FAMILIES MATTER: HOW FAMILIES IMPROVE ADOLESCENT AND YOUTH REPRODUCTIVE HEALTH

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Adolescence is a formative phase in human development during which physical, social, emotional, and cognitive changes take place.[1] This period of transition from childhood to adulthood is considered a critical time to lay the foundation for health and well-being later in life.[2] Yet adolescence is also viewed as a time of risk for many young girls as they become sexually active and vulnerable to premature pregnancy and childbearing.[3] Approximately 11 percent of all births globally are to adolescent girls, with the majority occurring in low and middle income countries (LMICs).[4] Further, adolescent girls in LMICs face heightened vulnerability to early marriage, sexual coercion, and violence.[5] In addition, adolescent girls have high unmet need for family planning, an increased risk of acquiring sexually transmitted infections (STIs), and are vulnerable to unsafe abortion and female genital cutting.[6]

Moreover, poor reproductive health behaviors and outcomes in adolescents are a severe impediment to youth development and can lead to numerous challenges including abandonment by their partners, school dropout, and lost productivity, which ultimately limits future social and economic opportunities.[7] To address the underlying determinants of negative adolescent reproductive health outcomes, intervention strategies must go beyond addressing individual-level factors to create an enabling environment.[8] There is a large body of evidence in high-income countries that family-based interventions are an effective way to improve health outcomes for adolescents.[9] Family-based approaches incorporate a theoretical framework that explores how the family system may influence health behaviors in youth. However, less is known about the effectiveness of family-based interventions in low- and middle-income countries.

This brief aims to highlight existing evidence on family-based adolescent and youth reproductive health (AYRH) interventions that will help program implementers and researchers design appropriate interventions to better address the reproductive health needs of adolescents in LMICs. For this brief, the term 'family-based' refers to interventions that engage adolescent girls and boys, parents, caregivers, and extended family members.

Why are family-based interventions important?

Adolescents are generally unprepared to deal with sensitive matters related to puberty and lack adequate

reproductive health information as they transition to adulthood.[10] Similarly, parents have limited AYRH knowledge and are typically uncomfortable discussing AYRH matters due to cultural norms and inhibitions in many LMICs.[11] As a result, adolescents' and youth's knowledge gaps are compounded, which hinders the realization of positive reproductive health behaviors and outcomes. Therefore, targeting parents and family members, alongside adolescents, to educate and sensitize them on AYRH issues is crucial to program success. Failing to engage with parents and family members around AYRH can have detrimental effects. If adolescents are unable to obtain critical reproductive health information from their parents, they will rely on information from peers or the media, which could be inaccurate or encourage harmful or risky behaviors.[12]

AYRH decisions, practices, and outcomes are heavily influenced by their social, cultural, and economic contexts. Further, adolescents' vulnerabilities to health risks are often a function of underlying social norms and the broader contexts in which they are embedded.[13] Family-based interventions recognize that many parents, extended family, and community members may need support to effectively convey values and expectations about sexual behavior and to communicate important HIV, STI, and pregnancy prevention messages to youth. In many LMIC contexts, the family refers to a broader social unit inclusive of aunts, uncles, grandparents, cousins, and other relatives that often take on pivotal roles in adolescents' transition into adulthood. As such, a family-based intervention may be a culturally appropriate model into which to integrate health promotion messages.[14] For example, elders can serve as advisors for younger generations and play decisive roles in influencing the attitudes and practices of young women of reproductive age. Elders have cultural authority, the ability to influence relationships and behavior at the family and community levels, and are considered critical resources in passing on social norms, indigenous knowledge, and cultural values.[15]

Family members can play an important role in imparting reproductive health knowledge. For instance, in the Buganda ethnic group in Uganda, the paternal aunt is expected to discuss AYRH issues with adolescent girls.[16] In Malawi, it is the grandmother who teaches young girls about cultural assumptions, expectations, roles, and practices with regard to sexual behavior (Littrell et al. 2012).[17] In the context of AYRH, family members' roles extend beyond socialization agents. For first-time adolescent parents, mothers and mothers-in-law provide critical support and hold significant influence over health-seeking behaviors and contraceptive use as well as play a role in decision-making around accessing maternal health services.[18] In Nigeria, for example, mothers of first-time adolescent parents advise their daughters to use contraceptive methods to space pregnancies.[19] Similarly, in Tanzania, parents of first-time adolescent parents accompany their daughters to family planning clinics to obtain contraceptives and are viewed as "champions" by community members.[20]

What are the components of a family-based intervention?

Family-based interventions are typically delivered through multi-level group modalities, which include both multiple family sessions and separate parent/child group sessions. The sessions often comprise participatory activities and experiential learning activities to increase AYRH knowledge and family and peer support. Group sessions also serve as forums through which to build alliances and encourage intergenerational conversations that improve intra-familial communication and drive social norm change. These sessions develop skills and knowledge using a culturally and developmentally appropriate manualized curriculum.[21] Life skills curricula include multi-session workshops or discussion groups, with set curricula within manuals covering a range of topics, including community, family, and individual values; harmful traditional norms; adolescent development; gender roles; relationships; pregnancy; STIs; and contraception.

What the evidence shows

Evidence from LMICs indicates that holistic approaches--that create an environment supportive of behavior change--show promising results among reproductive health outcomes in adolescent girls.[22] Positive youth development (PYD) approaches that include improving parent-adolescent attachment, communication, and supportive relationships have been associated with delayed sexual initiation, increased condom and contraceptive use, and lower pregnancy rates. Studies examining the relationship between parental influence and AYRH indicate parent-child connectedness serves as a critical protective factor for various reproductive health outcomes including risk-taking behavior.[24] Conversely, adolescents who do not feel connected to their families tend to engage in risky behaviors, including not using contraception.[25] Most evaluated studies demonstrating the positive association between adolescents' reproductive health outcomes and parent-adolescent communication have been conducted in Western contexts. [26]

A WHO report analyzing more than 30 projects in LMICs working with parents, families, and adolescents to promote healthy adolescent development describes key intervention features critical to program effectiveness.[27] Features of effective interventions include: 1) longer-term and repeated interventions (not single-session); 2) multi-setting and multi-level (e.g., individual, family, community) interventions; 3) interventions involving parents; 4) culture-, gender-, and age- appropriate/sensitive interventions; 5) interventions incorporating skills-building; and 6) multi-component interventions (e.g., education, skills building, condom promotion).[28] Inclusive community approaches—involving families and traditional and religious leaders—have demonstrated success in not only generating buy-in but also in taking ownership, addressing knowledge gaps, and facilitating open discussion around AYRH, ultimately shifting attitudes and risky behaviors.[29] Mass media, street theater, edutainment, and radio programs are also critical intervention components to communicate key AYRH messages and foster positive change in family and community norms.

There is a growing body of literature from studies in LMIC contexts examining parent-child communication around HIV and AIDS, sexual risk behavior, family planning, and related AYRH outcomes.[30] Notably, several evaluated adolescent health programs which have shown effectiveness include at least one PYD element.[31] For example, in the case of Pathfinder International's Promoting Change in Reproductive Behavior (PRACHAR) project, conducted in India, evaluation findings indicated significant shifts in attitudes and practices related to family planning uptake to increase the childbearing age and to space children among unmarried adolescents between the ages of 15 and 19. The PRACHAR program encompassed a range of activities including one-on-one counseling and group discussions on reproductive health issues for adolescent girls, group meetings with fathers and fathers-in-law as well as influential men in the community, and community sensitization to emphasize the benefits of appropriate use of contraception, raise awareness about reproductive health matters, and advocate for delaying marriage. [32]

Similarly, the International Center for Research on Women's Development Initiative on Supporting Healthy Adolescents (DISHA) program utilized an integrated approach in India by involving parents and adolescents to improve knowledge and attitudes on early marriage as well as address reproductive health issues and the sociocultural factors to promote behavior change. Notably, evaluation findings showed substantial improvements with respect to adolescent self-efficacy, adults' attitudes on age at marriage, and contraceptive use among those who participated in adult groups and youth-adult partnership groups.[33] In another program from Kenya, in which adolescent girls and boys along with fathers and mothers were engaged in the program, positive effects on knowledge, condom/contraceptive use and sexual behavior such as delayed sexual debut was reported.[34] Successes of these interventions can be attributed to the distinct elements of adolescent and parental participation.

A few studies of health education programs have examined the influence that grandmothers have on health behaviour. For example, the Grandmother Project implements a grandmother-inclusive and intergenerational approach—involving elders, parents and adolescents (both male and female)—that contributes to positive change in various aspects of girls' holistic development as it relates to girls' education, child marriage, teen pregnancy, and female genital cutting. [35]

Gaps in the evidence base

Despite the growing body of literature on family-based AYRH interventions, critical research and program gaps remain. The most striking gaps in the evidence base are the limited number of programs targeting adolescent males and the lack of programs involving elders. Most evaluated programs focus primarily on adolescent girls and parents; however, programs often fail to engage adolescent boys. Discussions around reproductive health matters among adolescents and parents are not normative in LMIC contexts.[36] In addition to underlying social and cultural norms that discourage communication on these issues, lack of parental knowledge of AYRH needs, religion, and gender serve as barriers.[37] Differences in communication frequency and patterns between mothers and fathers are stark. While discussions pertaining to reproductive matters in general are minimal, mothers tend to communicate more often, particularly with their daughters, while fathers are reticent to participate in these conversations. Health promotion efforts should also investigate extended family members' influence, particularly grandmothers and mothers-in-law—given their significant social roles in LMICs—on health behaviour change.

Recommendations for programs and additional research

Building from what we know, the following are recommendations for how program implementers

and researchers can address some of the gaps in understanding the role of family in sexual and reproductive health.

Programming

Tailor family-focused programs in the Global South to local cultural contexts. Many family-focused programs are imported from the Global North and are based on approaches that reflect the structure, roles, and dynamics of western families, which are primarily nuclear, and where responsibility for supporting children, including adolescents, lies almost exclusively with the biological parents. Thus, tailoring programs to the appropriate cultural context may lead to improved AYRH outcomes and encourage overall positive youth development. Further, programs which aim to strengthen parenting practices and attitudes as they relate to AYRH should be expanded to include not only biological parents but also grandmothers, mothers-in-law, aunts, and other elders.

Develop and implement inclusive family-systems AYRH programming. Given the central role that not only biological parents, but also grandmothers and other extended family members play in the socialization of adolescent girls and boys and their transition to adulthood, there is a growing consensus that programs should use an ecological, or family systems, model to better support them. In addition, ensuring more inclusive family and community involvement can help to identify and address the root causes of harmful norms that contribute to unhealthy AYRH behaviors. Interventions which comprehensively and formally address the social environment can ultimately create a more supportive environment. [38]

Consider various programmatic elements and modes of delivery. Use modalities such as multi-family groups (i.e., groups with multiple numbers of families participating) which integrate psychoeducation and behavioral family therapy to increase life and parenting skills. Provide parent education on adolescent development, healthy parenting, reproductive health, and family planning. Establish parent support groups to enhance positive parenting, monitoring, and healthy communication skills with adolescents to discuss sensitive topics, including reproductive health and romantic relationships.

Integrate interventions within local cultural traditions and modes of communication. Interventions should involve culturally-relevant family members, community members, and communication methods. For example, elders have had the responsibility of orally passing down traditions to younger generations related to the puberty, health, and wellbeing of women and children and therefore should be involved. In addition, traditional forms of communication may include storytelling, songs, games, and sharing personal experiences. Programs using traditional forms of communication have shown promise in various settings in engaging both adolescents and other generations. [39]

Design programs that target specific adolescent populations, such as boys and young men. Given the dearth of studies investigating the role, attitudes, and behavior of adolescent boys, it is vital to conduct primary research with this population and include them in family-inclusive programs. Further, implementing and evaluating programs which aim to provide comprehensive life-skills training for adolescent boys—covering topics beyond HIV—will help to address their specific needs and lead to improved AYRH outcomes. Promising programs, like Promundo's Program H and Program M, can engage young men and women in critical reflection about rigid norms related to manhood and target a variety of sexual and reproductive health-related issues including contraceptive decision-making, and sexual health-seeking behaviors.[40] Beneficiaries have included youth living in urban centers and youth living in rural areas, in-school and out-of-school youth, single youth and married youth, and youth of various sexual orientations. Such programs can contribute to deconstructing harmful notions of masculinity and bring about positive changes in attitudes in favor of gender equity. [41]

Scale up and/or adapt programs that have shown effectiveness in achieving positive AYRH outcomes. Since most of the documented programs are small-scale interventions and delivered for short durations, positive outcomes observed upon the conclusion of the intervention may not be sustained. Despite promising initiatives, more rigorous evaluations of gender-transformative programs are needed to assess their short- and long-term impact on sexual and reproductive health outcomes including their merit for scale-up within and across developing countries. A review of scaling up normative change interventions suggest: 1) scale-up processes must go beyond typical 3-4 year project funding cycles; 2) include substantial time to for implementation 3) develop a scale-up strategy, including defining tools and clear implementation guidelines; 4) attaining commitment from the government and aligning program with aligned with national health sector goals; 5) capitalizing on existing structures, processes, and practices. [42]

Invest in programs targeting very young adolescent girls (VYAs). Programs geared towards addressing the

unique needs of VYAs (ages 10 to 14) remain scarce.[43] Because younger adolescents undergo rapid changes upon the onset of puberty and become exposed to reproductive health risks during early adolescence, it is vital to intervene at this stage.[44] Importantly, VYAs face greater challenges to older adolescents regarding obtaining reproductive health services and information. VYAs tend to fall through the cracks and have been largely overlooked in programming despite facing barriers such as access to reproductive health information and services, low levels of pregnancy and HIV knowledge, child marriage, coerced sexual intercourse, and child marriage.[45] Further, social and gender norms which dictate many aspects of adolescent lives emerge during early adolescence and influence health-related behaviors, sexual beliefs, and perceptions of sexual roles.[46] As such, interventions which seek to shape the gender socialization process to achieve more gender-equitable views, particularly as they relate to reproductive decision-making and AYRH more broadly, are needed.[47] Additionally, creating an enabling environment for VYAs in order to build their assets (e.g., interpersonal skills, decision-making, self-efficacy) in early adolescence can help reduce health risks and mitigate adverse outcomes in later adolescence.

Research

Investigate the role of the family members, socio-cultural norms, and values. Understanding sociocultural norms and practices related to raising adolescents and securing their safe transition to adulthood is important. Programs that are based on a family and community systems approach which build on indigenous knowledge, existing culturally-defined family and community roles, positive cultural traditions and values, hierarchies, and inter-generational communication may lead to sustained youth outcomes.[48] Increased attention should be given to the extent to which prevailing community norms and realities influence adolescents' healthy transition to adulthood, and the impacts of migration and modernization on the family system. This will be critical to provide insights into adolescents' reproductive health behaviors and choices.

Evaluate the efficacy of family-based programs. More quantitative and qualitative research is needed to better understand the impact of programs that involve parents and extended family members on adolescent well-being and health in LMICs. Conducting rigorous evaluations to assess potential linkages is essential to identify programmatic elements and approaches that hold potential for greater impact. A couple good examples of rigorous evaluations include USAID's Passages project in Democratic Republic of Congo, or Stepping Stones in South Africa. Evaluation evidence not only fills critical research gaps but can also be valuable in informing future programming.

Understand the potential of transferability across cultural contexts. There is much we need to learn about the implementation of parenting programs based on conceptual models, values, and realities from the Global North to the Global South. The cultural and economic contexts as well as the experiences of adolescents are highly varied and diverse across the different regions. As such, quantitative and qualitative research is needed to assess program transferability and prospects for local adaptation in LMICs.

Conclusion

As the adolescent population in LMICs will continue to increase in decades to come, the urgency to adequately and appropriately respond to their reproductive needs is clear. Evidence shows that there are interventions that have improved AYRH outcomes in LMICs; however, placing greater emphasis on interventions and programs with a more expansive view of families to create a more supportive environment will be vital to achieve desirable change. Further, this review supports the conclusion that multi-pronged AYRH programs that engage families and community gatekeepers through a positive youth development approach can contribute to greater impact and provide lasting positive effects for AYRH outcomes.[49]

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USAID YouthPower Learning generates and disseminates knowledge about the implementation and impact of positive youth development (PYD) and cross-sectoral approaches in international development. The project leads research, evaluations, and events designed to build the evidence base related to PYD. Concurrently, YouthPower Learning employs expertise in learning and knowledge sharing to promote engagement and inform the global community about how to successfully help transition young people into productive, healthy adults. YouthPower Learning supports the implementation of the 2012 USAID Youth in Development Policy to improve capacity and enable the aspirations of youth so that they can contribute to, and benefit from, more stable, democratic, and prosperous communities.

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