

**Major Research Findings
Emerging from the
FOCUS on Young
Adults Program**

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FOCUS Research Mandate

- Improving capability to develop ARH policies and programs
 - M&E Guide
 - Assessing and Planning for YFS
 - PLA Guide
- Identifying “what works”
 - Research on ARH risks and protective factors
 - Research on program effectiveness

Programmatic Utility

- Improving Capabilities
 - M&E Guide and YFS Tool
 - Translated into French and Spanish by others
 - Widely utilized by programs
 - High demand for additional copies
 - Technical Assistance
 - M&E capacity enhanced at several partner organizations

Programmatic Utility (con't)

- Identifying what works
 - Evaluation findings led to changes in program strategy/design in several locations (e.g. Paraguay, Zambia)
 - Evaluation findings led to doubling of budget for next program cycle (Peru)

Research Findings: ARH Risk and Protective Factors

Background

- Widely recognized that adolescents are influenced by a large number of factors operating at the individual, family, school, community and societal levels;
- These factors are all potential leverage points for intervention, but further information on their relative importance in developing country settings is needed in order to determine intervention priorities.

Purpose

- Assess extent to which adolescent sexual and contraceptive behaviors in different settings are influenced in similar ways by selected factors;

Methodology

- Data collected via sample surveys in conjunction with program evaluation efforts
- Categories of factors considered:
 - Individual characteristics
 - Peers and sexual partner factors
 - Family characteristics and connections
 - School characteristics and connections
 - Community characteristics and connections

FOCUS “Antecedents” Studies

- Brazil (12 Schools, Salvador, Bahia)
- Chile (Community-based, Santiago)
- Ghana (Community-Based, National)
- Jamaica (20 Schools, Kingston)
- Paraguay (Community-Based, 3 Cities)
- Peru (38 Schools, 8 Cities)
- South Africa (Community-Based, Metro Durban & Mtunzini District)
- Togo (Community-Based, Lome)
- Zambia (Community-Based, Lusaka)
- Zimbabwe (Community-Based, Gweru)

Analytic Methods

- Bivariate & multivariate methods (logistic, tobit & OLS regression)
- Variables retained for final multivariate models:
 - Significant associations after effects of other factors were controlled
 - Confounders/effect modifiers

Limitations

- Different population universes across studies;
- Variables neither uniformly included nor operationalized;
- Direction of causation cannot be determined in some cases.

Findings: Factors Associated with Sexual Initiation

- Age and marital status
- Gender (girls start earlier in Africa, boys in LA)
- School attendance (effect stronger for girls)
- SRH knowledge (weak)
- Non-sexual risk behaviors (drugs, alcohol)
- Self-esteem (differential effects by gender in LA)
- Peer behaviors
- Family SES (mixed; effects stronger for girls)
- Not living with two parents (weak)
- Connections with teachers
- Connections with community (girls)

Findings: Factors Associated with Condom use at Last Sex

- Gender (boys more likely, but no difference in overall contraceptive use)
- Positive attitudes toward condoms
- Self-efficacy
- Partner/peer communication re: sexuality & contraceptive use

Conclusions

- Adolescent sexual & contraceptive behaviors indeed appear to be influenced by multiple factors -- programs that address multiple antecedents may be needed in order to have a substantial, sustained impact on youth behaviors;
- Influences on sexual initiation more easily identifiable than those on condom use -- consistent with hypothesis that it maybe easier to delay sexual debut than influence sexual behaviors once started.

Conclusions (cont.)

- Many factors appear to have effects that vary by setting, suggesting that different interventions may be needed in different settings;
- Boys and girls appear to be influenced differentially by a number of factors;
- Further research using panel or retrospective history designs is needed in order to clarify causal directions for several key factors (e.g., SRH knowledge, peer behaviors, self-efficacy).

Research Findings: Program Effectiveness

Background

At the outset of the FOCUS on Young Adults Program in 1995, only weak empirical evidence on the effectiveness of ARH program approaches in developing country settings was available

Methodology

- Undertake as rigorous as possible evaluation studies of interventions of different types in collaboration with various partner organizations, and
- Compile and synthesize the findings of studies undertaken by others

Materials

- Peer-reviewed and unpublished literature – 32 “Level 1” studies
- Eight (8) additional (Level 1) studies undertaken by FOCUS
- Numerous “Level 2” studies

Outcomes Examined

- RH-related knowledge, attitudes and behaviors (e.g., early sexual initiation, multiple partners, non-use of condoms, etc.)
- Use of RH-related services

Limitations

- Limited to programs whose findings have been reported in peer-reviewed journals or in the form of program reports
- Under-represent programs directed to non-RH outcomes that may have had (unmeasured) impacts on ARH
- Majority of the studies were in English

Limitations (con't)

- Unable to ascertain in some cases whether programs failed to achieve impact because the program was not well implemented
- Much of the available Level 1 evidence is for small-scale programs implemented over short periods of time; limited evidence on long-term effects on behaviors

Findings (General)

- Programs appear to be more effective in influencing knowledge and attitudes than behaviors
- Although not all ARH programs have been effective at influencing behaviors, most models/approaches have been shown to have effects on behaviors in one or another study, although magnitude of effects is often small/modest
- Although the evidence is thin, multi-component programs that target multiple risk/protective factors appear to be more effective than more narrowly focused programs

Improving Knowledge, Attitudes, Skills and Behaviors

- School-based ARH interventions appear to be effective in influencing sexual-reproductive health knowledge and attitudes, and roughly 50% have had an impact on short-term behaviors. However, the extent to which they influence long-term behaviors is less certain
- Further research is needed to identify/verify the key elements of effective sexual-reproductive health education programs in school settings in developing countries
- Mass media-based interventions also appear to be able to influence adolescent knowledge and attitudes, but there is less evidence that they influence sexual and contraceptive behaviors

Improving Knowledge, Attitudes, Skills and Behaviors (con't)

- Youth development approaches and workplace-based programs appear promising, but more rigorous evaluation in multiple settings is needed before conclusions can be reached
- Community-based peer promotion approaches also appear promising, but a number of key questions require further investigation (i.e., magnitude of effects on peer contacts vs. peer promoters; “reach;” level of training and supervision required; sustainability)

Increasing Utilization of Health Services

- “Youth friendly services” initiatives on their own do not appear to be effective at attracting youth (at least in the short-term). Outreach and linkage with efforts to mobilize community support for providing ARH services to youth appear to be necessary
- Youth centers do not appear to increase the use of RH services by adolescents

Increasing Utilization of Health Services (con't)

- No evidence that mass media/social marketing approaches increase use of public clinic-based health services by youth. One study, however, documented an effect on the use of private physicians/clinics
- Community outreach approaches entailing multi-component strategies appear to have the greatest potential for increasing use of health services