

Positive Youth Development for HIV/AIDS and Sexual & Reproductive Health Programming: What Do We Know?

YOUTHPOWER LEARNING SYSTEMATIC REVIEW WEBINAR SERIES

September 7, 2017



Advancing solutions to transform the lives of young people



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YouthPower Learning

Advancing solutions to improve young lives

- **YouthPower Learning** advances solutions through integrated research and development programs to improve the capacity of youth-led and youth-serving institutions.
- *By engaging youth, their families, communities, and governments in innovative programs, we build young people's skills, assets, and competencies; foster healthy relationships; strengthen the enabling environment; and transform systems.*

What is Positive Youth Development (PYD)?

PYD programs recognize youth's inherent rights and result in youth who have assets, the ability to leverage those assets (agency), and the ability to contribute to positive change for themselves and their communities, surrounded by an enabling environment that supports them

<http://www.youthpower.org/positive-youth-development>



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How can we partner together?

- Identifying [What Works](#)
- Measuring PYD: [PYD Measurement Toolkit/Indicators](#)
- Sharing Resources, Events, Information, and What Works: Learning Hub [YouthPower.org](#)
- [Communities of Practice](#):
 - Youth in Peace and Security
 - Gender and PYD
 - Youth Engagement
 - Cross-Sectoral Skills
- Ongoing YouthPower Activities: [YouthPower Projects](#)
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Speakers



Martie Skinner



Alice Welbourn



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Speakers



Andrew Gibbs



Kate Plourde



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



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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

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



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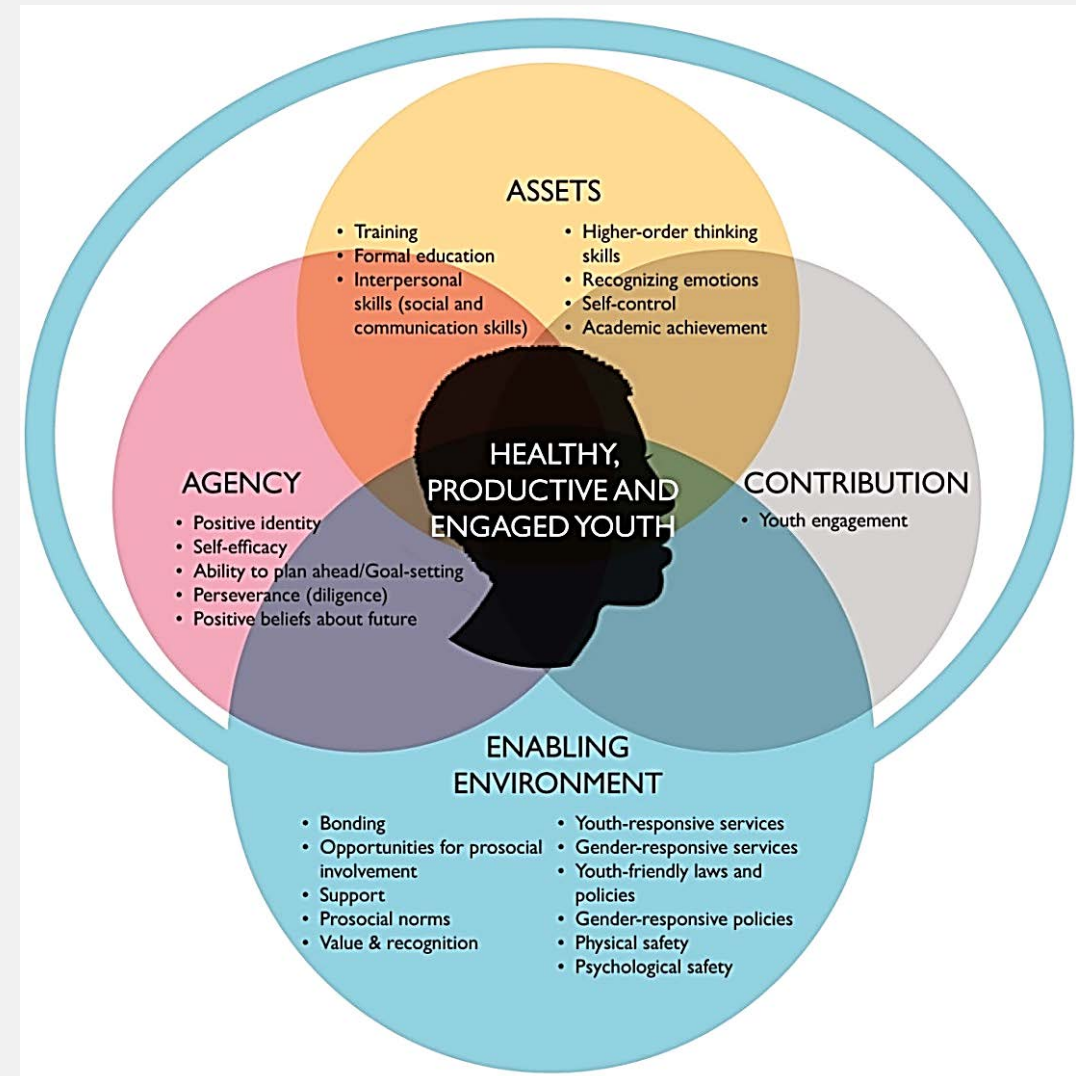
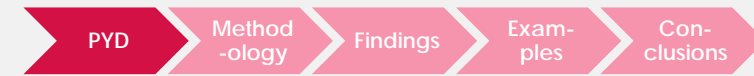
To achieve the vision of healthy, productive and engaged youth, PYD programs, practices and policies must work with youth to improve their:

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 for 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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Assets

Youth have the necessary resources and skills to achieve desired outcomes.

Money
Housing
School
etc.

Communication skills
Emotion Regulation
Problem Solving
as well as
Specific job training

Agency

Youth have the **ability** to employ their assets and aspirations **to influence** or make their own **decisions and goals** in their lives, and to act upon those decisions in order to achieve desired outcomes without fear of violence or retribution.

Self-efficacy
Positive Identity
Future Orientation
etc.

Contribution

Youth are encouraged to be recognized and engaged as a **source of change** for their own and their communities' positive development.

Civic Activity
Leadership
Mentoring

Enabling Environment

Youth are surrounded by an environment that maximizes their assets, agency, access to services and opportunities, ability to avoid risks and stay safe, secure, and protected while promoting their social and emotional competence to thrive.

Promotes healthy relationships
Provides positive opportunities, healthy norms, and safe spaces

Features of PYD programs

1. Build skills
2. Engage youth in making a contribution
3. Build healthy relationships, promote bonding
4. Foster belonging and membership
5. Provide clear and consistent positive norms
6. Create safe spaces
7. Provide access to youth friendly services/service integration

Experimental Evaluations of PYD SRH and HIV/AIDS programs.

PYD

Method
-ology

Findings

Exam-
ples

Con-
clusions

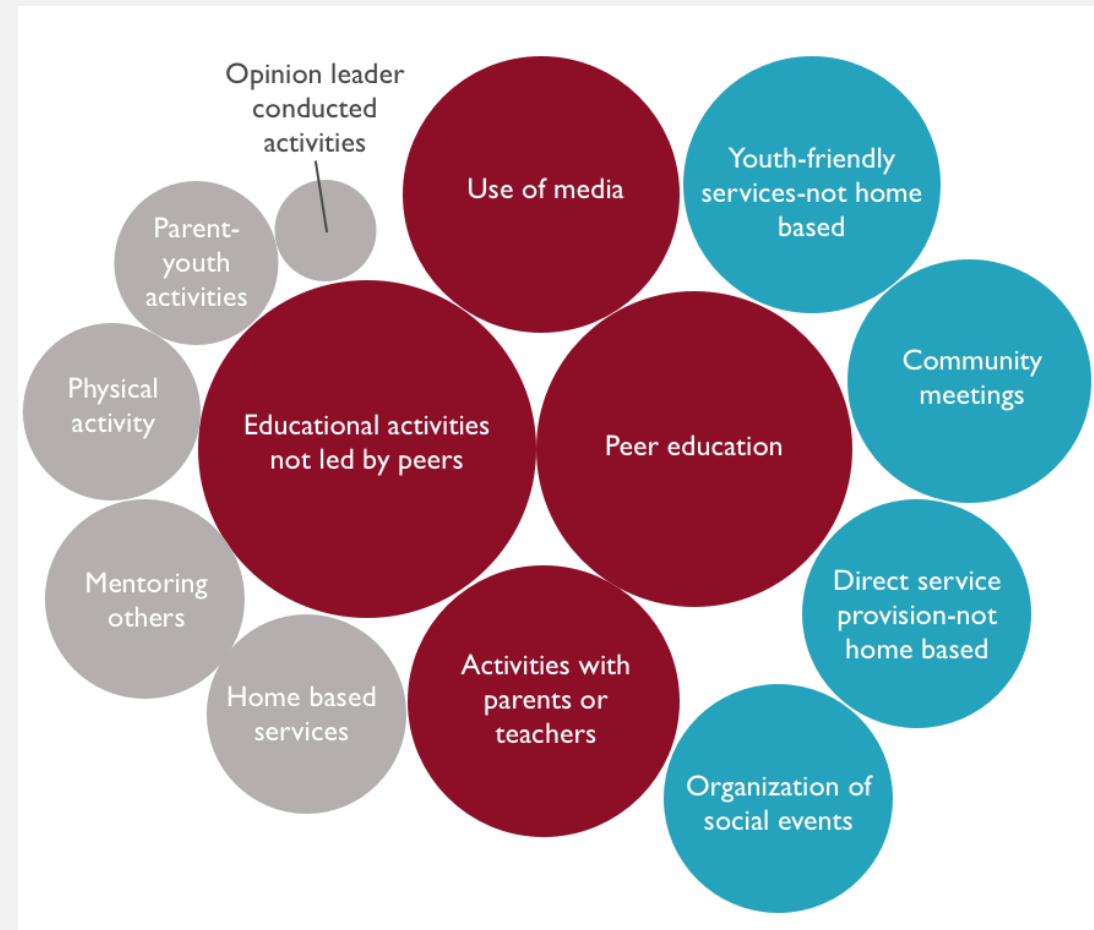
Activities:

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 demonstrated to influence health-related behaviors
- Intervene at multiple levels (i.e. family, peer, community etc)
- Deliver and reinforce a message about using condoms or other forms of contraception consistently
- Provide accurate information about STIs/ 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 program and use interactive modalities (i.e. video, role play etc)
- Address gender-related issues

Activities conducted in experimentally evaluated SRH and HIV/AIDS programs



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What the evidence tell us about the outcomes of PYD programs focused on SRH, HIV/AIDS

Statistically Significant Outcomes

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

Gender

- Reduction of child marriage
- Girls with higher school status
- More participants with positive attitudes toward gender equality
- Participants have positive attitudes towards 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, solidarity

- Better mental health outcomes, fewer youth using drugs
- Higher sense of solidarity/trust/perception teachers care



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Summary

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

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

- More than 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 were experimental (33). 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.



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Conclusions:

What does the evidence say about the effectiveness of PYD approaches for SRH and HIV Programming in LMIC

- 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 sexual risk behaviors such multiple partners, incidents of unprotected sex and adolescent girls report fewer incidents of unwilling sex.
- SRH and HIV/AIDS strengthened social, emotional or/and cognitive competencies, agency and/or created an enabling environment.



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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.



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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 related 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 LAC and Asia regions.** Most evidence of SRH and HIV program effectiveness has been built upon programming in African countries. However. There is no evidence of the effectiveness of this type of programming in LAC and Asia.
- 6 Engage youth in program design, implementation and evaluation to improve program effectiveness.** Engaging youth should be included from program inception and throughout the program cycle.



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Acknowledgments

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For public inquiries and additional information, please email info@youthpower.org or mail to:
Making Cents International, Attention: YouthPower Learning
1350 Connecticut Ave NW, Suite 410, Washington DC 20036 USA



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Stepping Stones and young people: seeking cross-sectoral positive outcomes in social norms change *lessons from around the world*

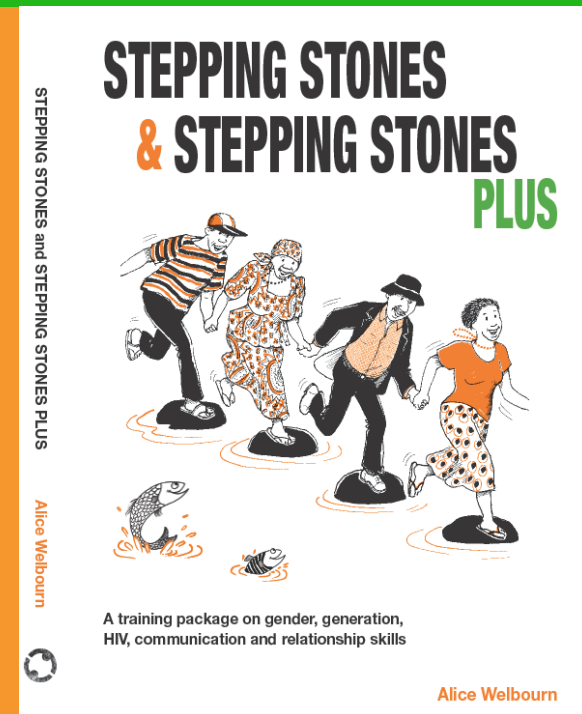


With thanks to all those involved in *Stepping Stones* around the world, especially, for this presentation:

Ellen Bajenja
Salamander Trust

Martin Opondo Obwor
IPH Kenya

Dr Matthew Shaw
Formerly MRC The Gambia



Alice Welbourn PhD FRCOG (Hon)

Positive Youth Development | Webinar | 7 September 2017

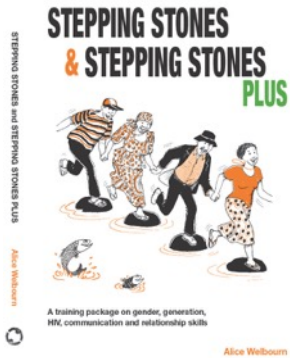
Salamander's life-cycle approach



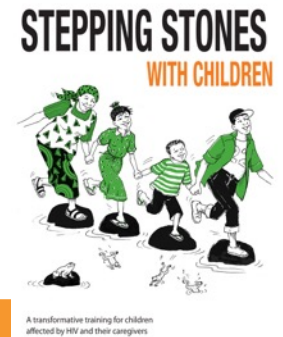
Salamander Trust
ON THE RIGHT(S) TRACK

4M+

4M+ peer-mentoring programme
– led by & for women living with
HIV on the pregnancy journey



*Stepping Stones & Stepping
Stones Plus: young people ca. 15
years upwards & adults*



*Stepping Stones with Children:
5-8s, 9-14s, and their caregivers*

WHAT IS *STEPPING STONES*?

- A highly **interactive** training process; used for over 2 decades worldwide
- Addresses **gender**, inter-**generational** & human **rights** issues in context of HIV
- Facilitates community members to explore issues in **peer groups** and collectively share their views and arrive at important **changes**
- 1993-1995 - Original *Stepping Stones* developed and published in rural **Uganda**
This included teenage and adult men and women
- 2008 - *Stepping Stones Plus* (SRH and HIV)
- 2014 *Stepping Stones for Peace and Prosperity* (for post-conflict settings)
- **2016 – *Stepping Stones with Children* (5-8s, 9-14s and caregivers)**
- **2016 – *Stepping Stones & Stepping Stones Plus* – wholly revised & updated (ca. 15 years upwards and adults)**

What does *STEPPING STONES* focus on?

- Gender equality and empowerment (see Haberland 2015)
“Addressing gender and power should be considered a key characteristic of effective sexuality and HIV education programs”
- Primarily focuses on activities with males and females separately
(found in PYD systematic review to be most effective in reducing gender inequality – ‘fission & fusion approach’)
- Four peer groups based on gender and age (younger/older female/male): each led by facilitator of same gender and similar age
(each peer groups allows for ‘a safe place for honest discussion of sensitive issues’ - PYD)
- All activities are based on participants’ own experiences or those of “someone like me”, (to provide confidentiality)
(enables adaptation of sessions to local context)

STEPPING STONES & STEPPING STONES PLUS



A training package on gender, generation,
HIV, communication and relationship skills

Alice Welbourn

STEPPING STONES and STEPPING STONES PLUS

Alice Welbourn



What Works for Women
website:

Gray II evidence level for effectiveness,
both in addressing violence against women and
transforming
gender norms.

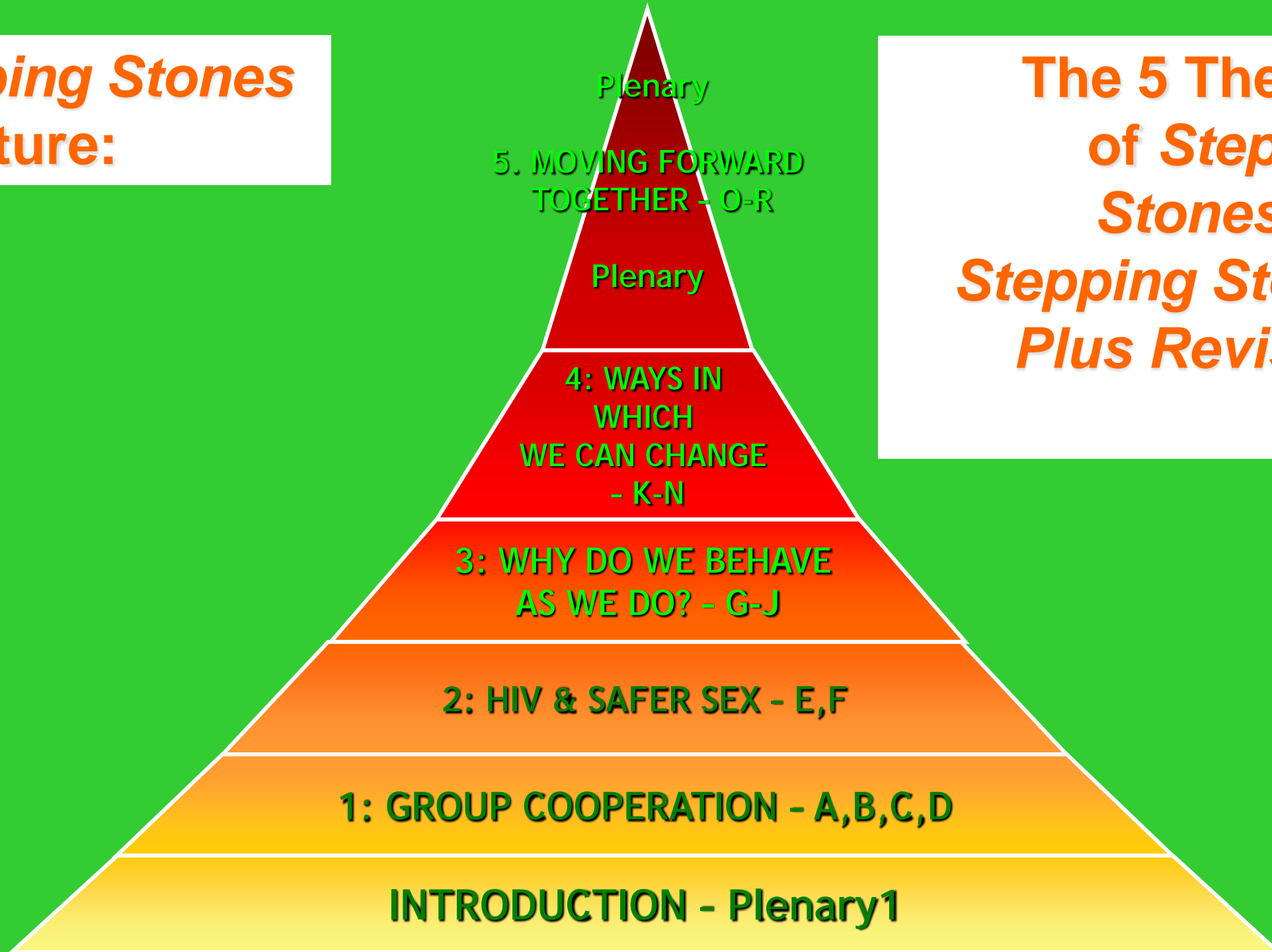
<http://whatworksforwomen.org/>

Jewkes et al. (2008, 2010) (S African adaptation):

- reduced risk of herpes simplex virus 2 acquisition by one-third over two years of follow-up.
- reduced intimate partner violence by male participants, casual sex, problem drinking at 12 & 24 months.
- no statistically significant effects on HIV reduction.
- Qualitative research showed that *Stepping Stones* generally empowered participants to take control of different aspects of their lives and apply their cognitive skills, as well as to positively influence their peers.

Stepping Stones Structure:

The 5 Themes of *Stepping Stones and Stepping Stones Plus Revised* - 2016



Stepping Stones Foundation Stones...

Involvement of all stakeholders:

- *Four*-peer group work and discussions, gender- and age-based – and emphasis on these relationships

Holistic response to HIV:

- Focus on *rights*-based sexual and reproductive health & gender issues – with *multiple positive outcomes*
- All can address their *own* most pressing issues
- *Ownership* of the process by the community

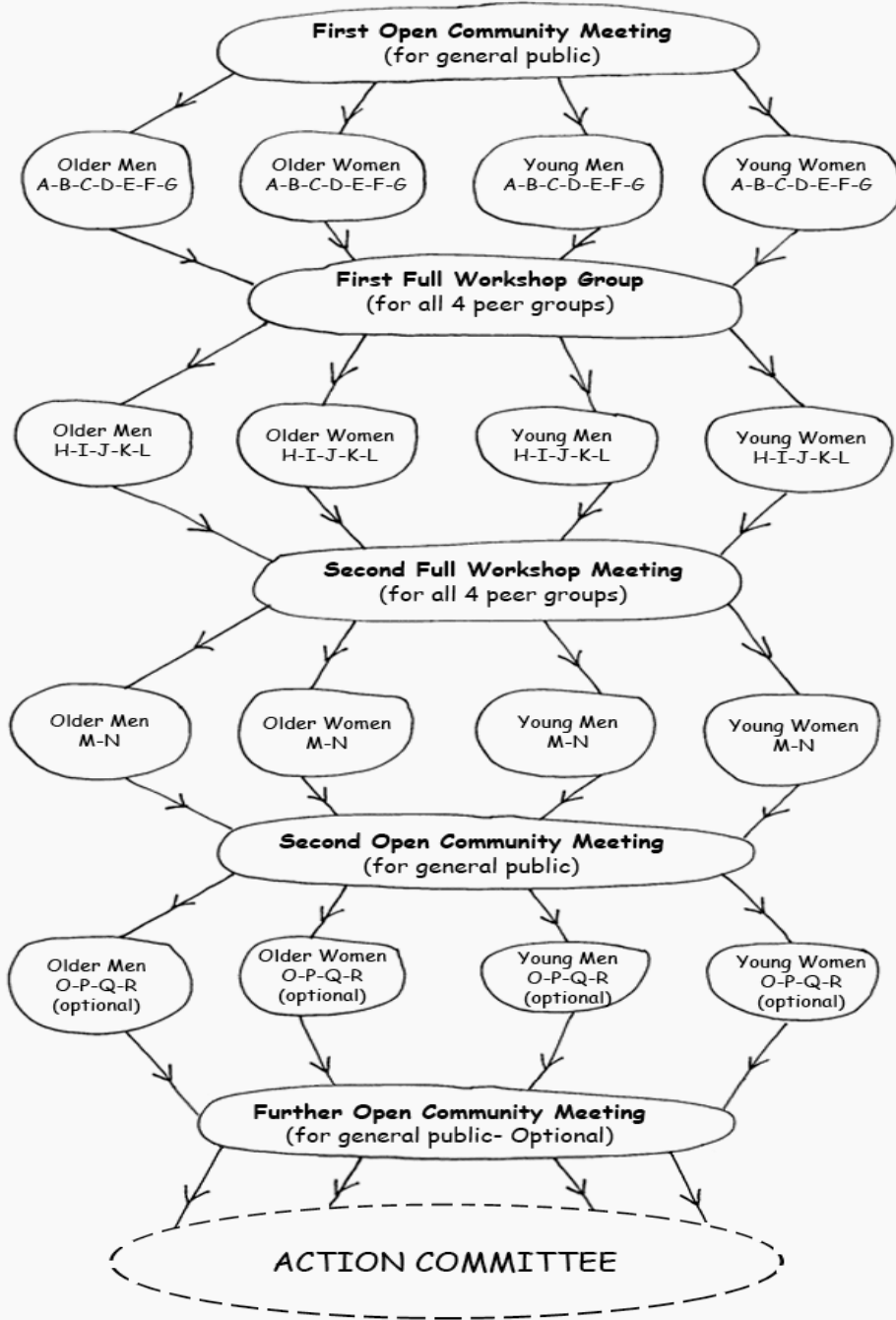
Experiential learning structure:

- Interactive discussions, role plays, diagrams
- ‘Fission and fusion’ approach
- Around *50 hours* contact time

Facilitators as guides not teachers

Confidentiality

Positive Approach



'Fission and fusion...'

- *Safety* in peer groups
- *Sharing* across genders & generations
- *Building* bridges across identities & views
- From 'I'-dentity to 'We'-dentity
- Creating shared *solutions*
- *Acting* together

How has *Stepping Stones* been adapted?

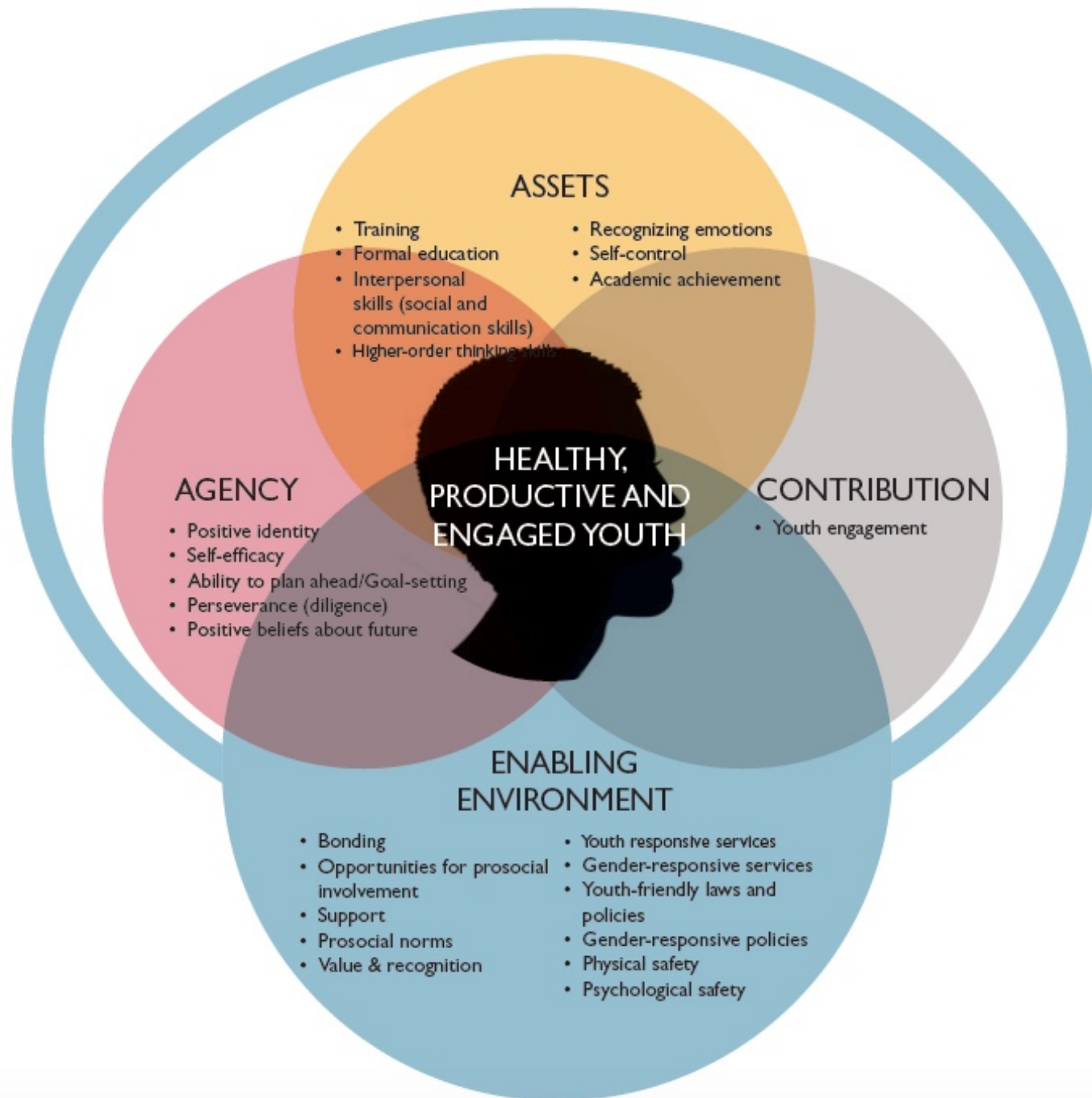
Many different contexts, including:

- People with disabilities (eg India)
- Pastors and Imams and their congregations (Kenya, Gambia)
- School pupils and teachers (many countries)
- NGO staff (eg Tanzania)
- People living with HIV and AIDS (eg Zimbabwe, Namibia)
- National and constituency AIDS Control Councils (Gambia..)
- Girls and boys out of school (many countries)
- Women's rights groups (many countries)
- Health staff (Mumbai)
- Drug using communities (Myanmar)
- People in prison (Morocco, India)
- University staff and students (Namibia)

Evaluations

Many different contexts, including:

- ☐ Gambia evaluation AJAR
- ☐ A review of evaluations up until 2006 (T. Wallace)
- ☐ RCT South Africa (Jewkes et al, BMJ)
- ☐ Regional evaluations (C. America, Fiji)
- ☐ ACORD: Uganda, Tanzania, Angola
- ☐ COWLHA Malawi evaluation



Stepping Stones:

- addresses all four domains of the PYD framework
- takes a gendered- & human-rights based, holistic approach
- treats all participants as equals
- promotes communication & relationship skills for mutual respect for shared learning across the genders & generations

PYD Sectors*:

HEALTH

HIV and AIDS,
sexual and reproductive health,
mental health (*including suicide*),
(*smoking* – but see StStWC), alcohol and drug use,
resilience,
breastfeeding,
(*hepatitis*),
(*nutrition* – but see StStWC)
(*physical fitness* – but see StStWC),
child maltreatment (or *neglect* - but see StStWC).

DEMOCRACY & GOVERNANCE

violence,
youth capacity building,
child marriage.

Economic Development and Education

workforce development,
education,
bullying,
the environment (in its widest sense)

Stepping Stones:

- Connects with **all three sectors** of the PYD Framework
- Many examples found by implementers of ‘**unplanned**’ or ‘**unexpected**’ outcomes related to this list
- Repeated observations that the programme acts as a **catalyst** or **springboard** for other work (eg *StStCF*; Mozambique; Redd Barna)
- Highlights need for **more holistic approaches to evaluation** - across sectors and including communities

(**Stepping Stones not* known to have been used in relation to items in *italics* and brackets – although most of these are covered in StStWC)

Examples of *Stepping Stones* adaptations:

1: YOPAD, PASADA – Dar es Salaam, Tanzania



From trash.....
..... to cash:



- Informal settlement in largest conurbation in E Africa
- High levels of **alcohol** and **drug** use and related gun crime & **VAWG**
- Huge mounds of stinking **rubbish**
- Youth repeatedly chased away the PASADA outreach youth worker – who kept returning
- Youth finally agreed to listen to him
- Transformed the community,
- Youth started **IGAs** & reaching out to other communities
- “Police used to chase us – now they bring us their cars to be washed” – youth in another informal settlement

Examples of *Stepping Stones* adaptations:

2: MRC and partners – The Gambia – formal & participatory reviews



Young women from 17+; young unmarried men aged 19-24 – in this traditional rural context, young people below this age would not have been allowed to join in on sex education

- Participants chose their **own** priority issues
- The programme then related these back to HIV and VAW
- From “**condoms** will promote ‘promiscuity’ “....
- ...to ‘infertility is caused by **STIs** and condoms can protect our **fertility**’ (& peer-led distribution)
- “The **marriage** before was very difficult because if you want to discuss with your husband — even if it is a simple thing he takes it to be a big thing. But now all those things are gone, we talk to each sweetly. (*female participant*)”

Examples of *Stepping Stones* adaptations:

2: MRC and partners – The Gambia – [formal](#) & [participatory](#) reviews



Table 1: Prioritisation of urgency of sexual reproductive health problems by peer group

	NOW	SOON	LATER
Old Women	Grandchildren are awake when wanted by husband Wife beating STIs AIDS Unwanted pregnancy	Husband looking for a new wife Wife tired when husband wants sex Tiredness after delivery No money	Jealousy Menopause pains Husband wants sex when wife is unwell or pregnant Headaches
Young Women	Too many children Husband wanted sex by force AIDS STIs Unwanted pregnancy Wife beating	Sex during menses Husband refusing condom Deflowering of young girls	Pain during sex Sex after delivery when woman is tired
Old Men	Too many wives Malaria Epi-gastric problems	Having casual sex Headache General body pain	Jealousy STIs Sexual weakness High blood pressure
Young Men	Unsafe sex Spread of STI AIDS	Infertility Unplanned family Stomach ache Joint pains	TB Headache Worms Boils

Young women from 17+; young men from 19+

Examples of *Stepping Stones* adaptations:

2: MRC and partners – The Gambia – formal & participatory reviews



POSITIVE CHANGES SEEN NOW IN THE VILLAGE, February 2000

GOOD CHANGES	W	YM	OM
More DIALOGUE in the home	#	#	#
Less quarrelling amongst couples (violence)	#	#	#
More trust and confidence between couples and the community	#		
Fewer sex partners		#	
*Practise safer sex	#	#	
**Stay with husbands during breastfeeding	#	#	
Husbands provide more fish money	#	#	#
More understanding and respect in the home	#	#	#
Husbands buying presents for wife and children	#		
Husbands helping wives with difficult jobs at household level	#	#	#
Husbands granting permission for wives to visit relatives	#	#	
Talking to children about sex	#		#
Safer sex even outside marriage	#	#	#
Awareness		#	#
Safe drinking water ⁴		#	

*By this, participants meant that they used condoms

**Normally, women leave their husbands while they are breastfeeding and go to their parents' houses as a contraceptive method. Now due to knowledge gained from Stepping Stones programme, they can remain with their husbands and have normal sexual relations with them without the fear of getting pregnant because they have access to contraceptive methods like condoms.

Key: ▶ = mentioned by at least 2 groups (including women) or by women alone in 3 simultaneous but separate self-generated lists – so no conferring took place

⁴ A well is now being constructed in the village with funding from another donor

Young women from 17+; young men from 19+. NB in this review exercise there were not enough female facilitators available, so the older and younger women agreed to form one group

Examples of *Stepping Stones* adaptations:

3: Other examples

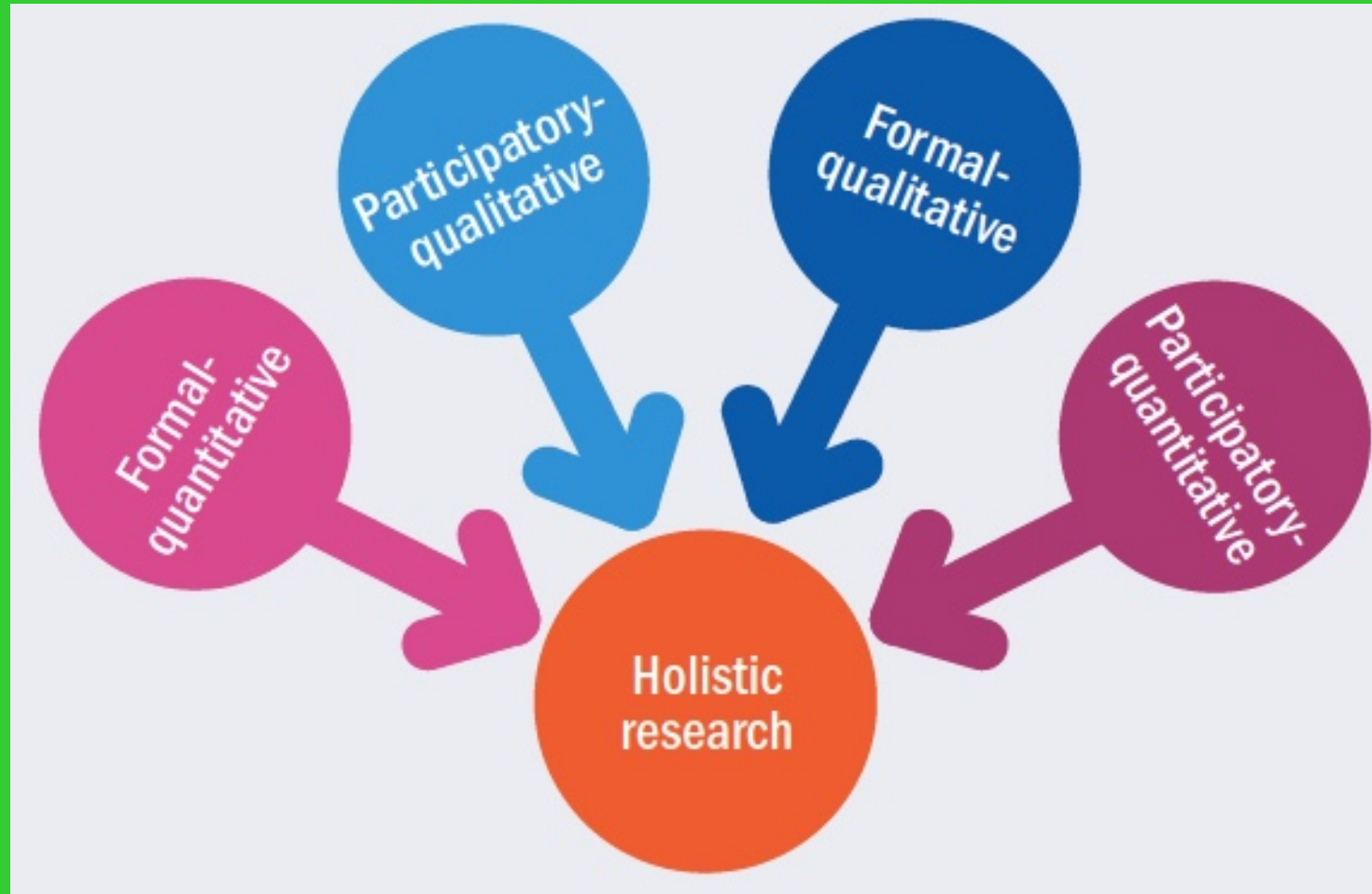


- Youths set up their own **council** (Fiji)
- Young **soldiers** reduce alcohol use & violence & increase ability to communicate about their feelings, & condom use (Angola)
- Girls can access **sanitary** towels & stay in **school** (Kenya)
- Girls persuade fathers, through their male peers, to pay for their **school** fees (Uganda)
- Girls ask men to sanction 'sugar **daddies**' (Uganda)
- Girls' under 18 **marriage** stopped (India)
- Improved understanding & support **across** genders & generations (all)
- Increased respect for **people living with HIV** (all)
- Significant reduction in **IPV** -> marked effect on **children** (all)

Challenges with M&E

- Huge limitations of complex M&E processes
few NGOs can afford them or have sufficient capacity to publish in peer-review journals
- [Limitations](#) of RCTs to measure complex social norms change programs
focus more on what, much less on how and why
- [DfID Review](#) of effective VAWG program evaluations: “*Strengthening Participation*”
- [ALIV\[H\]E](#) Framework: UNAIDS et al
*formal **and** participatory, quantitative **and** qualitative*

ALIV[H]E: Invest in a holistic research matrix



Key Components of Good HIV Programmes:

HIV / SRH&R / Safety (end of VAWG) inextricably [linked](#)

- IPV increases HIV vulnerability by [1.5](#)
- VAW marked increase among many women living with HIV after [diagnosis](#)
- Knock-on effect on their children & on their [capacity](#) to start & [adhere](#) to tx
- Good HIV Programmes need to recognise this 'interlinkage' of HIV & VAWG
- And good HIV programmes need to be *solution*-focused, *aspirational*.
- Meaningful and equal involvement of young women & young men
- Also critical need to work *across* [generations](#) & *genders*
- Social norms change work: needs to be gender- & rights-based, takes time, needs holistic approach (multi-sectoral & involving whole community), needs to do no harm, needs investment in trainers - see CUSP brief (forthcoming) based on 8 evidence-based programmes
- Critical literacy – analysis of power imbalances at every stage of the programme, from the perspectives of 'myself / my peers / other generations & genders' – stepping into *others'* shoes
- Livelihoods options also huge driver – huge need for *choice* – best if *follows* initial programme

Contd....

Key Components of good HIV programmes - continued

- Good **adaptation** essential – need to understand overall structure well – talk to us!
- Good **training** essential – facilitators need time & ongoing support to understand and internalise programme themselves well – no short cuts!
- Current **funding** climate – short-term time scale, scale up based on numbers reached, evidence-based.... How can we address this?
- Initial **investment** is so important yet staff retention is now minimal – but this *should* be seen as investment, not cost – over time, with well trained and *experienced* facilitators – need for support for long-term trainers – including young people who have ‘graduated’ from the programmes

Thank you!

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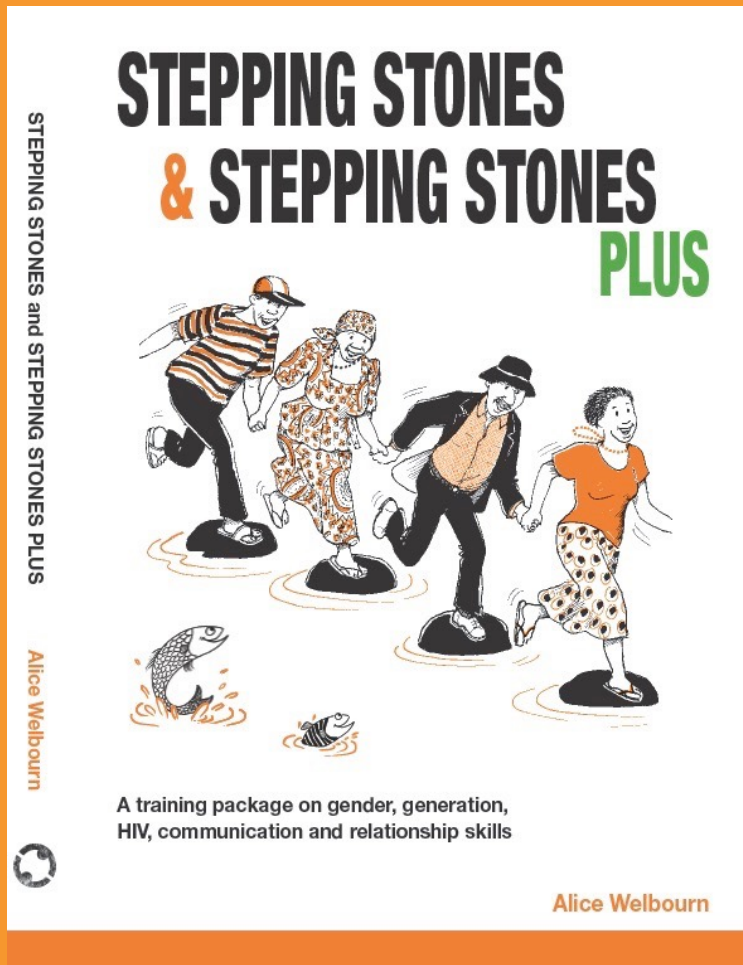
<http://tinyurl.com/PAPStStPlus>

Websites:

www.steppingstonesfeedback.org

www.salamandertrust.net

Films: click [here](#)



Stepping Stones and Creating Futures

Andrew Gibbs – Andrew.gibbs@mrc.ac.za



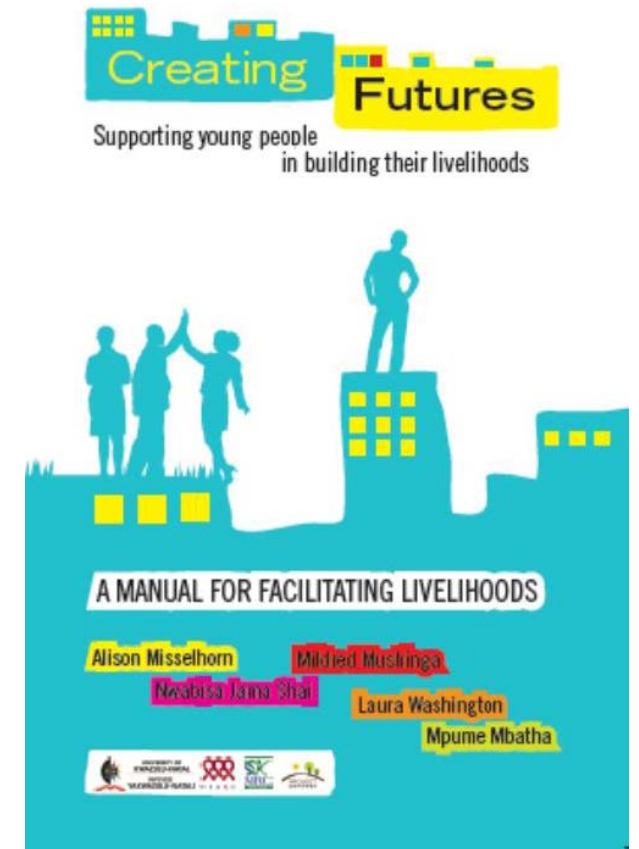
- Why did we develop this intervention?
- What does it look like?
- Pilot study – overview
- Pilot study – findings
- Current study
- Implementation issues

Why did we develop this intervention?

- Review we did in 2012 found that gender transformative interventions and economic interventions (Gibbs et al., 2012) were very promising, but:
 1. Tended to be done amongst older women (less vulnerable to IPV and HIV-acquisition)
 2. Tended to be done amongst more stable populations e.g. rural settings, where risk wasn't as acute
 3. Struggled to work with younger women
 4. Had little, or no, inclusion of men, yet large numbers of programmes worked on economic inclusion of men
- Recent review (covering similar terrain) found very similar findings for economic interventions + these interventions tend not to measure both IPV and HIV-risk in the same surveys – missed opportunity (Gibbs et al., 2017)
- Stepping Stones South Africa had shown promise (reduce men's perpetration of IPV @ 24m, reduced HSV2 amongst women and men), but no impact on women's experiences of violence and it was hypothesized that this was because of women's ongoing economic dependence on men (Jewkes et al., 2008; Jewkes and Morrell, 2012)

What does it look like?

- Men and women in mainly separate groups, of 20 or so, mix of group based and individual focused work
- Complementary to Stepping Stones (assume would run Stepping Stones first then this)
- 11 sessions on Creating Futures (21 total including 10 Stepping Stones, total ~63hrs)
- Topics such as social networks, getting and keeping jobs etc. but not job training, or specific vocational training



Pilot study - overview

- 232 young people (18-30) 110 men, 122 women, enrolled
- Two baselines, and follow-up at 6 m and 12m quantitatively
- Qualitative process evaluation, including interviews with women, men and facilitators

Pilot study – findings (Jewkes et al., 2014)

- Women

1. 34% reduction in women's experience of sexual IPV in the past 3 months
2. More equitable gender attitudes
3. More past month earnings
4. Reduction in stealing in past month because of hunger
5. Reduction in quarreling because of alcohol
6. No impact on HIV-testing (but 2/3rds had a baby already)
7. No impact on condom use, or transactional sex

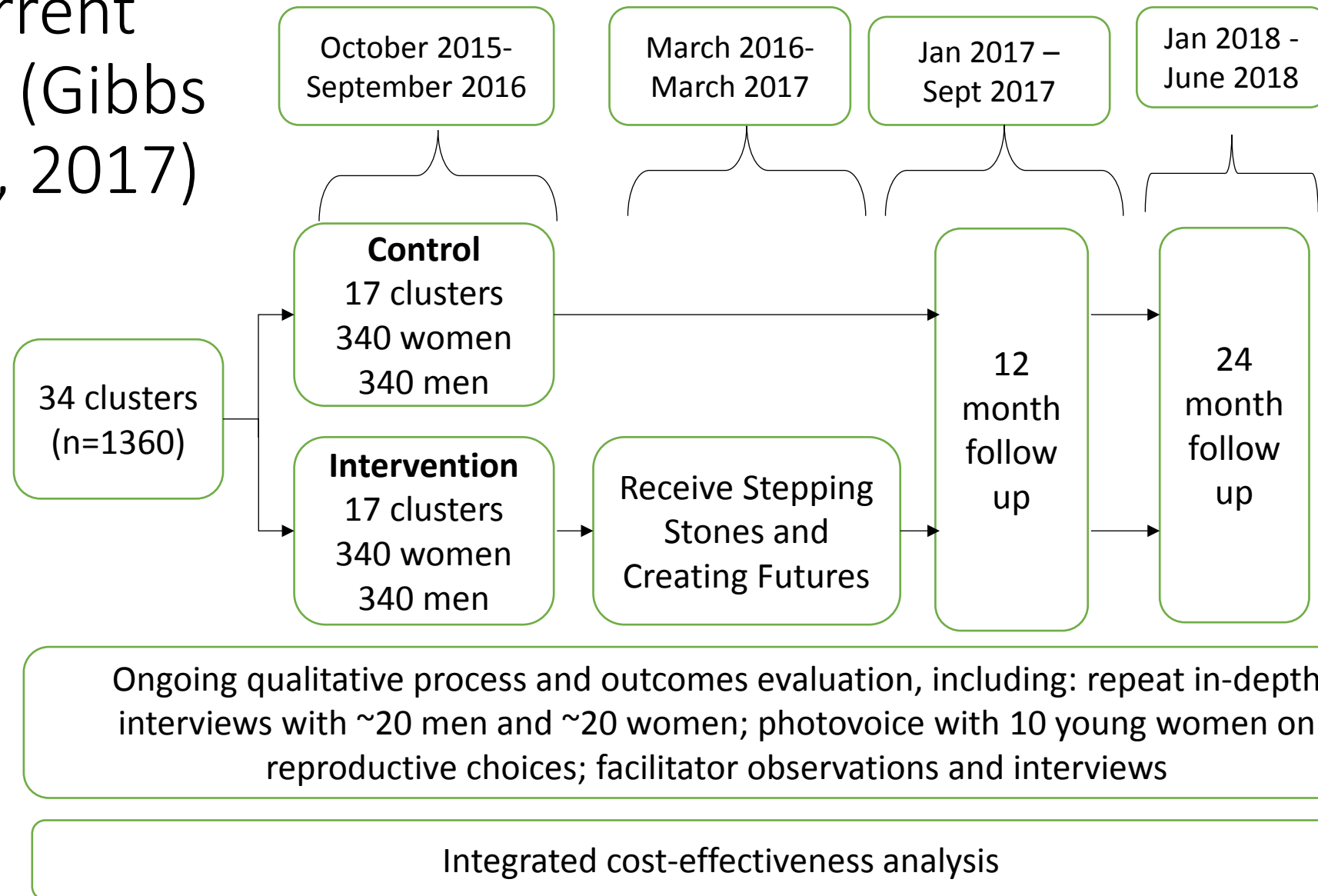
- Men

1. More gender equitable attitudes
2. Reduction in controlling behaviours
3. More past month earnings
4. Reduction in depression and suicidal ideation
5. Greater proportion reported the last person they had sex with was their main partner
6. Increased HIV-testing
7. No impact on condom use, or transactional sex

Pilot study - findings

- Qualitative research with men (Gibbs et al., 2015; 2017):
 - Showed multiple trajectories for men – not massive restructuring of gender relationships, but subtle softening in relationships with women
 - Importance of social contexts in enabling and limiting change for men, and also importance of families/girlfriends in pushing men towards certain forms of masculinity
- Qualitative research with women (unpublished):
 - Money did help them – but not structure new relationships – helped them build stronger relationships with their partner
 - Some new forms of autonomy

Current study (Gibbs et al., 2017)



Implementation issues

- Huge challenges around delivering intervention (21 sessions, ~63hrs) because of:
 - Constraints due to trial design
 - Men's work, women's childcare
 - Holidays, political turmoil/elections
- Finding time to run in 'one go' is critical
- Training and support for facilitators – lots of it required

Summary

- Huge missed opportunity for research working on gender transformative/economic interventions to assess both HIV- and IPV outcomes
- Stepping Stones and Creating Futures shows promise in reducing both
 - pilot shows range of positive outcomes + intermediate changes
- RCT will confirm (or refute) these end of 2018

Team

Andrew Gibbs - PI	Laura Washington – Co-I
Samantha Willan – Co-I	Nwabisa Shai – Co-I
Nolwazi Ntini – ethnographer	Rachel Jewkes – Co-I
Smanga Mkhwnazi – ethnographer	Giulia Ferrari – Co-I
Yandisa Sikweyiya – Co-I	Mike Strauss – Co-I

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All available for free to download of the Researchgate website – also includes Creating Futures manual



A PYD Approach to AYSRH

*Insights from USAID's
YouthPower Action*

Kate Plourde, MPH
Senior Technical Officer, FHI 360
Kplourde@FHI360.org

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Background

- AYSRH outcomes are influenced by a complex set of factors
- These can be categorized as *risk factors* or *protective factors*
- Emerging evidence supports a holistic, assets-based approach to AYSRH grounded in the principles of PYD
- PYD approach seeks to build protective factors across the socioecological framework

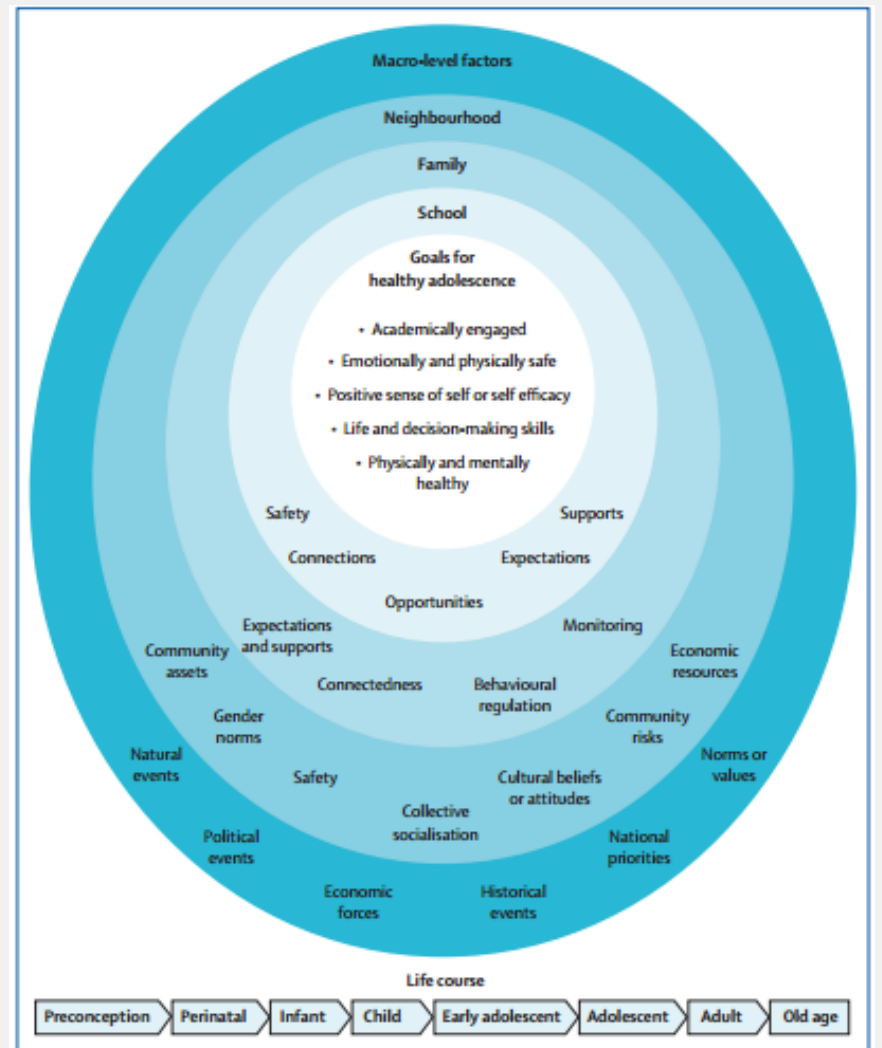


Figure: An ecological framework for adolescent health

Figure from Blum RW, Bastos FI, Kabiru CW, Le LC. Adolescent health in the 21st century. Lancet. 2012 Apr 28;379(9826):1567-8.



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What is PYD?

Positive youth development 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. (USAID's YouthPower Learning, 2017)



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Evidence From Two Reviews



Photo © John Hogg, World Bank

- Types of mentoring programs for AGYW that have demonstrated effectiveness in improving protective assets needed to circumvent poor RH outcomes , and/or, RH knowledge, intentions, behaviors, or outcomes
- Identify the features of effective integrated WfD and SRH projects to programs for youth



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Mentoring Interventions and the Impact of Protective Assets on RH of AGYW

- Systematic review of peer-reviewed and grey literature
- Mentoring programs were associated with improved self-esteem/self-efficacy and social networks
- Group-based interventions showed more impact than one-on-one programs
- Demonstrated improved RH knowledge and behavior, academic achievement, financial behavior, and social networks; as well as decreases in the experience of violence



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Common Components of Effective Mentoring Programs



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Successful programs incorporated additional components that align with domains and features of PYD

- Delivery of curriculum-based education on RH, gender, and financial literacy (PYD domain: assets building; PYD feature: skills building)
- Access to safe, social, spaces to develop and strengthen peer network (PYD domain: enabling environment; PYD features: fostering healthy relationships, safe space)



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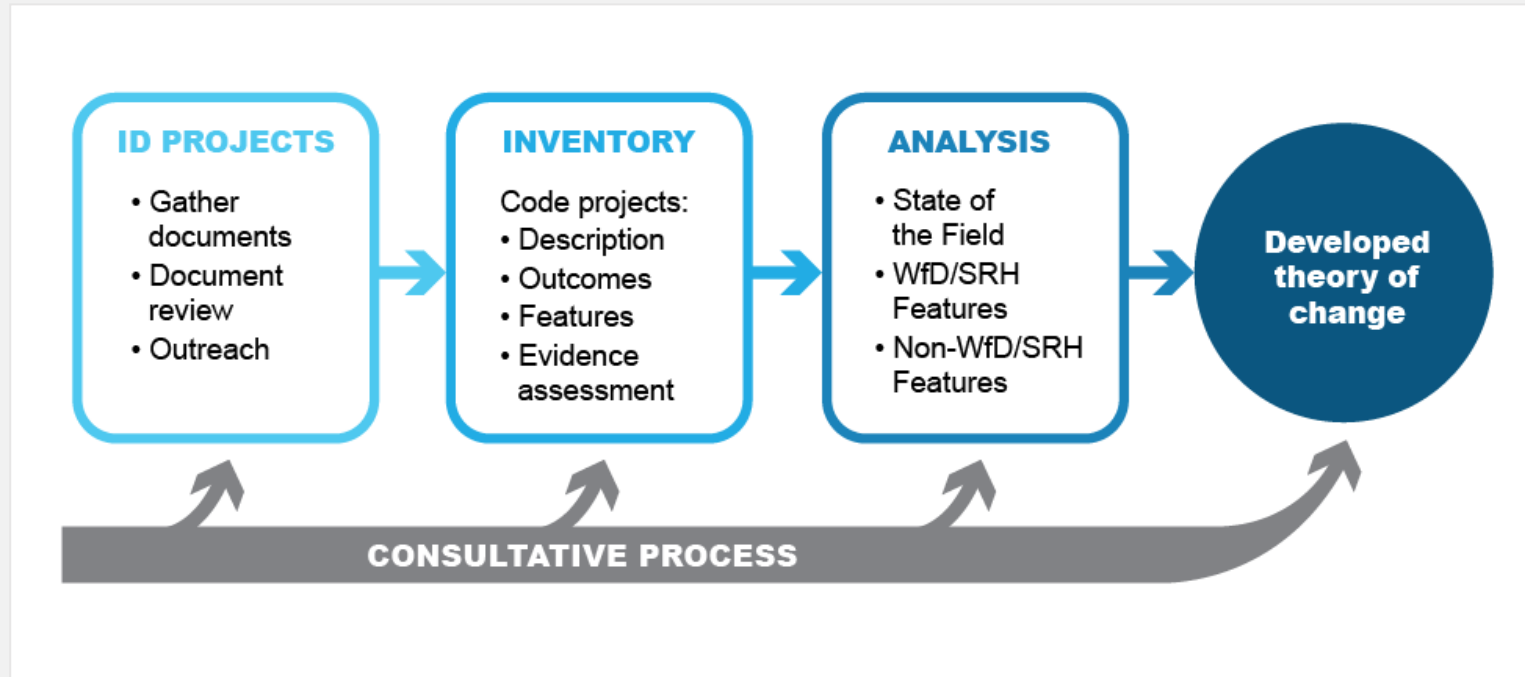


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Assessment of Integrated SRH and WfD Interventions

- Establish current landscape of integrated WfD and SRH programs, and their impact



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Program Components Associated with Highest Outcomes

Skills and Knowledge Building	Opportunities for Positive Personal Relationships	Supportive Environment	Access
<ul style="list-style-type: none">• Soft skills• WfD technical/ vocational skills• SRH skills• Financial literacy• Nutrition knowledge	<ul style="list-style-type: none">• Play and learning resources• Mentorship• Club participation	<ul style="list-style-type: none">• Social and behavior change communication<ul style="list-style-type: none">◦ Policymaker◦ Community◦ Family	<ul style="list-style-type: none">• Financial services• Sexual and reproductive Health services



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Emerging Framework



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Final Thoughts



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- Programs applying a PYD approach to AYSRH appear to be more effective than traditional approaches
- Evidence base is emerging and existing evidence does not examine relative impact of individual intervention components
- Gaps in evidence for some populations and geographic regions



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Resources

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THANK YOU!

Kate Plourde, MPH
Senior Technical Officer, FHI 360
Kplourde@FHI360.org



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Positive Youth Development for HIV/AIDS and Sexual & Reproductive Health Programming: What Do We Know?

Q & A

YOUTHPOWER LEARNING SYSTEMATIC REVIEW WEBINAR SERIES

September 7, 2017



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Thank you!

Thank you for participating in this YouthPower Learning event.
The recording, presentation, and any resources shared during this event
will be sent to all registrants.

Speakers

Martie Skinner skinnm@uw.edu

Andrew Gibbs Andrew.Gibbs@mrc.ac.za

Alice Welbourn alice@salamandertrust.net

Kate Plourde KPlourde@fhi360.org

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