Urban Youth

Behavior Change Interventions Targeting Urban Youths

In September 2013, HC3 conducted a program scan and review of available grey and peer literature on adolescent sexual and reproductive health (ASRH), with a focus on urban populations.

The review included roughly 90 articles and reports from 2003-2013, and sought to examine the SRH behavioral drivers, barriers, and contextual factors and identify social and behavior change communication interventions.

In the review, most reproductive health interventions targeting young people in developing countries were found to have a positive effect on knowledge and attitudes, but effects on behavior were less consistent.

Common features of interventions that yielded more positive results include:

- Adaptation of content/approach to cultural and social context (McKleory et al, 2006; Erulkar et al, 2004). E.g., Differences in sexual permissiveness and attitudes towards sexual behaviors vary greatly across cultures, and across ethnic groups within countries (Kaaya et al, 2002; Erulkar et al, 2004).
- Focus on decision-making processes that empower young people to make their own choices (Mavedzenge et al, 2011; Erulkar et al, 2004; House et al, 2010; Hindin and Fatusi, 2009).
- Condom use demonstrations (Bankole et al, 2007), although levels of consistent condom use remain low.
- Accounting for gender differences in behaviors and risk factors (Hindin and Fatusi, 2009).

Regarding effective cultural and contextual adaptation, the following elements emerged as particularly important:

- Programmatic awareness and knowledge of modal beliefs and norms, and the strength of cultural cohesion within the target community.
- Identification of variations in cultural beliefs and norms among different sectors within the community.
- Assessment of different needs (including information needs) of different community subgroups, and identifying (categories of) individuals who are best suited to help formulate and disseminate culturally appropriate messages (Erulkar et al, 2004).
- Identification of both community members whose views are in agreement with intervention messages, and of community members whose views are dissimilar to allow for more targeted messages (Kostick et al, 2011).

Engaging Youth

In terms of youth engagement, the review revealed little evidence that peer-led education interventions are effective for behavior change, although such interventions have been shown to increase knowledge, reduce stigma, and improve attitudes toward sexual health issues (Mavedzenge et al, 2011; Jemmott et al, 2010;

Martinuk et al, 2003).

Reasons identified for the reduced behavioral impact of peer-led interventions centered around peer education expectations being set too high.

Specifically:

- Although peer education has proven successful in other fields of health promotion, it may be unrealistic to expect young people, who are discovering their own sexuality, to inform, advise and act as guides to peers on such a sensitive, private, often taboo and complex topic.
- Peers in peer-led interventions are often people of the same age, however this does not automatically imply similar interests, values, background, experiences and norms.
- Social factors are so influential that individualized peer-education programs may not be enough to induce change (Mason-Jones, 2011).

When designing an SRH program, it is crucial that appropriate information sources for young urban adolescents are identified for effective reach. Social technologies and social media are increasingly being incorporated into the romantic and sexual relationships of young people (Veinot et al, 2011).

Although this is especially true for young people in Western countries, there is a potential to explore the opportunities that these information sources offer for youth sexual health promotion in developing countries, particularly in urban settings. In a survey of where students preferred to receive information about sexual health, favored sources included radio, television, parents, teachers and medical experts. Peers ranked sixth (Michielsen et al, 2012; Guttmacher Institute, 2007; Van Rossem and Meekers, 2007).

For effective behavior change, peer education should be a component of a larger, comprehensive, behavior change strategy, including youth-friendly services, condom distribution, community involvement, communication materials and structural approaches. Peer educators can be used as focal points providing information through activities, and for referring interested young people to specialist services (Michielsen et al, 2012; Kinsler et al, 2004; Kim and Free, 2008).

A full report of the review will be available in November 2013.

About HC3

HC3 is a five-year, USAID-funded global health project designed to strengthen developing country capacity to implement state-of-the-art health communication programs. strengthen their capacity to serve their clients.

Among the important health areas addressed by HC3 are child survival; family planning; maternal and newborn health, HIV and AIDS; malaria; TB and other infectious diseases; non-communicable diseases, and other health and development issues.

The Collaborative

HC3 is led by the Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (JHU·CCP) in collaboration with Management Sciences for Health, NetHope, Population Services International, Ogilvy PR, Forum One and Internews.

It is also linked to a network of organizations throughout Africa, Asia and Latin America.