

# Systematic Review of Positive Youth Development (PYD) in Low- and Middle-Income Countries: Findings on Sexual and Reproductive Health (SRH) and HIV/AIDS



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# Table of Contents

1

Executive Summary

2

Methodology

3

How have PYD approaches been used in SRH and HIV programs?

4

Evidence about the effectiveness of PYD approaches for SRH and HIV Programming

5

Conclusions & Recommendations



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# Executive Summary: How have PYD approaches been used in SRH and HIV programs in Low- and Middle-Income Countries (LMICs)?

This brief summarizes findings from the [YouthPower Learning Systematic Review of PYD Programs](#) in LMICs relevant to programming for SRH and HIV/AIDS. It also leverages insights from the [YouthPower Learning PYD Measurement Toolkit](#). International implementing organizations can integrate lessons learned into practice as researchers continue to build knowledge on the impacts of PYD programs.

## 1 About half of the 108 studies (51%) of PYD programs identified by the systematic review focused on SRH and HIV/AIDS outcomes.

Of the 55 studies that focused on SRH and HIV/AIDS, only 18 studies (32%) were experimental evaluations of programs.

## 2 Most programs classified as investigating SRH and HIV/AIDS outcomes also worked towards outcomes in other sectors.

The review finds that a majority of programs also included activities targeted at improving outcomes in health, democracy and governance, and education. Only six out of the 18 experimental studies (33%) showed evidence of successful economic, educational, or democracy and governance-related outcomes in addition to SRH or HIV outcomes.



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# Executive Summary: How have PYD approaches been used in SRH and HIV programs in Low- and Middle-Income Countries (LMICs)?

## 3 **SRH and HIV/AIDS programs targeted more than one type of PYD domain.**

Twenty of the 55 studies had programs that worked to build youths' assets, agency and create an enabling environment. Twenty studies had programs that included these domains in addition to youth's contribution (i.e. youth engagement or youth leadership).

## 4 **PYD programs impacted a variety of SRH and HIV/AIDS-related outcomes. These included increasing self-efficacy to use condoms with partners, contraceptive use, and utilization of SRH services.**

Programs also reduced a person's number of sex partners, increased consistent condom use, and adolescent girls reported fewer incidents of unwilling sex. More programs focused on family planning and fertility reduction are needed.

## 5 **SRH and HIV/AIDS programs strengthen PYD constructs** such as social, emotional or cognitive competencies, agency or creating an enabling environment.

## 6 **There were no studies within the systematic review that had programs that targeted youth with disabilities or LGBTI youth.**



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# Positive Youth Development (PYD)



**Positive youth development (PYD) engages youth along with their families, communities, and/or governments so that youth are empowered to reach their full potential.**

**PYD approaches build skills, assets, and competencies; foster healthy relationships; strengthen the environment; and transform systems.**

**PYD transitions away from traditional approaches of responding to young people in a risk or problem frame. Instead, PYD supports youth holistically, proactively fostering positive attributes, which can lead to an improved quality of life.**



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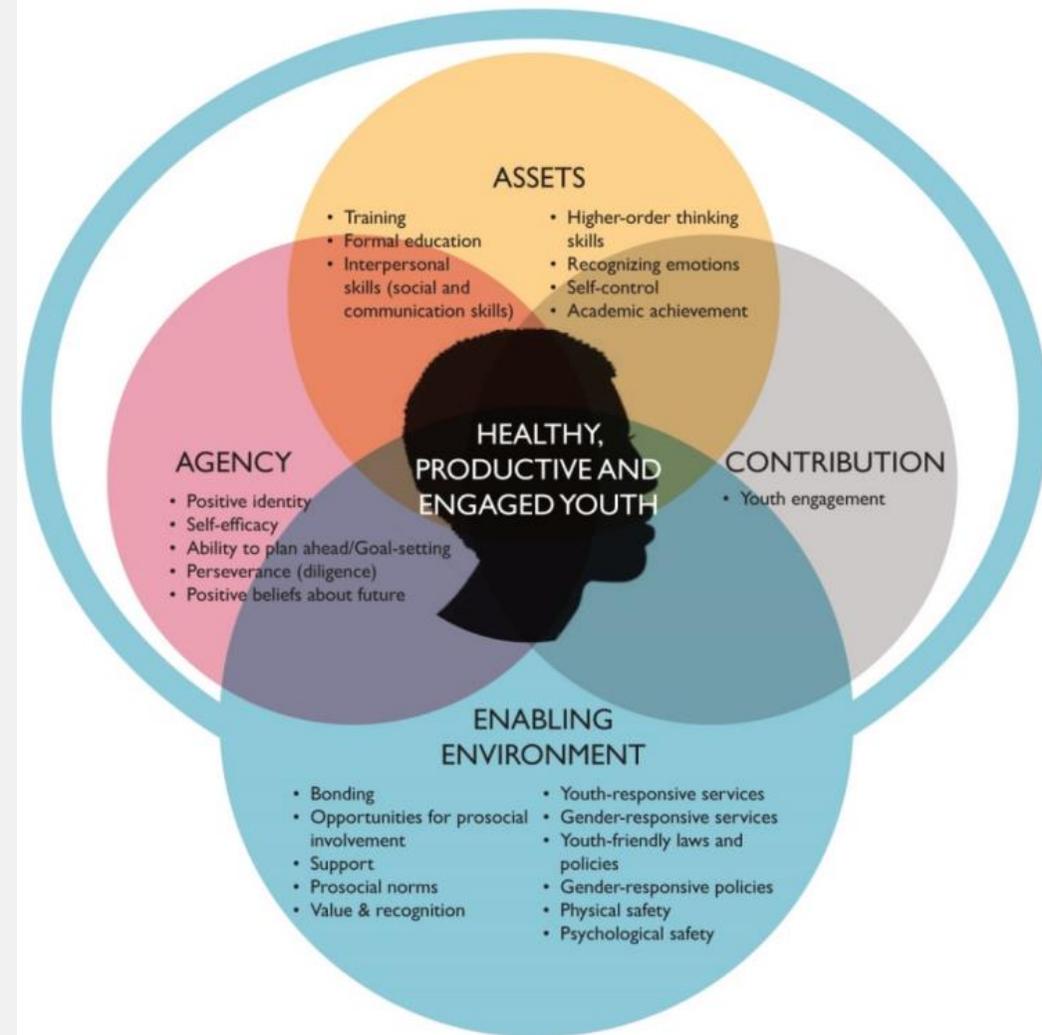
To achieve the vision of healthy, productive and engaged youth, PYD programs, practices and policies must work with youth to improve their:

**Assets:** Youth have the necessary resources, skills, and competencies to achieve desired outcomes.

**Agency:** Youth perceive and can employ their assets and aspirations to make or influence their own decisions about their lives and set their own goals, as well as to act upon those decisions to achieve desired outcomes, without fear of violence or retribution.

**Contribution:** Youth are engaged as a source of change for their own and their communities' positive development.

**Enabling Environment:** Youth are surrounded by an environment that maximizes their assets, agency, access to services, and opportunities, as well as their ability to avoid risks, stay safe and secure, and be protected. An enabling environment encourages and recognizes youth while promoting their social and emotional competence to thrive.



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# Systematic Review of Positive Youth Development in LMICs



**YouthPower Learning's Systematic Review of Positive Youth Development sought to answer two questions:**

- 1. How have PYD approaches been implemented in low- and middle-income countries?**
- 2. What does the evidence say about the effectiveness of those PYD programs?**

## Search Criteria

- Projects engaging youth (ages 10-29)
- Studies included at least two PYD-related outcomes within the domains of assets, agency, contribution, and enabling environment

## Literature Identification Approach

- Systematic search for peer-reviewed literature
- Purposive search and survey for grey literature: program descriptions, case studies, evaluations or end-of-project reports

## Scope

- Searched for papers published between 1990 and 2015
- Covered three sectors: health; democracy and governance; education and economic growth

## Quality

- Assessed using an adapted version of the Checklist for Blueprint Program Evaluation, which sets standards for reviewing research designs, measures, and analyses

The review Identified **108** studies on **97** PYD programs implemented across **60** countries.



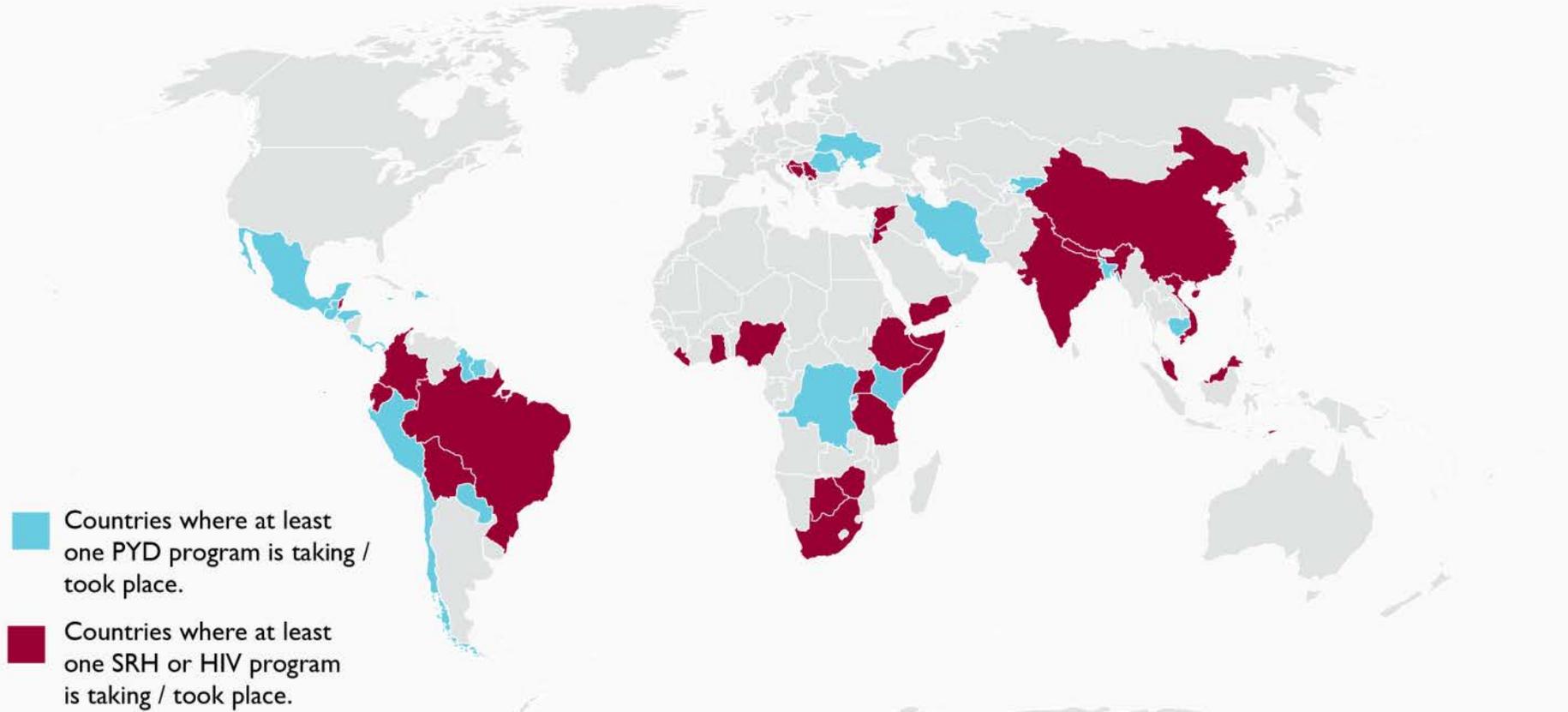
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## Number of SRH and HIV studies by Country



Of the 108 studies identified, 55 studies were about SRH or HIV programs in 60 countries. South Africa hosted nine, Ethiopia and India four each, and Brazil, India and Uganda three each.



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## Studies on SRH and HIV programs by country and type of evidence

Of the 55 studies analyzed, 18 (33%) had experimental designs, 49% were evaluations based on non-experimental designs, and 18% did not provide information about the evaluation of the program.

Out of the 18 experimental studies, 11 were conducted in Sub-Saharan Africa (5 in South Africa, two in Uganda, two in Zimbabwe, 1 in Kenya and 1 in Ghana) and 6 in Asia. Only one took place in Latin America and the Caribbean.

Experimental

Non-  
Experimental

No  
Evaluation



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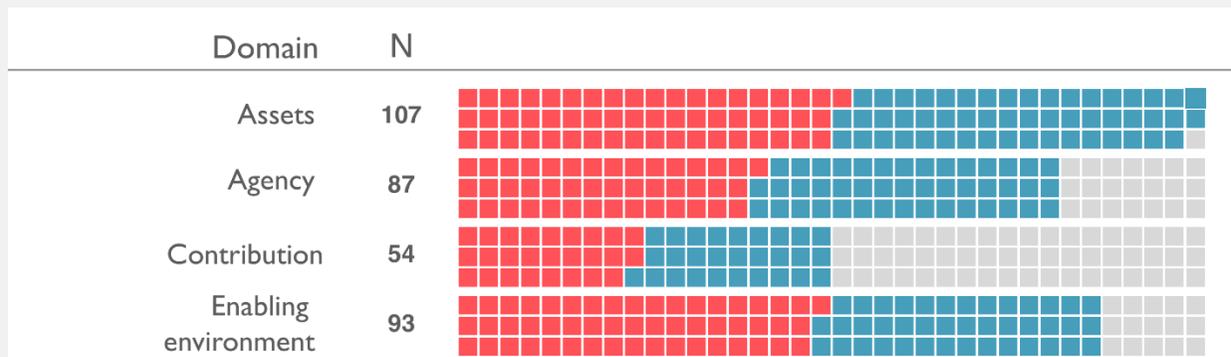
PYD SRH & HIV/AIDS programs focus on building youths' assets.

**Key Finding: Domains**

**Domains:**

- All SRH and HIV/AIDS programs identified through the review focus on building youths' **assets**, in particular by building **health education** as well as **life skills**.
- In addition to **assets** (55), SRH & HIV/AIDS programs also address **agency** (43) and **enabling environment** (52).
- Fewer programs (only 26) include **contribution**.

**PYD Domains: SRH and HIV/AIDS vs All Programs**



**Assets:**

SRH & HIV/AIDS programs work to ensure that youth have the necessary resources, skills, and competencies to achieve desired outcomes. Asset constructs include:

- Sexual and reproductive health education
- HIV/AIDS education
- Life skills
- Higher-order thinking skills
- Recognizing emotions
- Interpersonal skills
- Self-control

## Experimental Evaluations of PYD SRH and HIV/AIDS programs.

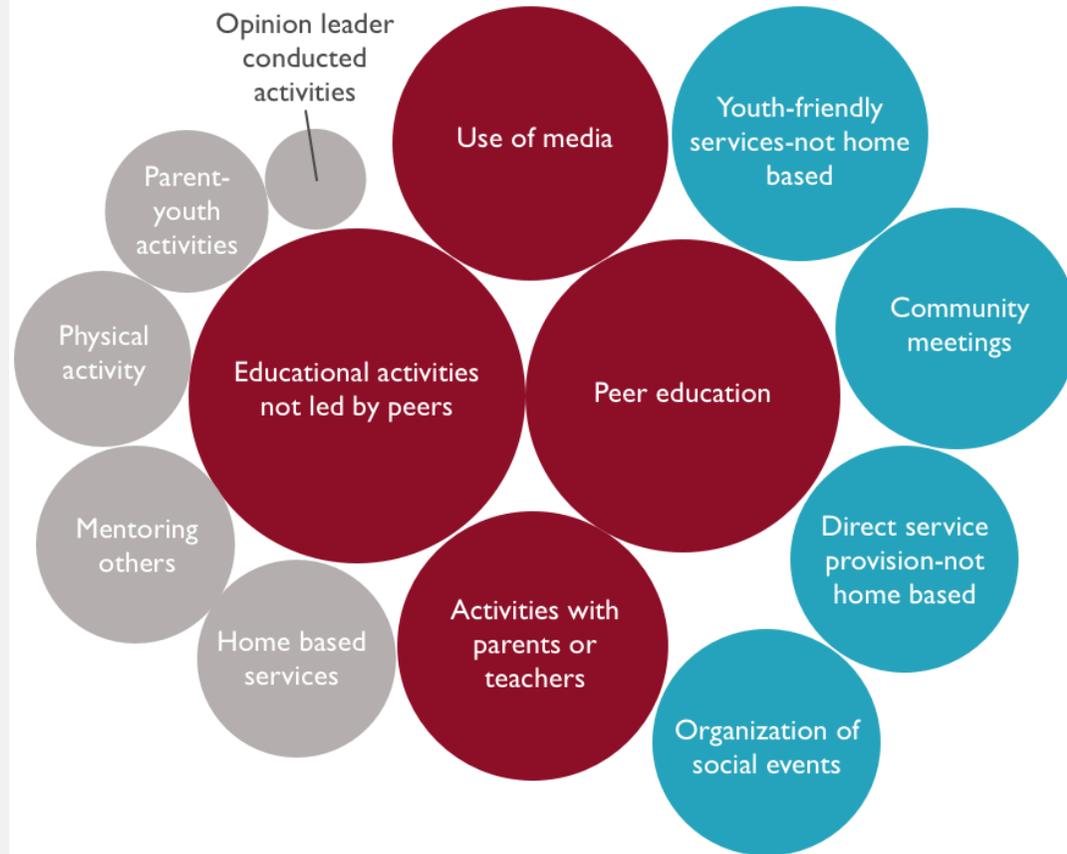
### Activities

Use a wide variety of PYD activities, including adult-led education, peer education, media and activities with parents or teachers.

#### Characteristics of Effective Programs:

- Based on theoretical approaches that have been demonstrated to influence health-related behaviors
- Intervene at multiple levels (i.e. family, peer, community, etc.)
- Provide accurate information about sexually transmitted infections (STIs) and HIV, and methods to prevent pregnancy and STIs
- Provide skill-building activities focused on communication, negotiation and refusal skills
- Train teachers, community members or peer leaders to implement programs and use interactive modalities (i.e. video, role play, etc.)
- Address gender-related issues

## Activities conducted in experimentally evaluated SRH and HIV/AIDS programs



# What the evidence tells us about the outcomes of PYD SRH, HIV/AIDS programs

## Statistically Significant Outcomes from SRH and HIV/AIDS Programs

- Boys and girls report higher self-efficacy to use condoms with their partners
- Reduced sexual risk behaviors such as fewer sexual partners, more youth using condoms consistently, and fewer youth having unprotected sex
- Self-efficacy to use contraceptives
- Adolescent girls report fewer incidents of unwilling sex
- Reduction in teenage pregnancy
- Reduction of HIV related stigma
- More youth using SRH services



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# What the evidence tells us about the outcomes of PYD programs focused on SRH and HIV/AIDS

## Statistically Significant Outcomes

SRH and HIV/AIDS programs also included outcomes related to gender, livelihoods, mental health, and other characteristics such as solidarity, perceptions of trust and care. These programs strengthened social, emotional or cognitive competencies, aspects of agency, or created an enabling environment.

### Gender:

- Reduction in child marriage
- Girls with higher school status
- More participants with positive attitudes toward gender equality
- Increasingly positive attitudes toward marriage for love

### Livelihoods:

- Youth with more experience in working for pay or generating their own businesses
- More youth with ability to generate income/assets/reduction in food insecurity

### Mental Health and Solidarity:

- Better mental health outcomes
- Reduction in youth drug use
- Higher sense of solidarity and trust
- Increase in perception that teachers care about students



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# What the evidence tells us about the outcomes of PYD programs focused on SRH and HIV/AIDS

## Examples

- Empowerment and Livelihood for Adolescents (ELA) in Uganda
- Street Smart: HIV Prevention in Uganda
- Fundación Amaneceres: HIV Reduction in Panama City



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## Empowerment and Livelihood for Adolescents (ELA) in Uganda

**Objective:** To improve the lives of adolescent girls and empower them through the provision of two dimensions of human capital: vocational and life skills. Empowerment is understood as economic empowerment, control over one’s own body, and aspirations on child-bearing and marriage.

ELA established community clubs where vocational and life skills trainings are conducted and which serve as a protected local space in which adolescent girls can socialize, enjoy entertainment, develop skills, and discuss issues. Clubs are operated by female mentors. Courses on income-generating activities such as hairdressing, tailoring, agriculture and computing are offered. Life skills training sessions include sexual and reproductive health, pregnancy, STI, HIV/AIDS, and family planning,

Bandiera et al. (2015)

### Statistically significant outcomes

- Increased self-employment, knowledge about pregnancy, and consistent use of condoms
- Decreased likelihood of participants to have had sex unwillingly in the past year
- Adolescents infected with STIs were more likely to seek treatment at a health center
- Two years after the ELA program’s initiation, adolescents living in treated villages were less likely than those in control communities to report having at least one child (24% decrease in fertility rates among the targeted population)



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## Street Smart: HIV Prevention in Uganda

**Objective:** Street Smart aimed to eliminate or reduce HIV risk behaviors among young people. Participants were boys and girls aged 13- 23 in Uganda.

Using a curricula based on a 10-session Street Smart HIV/AIDS prevention program adapted from a US-based context, boys and girls received vocational training consisting of an apprenticeships with local artisans in hairdressing, catering, tailoring, mechanics, electronics, carpentry, cell phone repair, and welding.

Youth attended four to eight hours of class, five days a week. The program staff trained artisans to mentor youth. No more than five youth were assigned to each artisan.

### Statistically significant outcomes

- Decreased number of sexual partners
- Increased abstinence or use of condoms
- Decreased alcohol, marijuana use and hard drug use
- Increased likelihood of youth employment
- Increased quality of life, social support and work experience

Rotheram-Borus, M. J., Lightfoot, M., Kasirye, R., & Desmond, K. (2012)

## Fundación Amaneceres: HIV Reduction in Panama City

**Objective:** The Fundación Amaneceres aimed to reduce HIV/AIDS infections among both male and female youth attending high school. Average age of participants was 16 years old.

The program used peer-to-peer education through interactive modalities: theater, group meetings, lectures and video led by a group of adolescents who were previously trained by the program.

The curriculum included discussion topics about the community, family environment and family relationships.

### Statistically significant outcomes

- Increased HIV knowledge
- Increased positive attitude towards knowing one's HIV status
- Improved acceptance of people with positive HIV status and willingness to be friends with HIV-positive individuals
- Increased number of teenagers who felt comfortable purchasing a condom
- Increased number of students who cited abstinence as a way to prevent HIV

Aramburú, M. G., Estripeaut, D., Rowley, S., Smoot, S., Chamorro, F., & Bayard, V. (2012).

# Summary

## How have PYD approaches been used in SRH and HIV programs in LMICs?

**PYD programs in SRH/HIV are prevalent in LMICs and work across sectors and domains.**

- About half of the 108 studies (51%) identified by the systematic review were PYD programs with SRH and HIV/AIDS outcomes. However, only 18 of the 55 studies (33%) were experimental in nature. More rigorous evaluations on existing programs is needed.
- SRH and HIV programs are cross-sectoral. Activities are targeted at improving outcomes in the sectors of health, democracy and governance, and education.
- PYD programs are focused more on HIV risk behaviors and less on SRH outcomes such as family planning and fertility reduction.

# Conclusions

## What does the evidence say about the effectiveness of PYD approaches for SRH and HIV programming in LMICs?

- Experimental studies show that PYD programs on SRH and HIV/AIDS outcomes effectively increased boys and girls’ self-efficacy to use condoms with their partners, contraceptive use, and utilization of SRH services. Programs reduced risky sexual behaviors such as having multiple sexual partners and incidents of unprotected sex, and adolescent girls report fewer incidents of unwilling sex.
- SRH and HIV/AIDS programs strengthened social, emotional and/or cognitive competencies. Most programs addressed more than one domain (assets, agency contribution and enabling environment).

# Recommendations

- 1 **Program implementers should leverage existing PYD resources to expand the scope of their programs.** Implementers working on SRH and HIV programs should look to PYD programs for examples of holistic (cross-sectoral and multi-setting) youth development.
- 2 **Funders should invest in promising approaches for cross-sectoral impact.** There are promising outcomes for PYD programs that address SRH and HIV/AIDS, including cross-sectoral outcomes (related to health and gender norms). Proven models could be expanded and replicated.
- 3 **Implementers and funders should target PYD approaches to SRH and HIV prevention more inclusively.** PYD programs on SRH and HIV/AIDS preventions should address gender attitudes toward boys, girls, LGBTI and youth with disabilities.

# Recommendations

- 4 Funders should support high-quality evaluations to expand the evidence base of what works for SRH and HIV/AIDS prevention.** There is a need for more rigorous evidence about the effectiveness of PYD outcomes as they relate to SRH and HIV. More evaluations of SRH outcomes such as family planning, fertility reduction and access to SRH services are needed. Support for high-quality evaluations of promising models, including impact evaluations and cost-benefit analysis, should be considered.
- 5 Design and implement PYD programs in Latin America, the Caribbean, and Asia.** Most evidence of SRH and HIV program effectiveness has been built upon programming in Sub-Saharan Africa and Asia. There is little evidence of the effectiveness of this type of programming in Latin America and the Caribbean (LAC).
- 6 Engage youth in program design, implementation and evaluation to improve program effectiveness.** Youth should be engaged and included from program inception and throughout the program cycle. Programs used peer-led education, often in conjunction with adult-led activities.

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# YouthPower Learning Documents

## YouthPower Learning Systematic Review of PYD Programs in LMICs

Alvarado, G., Skinner, M., Plaut, D., Moss, C., Kapungu, C., and Reavley, N. (2017). *A Systematic Review of Positive Youth Development Programs in Low-and Middle-Income Countries*. Washington, DC: YouthPower Learning, Making Cents International.  
<http://www.youthpower.org/systematic-review-pyd-lmics>

## YouthPower Learning PYD Measurement Toolkit

Hinson, L., Kapungu, C., Jessee, C., Skinner, M., Bardini, M. & Evans-Whipp, T. (2016). *Measuring Positive Youth Development Toolkit: A Guide for Implementers of Youth Programs*. Washington, DC: YouthPower Learning, Making Cents International. Retrieved from <http://www.youthpower.org/positive-youth-development-toolkit>

Click [here](#) to learn more about Positive Youth Development, or visit [YouthPower.org](http://YouthPower.org) for more details.



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