Adolescent Development: Perspectives and Frameworks

A summary of adolescent needs, an analysis of the various program approaches and general recommendations for adolescent programming

Adolescent Development And Participation Unit Programme Division May 2006

Adolescent Development: Perspectives and Frameworks- A Discussion Paper

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FOREWORD

This first issue of ADAP's Learning Series reviews the approaches and frameworks used in understanding and analyzing adolescent development. The concept of adolescent development is one that has been subjected to varied definitions and interpretations based on distinct approaches and frameworks that have been developed – largely in developed societies – to come to grips with this complex subject. Notwithstanding the controversies and debates around this concept, it remains central to the conceptual and programming principles and strategies adopted in working for and with adolescents in society today.

This paper reviews the approaches and frameworks used in adolescent programming among UN agencies and selected partners, and seeks to stimulate further discussion and research in order to provide conceptual clarity and programmatic guidance for working with adolescents and young people.

We wish to thank Ms. Kalpana Bhandarkar for undertaking this assignment in the brief period of her work with the Adolescent Development and Participation Unit in UNICEF Headquarters.

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Introduction

Purpose

This paper serves as a tool for discussion and was initiated by the Adolescent Development and Participation Unit (ADAP) at UNICEF Headquarters in New York. The paper is divided into three parts: the first part outlines the components of adolescent development, needs, and the implications for programming to meet these needs. The second part is dedicated to an overview of the different approaches to adolescent programming, as well as approaches used by the United Nations and partner agencies when designing and implementing adolescent programming around the world. The paper concludes with an analysis of the various approaches and some general recommendations for adolescent programming.

A limitation to this paper is that though it is written to inform discussion on programming for adolescents primarily in developing countries, much of the references are to literature derived from research primarily with adolescents in developed countries. Therefore, some research may not be applicable to young people in developing countries due to the differences in contexts, environments, culture, and experiences. There is a limited amount of research on adolescents in developing countries, but when found, it was incorporated into this paper. However, similarities and important concepts and findings from the "Western" research do exist and are important to consider. Yet, this dearth of research on 85% of the world's adolescents is cause for concern and present ongoing difficulties in conceptualizing and realizing adolescent programming for adolescents.

Who are Adolescents?

It is now quite widely accepted that adolescence is a time of transition involving multi-dimensional changes: biological, psychological (including cognitive) and social. Biologically, adolescents are experiencing pubertal changes, changes in brain structure and sexual interest, as a start. Psychologically, adolescents' cognitive capacities are maturing. And finally, adolescents are experiencing social changes through school and other transitions and roles they are assumed to play in family, community and school (National Research Council [NRC], 2002). These changes occur simultaneously and at different paces for each adolescent within each gender, with structural and environmental factors often impacting adolescents' development.

Estimates of the number of adolescents worldwide vary due to the inconsistency with how international agencies and individual countries define the composition adolescence. The United Nations Population Fund (UNFPA) defines adolescents as being between the ages of 10 and 19, which is similar to the definition to which the World Health Organization adheres. The World Programme of Action for Youth refers to adolescents as "youth" who are between the ages of 15 and 24 (UN DESA, 2003), as does the World Bank and the International Labor Organization (ILO). As such, the World Programme of Action for Youth's World Youth Report 2003 estimates that there are more than 1 billion youth ages 15 to 24, with 85% inhabiting developing countries. Sixty percent of these young people live in Asia, 15% in Africa, 10% in Latin America and the Caribbean, and the remaining 15% in developed countries and regions (UN DESA, 2003). Countries and regions often define adolescence differently, according to cultural beliefs and practices. For instance, if adolescence is viewed as a transitional stage between childhood and adulthood, from dependence on family to autonomy, adolescence could terminate in one's late twenties or even early thirties in some regions (UN DESA, 2003).

Though adolescence is often viewed as a developmental stage unto itself, there exist several stages of development *within* adolescence that are important to explore, especially as they relate to the design and implementation of programming targeting this population. Within each stage, adolescents experience unique biological, physical, psychological (including cognitive) and social changes. The limitation of interpreting adolescence as a monolithic stage of development masks the differences and needs within each stage. As a result, programs and interventions may be ineffective if designed on the whole to target all adolescents, at all stages.

The stages of adolescence can be separated into three: **early** (10-13 years of age), **middle** (14-16), and **late** (17-19). In early adolescence, *physical* changes include physical and sexual maturation. These changes continue through middle adolescence into the late stage (where they usually are completed), and over time, adolescents are thought to be less concerned with their body image than they are during early adolescence. *Cognitively*, adolescents in the early stage develop concrete thinking abilities, while in middle and late adolescence, the young person moves to thinking abstractly and can develop reasoning skills. *Emotionally*, adolescents in the early stage are beginning to explore decision-making opportunities, while in the middle stage, they begin to develop a sense of identity, established more fully in late adolescence. *Socially*, during this stage, peers become a bigger influence and sexual interest usually begins. During the middle stage of adolescence, peers continue to hold influence, and sexual interest develops further. Finally, in the late stage, transitions to work and further schooling take place. *Behaviorally*, early adolescents begin to experiment with new ways of behaving, while middle adolescence is considered a time of risk-taking, ending in late stage adolescence, during which assessment of one's own risk taking occurs (ReCAPP, 2003).

Implications for Programming

The implications that the above-mentioned have on programming for this population are important to consider. First, adolescent program staff must have a good understanding of the different stages, needs, and risk factors that are present among adolescents in the region within which they work. Exploring and discussing these differences will help inform program design and implementation. Continually collecting information on adolescents, qualitative and quantitative, in order to assess their needs, desires and behaviors is critical. Judith Bruce (2004) recommends collecting information by gender, age, marital status, place of residence, living arrangements, employment, sexual activity, schooling status and other relevant variables in order to better understand adolescents (Population Council, 2004).

This information will also be useful in program design to discern what program aspects attract and don't attract adolescents according to their stage of adolescence. Further, adolescents are not all "developing" at the same pace, which should be of consideration to staff as well. Lastly, there is a clear need to understand the various determinants that impact the health and development of adolescents, which certainly vary by region. These determinants are political, socio-economic, environmental, cultural, and familial, at least, and can have significant impacts (favorable and unfavorable) on adolescents. Building an infrastructure to not only collect and interpret this information, but to also include it in situation analyses of adolescents is vital. As we will see later in this paper, some agencies spend a great deal of time and resources working to mitigate the negative impact (and accentuate the positive impact) of some of these determinants on adolescents.

Gender and Adolescence

There are significant differences in developmental changes and social experiences between girls and boys during adolescence. Obviously, pubertal changes occur differently in each sex, with girls experiencing these changes 12 to 18 months earlier on average than boys, and the timing of pubertal maturity can impact the development of an adolescent differently (NRC, 2002). Research conducted in the U.S. finds that during childhood boys are at greater risk for negative health outcomes such as depression and aggressive behavior, whereas girls are at less risk. Alternatively, moving into adolescence, this same research finds that girls are at greater risk for negative health outcomes while boys move into a lower risk level during this time (Mangrulkar, Whitman & Posner, 2001). Compounded, the effects of gender norms, discrimination, poverty and abuse can magnify the negative effect on young girls and leave them more vulnerable to negative health consequences than boys (UN DESA, 2003).

Health risks for girls and boys differ widely according to culture: in conflict areas, while many young girls are at risk for trafficking and sexual abuse, many young boys are often at risk for being recruited as child soldiers (McIntyre, 2004). In addition, parents' beliefs about abilities according to gender can impact an adolescent's own view of their abilities (Jacobs, Bleeker, & Constantino, 2003). Roles and expectations of girls can differ greatly from boys in developing countries, which has implications for access to education, opportunities, and information. Lastly, girls and boys' expectations and desires for themselves can vary by community and culture.

Implications for Programming

In short, the differences in risk, needs, and opportunities between girls and boys within each culture have significant implications for how programs should be designed. Adolescent programs must be flexible to respond to the differing needs of each gender. In order to assess these needs and other factors, data collection (quantitative and qualitative) is necessary. The Table below highlights key points of consideration for program development.

Key Points of Consideration Relating to Gender

Prior to program development within a particular community or region, an assessment of the social, political and economic climate and its impact on adolescent boys and girls is critical. Below are some examples of areas of further investigation needed in order for programs to consider gender differences while designing and implementing programs.

- Are boys and girls valued differently in the particular culture?
- How does this affect the opportunities they have access to? E.g. health, education, economic opportunities.
 - Do morbidity and mortality vary by gender in the particular culture?
 - Do risk factors for negative health outcomes vary by gender?
 - Does prevalence of mental health morbidities vary by gender?
 - Does risk-taking behavior vary by gender?
- In general, do adolescents' expectations for themselves (e.g. future outlook)
 vary by gender?

Program Implications

Situation Analysis

In order to effectively design and implement adolescent programming and policies, a situation analysis of adolescents in the particular region must be conducted. It is critical that adolescents are involved in carrying out these assessments. The benefits of youth inclusion are plentiful: adolescent needs will be accurate since the information is coming straight from adolescents themselves; the resources and skills they have to meet these needs will be assessed (which include adolescent programs); and participation of youth in carrying out these assessment will build individual capacities and skills regarding communication, data collection and analysis, and more (Moncrieffe, 2001). An additional benefit can be further engagement of community members and institutions not only in these assessments, but also adolescent programs overall.

Assessing Vulnerability

Effective adolescent programming must target vulnerable subsets within this population. In order to integrate vulnerable adolescents into programming, a clear understanding of who these adolescents are, where they reside, and what they are at risk for is critical. These subsets can include rural adolescents or those at high risk for HIV, married adolescent girls, socially isolated youth, youth living on the street, adolescents with disabilities and much more. Further these vulnerabilities and their determinants can vary from region to region. Fischhoff and Willis (2002) suggest that the overall burden of vulnerability must be measured in order to determine the amount of resources needed to dedicate to adolescent programming. Further, the authors assert that both young people and adults' perceptions of risk factors for adolescents should be collected and discussed before devising policies and programs for the former population. Integrating adolescents into this vulnerability assessment may improve its accuracy and validity as vulnerable adolescents may be accessed through social networks of other adolescents (Moncrieffe, 2001).

Research with Adolescents

As stated above, there is an urgent need for research on adolescents in developing countries, as gaps in knowledge persist. Research involving adolescents should focus on behavior, needs, risk-taking, presence of protective factors, as well as program utilization, perception and efficacy. This research can be conducted in conjunction with local universities and agencies that have the capacity to do so. Planning, design and implementation of this research must involve adolescents. A participatory research project with adolescents led by the International Center for Research on Women (ICRW) in Nepal revealed that involving adolescents in the aforementioned stages improved the accuracy and depth of the research. Secondary benefits, ICRW found, include strengthening of community capacity to respond to adolescent needs as well as promotion of ownership of programming for this population (Mathur et al., 2004). Additional benefits included improving adolescents' critical thinking and reasoning skills, building other skills such as social and community mapping, and allowing for adolescents to advocate on their own behalf (Mathur et al., 2004).

Program Assessment

Assessment of current programs targeting adolescents should be conducted in order to discern what works and doesn't work in adolescent programming. This can help staff re-tailor their current programs to fit the needs and desires of adolescents, as well as inform future program efforts. Erulkar (2003) outlines

several criteria that program developers and evaluators should keep in mind when assessing effectiveness of adolescent-focused programming:

- [Adolescents'] utilization of offered services
- [Services'] acceptability to the community
- [Services'] relative attractiveness to boys and girls
- The gender sensitivity of program design
- [Services'] attractiveness and appropriateness for younger and older adolescents
- The patterns of utilization of the services
- The reasons why youth initiate and sustain or discontinue participation
- Staff attitudes toward male and female participants and sensitivity to gender dynamics
- How much staff know about sexuality, family planning, and reproductive health
- · Protection of adolescents' confidentiality
- Fostering of a non-judgmental environment
- Effectiveness in conveying information, increasing skills, and facilitating behavior change

Adolescent Programming Approaches

Table 1 outlines various approaches to adolescent programming. They are outlined by rationale, focus area, projected outcomes and limitations. Rationale relates to the underlying premise of the approach – on what information, belief, or evidence is the approach built? Focus area relates to activities and programs set up in response to the approach rationale. Projected outcomes are what the focus area activities hope to achieve and limitations are weaknesses that the approach faces. These approaches are integrated, in part, in some of the agency frameworks described later in the paper.

Table 1. Adolescent Programming Approaches

<u>Approach</u>	<u>Rationale</u>	Focus areas	Projected Outcomes	<u>Limitations</u>
Risk and Protective Factors (Blum, 2004(a,b,c)) (WHO, 2002)	 Presence of protective factors (e.g. school connectedness, family connectedness) may decrease probability of risk-taking behaviors Protective factors counteract risk factors Domains in which protective factors reside: individual, peer networks, family, school, community, macrolevel policies 	 Improving school attendance and retention among adolescents Offering self-esteem building activities Working with parents to enhance parenting skills 	Reduced risk- taking behaviors such as increase in age of sexual debut, reduced involvement in violent behavior	Does not actively focus on skill-building or preparation for future
Youth Development (YDSI, 2004) (NRC, 2002) (IYF, 2000)	 Multi-faceted programs that focus on the whole of the adolescent social, physical, emotional are effective in risk reduction as well as skill building Building the 5 C's within adolescents: competence, confidence, character, caring, compassion, will prepare them for future opportunities and challenges 	 Building self-esteem and self-efficacy Providing structured and safe settings for activities Promoting supportive relationships Promoting opportunities to contribute Building staff competencies to work with adolescents 	 Reduction of multiple risk factors Reduced risk- taking behavior Increase in skills acquisition Improved social networks 	Requires multi- sectoral coordination, which is often complex and difficult

Livelihoods (Brown, 2001) (ILO, 2004) (Population Council/ICRW, 2000)	Equipping adolescents with skills needed for employment and other activities can have a significant impact on their lives and futures	 Identifying priority areas of livelihood skills through participatory processes with adolescents Tailoring activities to build skills in areas relevant to region and available opportunities Working with multiple sectors to improve scope of opportunities for adolescents 	 Preparation for opportunities in formal and informal work Improved ability to contribute to household income 	 May interfere with school attendance May leave out married adolescent girls who are unable to participate in programs Difficulty in impacting micro and macro level forces similarly
Intergenerational (Marphatia, 2003) (ICRW, 2003)	 Pairing adolescents and adults in activities involving social justice issues improves adolescents' healthy development, creates potential for mentoring relationships with significant social benefits, and improves social conditions in the area of activity Partnerships improve communication and respect across generations 	Youth-adult partnerships that work to improve gender equity, improve girls' participation in education, and enhance child protection, for instance	 Increase in prosocial activity Enhanced problemsolving skills Enhanced communication skills Sense of purpose Expectations for the future 	Currently, an overarching conceptual framework does not exist, which makes design and implementation difficult

Rights-Based (Theis, 2004) (Lansdown, 2004)	Rights outlined by the CRC and CEDAW should be honored by signatory States to allow adolescents to realize their full rights and potential	Work at macro-institutional level to improve underlying causes of human rights violations Improve opportunities for adolescent participation	 Reduced human rights violations Enhanced capacity of adolescents to participate socially and politically Enhanced self-esteem and social networks 	Impact on health and development of adolescents is unclear
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Agency Frameworks for Adolescent Programming

Each UN and partner agency takes a different approach to adolescent programming, often depending on predetermined adolescent needs. There lie similarities, however, in some of the approaches taken by these agencies, especially since many adolescent programs are funded and administered by an inter-agency partnership.

The tables below outline each agency's approach through a logic model framework. This logic model allows us to see the program segmented by inputs (resources needed), outputs (activities and groups involved in participation), and short term and long term projected outcomes or impact of programs. Rationale and priorities for each agency approach is also listed. The agencies included in this paper include: United Nations Development Programme, United Nations Population Fund, International Labour Organization, Pan American Health Organization, the World Bank, the World Health Organization and the United Nations Children's Fund.

<u>United Nations Development Programme (UNDP)</u>

Priorities

Integrate adolescents into sustainable human

development and poverty eradication initiatives

Rationale

- Youth can play a role in economic, social and human development initiatives
- Adolescence is a transitional period

INPUTS	OUTPUTS]	DMES - IMPACT
Resources Needed	Activities Participation	Short Term	Long Term
 Staff Resources (Financial and other) Time for planning and implementation Multi-agency coordination 	Individual Level Vocational training through "sustainable livelihoods" programs Youth leadership training Youth empowerment and participation through youth councils and advocacy Agency Level Support inter-UN agency programming for youth State Level Involving youth to promote proyouth national policies	Individual Level Adolescents use their assets to bring about the most economic gain for themselves and their families Development of "socially equitable" and accessible livelihood programs Integration of young people into economic development efforts	Individual Level Adolescents continue to have economic opportunities Community Level Youth are a driving force for economic change State Level Policymakers engage in ongoing development and strengthening of national youth policies

United Nations Population Fund (UNFPA)

Rationale

- Adolescence is a time of learning but also risk
- Investments in adolescents are cost-effective

INPUTS	\vdash	OUTPUTS			
Resources Needed	∟,	Activities	Participation		
 Staff Resources (Financial and other) Time for planning and implementation Multi-sectoral coordination 		Individual Level Life skills education Livelihoods programs Information, education, counseling, services revolving around sexual and reproductive health Youth participation in program design and implementation State Level Gender equity promotion through advocacy Rights promotion through advocacy and youth participation	Individual Level Adolescent boys and girls ages 10 to 19 Community Level Families Communities Agency Level UN agencies NGOs (local and international) State Level Policymakers Governments		

Priorities

 Promote and protect adolescent rights, guided primarily by the ICPD, ICPD+5, CRC, and CEDAW

OUTCOMES - IMPACT				
Short Term	Long Term			
 Individual Level Improved access to IEC and services Reduced sexual risk taking Reduced maternal mortality and complications during childbirth Enhanced life skills Preparation for formal and informal work Increased opportunities for and engagement in youth participation and advocacy 	Individual Level Healthier lifestyles and decision-making for adolescents in the present and future Community Level Sustainable and effective programs focusing on sexual and reproductive health and life skills State Level Gender equity promotion through available opportunities Realization of adolescent rights			

International Labour Organization (ILO)

Rationale

- Adolescents are important contributors to economic development
- Adolescents need to build skills to prepare for economic opportunities

INPUTS	OUTPUTS		
Resources Needed	Activities	Participation	
 Staff Resources (Financial and other) Time for planning and implementation 	Individual Level Preparing young people for entry into the labor force through livelihood programs Incorporating youth voice into design and implementation of programs Build on individual assets of youth State Level Promoting "decent work" for adolescents at the state and local levels Encouraging States to make youth employment a priority	Individual Level Adolescents ages 15 to 24 Agency Level World Bank (Youth Employment Network) State Level Governments	

Priorities

- Prepare adolescents for employment opportunitiesInvolve adolescents in determining needed skills

OUTC
Short Term

Pan American Health Organization (PAHO)

Priorities

Reduce sexual risk taking

Provide holistic programming for young people

Rationale

- Adolescent programs should have a preventive and Developmental focus
- Families, communities, and governments should be involved in promoting adolescent health and development

			1	
INPUTS	-∖ OUTPI		OUTCOMES – IMPACT	
Resources Needed	Activities	Participation	Short Term Long Term	
Staff Resources (Financial and other) Time for planning and implementation Multi-sectoral coordination	Individual Level Promoting opportunities for youth leadership and participation Integrated sexual and reproductive health services Community Level Building human resources capacity to deliver services to adolescents Improvement in social communication of adolescents via multiple media forms Research and knowledge sharing of best practices in adolescent health State Level Advocacy for inclusion of adolescent-specific programs into national health priorities and plans	Individual Level Adolescent boys and girls ages 10 to 24 Community Level Families Communities Local universities Agency Level Inter-agency coordination (e.g. SIDA, UNDP) State Level Policymakers Governments	Individual Level Reduced HIV incidence and unwanted pregnancies among adolescents Reduced sexual risk-taking Reduced engagement in violent behavior Engagement in pro-social behavior Increased involvement in youth leadership activities Community Level Engagement of family and community members and organization in adolescent programs Improved human resource development and capacity to serve adolescents in sexual and reproductive health information and service provision Individual Level Healthier lifestyles and decision making Reduced HIV incidence unwanted pregnancies adolescents Promotion of protective factors and reduction of factors Promotion of protective factors and reduction of factors Promotion of protective factors and reduction of factors Kommunity Level Development of gende among adolescent girls and be Knowledge sharing of I practices among adolescent service providers State Level Knowledge sharing of I practices in adolescent policies Ongoing government s of adolescent-specific programs	e and among e of risk requity t also on of bys best scent

World Bank

Priorities

programming

Incorporate a life cycle and risk reduction approach into

• Strengthen health and education sectors

Rationale

- Adolescents are moving from dependence to independence
- Adolescents need skills, information and services to reduce risk behavior and prepare them for their future

INDUITO	OUT	DUTO	1 1	OUTCOL	MEC IMPACT
INPUTS	\	PUTS	I┌\		MES - IMPACT
Resources Needed	Activities	Participation	! └─/	Short Term	Long Term
 Staff Resources (Financial and other) Time for planning and implementation Multi-sectoral coordination 	Individual Level Life skills programs focusing primarily on sexual and reproductive health but also violence and substance abuse prevention Livelihood programs focusing on youth employment preparedness Community Level Strengthening quality of secondary and tertiary education through resource and infrastructure development	Individual Level Adolescents ages 15 to 24 Community Level Families Communities Agency Level ILO (with Youth Employment Network) State Level Policymakers Governments		 Individual Level Increased access to and quality of secondary school Increase in quality and accurate sexual and reproductive health information Reduced sexual risk-taking behavior Reduced violent behavior Reduced substance abuse Enhanced preparedness for present and future economic opportunities 	Individual Level Engagement in healthier lifestyles Ongoing participation in civil society Community Level Strengthening health and education sectors' ability to impact positive outcomes for young people Strengthening families and communities' ability to impact positive outcomes for young people Building structures that allow for youth to participate in civil society State Level Ongoing commitment to improving the health and education of youth Create and sustain "enabling policies" that promote adolescents' well-being

World Health Organization (WHO)

Rationale

- Adolescents face many risks as well as opportunities
- Protective factors can improve health and development of adolescents

INPUTS	_\	OUTPUTS		
Resources Needed	_/	Activities	Participation	
Staff Resources (Financial and other) Time for planning and implementation Multi-sectoral coordination	7	Individual Level Providing information, skills, education, counseling and safe environments for adolescents Community Level Health promotion through schools State Level Promotion of adolescents rights through advocacy	Individual Level Adolescent boys and girls ages 10 to 19 Community Level Communities Agency Level UN agencies State Level Policymakers Governments	

Priorities

- Promotion of rights, as outlined by the CRC
- Reduce morbidity and mortality of adolescents

OUTCOMES - IMPACT		
Short Term	Long Term	
Individual Level	Individual Level	
 Reduce risk of 	 Increase in protective 	
multiple health	factors influencing	
morbidities through	adolescents	
comprehensive	 Reduction of risk factors 	
programming	influencing adolescents	
	 Improved physical, 	
Community Level	intellectual, emotional,	
Improved capacity of	civic, cultural and	
schools to promote	vocational development	
healthy lifestyles to		
adolescents	Community Level	
	Negative health impact of	
	poverty on adolescents is	
	mitigated	
	State Level	
	Creating enabling policies	
	for adolescents	
	 Coordinated programming 	
	across sectors to prevent	
	gaps in coverage of	
	adolescents	

United Nations Children's Fund (UNICEF)

Rationale

- Adolescence are children in the second decade of life
- UNICEF works to respect, protect and fulfill their rights

Priorities

 UNICEF works with and for adolescents to create opportunities for their full development and to promote their meaningful participation; guided by the CRC in support of the WFFC and MDGs

INPUTS	OUTPUTS	3
Resources Needed	Activities F	articipation
Staff Resources (Financial and other) Time for planning and implementation Multi-sectoral coordination Partnership-building	Individual Level Safe, supportive and protective environment which enhances their development and capacity to participate Access to relevant information Development of key risk reduction skills (life skills) Access to basic education and relevant health services Participation in program assessment, design, implementation and monitoring State Level Identification of situation of adolescents and articulation of capacity gaps Advocacy and social mobilization to ensure inclusion of adolescent issues into national plans Provision of technical and financial assistance	Individual Level Adolescent boys and girls ages 10 to 19 Young people 10-24 Youth 15-24 Community Level Families Communities Key duty bearers Agency Level UN agencies Key bilateral INGOs Youth Groups State Level Key duty bearers Civil society Youth service partners

OUTCOMES – IMPACT			
Short Term Long Term			
Individual Level	Individual Level		
 Improved policy environment Change in social norms in support of adolescent partnerships by all sectors of society Increased access to relevant information Increased opportunities to increase skills (both life and livelihood) Increased access and utilization of adolescent friendly services Increased in protective factors for adolescent development Reduction in risk factors and negative risk behaviours by adolescents Increase opportunities for meaningful participation Increased developmental opportunities 	Enhanced individual capacity for successfully transitioning to adulthood Enhanced capacity for risk assessment and analysis; for meaningful participation and individual development Increased levels of knowledge and skills and capacities to utilize services and make healthy choices Community Level Supportive, protective and enabling environment which works to develop adolescents capacity to participate in their own and their communities development State Level Policies and programmes in place and being implemented and enforced to enhance the development opportunities of adolescents		

Analysis and Recommendations

From the tables above, it is evident that each agency has a specific approach to adolescent programming, based on the agency's belief of adolescent needs and, in some cases, how this population can impact overall national development. PAHO and WHO have integrated the "risk and protective factor" approach into their framework, and work toward mitigating risk factors by strengthening specific protective factors in adolescents' lives. ILO and some of the World Bank's programs employ a livelihoods approach, preparing young people for entry into the labor force. UNDP and UNFPA integrate a rights-based approach into their programming, working to honor the rights assigned to adolescents by the CRC, CEDAW, and ICPD conventions around the world. PAHO also works to incorporate a youth development approach into their country programming, working with multiple sectors at many levels.

There are some limitations, however, to these frameworks. First, ILO and UNDP's livelihoods approach does not integrate the health needs of adolescents into its programming. Second, their approaches may isolate adolescents, for instance, who are the primary caregivers in their household and cannot participate either in livelihoods programs or the formal labor force. There does exist an opportunity for these organizations, however, to find and work with these adolescents on issues of care giving and household management. Second, WHO's focus on health promotion through schools may isolate adolescents for whom school is not an option. In this area, a situation analysis of out-of-school youth (e.g. married adolescents, street children) would be appropriate in order to target health promotion programs toward this subset of the population.

It is clear that the most effective approach needed to serve the preventive and developmental needs of adolescents is one that is holistic in its design. This involves working with multiple sectors that impact youth (e.g. health, education) at multiple levels (e.g. individual, community, state) with a host of strategies. It works to respond to needs but also builds skills that adolescents need in their present and future. The capacities that an overarching program requires include staff ability to work with and understand adolescents and staff capacity to work with regional and national policymakers on pro-youth policies and realization of adolescent rights. Also essential are inter-sectoral planning groups that work on collaborative measures in adolescent programming across sectors. Lastly, adolescent input and participation is necessary wherever possible to ensure that their voice and their needs are integrated into programs developed to serve them.

However, one limitation to this approach is that it is based on research and program evidence primarily from developed countries. Very little evidence, if any, is available on its impact on adolescents in developing countries. Hence, a more in-depth discussion should take place on an ongoing basis among program staff, researchers, adolescents, and others in developing countries on what components of this approach can be applied with young people in other contexts. Further, a push for more research in developing countries on the impact of these and other models should take place.

As Judith Bruce has recommended, projected goals and outcomes must be set for adolescents who participate in programs and services (Population Council, 2003). Though all of these outcomes might not be realized within the scope of the program, it is still important to consider. Further, the list of desired outcomes should include not only problem reduction and reduced risk taking among adolescents, but also development of certain skills and qualities that communities and adolescents themselves would like to realize. The 5 C's (competence, confidence, character, caring, and connection) could serve as a strong starting point for intended outcomes (IYF, 2000; Blum, 1998). Program goals should also involve development of ways to engage and integrate of families and communities in adolescent-specific activities and interventions on an ongoing basis.

Lastly, the importance of staff and administrative capacity in adolescent programming cannot be overstated. Programs should offer continual opportunities for staff to improve their knowledge and capabilities in serving adolescents through trainings, educational materials and knowledge sharing with other adolescent programs (IYF, 2000). These capacities exist on multiple levels and include: working with young people, communicating adolescent issues to adolescents, families, communities, and policymakers, engaging families and communities, and overall program development and implementation skills. Additionally, programs and staff should be built to be flexible to respond to the changing needs of adolescents.

Appendices

Note on Methodology

This paper is a revision to the first draft of the discussion paper originally completed in February 2005. It incorporates feedback received from reviews by senior staff at the Adolescent Development and Participation Unit at UNICEF.

The paper was compiled by utilizing literature found through Medline, PsychINFO, and POPline searches and searches through journals relevant to the material discussed. Other sources consulted include the web site of UN and other agencies discussed as well as material produced by these organizations.

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Recommended Resources

Organization Web Sites

Advocates for Youth www.advocatesforyouth.org

At the Table www.atthetable.org

Alan Guttmacher Institute www.agi-usa.org

Center for Youth Development Policy Research http://cyd.aed.org/whatis.html

Forum for Youth Investment www.forumforyouthinvestment

International Youth Foundation www.iyfnet.org

Population Council www.popcouncil.org

Search Institute www.search-institute.org

The Innovation Center www.theinnovationcenter.org

Youth Development Strategies, Inc. www.ydsi.org

Journals

Journal of Adolescent Health Journal of Adolescence Journal of Adolescent Research

Note on Author

Kalpana Bhandarkar is currently pursuing a Masters in Public Health and a Masters in Business Administration at Johns Hopkins Bloomberg School of Public Health and Johns Hopkins School of Professional Studies and Business Education, respectively. Previously, she worked at Mount Sinai Adolescent Health Center (AHC) in New York, a freestanding health center that offers medical and mental health services to adolescents ages 10 to 24. At AHC, she worked with the technical assistance unit, providing trainings in youth development to youth workers, teen pregnancy prevention providers, and others working with youth in New York State. There, she also contributed to peer-reviewed articles on adolescent development and mental health. Prior to joining AHC, she worked in the Health Policy Division of the Children's Defense Fund in Washington D.C.