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**ADDRESSING NEEDS AND
OPPORTUNITIES:
A SURVEY OF PROGRAMS
FOR ADOLESCENTS**

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INTERNATIONAL CENTER FOR RESEARCH ON WOMEN

*Addressing Needs and
Opportunities:
A Survey of Programs
for Adolescents*

by

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Introduction

Adolescence is a vital stage of growth and development during which life long behavioral patterns and health practices are formed. Life events occurring during adolescence such as early marriage and childbearing, school dropout, inadequate dietary intake, heavy workloads, and poverty can have dire consequences for adult health, well-being, and productivity. While attention to adolescents has increased substantially in recent years, little is known about the concerns and needs of this young population and the strategies which are most successful when working with them. In an effort to narrow this information gap, the International Center for Research on Women conducted a survey of more than 100 programs working with adolescents worldwide. The survey was designed to 1) collect basic information on existing programs, 2) obtain subjective information from field staff on the issues and concerns of adolescents, and 3) determine the strategies program staff have found to be most successful in working with teens. The findings and subsequent recommendations suggest ways to reach this often neglected population.

ABOUT THE SURVEY

Organizations working with adolescents¹ were identified from several sources. The majority of organizations were located through previous work done by the World Health Organization (WHO) and the International Youth Foundation (IYF) (1992) and published as *Approaches to Adolescent Health and Development: A Compendium of Projects and Programmes*. The programs selected by WHO and IYF were required to fulfill specific criteria which called for approaches that are holistic and interdisciplinary, [which] promote the capacity to relate well to others, involve young people in planning and implementation [and] are promotive and preventive and show evidence of success (WHO/IYF 1992). The programs derived from the WHO/IYF compendium ranged in size from small to large working in regional or national contexts. Additional programs were selected based on descriptions by Gary Barker and Felicia Knaul (1992) in their publication *Three Times Exploited, Three Times Empowered: The Urban Adolescent Woman in Difficult Circumstances*. The programs highlighted by Barker and Knaul are culturally and geographically diverse each demonstrating a substantial degree of success in working with adolescents. Other programs were identified through ICRW contacts and referrals established through the organization's own activities concerning adolescents.

From the above sources, 120 programs which targeted adolescents were identified. Programs were selected for inclusion in this survey if they incorporate a health or nutrition component in their program and are currently active. The selected programs are all operating in developing countries in Africa, Latin America, the Caribbean, and Asia. Additionally, several programs were being conducted in more than one developing-country region.

All of the programs surveyed were asked to provide basic information on their activities including program objectives, services provided, evaluation criteria, and characteristics of the target population (such as urban or rural, in- or out-of-school). In addition, each respondent was asked to reply to three open-ended questions. The first assessed the three most important achievements of the program as perceived by the respondent. In the second open-ended question, respondents were asked to identify what they felt to be the three most important issues facing adolescents today. The final question requested that program staff describe strategies that they had used successfully.

¹The World Health Organization defines adolescence as between the ages of 10 and 19. The organizations identified as working with adolescents for the survey targeted this age group or some portion of it.

in their experiences with adolescents

A total of 110 programs were contacted between September and December of 1993. Of those surveyed, 27 percent were in Africa, 26 percent in Latin America and the Caribbean, 43 percent were in Asia, and 5 percent were active internationally or in more than one developing-country region.

CHARACTERISTICS OF THE PROGRAMS

Completed surveys were received from 52 of the 110 programs surveyed (a 47 percent response rate). Of those responding to the survey, 21 percent were from African countries, 25 percent from Latin America and the Caribbean, 48 percent from Asia, and 6 percent in more than one country.

Based upon the self-described program objectives, programs were classified into one of five primary activity areas: 1) reproductive health, 2) health and well-being (not specific to reproduction), 3) education, 4) employment, and 5) general (or engaged in multiple activities). Of those responding, 38 percent were classified as reproductive health programs, 25 percent as general, 23 percent as health and well-being, 10 percent as education, and 4 percent as employment.

The ages of the programs' target populations ranged from a low of 6 years to a high of 30 years. However, all programs worked with adolescents between the ages of 10 and 19, the range defined by WHO as representative of adolescence. Nineteen percent of respondents used 10 as the lower age limit for adolescence, and 21 percent determined 19 to be the highest cut-off age.

The majority of the programs worked with both girls and boys (67 percent), while nearly one quarter (23 percent) worked with girls only. None of the respondents worked exclusively with boys. Surprisingly, the majority of female-only adolescent programs were characterized as general (40 percent), while a somewhat lower proportion of the programs aimed at adolescent girls were in the reproductive health sector (27 percent). It is noteworthy that none of the female-only programs fell in the employment sector.

More than one-third (35 percent) of the responding programs focused on urban populations, while 25 percent of the programs worked with both urban and rural youth -- often by having several programs over a broad region or in various areas within a country.² Only 10 percent of the programs responding worked exclusively with rural populations.

A majority of the respondents, 65 percent, identified their target population based on their enrollment in school. Of these programs, 21 percent worked with in-school students, 12 percent worked with out-of-school adolescents, and 68 percent worked with both in- and out-of-school youths and adolescents.

²A number of the respondents failed to identify their target population by geographic distribution.

Findings From the Survey

ISSUES

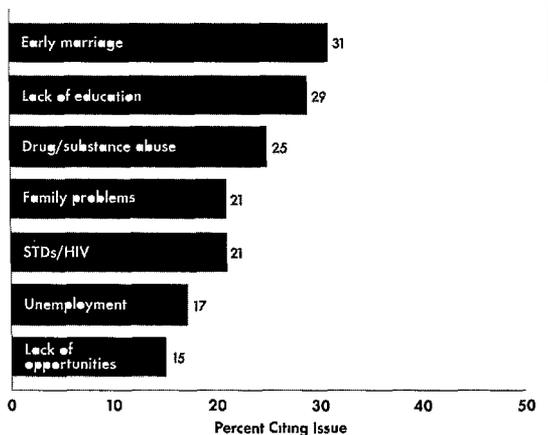
Survey respondents were asked to identify what, in their opinion, were the three most important issues facing adolescents today. Respondents were not asked to rank these issues in any way. Issues listed by respondents were classified into broad areas based on commonalities. Data presented on these issues are based on how many times these issues were cited by respondents.

Overall, for the 52 surveys returned, the critical issues cited by the greatest percentage of respondents were as follows (see Graph 1)

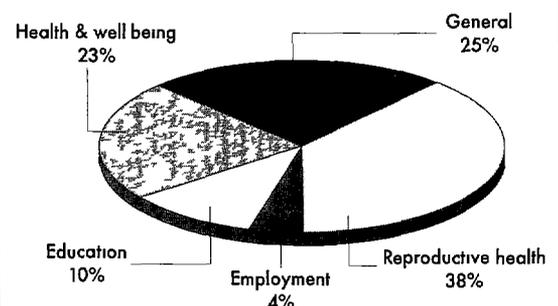
- Early marriage and childbearing 31 percent
- Adolescents' lack of education 29 percent
- Drug and substance abuse 25 percent
- Family problems 21 percent
- Threat of contracting STDs including HIV 21 percent
- Unemployment 17 percent
- Lack of opportunities for adolescents 15 percent

Some variation in the issues cited was detected when examined by region (see Graphs 2, 3, and 4). For example, respondents from Africa equally cited unemployment, early marriage and childbearing, lack of education, and drug abuse (36 percent) as issues of greatest importance for adolescents. Threat of STDs was cited by 27 percent of respondents, while 18 percent cited family problems among the critical issues for adolescents. In Asia, lack of education was cited by 40 percent of respondents as one of the most important issues facing adolescents, while family problems was cited by 28 percent. Early marriage and childbearing and STDs were each cited by 24 percent of Asian respondents. Drug abuse was cited by 20 percent of respondents from Asia, followed closely by poverty, lack of opportunities, and societal change (particularly rural

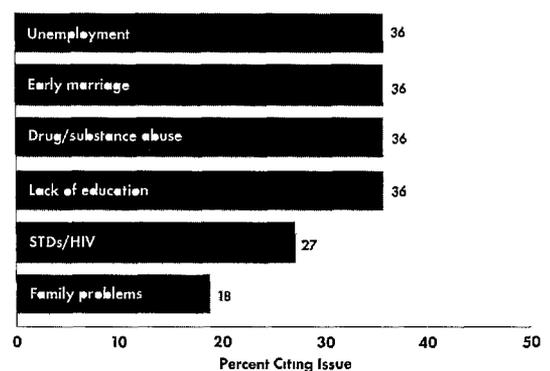
Graph 1 Issues Cited by Respondents as the Most Critical for Adolescents
(percent citing each issue)



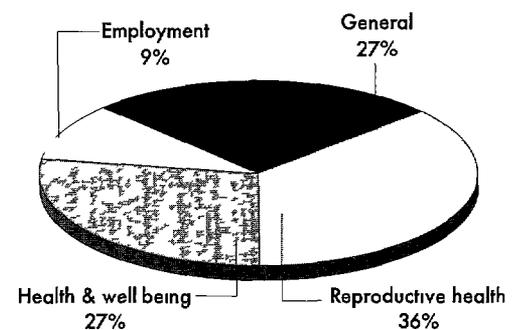
Primary Activities of Programs Responding to the Survey



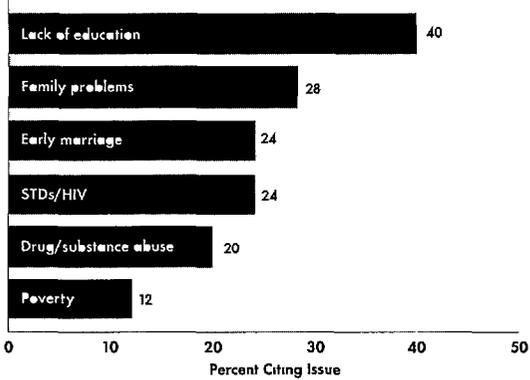
Graph 2 Issues Cited by Africa Region Respondents as the Most Critical for Adolescents
(percent citing each issue)



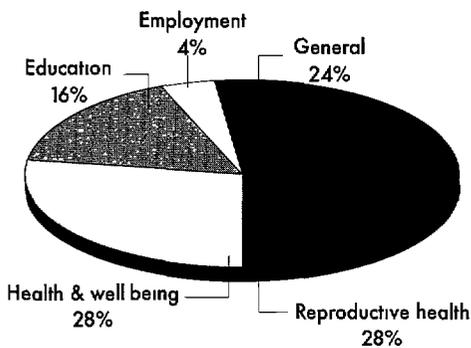
Primary Activities of Africa Region Programs



Graph 3 Issues Cited by Asia Region Respondents as the Most Critical for Adolescents
(percent citing each issue)

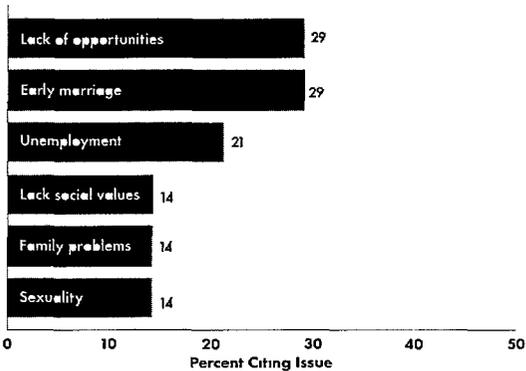


Primary Activities of Asia Region Programs

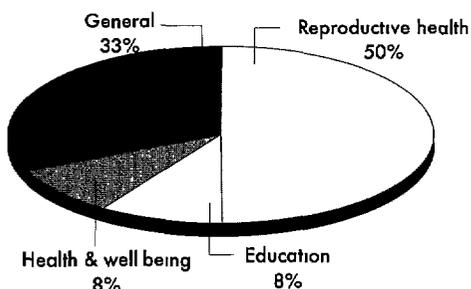


to urban migration) (12 percent each) In Latin America and the Caribbean, lack of opportunities and early marriage and childbearing were equally cited (29 percent), followed closely by unemployment (21 percent) A lack of social values among adolescents family problems ignorance of adolescent issues, and sexuality were each cited by 14 percent of the respondents in this region

Graph 4 Issues Cited by Latin America and the Caribbean Region Respondents as the Most Critical for Adolescents
(percent citing each issue)



Primary Activities of Latin America and the Caribbean Region Programs



Findings From the Survey

STRATEGIES

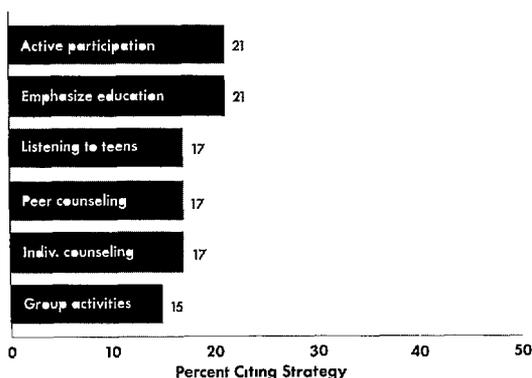
Successful strategies for working with adolescents as cited by survey respondents had more diversity than did the issues (see Graph 5). Overall the most reported strategies were

- Active participation by adolescents in all stages of program design and implementation 21 percent
- Putting an emphasis on education 21 percent
- Listening to and showing an interest in adolescents' concerns 17 percent
- Peer counseling 17 percent
- Group activities 17 percent
- Individual counseling 15 percent

Strategies for working with adolescents show some interesting regional differences. In Africa, 27 percent of respondents equally cited peer counseling, active participation by adolescents in all program phases, establishing youth clubs, and listening to and showing an interest in adolescents' concerns as successful strategies. Individual counseling, use of film, video, and other media, and emphasis on education were each cited by 18 percent of respondents from this region. In Asia, the largest percentage of respondents cited group activities (28 percent) as a successful strategy, and also favored listening to and showing an interest in adolescents' concerns (20 percent), individual counseling (20 percent), and peer counseling (16 percent) more frequently than the strategy of actively involving adolescents in program activities. In Latin America and the Caribbean, 39 percent of the respondents cited emphasis on education as a successful strategy, with active participation by adolescents cited by 31 percent. Peer counseling, individual counseling, involvement of the community, and multiservice centers were each cited by 14 percent of respondents in this region.

Strategies varied only slightly by area of primary activity, but may point to some important differences for working with adolescents on certain issues (see box). Program staff focusing on reproductive health issues clearly felt that active participation of adolescents in all program phases, placing an emphasis on education (30 percent each), and peer counseling (25 percent) were the most effective strategies. Those programs in the health and well-being field stressed listening to and showing an interest in adolescents' concerns (33 percent) as vital to success. In this category, however, community involvement and the use of film, video, and other media as effective strategies also had strong showings (17 percent). Those programs focusing on education strongly emphasized group activities (60 percent) in their programs. Only a few programs could clearly be identified as having an employment focus, and the successful strategies commonly cited by these programs included emphasis on education, establishing youth clubs, and non-formal education and vocational skills training. Finally, although the multisectoral and general groups had a variety of objectives, four strategies - active participation, individual counseling, self-reliance, and assertiveness training, and emphasizing education -- were each cited by 23 percent of the respondents in this sector.

Graph 5 Successful Strategies for Working with Adolescents, as Cited by Respondents
(percent citing each strategy)



Program strategies also varied by the sex of the target population. Programs working exclusively with girls cited active participation and individual counseling most often as successful strategies (27 percent each) followed closely by listening to and showing an interest in adolescents' concerns, educating parents, and emphasizing education, each at 20 percent. On the other hand, those working with both boys and girls cited peer counseling and group activities (22 percent each) as the most commonly successful strategies. Active participation and individual counseling, strategies common among programs working only with girls, were each cited by less than 20 percent of respondents working with both sexes.

Reported strategies also showed considerable differences in terms of the school-attendance status of their target populations. For those programs working exclusively with in-school adolescents, peer counseling, sex education, use of film, video, and other media, and emphasis on education were each cited by 29 percent of respondents. For those working exclusively with out-of-school adolescents, an overwhelming majority (75 percent) cited multiservice centers or integrated services as one of the most successful strategies.

Finally, for those programs working with urban adolescents, the active participation by adolescents was most commonly cited (28 percent), while peer counseling, group activities, multiservice centers or integrated services, and emphasizing education were each cited by 22 percent of respondents. Programs working with rural adolescents, however, had only one commonly cited strategy -- that of establishing youth clubs (40 percent).

MOST COMMONLY CITED STRATEGIES FOR WORKING WITH ADOLESCENTS BY PRIMARY ACTIVITY, SEX OF TARGET POPULATION, AND SCHOOL ATTENDANCE

(percent of respondents citing strategy)

Strategies by Primary Program Activity

Reproductive Health

- Active participation of adolescents in all program phases (30 percent)
- Peer counseling (25 percent)

Health and Well Being

- Listening to and showing an interest in adolescents' concerns (33 percent)
- Community involvement (17 percent)
- Use of film, video, and other media (17 percent)

Education

- Group activities (60 percent)

Employment

- Emphasis on education (50 percent)
- Youth clubs (50 percent)
- Non formal education and vocational skills training (50 percent)

General/multisectoral

- Active participation of adolescents in all program phases (23 percent)
- Individual counseling (23 percent)
- Self reliance and assertiveness training (23 percent)
- Emphasis on education (23 percent)

Strategies by Sex of Target Population

Programs working exclusively with girls

- Active participation of adolescents in all program phases (27 percent)
- Individual counseling (27 percent)
- Listening to and showing an interest in adolescents' concerns (20 percent)
- Educating parents (20 percent)
- Emphasis on education (20 percent)

Programs working with both girls and boys

- Peer counseling (22 percent)
- Group activities (22 percent)
- Active participation of adolescents in all program phases (17 percent)
- Listening to and showing an interest in adolescents' concerns (17 percent)
- Emphasis on education (12 percent)
- Multiservice centers or integrated services (11 percent)

Strategies by School Attendance

Programs working exclusively with in school adolescents

- Peer counseling (29 percent)
- Sex education (29 percent)
- Use of film, video, and media (29 percent)
- Emphasis on education (29 percent)

Programs working exclusively with out of school adolescents

- Multiservice centers or integrated services (75 percent)
- Community involvement (25 percent)
- Teach parenting skills (25 percent)

Discussion

Both the process of survey data collection and the actual set of data itself were revealing on many fronts. In selecting programs to be surveyed, it became apparent that despite the use of multiple sources to identify programs, those that are recognized as working with adolescents tend to be unevenly concentrated in specific countries. It is unclear whether programs focussing on adolescence are severely lacking in certain countries or if those programs have not yet been recognized or integrated into the newly-forming network of adolescent programs. Additionally, survey respondents were eager to obtain more information on adolescents and how to work with this population. A need for networking, communication, and information exchange became very apparent through contacts with these organizations and individuals.

Data collected from the survey offer a number of suggestions for both research and action. Markedly, the evidence of cross-cultural similarities was substantial in terms of the issues facing adolescents and the strategies used. As the results demonstrate, despite geographic and cultural differences, survey respondents consistently found early marriage and childbearing, lack of education, and drug and substance abuse to be issues of concern for adolescents. Strategies used also showed considerable commonalities, despite the wide range of activities represented among the survey respondents. While the similarities are many, slight regional and sectoral variations continue to reinforce the need for cultural sensitivity and awareness, and emphasize the importance of utilizing a participatory approach for sustainability.

Not surprisingly, the majority of existing programs for adolescents continues to focus on reproductive health and fertility, consonant with the majority of respondents (31 percent) concerned with the issue of early marriage and childbearing. However, the focus of programmatic activity is not entirely in sync with the issues identified as most important - specifically, the lack of education among adolescents. While nearly 30 percent of the programs surveyed cited lack of education as a critical issue, only 10 percent of the programs listed education as one of their primary objectives. This is particularly unfortunate as education, the second most commonly cited issue, may also offer a means to delay early marriage and childbearing among adolescent girls.

The failure to meet perceived concern with programmatic strategies is also evident in terms of employment for adolescents. Only 4 percent of the programs could be classified as being focused on employment or income-generating activities for adolescents (although a number mentioned vocational skills training or income generation among their secondary activities). However, 17 percent of all respondents cited unemployment as an issue of importance for adolescents, and 15 percent of respondents cited lack of opportunities.

Successful strategies cited by respondents share a clear emphasis on using a participatory approach and incorporating adolescents' input into program design, implementation, and even evaluation. Many of the respondents also called for program staff to be responsive to and show an interest in adolescents' needs and opinions. Peer counseling and group activities, particularly among reproductive health programs, were deemed to be successful tactics for working with adolescents. The increased importance of the peer group during adolescence and the ability of youths to exchange information in colloquial language and to reach otherwise hard to reach (out-of-school) adolescents, have often been cited as reasons for the success of peer counseling strategies. Among the health and well-being programs, the use of film, video, and other media was often cited as effective as tools for reaching adolescents.

While many of the strategies used by program staff who work with adolescents and youths are similar, these strategies vary considerably by cultural context and by the socioeconomic environment of the adolescent. It is therefore important to design program activities and interventions with the specific needs and concerns of the target population in mind -- ideally through their active participation.

Recommendations

The information derived from the survey responses suggest the following recommendations

► **Develop a network for adolescent programs**

Survey respondents frequently requested additional information and were anxious to establish a communication link with other groups working with youths and adolescents. While several such networks exist, they often focus exclusively on one area of activity, such as reproductive health or are highly selective in their criteria for inclusion, which leaves newly developing programs outside of their circle.

► **Research and evaluate strategies for working with adolescents**

The strategies cited by survey respondents have been successful in a variety of contexts. However, many of these strategies need to be put under close scrutiny in terms of the relevance of services provided, the gender of the target population and the socioeconomic and cultural contexts in which they are being used. As many programs focused on adolescents are quite new, the success and sustainability of their tactics have yet to be evaluated. These are necessary steps for creating valuable programmatic strategies.

► **Broaden our understanding of adolescence**

The issues facing adolescents today suggest a wide range of interlinked factors that need to be addressed. Reducing adolescent fertility requires more than the provision of family planning services. Rather, we must understand the linkages between health, education and employment opportunities in order to create a long-term strategy to develop sustainable, effective programs.

► **Involve adolescents in program design and implementation**

Active participation by adolescents in program design and implementation has been cited as a successful strategy both within this study and among others that preceded it. The reasons are many. Participation of adolescents in all program phases helps to ensure that needs are being met in a culturally and socially appropriate manner. In addition, participation by the adolescents themselves creates a sense of commitment to program success or ownership, which enhances its sustainability. Finally, by involving adolescents in productive work, such as peer counseling, they further develop their leadership skills and may improve their sense of self-worth.

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ICAF 1985

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Fertility Programming in Developing Countries*
ICAF Center for Population Options/Advo-
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WHO/IYF 1992

*Approaches to Adolescent Health and Develop-
ment A Compendium of Projects and Programmes*
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Programs Working With Adolescents (Survey Respondents)

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HEALTH AND WELL-BEING PROGRAMS

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The Nutrition of Adolescent Girls Research Program

This document is part of ICRW's Nutrition of Adolescent Girls Research Program established in 1990 through a cooperative agreement with the Office of Nutrition USAID. The program aims at providing needed information on the many factors that affect and are affected by nutritional status including physical growth, morbidity, food intake, energy expenditure, and self-esteem. The program includes 11 research projects: five in Latin America and the Caribbean, four in Asia, and two in Africa. Research reports from the projects and a synthesis paper of program findings will be available through ICRW in 1994.

About the International Center for Research on Women

The International Center for Research on Women (ICRW) is a private nonprofit organization dedicated to promoting social and economic development with women's full participation. Established in 1976, ICRW examines women's economic health and social conditions in developing countries from an integrated perspective that considers their dual productive and reproductive functions, is grounded in the generation of high-quality empirical information, and draws attention to women's participation in and critical contribution to development and the environment. Working with policymakers, practitioners, and researchers throughout Asia, Africa, and Latin America, ICRW helps influence policy and action through its research, technical support, and analysis, and communications programs. Grants, contracts, and contributions from international and national development agencies, foundations, corporations, and individuals support ICRW's work.
