

Youth Development: Strengthening Prevention Strategies

Issues at a Glance

In many communities, programs to reduce young people’s risk of HIV infection, sexually transmitted diseases (STDs), and pregnancy are fragmented, intermittent, short-term, and problem-focused. Young people may receive some HIV/STD education in some grades in school, but many students receive little or no contraceptive education, and many young people – such as youth who are not in school – receive almost no HIV/STD or contraceptive education. Prevention program planners often develop interventions that focus solely on reducing *problem* behaviors, and funding streams for these prevention programs often limit the ability of providers to meet young people’s needs holistically.¹ In other words, HIV/STD and pregnancy prevention programs provide many young people with the sexual health knowledge, skills, and services they need; but, many youth still lack the *motivation* to avoid HIV, STDs, and unintended pregnancy.

By contrast, many youth development programs provide young people with the motivation to achieve a healthy adulthood but do not provide young people with the sexual health knowledge, skills, and services they need to avoid unintended pregnancy or infection with HIV and other STDs. Youth development programs are comprehensive and multifaceted, building on the assets and strengths of young people and assisting them to define goals, complete school, and plan their futures. Youth development seldom tackles isolated problems – such as sexual risk behaviors – but focuses instead on providing holistic support and opportunities for young people. Youth development is a strategy that attempts to meet the needs young people themselves identify – to have life skills, to be cared for and safe, to be valued and useful, and to be spiritually grounded² – by building on their capabilities, assisting them to cultivate their own talents and to increase their feelings of self-worth, and easing their transition to adulthood.

Committed youth-serving adults cannot afford to overlook the positive results to be derived from incorporating youth development strategies into HIV/STD and pregnancy prevention programs. Prevention programs should also consider linking with youth development programs in order to meet young people’s self-identified needs. In doing so, however, prevention program planners must “connect the dots” – make clear the connections – between effective youth development and effective HIV/STD and pregnancy prevention.

Youth development is especially important for young people who have little or no support from their families, schools, and communities. These hard to reach and under served youth, who frequently report high risk behavior and often lack access to health services, include:

- Youth who live on the street
- Low-income young people
- Youth in foster care and group homes
- Young people in the juvenile justice system
- Adolescents addicted to alcohol or other drugs
- Youth in residential treatment facilities
- Young people who have dropped out of school
- Pregnant and parenting youth
- Gay, lesbian, bisexual, and transgender young people
- Survivors of childhood sexual, physical, and/or emotional abuse
- Youth with mental or physical disabilities.

Youth development programs are built upon six premises,³ outlined here along with effective strategies and/ or links for HIV/STD and teen pregnancy prevention program planners to consider.

Premise 1. Youth development focuses on assets and strengths, not problems.

The Search Institute* identifies 40 measurable assets of young people, including support by parents or other adults, community service, involvement in extracurricular activity, academic goals, skill in making decisions, positive values, a positive view of one's own future, and social skills.⁴ In working to encourage young people to develop and rely on their own assets, the most promising programs focus on each young person's abilities while taking into consideration his/her individual family, social, cultural, and school environment. Such programs focus on developing young people's self-esteem, self-efficacy, and self-worth.

Youth development – also known as life options – programs must be flexible to be able to meet the individual needs and build on the individual assets and strengths of each young participant. Programs may provide such services as tutoring, mentoring, recreational opportunities, job training, social skills, and community service. By tailoring services to meet the needs and build on the assets of the individual, these programs motivate young people to work toward achieving successful futures.

Effective programs targeting hard to reach and under served teens are multifaceted, long-term, monitored, and evaluated. Planners of effective youth development programs establish areas of competence and specific outcome measures of achievement including:

- Academic competence, measured by grades or standardized test scores
- Social or interpersonal competence, measured by communication skills or by participation in age-appropriate school, work, recreational, and social activities
- Creativity, measured by artistic efforts, such as performances, canvases, or manuscripts
- Vocational competence, measured by job skills or employment outcomes
- Healthy diet and exercise, measured by nutritional journals or exercise tests
- Service to others, measured by hours of community service or participation in community activities.¹

Prevention program planners may find many ways to combine asset building with risk prevention. For example, a program might foster the creativity of young participants by asking them to design a social marketing campaign to promote HIV antibody testing. Or a program might assist young participants to build their social skills so they can recognize and incorporate healthy elements – such as mutual respect between partners – into their romantic relationships. Prevention planners will also need to educate their funding sources by explaining the links between youth development and effective prevention programming.

Premise 2. Youth development programs address the *real* or *human* needs of young people.

Too often, traditional public health interventions focus on issues that *adult service providers* perceive young people to need. These interventions are usually supported by categorical funding streams and typically ask youth to adopt new behaviors which they do not really want to adopt. For example, an HIV/STD prevention program may first develop materials to raise awareness about the rates of HIV infection among youth, then offer condom availability or access to contraceptive services in order to prevent transmission. But, in paying little attention to the real issues that the target population confronts – such as neighborhood violence which threatens youth with early death – the program may also fail to achieve desired changes in behaviors. Youth who think they will be dead within two or three years are not likely to worry about a disease that could kill them in 10 to 12 years.

Youth development planners focus on the needs that *young people* themselves identify and consider the multiple factors of young people's lives in developing an intervention. For example, young men who have sex with men (YMSM) most often identify two basic needs – societal acceptance and intimacy in a relationship.⁵ Research indicates that a sense of self-worth and community support are factors in lowering HIV risk behaviors among YMSM.⁶ These young men need more than just a condom. They need a *reason* to use one. Therefore, addressing the self-identified needs of YMSM would be an effective strategy to prevent HIV/STD infection among them. An HIV/STD prevention program for YMSM could sponsor a “safe space” where these youth can meet and get to know one another and could also organize social activities – such as parties, weekend trips, and community service projects – to assist YMSM in accepting themselves and building community. Workshops might assist YMSM to acquire dating skills, determine what they really want in a partner, and teach them skills to sustain relationships.

In another example, young women of color most often identify a need for intimacy as being connected to their sexual risk behaviors.⁷ A prevention program might offer a workshop to help them define what they would like in their intimate relationships. Then, increasing their interpersonal, communication, and assertiveness skills would assist them to create the healthy, intimate relationships they want. Research also shows that when young women's self-esteem increases, they are motivated to develop skills to protect themselves.⁷ A youth development strategy might promote these young women's academic, artistic, and career skills to nurture their self-esteem. Such an approach – linking prevention and development strategies – could assist young women of color to achieve safely the intimacy they need. However, adult service providers will need to “connect the dots” between these strategies for their funding sources.

* For more information: 1.800.888.7628 or www.search.institute.org

Premise 3. Young people should participate in designing the program and in its activities.

Rather than needs perceived by program planners or goals of funding agencies, programs should be designed to meet *participants'* needs. Participants will determine whether programs are appropriate and relevant for them, and they vote by leaving or staying. To ensure relevancy to the target population, young people should participate in programs' design, implementation, evaluation, and modification. Youth can and should be among the leaders in programs, even when that means special training for them. Programs should publicly recognize young people's work and their participation. Finally, programs should involve youth as educators of other youth. Programs that fully engage young people have an excellent chance of keeping youth participating because "ownership" of the program shifts to the young people themselves.

Effective programs also actively engage participants in individualized activities. For example, effective HIV/STD prevention programs use participatory activities such as role modeling and role playing to increase participants' skills and knowledge. These educational techniques also foster maturity and a sense of empowerment. HIV/STD and pregnancy prevention programs already foster such skills as:

- Reviewing or illuminating risk behaviors
- Understanding perceived norms
- Knowing that one can reduce one's risk behaviors
- Making decisions, negotiating, and refusing
- Reviewing sexual health options, such as using condoms, monogamy, abstinence, and delaying sexual activity
- Learning about protective methods, such as condoms and dental dams.

Other important skills – such as the ability to sustain a healthy relationship, the ability to make and hold friendships, and the ability to find and hold a job – may increase the motivation of young people to avoid sexual risk behaviors.

Premise 4. Programs should involve committed and knowledgeable adults.

Programs should foster trust between adults and youth. In addition to education and professional expertise, staff needs a positive, nonjudgmental attitude toward and respect for young people. Staff should also possess qualities such as willingness to work in collaboration with others, flexibility, commitment, experience working with young people, interest in youth, and the willingness to be a role model. Effective programs will increasingly involve adults from the community as well as participants' families.

Premise 5. Youth develop within, and are profoundly influenced by, their environment.

Research shows that behavior change results from the interaction of individuals and their environment. The entire community – families, peers, schools, faith communities, businesses, government, and community organizations – must participate in fostering the capabilities of the community's young people. Further, successful programs must consider the realities and developmental needs of the community's young people. Values, attitudes, and beliefs can vary significantly across cultural, socioeconomic, and ethnic groups, and activities should be age-appropriate as well as tailored to the cultural and racial/ethnic backgrounds of participants. Finally, planners must consider the characteristics of the community as a whole when designing programs. *We cannot continue to allow children's entire youth to be spent in environments that sap their sense of worth – with poor schools, poor housing, poor services, and poor jobs – inoculate them with self-esteem in a brief intervention and expect it to change their life course when help and support are withdrawn.*⁸

Premise 6. Successful youth development requires community partnerships.

Youth develop within the contexts of family, school, peers, and community. Planners must actively involve representatives of all these groups in planning, designing, implementing, and evaluating program activities. Programs must tap the resources of community members, including parents and families, religious and business leaders, local policy makers, educators, youth-serving professionals, and health care providers. This strategy will provide extensive input and help ensure the community's commitment to the program.

Program planners should assess young participants to determine the developmental opportunities and services that would benefit each the most and ensure participants' access to those opportunities. When a community's service providers form links, linked programs can work together to convey realistic, consistent, healthy messages, and youth will have access to a wide variety of services, including:

- Academic assistance, such as tutoring
- Employment assistance, such as job training
- Community service, such as an opportunity to volunteer in a community center
- Activities to build skills, such as role playing

- Activities to encourage talent, such as art or creative writing classes
- Recreation, such as opportunities to participate in team sports
- Health services, including family planning and HIV/STD testing, counseling, and treatment
- Gender-specific programs, such as self-defense for young women.

In addition, programs need to ensure access to mental health counseling for teens who face issues – such as depression, substance abuse, and family or relationship problems – which may affect their ability to thrive in a youth development program.

Usually, to offer an array of services, youth development programs make collaborative arrangements with other community agencies. Effective HIV/STD and teen pregnancy prevention programs should consider links with existing youth development programs in order to meet all of the needs of participants and to refer them to services they need. Well-established, effective youth development programs, such as Girls Incorporated, YWCA, YMCA, 4-H, Boys and Girls Clubs, and Big Brothers Big Sisters may welcome partnerships with HIV/STD and pregnancy prevention programs. Other youth development programs may need to be educated about the value of a partnership with HIV/STD and pregnancy prevention programs.

Many effective programs have a strong commitment to youth and to preventing risk behaviors among youth, including sexual risk-taking, dropping out of school, and using substances. Programs may monitor their own activities and may have been evaluated. These programs' effectiveness is greatly enhanced by links with separate, complementary programs. Further, such links offer monetary savings and may help stretch scarce prevention funds. Linking programs requires careful planning and the commitment of all the agencies and institutions to work together to strengthen services for teens. Youth-serving professionals, who hope to design effective programs which truly value young people, know that they must supply youth with far-reaching developmental support, activities, and tools to successfully complete the journey to adulthood.

Youth development is a good prevention strategy.

Few youth development programs have been evaluated. Most set goals and objectives based on priorities other than HIV/STD and teen pregnancy prevention, but evidence is accumulating that, although these programs do not focus on HIV/STD and teen pregnancy prevention, they are able to reduce related risk behaviors and early pregnancy. Youth development strategies that are incorporated into effective HIV/STD and pregnancy prevention programs offer considerable likelihood of success at preventing negative health outcomes. While the evaluation base is not yet extensive, there is sufficient information from examining the lives of adolescents who do not bear children to provide support for incorporating youth development strategies into HIV/STD and pregnancy prevention programs.

Communities should work together to meet the needs that young people themselves identify. They should focus on the strengths and assets of young people rather than the “problem” behaviors they may demonstrate. Although few communities currently utilize youth development as a strategy to prevent negative health outcomes among young people, concerned adults – parents, professionals, community representatives, policy makers, and funding agencies – should work *with* young people to develop young people's life options and ensure their healthy transition to productive adulthood.

References

- ¹ National Clearinghouse on Families and Youth. *Reconnecting Youth and Community: A Youth Development Approach*. Washington, DC: Dept. of Health & Human Services, 1996.
- ² Pittman KJ, O'Brien R, Kimball M. *Youth Development and Resiliency Research: Making Connections to Substance Abuse Prevention*. [Commissioned paper, no. 9] Washington, DC: Academy for Educational Development, Center for Youth Development & Policy Research, 1993.
- ³ Pittman KJ, Zeldin S. *Premises, Principles and Practices: Defining the Why, What, and How of Promoting Youth Development through Organizational Practice*. Washington, DC: Academy for Educational Development, Center for Youth Development & Policy Research, 1995.
- ⁴ Roehlkepartain JL. *Building Assets Together: 135 Group Activities for Helping Youth Succeed*. Minneapolis, MN: Search Institute, 1997.
- ⁵ Hetrick-Martin Institute. *Lesbian, Gay, and Bisexual Youth*. [Fact File] New York, NY: The Institute, 1992.
- ⁶ Martin AD, Hetrick ES. Designing an AIDS risk reduction program for gay teenagers: problems and proposed solutions. In: Ostrow DB, ed. *Biobehavioral Approaches to the Control of AIDS*. New York, NY: Irvington, 1987.
- ⁷ Gipson LM, Frasier A. *Young Women of Color and Their Risk for HIV/STD Infection*. [Issues at a Glance] Washington, DC: Advocates for Youth, 1998.
- ⁸ Zabin LS. Addressing adolescent sexual behavior and childbearing: self-esteem or social change? *Women's Health Issues* 1994; 4:92-97.



Written by Susan Pagliaro and Kent Klindera

Revised edition, August 2001 © Advocates for Youth

2000 M Street, NW, Suite 750 • Washington, DC 20036 USA • Phone: 202.419.3420 • Fax: 202.419.1448 • www.advocatesforyouth.org