InteragencyYouthWorkingGroup

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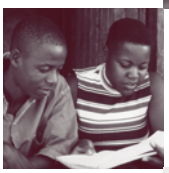
YouthLens

on Reproductive Health and HIV/AIDS

Community Involvement in Youth Reproductive Health and HIV Prevention



Limited research shows positive value, but more work is needed conceptually on how to measure impact.

Projects working with youth have often focused on clinics, schools, the workplace, media outlets, or other discrete interventions. Increasingly, youth projects are now turning to a more holistic approach that involves community members, including adults and youth, in the belief that reproductive health (RH) and HIV outcomes for youth will be better and that program efforts will be sustained.

Clinics now sponsor outreach activities in surrounding neighborhoods to generate demand among high-risk youth. Schools without structured sex education programs welcome community-based peer educators to fill the gap. Faith institutions are training parents and ministers to talk to youth about sexuality and HIV prevention. Community groups that work with youth are seeking ways to strengthen such organizational skills as proposal development, financial reporting, behavior change communication strategies, and evaluation systems.[1]

Are RH and HIV outcomes for youth better when a project makes an explicit effort to involve community members? Are communities more able to sustain interventions with youth if they participate in programs?

Only a few research projects have specifically examined such questions, while others have included community involvement as part of broader research questions. In some studies, as well as program evaluations and reports, targeted community involvement appears valuable. However, questions remain about how to determine the added value and how to design, document, and evaluate interventions seeking to use community involvement to improve youth RH and HIV prevention.

Research findings promising

Conceptual issues are challenging for research on this topic. Communities can be defined by geographical area or by shared characteristics or interests. The terms community "involvement" and "participation" are often used interchangeably. The degree of involvement varies. At one end of a continuum, involvement refers to informing the community but giving them little control. In the middle is a more consultative approach. In-depth involvement would involve community members in collective action with a project intervention.[2] In addition, evaluations must decide whether to focus on community involvement as a means to better youth RH/HIV behaviors or to build a stronger community – or both. Building a stronger community may not have better short-term results for youth behaviors, but it may help sustain an intervention and build long-term investment in better health outcomes. In a 2002 report, Advocates for Youth addressed some of these conceptual issues and summarized youth projects with community participation in Burkina Faso, Malawi, Nepal, and Peru.[3]

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A 2006 literature review and analysis conducted for YouthNet/FHI and CARE/USA examined such conceptual issues in more depth. It identified 30 published and unpublished documents describing projects that were youth-focused, had significant community involvement, and had been evaluated. While nearly all of these programs evaluated youth outcomes in general – not community involvement specifically – many of the interventions did report positive changes in the community context. Many also reported that adult perceptions of youth capacity changed and that youth involvement increased the status of youth in their communities.[4]

The most rigorous of the studies in the 2006 review was a five-year intervention in Nepal, using a quasi-experimental evaluation design, which sought to measure the impact of community participation in a youth RH project. After an in-depth needs assessment, eight interventions were designed with community input addressing youth-friendly services, peer education and counseling, social norms, economic livelihoods, and other areas, with interventions lasting from 12 to 24 months. The control sites had little community participation, with interventions based on current knowledge and good practice. The study found that the areas participating in developing the interventions had only marginally more positive results on standard youth RH indicators than the control sites. However, the intervention sites were "substantially more positive in terms of the broader, more contextual factors that influence youth RH, as well as capacity building, empowerment, and sustainability."[5] EngenderHealth and the International Center for Research on Women (ICRW), both U.S.-based international organizations, coordinated the project with multiple local nongovernmental organizations.

A 10-year project on youth reproductive health in India coordinated by ICRW (reported after the 2006 review) also addressed community involvement explicitly. Following formative research, six intervention studies were conducted in different sites with local partner organizations. All had some community involvement activities, which sought generally to create a supportive environment for youth by involving adults from existing groups. Program activities were planned or implemented by consulting with community stakeholders, and interventions were put in the larger context of caste, gender, and causes of poor health. One of the six interventions specifically tested the role of community involvement in improving youth RH, using a cross-sectional pre- and post-evaluation design, with a control site. The project worked with existing community-based organizations to provide health education on a variety of issues to young women, husbands, mothers-in-law, and others in the targeted villages. The study found that knowledge and use of services by young women increased more in the community involvement arms for maternal health, infertility, family planning, and reproductive tract infections. Impact was greatest when issues related to traditional community beliefs.[6]

Several major intervention projects with a rigorous research design have included community involvement, but research questions and results have generally focused on changes in knowledge, attitudes, and behaviors of youth. For example, a group of operations research studies of youth projects in Bangladesh, Kenya, Mexico, and Senegal tested the feasibility, cost, and effectiveness of activities in an 18-month intervention involving community services, clinical services, and school-based education plus parental involvement. Control sites provided only the prevailing government and nongovernmental services for youth. Using pre- and post-intervention surveys, the studies found significantly better knowledge and attitudes but few significant differences in behavior among youth between the intervention and control areas.

In several countries, community involvement helped to gain local support even to initiate the interventions. In such conservative areas as northern Senegal and western Kenya, significant efforts were made to include religious leaders, parents, and community leaders in sensitization briefings and outreach events to discuss the needs of youth. Researchers reported that such community involvement was pivotal in assuring that the interventions could be undertaken and continued on a large scale. In Kenya, for example, more than 80 religious leaders were involved. The FRONTIERS

Project/Population Council coordinated the four-country project with multiple local partners.[7]

Programs seek community input

A growing number of youth RH/HIV projects are involving community groups explicitly to improve project outcomes and help sustain the interventions. Organizations are increasingly recording, evaluating, and sharing lessons from these efforts.

A project in Burkina Faso specified the involvement of community members in developing, implementing, and evaluating activities. The evaluation looked at accuracy of community perceptions about the project, degree of leadership and ownership of activities, and degree of community empowerment to sustain activities. After local youth associations received training, they worked with community members in 20 villages to develop action plans based on local needs, including peer education, projects for parents, and others. An evaluation found a high degree of participation and ownership among the community members; nearly 70 percent of people had participated in at least one activity. Peer educators were seen as a resource for youth, parents, and people living in neighboring communities. Advocates for Youth, a U.S.-based group, coordinated the efforts with a local nongovernmental organization.[8]

In Bangladesh, Save the Children implemented an adolescent sexual and reproductive health project called KAISHAR in conservative Muslim communities. Staff began by working with religious leaders, parents, and other community members to gain their support. Even so, two years into the project, religious leaders objected to the content of some materials and asked community members to halt the project. Save the Children suspended activities but also worked to improve relations with key stakeholders in the religious, political, and local communities through workshops, advocacy materials, community meetings, meetings with national leaders and ministry officials, and local advisory committees. These committees helped to revise the project materials so they were more acceptable. Eventually, KAISHAR resumed, parental support increased, and opponents became advocates.[9]

In a rural area of Egypt, a community-based project called Ishraq implemented by multiple local and international organizations sought to broaden the opportunities available to adolescent girls. A number of organizations collaborated to work with parents, boys, community leaders, and others to change gender norms for girls' mobility, skills, knowledge, and confidence through interventions addressing life skills, literacy, sports, vocational training, and savings clubs. Parents and community members were allowed to attend classes, and village committees were formed to share and discuss project activities. After completing the program, girls could take a qualifying test to return to school. Of those who completed the program and took the test, 90 percent passed. "For the first time in my life, I learned that girls have equal rights to education as boys," said one girl. The support of village committees and community members helped support these interventions, allowing for such outcomes.[10]

RESOURCES ON COMMUNITY INVOLVEMENT AND YOUTH RH/HIV PREVENTION

In 2005, Family Health International (FHI)/YouthNet and CARE/USA, working with more than a dozen other agencies, coordinated a two-day consultation on community involvement and youth RH/HIV prevention projects. An interagency working group has continued to meet and is now hosted by the United Nations Population Fund (UNFPA). For more information on this group, contact Ugo Daniels at UNFPA or Susan Igras at CARE International. Key resources developed by FHI/YouthNet and CARE are below, available at *www.fhi.org/en/Youth/YouthNet/Publications/CIresources/index.htm*.

- **Reproductive Health and HIV Projects: A Guide to Participatory Assessments**

A tool for training community participants with a focus on youth involvement, based on YouthNet's experience in Namibia, Tanzania, and Ethiopia.

- **An Annotated Guide to Technical Resources for Community Involvement in Youth Reproductive Health and HIV Prevention Programs**

Resources for involving community members, including youth, with URL links.

- **The Role of Community Involvement in Improving Youth Reproductive Health and Preventing HIV among Young People: Report of a Technical Consultation**

A summary of lessons learned, gaps in knowledge, and recommendations for future work.

- **Community Involvement in Youth Reproductive Health: Literature Review**

A summary of concepts, operations, evaluations, challenges, and emerging themes with an extensive bibliography.

In Namibia and Tanzania, participatory assessments led by youth and adults resulted in innovative community-driven projects being incorporated into the ongoing activities of faith-based organizations (FBOs). Conducted by YouthNet/FHI and local partners, the assessments used participatory learning and action techniques to help young people talk about their bodies, neighborhoods, families, and perceptions of risks for pregnancy, STIs, and HIV.[11] Findings reported at community meetings included low rankings of FBOs as sources of information about issues related to sexuality. After the meetings, church community leaders in Namibia agreed that "pastors and Sunday school teachers should be better prepared to tackle these issues."[12] Several faith groups in Namibia then developed new sex education curricula and used them to train pastors and parents to work with youth on sexuality issues.

Future directions

The literature analysis sponsored by FHI and CARE emphasized the need to develop better conceptual frameworks and indicators to help researchers and programmers to be clearer in developing goals and outcomes for community involvement. For example, projects need to decide which stages of a project should focus on community involvement and define what types of community stakeholders should be involved. The degree of community involvement should also be determined. Related questions include the role of youth-adult partnerships and strategies to include marginalized youth.

Other key issues that have emerged from project reports summarized in the literature analysis include:

- Creative strategies are needed to engage vulnerable groups.
- "Safe spaces" for youth are important for sharing issues and accessing information.
- Supportive, engaged adults can validate the importance of working on youth RH/HIV.
- Community-based programs need strategies to manage or mitigate community conflict, given that youth sexuality involves sensitive issues.[13]

Community involvement should not be seen as a program approach that can ensure success alone. Rather, when undertaken in conjunction with other activities, such involvement can enable incremental improvement in the lives of young people that might otherwise not be achieved.

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REFERENCES

1. *YouthNet End of Program Report – Taking Action: Recommendations and Resources.* Arlington, VA: Family Health International (FHI), 2006.

2. Howard-Grabman L, Snetro G. *How to Mobilize Communities for Health and Social Change.* Baltimore, MD: Health Communication Partnership, 2003.

3. Advocates for Youth. Community participation – partnering with youth. *Transitions* 2002;14(5):1-19.

4. Maclean A. *Community Involvement in Youth Reproductive Health and HIV Prevention: A Review and Analysis of the Literature.* Arlington, VA: FHI, 2006.

5. Mathur S, Mehta M, Malhotra A. *Youth Reproductive Health in Nepal: Is Participation the Answer?* (New York: EngenderHealth and International Center for Research on Women, 2004)1.

6. Pande R, Kurz K, Walia S, et al. *Improving the Reproductive Health of Married and Unmarried Youth in India.* Washington, DC: International Center for Research on Women, 2006.

7. Adamchak S. Introduction. In *New Findings from Intervention Research: Youth Reproductive Health and HIV Prevention. Meeting Report, September 9, 2003.* Arlington, VA: FHI, 2003; Askew I, Chege J, Njue C. *A Multisectoral Approach to Providing Reproductive Health Information and Services to Young People in Western Kenya: Kenya Adolescent Reproductive Health Project.* Washington, DC: Population Council, 2004.

8. Yaro Y, Mukenge M, Calvès A. *A Final Evaluation of a Collaborative Program on Community Participation to Improve Adolescent Sexual and Reproductive Health in Burkina Faso.* Los Angeles, CA: Pacific Institute for Women's Health, 2003.

9. FHI/YouthNet. *The Role of Community Involvement in Improving Youth Reproductive Health and Preventing HIV among Young People: Report of a Technical Consultation.* (Arlington, VA: FHI, 2006)22-23.

10. Ishraq. *Briefing Sheet Nos. 2, 5,* and *6.* Egypt: Population Council, Caritas, CEDPA, and Save the Children, 2002, 2004, and 2006, respectively.

11. FHI/YouthNet. *Engaging Communities in Youth Reproductive Health and HIV Projects: A Guide to Participatory Assessments.* Arlington, VA: FHI, 2006.

12. Goercke B. *Christian Family Life Education Program in Namibia. YouthNet Brief No. 13.* Arlington, VA: YouthNet/FHI, 2006.

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