

Community Resilience Interventions to Promote Health and Health-Seeking Behaviors Among Youth

A Practitioner's Guide



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Introduction

Background

This practitioners guide is based on a [USAID report authored](#) by Chowa et al., 2022. The report is a systematic review that examines and assesses promising practices and service gaps, and understandings of the specific pathways between community resilience and youth health outcomes. Indeed, in the health sector, and particularly in low- and middle-income countries (LMICs), community resilience research and practice are still nascent, providing a timely opportunity for a review of the service landscape to direct efforts moving forward. Drawing on extensive surveys of the literature to date, the report (a) offers key points of guidance for community resilience programming that prioritizes positive health outcomes for youth and (b) summarizes the research processes that yielded these points of guidance. It serves as a roadmap for interventionists to plan and execute high-impact programming that also recognizes the current gaps in the youth-oriented community resilience field.

This practitioners guide draws on the larger report but focuses on the key takeaways for the practitioner with the goals of condensing findings to provide pointed nuggets of information and provides evidence-based intervention models. The systematic review should be consulted for theoretical and methodological underpinnings as such details are not presented in this guide.

Community Resilience and Youth Health Outcomes

Youth, defined by USAID's Youth in Development Policy as individuals 10-29 years old, constitute the largest age demographic in most countries prioritized by USAID, and nearly a third of the global population or 2.4 billion. Moreover, the youth population of the world's LMICs is expected to increase a remarkable 62 percent by 2050. Clearly, ensuring the health and well-being of the world's youth is essential to achieving the United Nations' 17 Sustainable Development Goals (SDGs) and development objectives.

During adolescence and young adulthood, youth experience critical changes in their development and health trajectories and need supportive relationships and environments that promote a healthy transition to adulthood. Over 70 percent of preventable adult deaths stem from behaviors started in adolescence, and half of all mental health challenges start by age 14. For youth in fragile environments, the challenge of managing their health is often compounded by sociopolitical instability, conflict, and a lack of youth-serving policies and resources. These youth disproportionately face a host of negative youth-specific health experiences and outcomes related to mortality, sexually transmitted infections, violence and sexual violence, pregnancy complications, and mental disorders just to name a few. Further, USAID's extensive research portfolio demonstrates that youth health is not only a desirable humanitarian goal, but an important driver of economic growth and prosperity—a key goal of the LMICs that USAID serves. Simply put, ensuring positive youth health outcomes is an urgent priority with present and future consequences for USAID's service populations.



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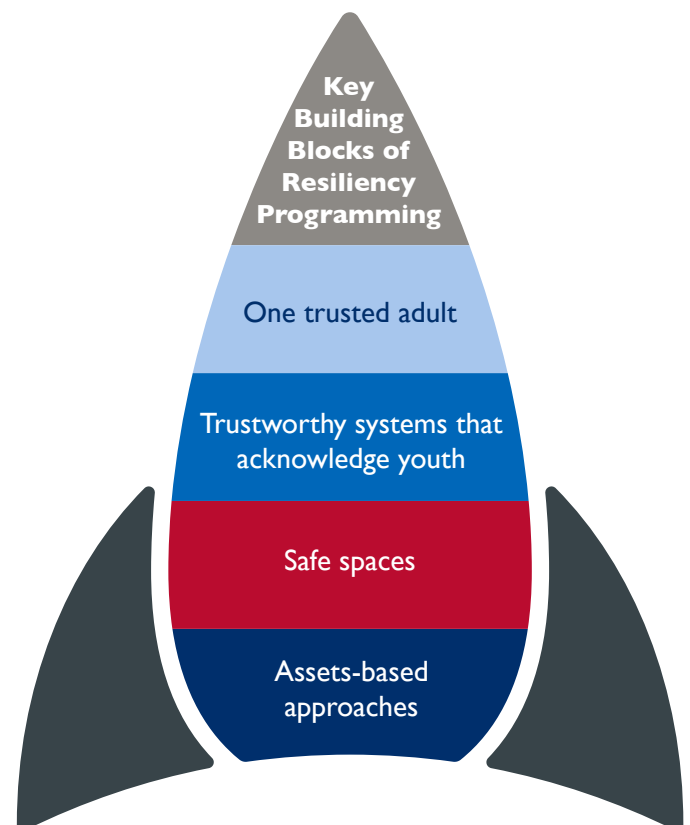


Overall, our review of the available programming suggests that both **adaptive resilience** (i.e., the ability to withstand and *adjust to unfavorable conditions* and shocks) and **absorptive resilience** (i.e., the ability to withstand and *recover from shocks using available assets and skills*) **are associated with improved health—particularly mental health—among youth.**

By contrast, we did not find evidence of a positive association between anticipatory resilience (i.e., the ability to predict and minimize vulnerability) or transformative resilience (i.e., transformative change that allows systems to better cope with new conditions) and youth health outcomes. Though more research is needed, future community resilience programming should also consider prioritizing intervention components that promote adaptive and absorptive resilience among youth.

The key building blocks of resiliency programming identified by experts included:

- **One trusted adult** – Youth must have a trusting relationship with an adult (e.g., parent, mentor, role model, religious leader) in the community.
- **Trustworthy systems that acknowledge youth** – Youth must be able to trust not only community members, but the community’s ability to provide an enabling environment (i.e., via support, resources, positive norms and attitudes) for them. Further, youth should feel trusted by community members to make decisions and lead, especially regarding programming designed for them specifically.
- **Safe spaces** – The community must provide youth with spaces, including physical spaces and digital spaces (e.g., online forums), where they can comfortably share their experiences, ideas, and feelings with each other and with trusted adults.
- **Assets-based approaches** – Resiliency programming should capitalize on the assets and resources that a community and its members already have (e.g., the ways in which communities and youth are already resilient), rather than only working to identify what a community lacks and needs. Experts suggest asset and resource mapping (i.e., identifying key trusted



adults and institutions in a community), assessing the problem-solving capacities of community members, and examining a community's social equity (i.e., the extent to which resources are equitably distributed, especially during a crisis) as promising initial steps for program development.

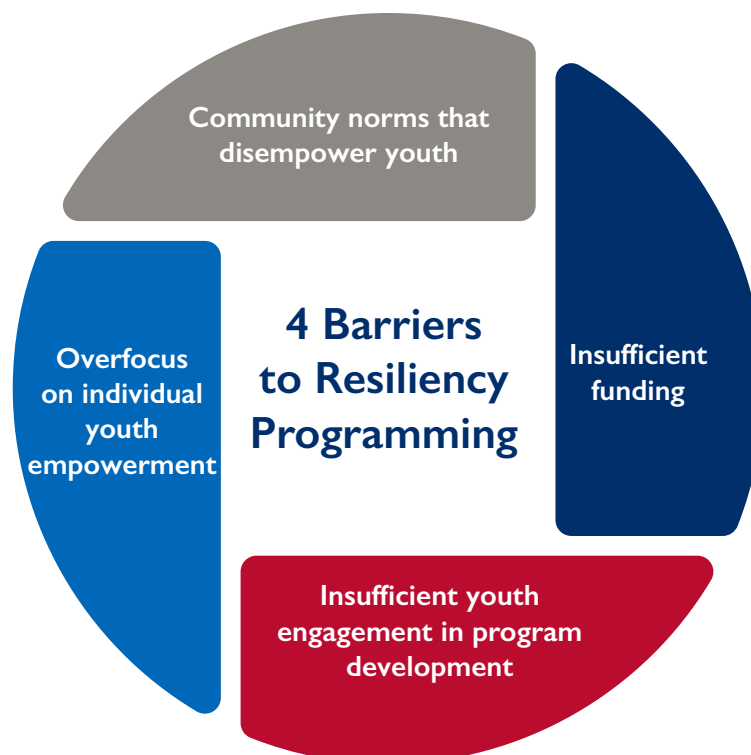
Barriers to Resiliency Programming

Experts also identified four barriers to resiliency programming:

- **Community norms that disempower youth** – Youth resilience hinges on an enabling environment. Resiliency programming will be hindered in communities that do not value meaningful youth engagement, gender equity or the normalization of mental health issues affecting youth. Conducting gender assessments is one strategy experts identified for understanding and addressing harmful gender norms propagated by adults and youth.
- **Overfocus on individual youth empowerment** – As noted earlier in our review of current community resilience programming, these programs attempt to strengthen community resilience by strengthening the resilience of individual youth (see the next section for more details). Similarly, experts observed that current programming focuses too much on “empowering” individual youth and not enough on building community resilience, resulting in youth with skills but no enabling environment in which to use them. Experts recommended improving coordination between youth-serving organizations to maximize opportunities for resilient youth, especially in low-resource communities.
- **Insufficient funding** – Lack of funding and short funding cycles impede the sustainability of resiliency programming for youth and communities.
- **Insufficient youth engagement in program development** – As we discuss further in the next section, experts noted that resiliency programming may not be meaningfully engaging youth in program design and implementation: a key building block of resiliency programming for youth and communities.

Key Takeaway

Future programming might capitalize on the opportunity to explore multifaceted ways of assessing individual and community resilience to better understand the relationship between these two constructs.



Building community resilience means establishing resources to help all community members through shocks and stressors and strengthening their abilities to access and use those resources. Until resiliency is conceptualized and supported in ways that respond to the needs of a community's youth population, the entire community is not yet resilient.

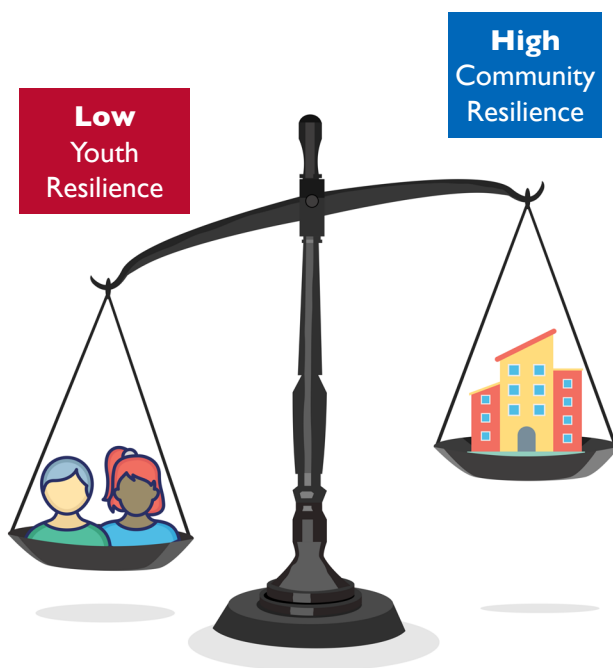
Improving Youth Health Outcomes by Promoting Community Resilience

USAID's Resilience Policy defines resilience as "the ability of people, households, communities, countries, and systems to mitigate, adapt to, and recover from shocks and stresses in a manner that reduces chronic vulnerability and facilitates inclusive growth." However, different strategies may be required to promote resilience at these different levels. A community of resilient individuals is not equivalent to a resilient community. For example, a community can include young farmers whose individual resilience enables them to deal with food shortages by cultivating their land and growing food in certain seasons. Yet the community itself is not necessarily resilient in the face of drought or calamity if there are no storage infrastructures in place to ensure that food is available for all members throughout the year. Therefore, at the systems level, this community may have limited resiliency, although the young farmers in the community are resilient. In this case, a systems change approach is required to address the structural-level issues hindering the community's overall resilience; the farmer's efforts alone cannot ensure food security for the entire community.

What Leads to an Imbalance of Resilience?



When youth show high agency, knowledge and ability to access health services, but in their environment there are no services, this leads to an imbalance — with high youth resilience and low community resilience.



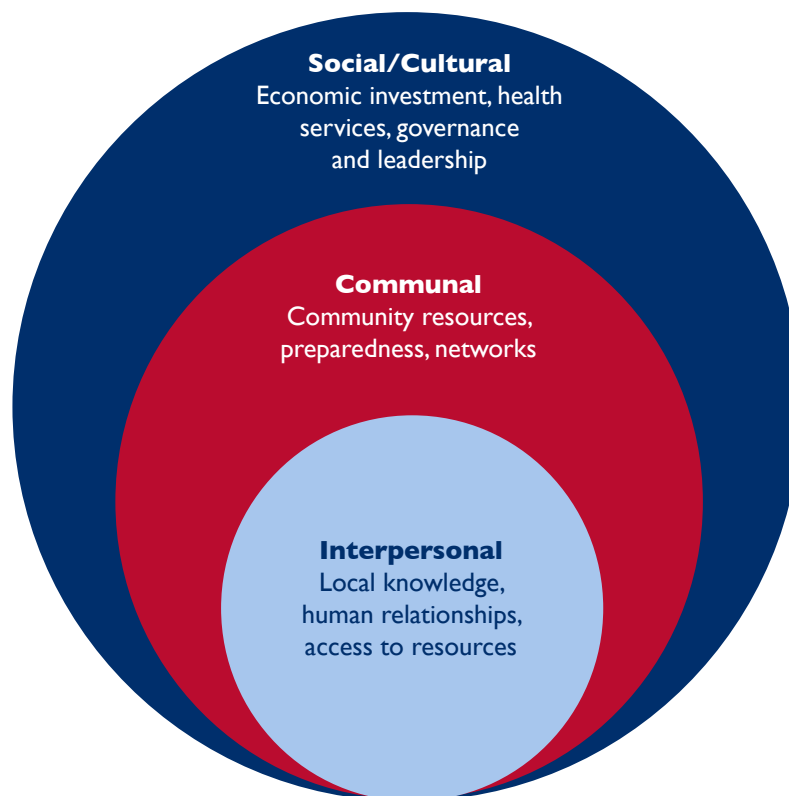
When there are services in the environment (e.g., clinics, counseling, reproductive health), but youth do not have agency, it leads to a high community resilience and low youth resilience.

Community resilience grows out of the interplay between environmental factors (i.e., physical, sociocultural, economic) and individual and collective capacities to survive and thrive in face of adversity. If youth have full agency, knowledge, and ability to access health services during a crisis, but no such services exist, then community resilience has fallen behind individual resilience. Conversely, if a community has support systems and services in place but has not built up the resilience of its youth, then these services will end up being inequitable and underutilized. Building community resilience means establishing resources to help all community members through shocks and stressors and strengthening their abilities to access and use those resources. Until resiliency is conceptualized and supported in ways that respond to the needs of a community's youth population, the entire community is not yet resilient.

The Bi-Directional Relationship Between Youth Resilience and Community Resilience

The bi-directional relationship between resilience at individual and community levels is clear when we consider some of the key building blocks of community resilience:

- At the **micro** (i.e., interpersonal) level, local knowledge, family and peer relationships, and access to resources (i.e., money, food, housing, and economic opportunity) build community resilience by enhancing individuals' connections to community members and knowledge of community resources.
- At the **mezzo** (i.e., communal) level, community resources, community preparedness, and community networks and relationships build community resilience by establishing systems, information networks, and infrastructure to connect and support community members.
- At the **macro** (i.e., social/cultural) level, economic investment, health services, and governance and leadership build community resilience by providing top-down support for local and individual resilience-building efforts.



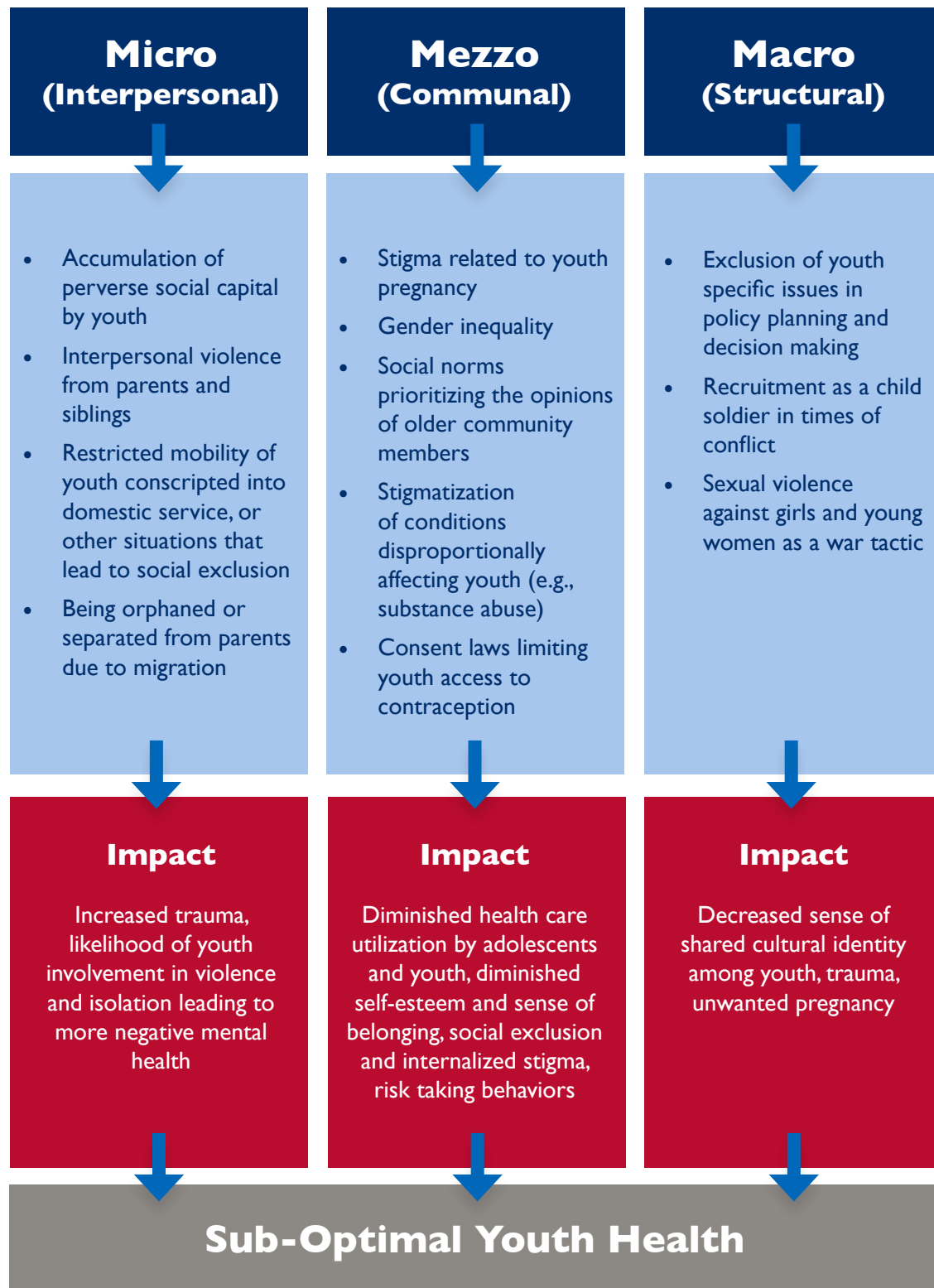
Shocks and Stressors and Protective Factors that Affect Youth Health Outcomes

A host of shocks/stressors and protective factors affect youth health outcomes. Because many of the shocks/stressors and protective factors that affect youth health also affect child, adult, and older adult health outcomes (e.g., poverty), the following two figures focus on shocks/stressors and protective factors that largely affect youth.

Protective Factors That Build Youth Resilience



Shocks and Stressors Affecting Youth Health Outcomes



Measuring Impact to Demonstrate Success

Measuring and Monitoring Community Resilience to Evaluate Progress and Impact

Currently indicators of resilience focus on individual-level experiences of community resilience. Because individual youth resilience contributes both to youth's positive health outcomes and to community resilience, it is useful to highlight the indicators of youth resilience. They include:

- **Individual level resilience indicators** - Participation in cultural or religious practices, self-efficacy, empathy, future orientation (i.e., belief that they will have future opportunities), group membership, national or cultural identity
- **Youth health outcomes related to community resilience** - Sense of safety (i.e., at home, school, or the community), ability to adapt to change (i.e., resilience), sense of secure relationships, anti-social tendencies, impulsive risk-taking, depression, anxiety, daily stressors (e.g., harassment, racism, acculturation distress, restricted freedom)

Tools Commonly Used in LMICs for Cross-Cultural and Multi-Country Comparisons

Children and Youth Resilience Measure (CYRM) - a survey that quantifies resources used to navigate obstacles and enable individual resilience. It includes a 10-item subscale on intra/interpersonal resilience and a seven-item subscale on caregiver resilience. Although CYRM measures resilience on the individual level, its subscales measure the extent to which communities are sufficiently resilient to meet individuals' needs. To measure youth health outcomes in connection with community resilience, CYRM has been used in combination with several tools. It was used with the Hopkins Symptom Checklist (HSCL-25) to assess the prevalence of depression and anxiety and correlate those issues with resilience (Badri et al., 2020). It has also been used in concert with tools for measuring social cohesion and support to understand the contribution of environmental factors (Reyes-Sanchez et al., 2020), religiosity (Hassan et al., 2020), and cultural connectedness (Amini-Tehrani et al., 2020) to resilience.



PHOTO: Depositphotos

Brazilian Youth Questionnaire - uses indicators to measure ecological risks (e.g., family-, community-, or college-related factors) and protective or promotive factors of positive youth development

Photovoice and interviews - with youth about risk and protective factors for community resilience. The fact that these studies all entailed some degree of participatory research that directly involved youth is a point to be lauded. Indeed, as noted earlier, the inclusion of youth and youth-specific issues in policy development, of which research is an initial step, is itself a protective factor for youth health outcomes and a means of bolstering youth's engagement with their community.

Current Community Resilience Programs to Improve Youth Health Outcomes in LMICs

Gaps In Programming and How to Address Them

1. **Very few youth-specific or youth-inclusive community resilience programs exist.** Most of the reviewed programming focused on qualitative measures of individual youth's mental health in times of crisis. Future research should intentionally develop youth-targeted programming that quantitatively and qualitatively assesses community-level indicators of resilience that look beyond mental health to develop the community resilience structures that need to be built.
2. **No reviewed study discussed youth participation in community resilience programming.** Youth involvement is particularly important to community resilience programming that promotes positive youth health outcomes. Future program development must involve youth to increase the efficacy of the intervention, to give youth a sense of ownership in the intervention, and to encourage youth to recognize and positively change the community-level factors affecting their health.
3. **To date, community resilience theoretical models are overwhelmingly grounded in Western-based theories and models,** especially the socio-ecological model (SEM). Future research should develop models and problem-solving mechanisms that address local youth health issues in specific, local contexts.
4. **Most community resilience programming related to youth health outcomes targets adolescents who attend school.** Future research and programming should also target youth who do not attend school, who work, and who are in tertiary education. This more inclusive approach will also allow interventionists to highlight youth-specific building blocks of community resilience in other settings (e.g., workplaces, college campuses) and address a wider range of issues (e.g., gender-biased social norms, community stigma against lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI) persons).
5. **No reviewed study addressed cultural and religious practices and values that were detrimental to young people.** In some LMIC contexts, such practices and values (e.g., patriarchy) can reduce youth's, and particularly girls', self-confidence, self-esteem, and sense of control, and precipitate gender-based violence. Future research must account for these community-level factors to develop effective community resilience programming.

Examples of Community Resilience Programs with Impact

Key Takeaway

Most programs reviewed adopted a mental health focus largely because youth resilience is conceptualized as a psychological attribute.

Increasingly, community resilience programming is being recognized for its significant role in improving youth health outcomes by building protective systems and enabling environments in which youth can thrive and draw on community supports.

Most programs in the systematic review identified low social capital as the primary micro- and mezzo-level stressor of youth and their families. In response, at the micro-level, programs typically sought to improve individuals' mental health through means such as behavioral

therapy, socio-emotional skills training, and face-to-face counseling. At the mezzo-level, programs aimed to build and strengthen relationships within the family and community by leveraging youth's immediate social environment (i.e., parents, trusted adults, teachers, peers) and fostering active participation by youth and their families. These core relationship-building components were tied to other efforts to foster community connectedness, facilitate community support, and provide access to community assets and resources.

The following programs are an illustration of programs that demonstrated promise.

Our Family, Our Future - a resilience-oriented family intervention program based in South Africa.

Findings show that:

- Several protective behaviors increased post-intervention, including increased HIV testing, reduced inconsistent condom use, and improved knowledge of HIV, risk perception, and condom use self-efficacy.
- Youth participants in the program reported lower depressive symptoms, and both youth and parent participants reported higher levels of resilience and positive family interactions, especially in youth-parent communication.

Project SHINE in Tanzania a project that trained high school students in sanitation and hygiene and engaged the wider community in developing protocols for health promotion strategies.

Findings:

- As youth develop resiliency skills, they often decide to give back to their own communities (e.g., volunteerism), which bolsters community resilience in times of need.
- An increased perception of the importance of handwashing, reduced unhygienic behaviors, and increased intention to use toilets.
- Increased students' sense that they contributed to health promotion in their communities, exemplifying the interconnection of individual and community resilience-building.
- Equipping students with health promotion knowledge empowered them to recognize their role in ensuring public health, in turn strengthening their community's ability to effectively promote public health through appeals to its constituent members.

Project Takeaway

As youth develop resiliency skills, they often decide to give back to their own communities which bolsters community resilience.

Youth-Friendly Health Services, a national strategy was implemented to create institutions that positively support youth and community members in planning and policy processes. Strategy components included involving community members in agenda development; connecting community members to experts to support their action planning efforts; developing shared measurement systems; ensuring communication between the community and government representatives; and identifying an organization to oversee and coordinate the strategy.

Findings:

- Social exclusion of youth from policies and planning **impedes community resilience-building and positive youth health outcomes.**

Project Takeaway

Adaptive resilience (i.e., the ability to withstand and adjust to unfavorable conditions and shocks) and absorptive resilience (i.e., the ability to withstand and recover from shocks using available assets and skills) are associated with improved health—particularly mental health—among youth.



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Recommendations and Next Steps

1. **Develop a Theory of Change (ToC) to address both youth and community resilience needs.** Research on community resilience should more fully explore how to develop interventions that distinguish between individual youth resilience and community resilience while also recognizing opportunities for programming that effectively promotes both, given their interconnectedness.
2. **Conduct research that can define pathways** between stressors, shocks, protective factors, and youth health outcomes. The research to date has established that these are associated phenomena, but it does not provide explanations of how, specifically, community resilience translates into positive health outcomes for youth.
3. **Empirically test and evaluate** the effects of community resilience-building interventions on youth health. Much of the data in previous studies has been strictly qualitative and used single measures (e.g., mental health) of youth resilience, limiting its potential utility in future intervention design.
4. **Connect community resilience and youth health outcomes work with positive youth development (PYD) programming.** As USAID's approach to youth development, PYD is designed to create healthy, productive, and engaged youth by improving their assets, agency, contribution, and enabling environment. PYD approaches are clearly well-positioned to enhance and answer questions related to work bridging community resilience and youth health outcomes.
5. **Develop standardized measurement tools for community resilience** with particular attention to community-level indicators. As noted, community resilience research suffers from a lack of common definitions and evaluative criteria. Such evaluative tools should also be able to capture context-specific aspects of community resilience and involve youth and stakeholders in their development.
6. **Develop a blueprint for adapting practice models to local contexts.** This blueprint can provide a framework for practitioners who want to adopt models from other contexts and/or develop a local community resilience model to address youth health outcomes. Such a blueprint will build communities' capacity to deliver tailored community resilience programming more efficiently and successfully.

Key Takeaway

Future interventions should engage schools, families, and communities to sustain long-term positive effects. Community resilience research and programming interested in promoting positive youth health outcomes must directly involve youth.

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