literature about what works, will specifically influence each antecedent.

¹²Senderowitz, 1999.

<p>Define Your Program's Goal</p>	<p>Define Your Program's Desired Behavioral Outcomes</p>	<p>Identify the Antecedents of Behavioral Outcomes Your Program Desires</p>	<p>Identify Program Activities that You Think Will Influence Each Antecedent</p>
<ul style="list-style-type: none"> • Decrease rates of pregnancy and STIs among youth ages 14-19 in our district. 	<ul style="list-style-type: none"> • Decrease premarital sex • Increase use of condoms among sexually active youth • Increase age of sexual initiation • Increase age of marriage 	<ul style="list-style-type: none"> • Community norms about premarital sex and appropriate age of sexual initiation • Opportunities for education • Individual's ability to say "no" to sex • Individual's ability to use contraception • Youth's access to condoms, contraception and clinical services in a confidential way • Community norms about appropriate age of marriage 	<ul style="list-style-type: none"> • Develop education program to encourage adults to discuss norms around premarital sex with youth • Initiate community mobilization campaign to change norms that do not value girls' education • Lobby for expansion of opportunities for secondary education • Provide life skills education emphasizing how to say "no" to sex in school health education program • Establish peer education program to reach sexually active youth • Encourage development of national health policies that support provision of services to youth • Include youth representatives in clinic advisory committee • Establish "youth-friendly" and confidential services (e.g., educating health workers) at both national and local level • Influence community norms to support later age at marriage

For example, by using the Logic Model to guide program design, your assumptions about what influences your desired outcomes are both clear and specific to your context. You are more likely to think broadly about the factors that influence

your desired behavioral outcomes and to include contextual influences. Finally, your program activities will be designed to link directly to the influences you think will affect the behaviors you are concerned with.

Key Elements of Successful ARH Programs¹³

- **Strategic planning:** Effective programs clearly state process and behavioral objectives before the program begins, as a prerequisite to measuring success.
- **Target audience identification:** Young people have diverse needs, depending on their varied characteristics, such as age, school status, marital status, gender, family characteristics and experience. In designing programs, it is important to identify the specific target group and address its needs accordingly.
- **Needs assessment:** Understanding the specific issues and needs of the youth who are expected to participate in or receive services from the program ensures that the program's design and content are appropriately shaped.
- **Youth involvement:** Youth are best able to identify their own needs and will feel more ownership of a program when they are included in design and implementation.
- **Community involvement:** Community members, such as policymakers, health professionals and religious leaders, should be involved in program planning to ensure support and acceptance.
- **Adult involvement:** Involving parents and other adult family members may help to ensure that the program does not meet with resistance and to educate parents about reproductive health issues and adolescent needs.
- **Protocols, guidelines and standards:** Specific and detailed operational policies governing how a program should serve youth may help to encourage a consistent level of quality, particularly when service providers are unfamiliar with the youth population.
- **Selection, training and deployment of staff:** Staff providing services to young people require specific qualities, training and supervision to ensure that clients are well-treated and to ensure client retention.
- **Monitoring and evaluation:** Collecting data helps managers monitor performance, evaluate outcomes and impact and improve program strategies.

¹³ Israel and Nagano, 1997; Birdthistle and Vince-Whitman, 1997; Senderowitz, 1997a; and Senderowitz, 1997b.

Learning from the International Experience with Youth Reproductive Health Programming

The design of ARH programs can be informed by the experience and evaluation of programs from around the world. The “key elements” of ARH programs listed below were compiled through a literature review. While these elements have not been systematically tested in field settings, we offer them here because they may help in your program design and implementation.



Note

Additional information on key elements

The key elements of adolescent reproductive health programs are presented in four papers produced by FOCUS on Young Adults. These papers can be accessed and downloaded from the FOCUS Web site at www.pathfind.org/focus.htm.



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