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
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
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**
- Apply for an Upcoming **Grant**
Speakers

Martie Skinner

Alice Welbourn
Speakers

Andrew Gibbs

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

This brief is made possible by the support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of Making Cents International through YouthPower: Evidence and Evaluation Task Order 1 (YouthPower Learning) AID Contract # AID-OAA-I-15-00034/AID-OAA-TO-15-00011. This report does not necessarily reflect the views of USAID or the United States Government.
YouthPower Learning Documents

YouthPower Learning Systematic Review of PYD Programs in LMICs


YouthPower Learning PYD Measurement Toolkit


Click here to learn more about Positive Youth Development, or visit YouthPower.org for more details.
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.
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.
Assets

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

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

Money
Housing
School
etc.
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.
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
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
What the evidence tells us about the outcomes of PYD programs focused on SRH, HIV/AIDS

<table>
<thead>
<tr>
<th>Statistically Significant Outcomes</th>
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<tr>
<td>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/cognitive competencies, aspects of agency and/or created an enabling environment.</td>
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</table>

**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
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.
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 as 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.
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 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

This brief is the result of a collaborative effort by the YouthPower Learning team. It was prepared by Making Cents International, the International Center for Research on Women, Results for Development Institute, University of Melbourne, and University of Washington, under the authorship of Dr. Gina Alvarado, Dr. Martie Skinner and Dr. Chisina Kapungu. This brief builds upon the Systematic Review of PYD Programs in Low and Middle-Income Countries authored by Dr. Gina Alvarado, Dr. Chisina Kapungu, Ms. Caitlin Moss, Mr. Daniel Plaut, Dr. Nicola Reavley, and Dr. Martie Skinner. The authors acknowledge and give thanks to our YouthPower Learning team colleagues who contributed to the systematic review and brief. They include Ms. Cassandra Jessee, Dr. Christy Olenik and, Dr. Suzanne Petroni. The team also acknowledges valuable input from the broader YouthPower community, especially YouthPower Action and members of the USAID YouthPower Steering Committee. In particular, the authors appreciate feedback and support from Ms. Laurel Rushton, Ms. Elizabeth Berard, Ms Catherine Lane and Ms Amy Uccello from USAID’s Bureau for Global Health.


Visit us at [YouthPower.org](http://YouthPower.org) to learn more, and follow us on [Facebook](https://Facebook) and [Twitter](https://Twitter) for updates.

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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

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

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

Stepping Stones & Stepping Stones Plus: young people ca. 15 years upwards & adults
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)
Gray II evidence level for effectiveness, both in addressing violence against women and transforming gender norms.

**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:

INTRODUCTION - Plenary 1

1: GROUP COOPERATION - A, B, C, D

2: HIV & SAFER SEX - E, F

3: WHY DO WE BEHAVE AS WE DO? - G, J

4: WAYS IN WHICH WE CAN CHANGE - K, N

5: MOVING FORWARD TOGETHER - O, R

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

- 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

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

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

Young women from 17+; young men from 19+
Examples of *Stepping Stones* adaptations:

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

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**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.

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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!

**Publisher:** Practical Action Publishing
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)

34 clusters (n=1360)

Control
17 clusters
340 women
340 men

Intervention
17 clusters
340 women
340 men

Receive Stepping Stones and Creating Futures

12 month follow up

24 month follow up

October 2015-September 2016
March 2016-March 2017
Jan 2017 – Sept 2017
Jan 2018 - June 2018

Outcomes -
primary:
• Physical IPV past 12m
• Sexual IPV past 12m
• Severe IPV past 12m
• Earnings in past year

Outcomes – secondary:
• Transactional sex past 12m
• Person who they last had sex with

Ongoing qualitative process and outcomes evaluation, including: repeat in-depth interviews with ~20 men and ~20 women; photovoice with 10 young women on reproductive choices; facilitator observations and interviews

Integrated cost-effectiveness analysis
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

<table>
<thead>
<tr>
<th>Andrew Gibbs - PI</th>
<th>Laura Washington – Co-I</th>
</tr>
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<tr>
<td>Samantha Willan – Co-I</td>
<td>Nwabisa Shai – Co-I</td>
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<tr>
<td>Nolwazi Ntini – ethnographer</td>
<td>Rachel Jewkes – Co-I</td>
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<td>Smanga Mkhwnazi – ethnographer</td>
<td>Giulia Ferrari – Co-I</td>
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<td>Yandisa Sikweyiya – Co-I</td>
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</table>

References


- Gibbs et al., (2017) The Stepping Stones and Creating Futures intervention to prevent intimate partner violence and HIV-risk behaviours in Durban, South Africa: study protocol for a cluster randomized control trial, and baseline characteristics. BMC Public Health


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

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

- 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
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

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)
Assessment of Integrated SRH and WfD Interventions

• Establish current landscape of integrated WfD and SRH programs, and their impact
## Program Components Associated with Highest Outcomes

<table>
<thead>
<tr>
<th>Skills and Knowledge Building</th>
<th>Opportunities for Positive Personal Relationships</th>
<th>Supportive Environment</th>
<th>Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Soft skills</td>
<td>• Play and learning resources</td>
<td>• Social and behavior change communication</td>
<td></td>
</tr>
<tr>
<td>• WfD technical/vocational skills</td>
<td>• Mentorship</td>
<td>o Policymaker</td>
<td></td>
</tr>
<tr>
<td>• SRH skills</td>
<td>• Club participation</td>
<td>o Community</td>
<td></td>
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<tr>
<td>• Financial literacy</td>
<td></td>
<td>o Family</td>
<td></td>
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<tr>
<td>• Nutrition knowledge</td>
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</tbody>
</table>

- Financial services
- Sexual and reproductive Health services
Emerging Framework
Final Thoughts

- 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.
Resources


THANK YOU!

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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.

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YOUTHPOWER LEARNING SYSTEMATIC REVIEW WEBINAR SERIES

September 7, 2017

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