Youth Engagement in Sexual Health Programs and Services

Findings from the Youth Engagement Network’s Environmental Scan

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Executive Summary

Meaningful youth engagement is based on the principle that young people have a right to be heard in matters that affect them. Engaging youth in the design, implementation, and evaluation of policies, programs, and systems that impact their lives is believed to support young people’s development, strengthen programs, services, and organizations, and benefit society socially, politically, and economically. Despite widespread support, sexual health interventions are rarely designed, delivered, and evaluated with support from young people the interventions intend to target. Many existing youth engagement strategies lack rigorous evidence on their ability to engage youth meaningfully and impact health outcomes. Furthermore, the sexual health field lacks a coordinated and mobilized effort for disseminating effective youth engagement strategies to reduce disparities of unintended pregnancies and sexually transmitted infections.

As a component of ETR’s Youth Engagement Network (YEN), we undertook an environmental scan to explore the overall context, current research, needs, and resources related to youth engagement in sexual and reproductive health programs and services. Through a literature review and stakeholder interviews, we explored the following questions:

- What is youth engagement?
- What is the empirical evidence for youth engagement on sexual health outcomes?
- What youth engagement strategies and interventions for sexual health promotion exist?
- What are the successes and challenges of implementing youth engagement strategies?
- What are the greatest needs and opportunities for innovation in youth engagement in the sexual health field?

FINDINGS FROM THE LITERATURE REVIEW

A literature review was conducted in two phases by searching for interventions, resources, studies, systematic reviews, and policy reports covering youth engagement and sexual health topics through databases, Google searches, citation checks, and recommendations from subject matter experts. Our literature review yielded numerous resources, models and frameworks describing components of youth engagement.

Conceptual Model

We synthesized common elements of youth engagement across existing models and incorporated findings from a youth panel. The resulting Conceptual Model for Youth Engagement theorizes that health outcomes can be impacted by engaging in practices and influencing dimensions of meaningful youth engagement. We identified four commonly cited practices as areas for meaningfully engaging youth, or for creating the conditions that support meaningful YE including:
We identified common practices associated with meaningful engagement

- Identifying and reaching young people,
- Increasing youth capacities and opportunities to effectively engage on matters that affect their lives,
- Building adult capacities to effectively engage with and listen to youth, and
- Establishing systems and environments that enable YE opportunities and youth-adult partnerships.

A practice or a combination of practices are theorized to influence one or more dimensions of YE including: access and opportunity; shared power and decision making; relationships, transparency, and trust; safety; and mentorship and development. Dimensions are the characteristics of meaningful YE and, thus, can be used to guide approaches and to measure the extent to which practices are effective. Ultimately, these efforts would lead to improvements to services and systems that support young people’s health (e.g., improving physical and psychological accessibility of health services). In addition, young people involved in youth engagement would likely experience positive shifts in knowledge, attitudes and skills (e.g., self-efficacy, resilience) that lead to health-promoting behaviors.

Empirical research

Research we identified in our scan revealed mixed results in the effectiveness of youth engagement on sexual health. Recent systematic and literature reviews and reports indicated that interventions using youth engagement strategies – primarily peer education – were effective at improving predictors of behavior (e.g., attitudes) but mixed in their ability to impact young people’s sexual behaviors. Overall, effectiveness for youth engagement interventions on youth is considered weak due to low quality evaluation methodologies, low levels of youth participation, and inconsistency in improved outcomes. Additionally, because evaluations do not assess interventions at the activity-level, there is likely substantial variance in implementing youth engagement, making it difficult to interpret which youth engagement strategies are effective and to what extent they improve health outcomes.

Interventions

We identified 118 interventions that aimed to promote sexual health and used youth engagement strategies in the development, delivery, evaluation, or leadership capacities of interventions. Most interventions (94) included youth in the delivery of an intervention, where only 30 interventions indicated youth were involved in the development of an intervention and 19 interventions indicated youth were engaged as leaders. Our searches yielded four broad categories of youth engagement in sexual health programs:
• **Peer education** – defined as a form of teaching and/or sharing with members of a similar age group – was the most common approach identified (78). Programs utilized peer educators to deliver education through formal sex education curricula or workshops and through informal interactions with other young people in their family and peer groups.

• **Media- or technology-based approaches** were used in 21 interventions to engage youth in topics related to sexual health, including storytelling and public service announcements, social media and text messaging campaigns, articles and blogs, online communities and discussion groups, and app and game development.

• **Youth governance and organizing** was employed in 12 interventions with the primary goal of providing youth with opportunities to influence organizations and policies. These approaches included youth-led organizations, organizational board membership, advisory youth councils and community action. In some cases, youth were engaged in organizing around policy issues related to sexual and reproductive health in their communities.

• **Youth-led participatory research and youth participatory evaluation** were used in 5 interventions by providing training and opportunities for young people to support evaluating interventions and/or identify issues and needs within their communities and conduct data collection and analysis to support policy recommendations.

**FINDINGS FROM THE STAKEHOLDER INTERVIEWS**

We conducted 18 interviews with stakeholders including youth, adults working with youth or youth-serving organizations, and adults with expertise in adolescent well-being, healing-centered approaches, network building and communication approaches. Stakeholders were asked about which factors support meaningful youth engagement and about specific practices that have been successful in their own engagement activities. Seven themes were identified:

• adult facilitators skilled in youth engagement,
• structural supports for youth,
• flexibility and options,
• opportunities for connection and trust-building,
• organizational commitment and dedicated resources,
• sufficient compensation and incentives, and
• meeting youth where they are.

Stakeholders were also asked about barriers to successful youth engagement. Overall, youth engagement was recognized as a challenging process, requiring significant time and effort. In particular, seven themes were surfaced:
We identified barriers to successful engagement

- lack of adult facilitator buy-in,
- lack of organizational buy-in,
- limited time and resources to implement youth engagement,
- lack of tools and training for youth,
- tokenizing and poor recruitment,
- lack of relevancy and accessibility, and
- sexual-health specific barriers.

We asked stakeholders to consider the greatest needs and opportunities in youth engagement and sexual health. Stakeholders provided ideas on priority populations and settings as well as strategies and interventions that need additional attention and resources. Stakeholders indicated a need for approaches that are truly youth-led by allowing youth to hold power, innovate ideas, be decision makers and influence policies. Strategies must explicitly acknowledge and address racial and social justice and focus on historically underserved populations in youth engagement, including LGBTQ youth of color, heterosexual cisgender young men of color, and youth living in rural communities. Stakeholders identified technology as a key leverage point for youth engagement in sexual health, including increasing access to information through tech-based approaches and utilizing co-creation processes for building youth skills. Further, solutions need to examine and address COVID-related challenges including barriers to virtual engagement and isolation and loneliness. Stakeholders indicated a need to build the capacity of adult-youth partnerships through increasing organizational support for youth engagement, supporting partnerships between adult- and youth-led organizations, training youth and adults in key skills, and establishing accountability structures.

OPPORTUNITIES FOR INNOVATION

Despite a global commitment and numerous efforts to conceptualize youth engagement, our environmental scan revealed many opportunities to innovate and contribute to the youth engagement and sexual health fields. There is strong consistency across program and policy documents and our stakeholders’ ideas about the characteristics of meaningful youth engagement, as well as the pitfalls when youth engagement is implemented. However, these lessons, especially as they apply to sexual health, have not been systematically documented or empirically tested, leaving gaps in support for organizations, adults, and youth who wish to learn from best practices.

Lessons that derive from the research are primarily limited to the contexts of delivering (often adult-driven) sex education curricula, leaving out co-creation, evaluation and leadership processes as well as the infrastructure needed to create and sustain meaningful opportunities for youth engagement. Additionally, the scan revealed limitations in traditional, typically rigid youth engagement practices, which have not been designed for and do not work for systemically impacted and resilient youth.
The flexibility required to engage a diversity of youth also presents an opportunity to add to our understanding of measuring and evaluating youth engagement in ways that both involve youth and support flexible replication of youth engagement practices. Based on the findings of our literature scan and interviews, we identified the following opportunities for innovation in the field of youth engagement and sexual health:

- **1.** Focus on one or more of these priority populations: LGBTQ youth of color; heterosexual, cisgender young men of color; and youth living in rural communities particularly Latinx youth.
- **2.** Prioritize funding for organizations and strategies that adopt and implement youth engagement practices with a racial and social justice lens, including direct funds to youth-led organizations.
- **3.** Prioritize designing and testing strategies focused on youth governance and organizing for sexual health, technology- and media-based approaches, and organizational and adult capacity to support sustained youth engagement.
- **4.** Document, synthesize and curate best practices in youth engagement that can be applied to sexual health, including an exploration of findings from our stakeholder interviews and lessons from other health and youth development fields.
- **5.** Build a stronger evidence base through refining and testing a conceptual model for youth engagement in sexual health; theorizing and evaluating engagement in sexual health interventions; identifying and using standardized, validated youth engagement measures; and employing a component-level approach to document and evaluate youth engagement interventions and strategies.
- **6.** Utilize and test youth participatory strategies when evaluating funded innovations and the YEN at large.
About the Youth Engagement Network

The Youth Engagement Network (YEN) is a 3-year Office of Population Affairs (OPA) funded project at Education, Training, and Research (ETR). ETR’s YEN aims to strengthen youth engagement in sexual and reproductive health (SRH) programs, services and systems change efforts in order to promote optimal health, prevent teen pregnancy and reduce sexually transmitted infections (STI), particularly among young people who experience systemic marginalization or discrimination. To make a measurable impact on youth engagement, the YEN will:

- Increase the number and strengthen the coordination of stakeholders committed to engaging youth in programs, services and systems change efforts to improve SRH outcomes.
- Increase the number and accessibility of promising practices and interventions that effectively engage youth in programs, services, and systems change efforts that seek to improve SRH outcomes.

Through the funds made available in this Request for Proposal, ETR’s YEN project will distribute subawards to partner organizations to develop, test, and refine youth engagement interventions and contribute to a Learning Agenda on youth engagement.

Over the course of the project, the YEN will:
- Select, fund and train youth-serving organizations to host design challenges with young people using ETR’s Trauma-Informed Youth-Centered Health Design framework;
- Identify and fund developers of existing youth engagement strategies to test, refine, and disseminate their innovations broadly;
- Establish multiple Network Committees made up of subawardees and other stakeholders, including youth, to explore key questions and develop resources related to youth engagement; and
- Work with network members and external experts to provide technical support on topics related to youth engagement and the development, evaluation, and dissemination of effective strategies.

Our core organizational and youth partners will support the overall direction of the YEN strategy and Learning Agenda. The core organizational partners include the Adolescent Health Initiative, Flourish Agenda, Frameworks Institute, International Center for Research on Women, iOpening Enterprises, Planned Parenthood of the Great Northwest and Hawaiian Islands, and Restless Development. Our core youth partners are Ruby Lucas and Ankit Hirpara.

To sign up for updates on the YEN including future opportunities for funding, please contact project-yen@etr.org.
I. Introduction

The United Nations Convention on the Rights of the Child established the fundamental right for young people to express their views on matters that affect their lives.1 Now 30 years from this groundbreaking publication, support for youth engagement (YE) has flourished.2 There is global and domestic commitment to YE, as evidenced by dedicated funding and strategic initiatives. For example, USAID-funded project called YouthPower, now in its second iteration, aims to expand the evidence for what works in positive youth development (PYD), including a dedicated community of practice on YE. Additionally, the 2019 Global Consensus Statement on Meaningful Adolescent and Youth Engagement was signed by more than 170 organizations to mobilize local and global leaders around a common understanding of YE. Similarly, youth.gov is an interagency workgroup comprising representatives of 21 different U.S. federal agencies who are tasked with coordinating support programs and services focusing on youth. These organizations, and their partners, represent a global community committed to YE.

Meaningful YE is based on the premise that young people have a right to be heard in matters that affect them. Engaging youth in the design, implementation and evaluation of policies, programs, and systems that impact their lives is believed to support young people’s development,3,4 strengthen programs, services, and organizations,2,3 and provide social, political and economic benefits.5 Meaningful YE is also what young people want.2 Despite widespread support, YE interventions are rarely designed by or delivered and evaluated with support from the young people the interventions intend to target, especially those from systemically impacted communities. Many existing YE strategies lack rigorous evidence on their ability to engage youth meaningfully and impact health outcomes.6 Furthermore, the field lacks a coordinated and mobilized effort for disseminating effective YE strategies to reduce disparities of teen pregnancies and STIs.

As a component of the Youth Engagement Network (YEN), we undertook an environmental scan to explore the overall context, current research, needs and resources related to YE in sexual and reproductive health (SRH) programs and services. Through a literature review and stakeholder interviews, we explored the following questions:

- What is youth engagement?
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II. Literature Review

The literature review was conducted in two phases. In phase one, we searched for broad resources, studies, systematic reviews, and policy reports covering YE and sexual health topics through databases, Google searches, and citation checks. In phase two, we systematically searched PubMed, conducted additional Google searches, and asked for recommendations from stakeholders to identify interventions using YE strategies that aimed to promote sexual health. Findings from these searches are presented in this section.

CONCEPTUAL MODEL FOR YOUTH ENGAGEMENT

Most resources we surfaced in our environment scan discussed various components and models of
Youth Engagement In Sexual Health Programs and Services: Findings from the Youth Engagement Network’s Environmental Scan

It is difficult to systematically assess the extent to which strategies are effective at engaging youth. To create a unified conceptual model, our team synthesized common elements of YE across existing models, and incorporated findings from a youth panel on the topic of YE. The Conceptual Model for Youth Engagement (Figure 1) theorizes that health outcomes can be impacted by engaging in practices and influencing dimensions of meaningful YE. These efforts would lead to improvements to services and systems that support young people’s health (e.g., improving physical and psychological accessibility of health services). In addition, young people involved in YE would likely experience positive shifts in knowledge, attitudes and skills (e.g., self-efficacy, resilience) that lead to health-promoting behaviors.

Youth Engagement Practices

Through our synthesis, we identified four commonly cited practices as areas for meaningfully engaging youth, or for creating the conditions that support meaningful YE including:

• **Identifying and reaching young people where they are**, using accessible language, communication channels, and messengers they trust, particularly when engaging youth on sensitive topics such as their SRH.

• **Increasing youth capacities and opportunities** to effectively engage on matters that affect their lives, including developing personal assets and skills (e.g., self-esteem, leadership, self-advocacy) and technical and content-specific skills (e.g., design research, digital storytelling, etc.) through ongoing, participatory learning events, mentorship, and hands-on experience.

• **Building adult capacities** to effectively engage with and listen to youth, including how to build trusting relationships, collaborate with and support youth to develop and realize their own ideas, recognize and reflect on their own privilege and power, and share power and decision-making.

• **Establishing systems and environments** that enable YE opportunities and youth–adult partnerships by establishing governance structures that involve youth in decision-making (e.g., youth council), establishing clearly defined roles for youth that are adequately resourced, devoting sufficient time and resources to build adult and youth skills, fairly compensating youth for their time and effort, and evaluating systems to ensure quality.

“Identity and Reach YE Practices

Youth Capacities and Opportunities

Adult Capacities

Systems and Environments

YE Dimensions

+ Access and Opportunity
+ Shared Power and Decision-Making
+ Relationships, Transparency, and Trust
+ Safety
+ Mentorship and Development

**FIGURE 1** CONCEPTUAL MODEL FOR YOUTH ENGAGEMENT

“Identity and Reach

Youth Capacities and Opportunities

Adult Capacities

Systems and Environments

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**Improved Knowledge, Attitudes, Behaviors**

**Improved Health Outcomes**

**Improved Services and Systems**

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“Youth that are often recruited have been through so much...it baffles me when youth have to fill out these long applications just to be a part of an advisory board...that’s another barrier for them that needs to be gone.”

–Youth Panel Participant
Dimensions of Youth Engagement

In the conceptual model, a practice or a combination of practices are theorized to influence one or more dimensions of YE. Dimensions are the characteristics of meaningful YE and can be used to guide approaches and to measure the extent to which practices are effective. Through our synthesis, we identified five common dimensions:

- **Access and Opportunity.** Adult partners work with youth to create a variety of opportunities to engage on issues relevant to their lives. Youth serve as co-creators, not just advisors, in developing policies, programs, and processes that affect them. Youth work with adults to identify and address barriers to equitable engagement and access.

- **Shared Power and Decision-Making.** Youth partners are considered essential stakeholders in policies, programs, and processes that affect them. Engagement activities provide youth with authentic responsibilities and decision-making power needed to impact outcomes. Youth have the power, and are encouraged, to initiate or challenge ideas. Adults and youth partners work together to hold each other accountable for shared goals and responsibilities. Youth are equitably recognized for their contributions.

- **Relationships, Transparency and Trust.** Youth and adults share genuine, trusting and collaborative relationships. The responsibilities of youth and adult partners are clear. Youth are able to freely express their views and represent themselves as individuals with many identities and experiences. Adult partners work hard to be authentic, recognize their positions of privilege, and build trust with youth. Communication is timely, transparent, and accessible to youth, both in language and in format.

- **Safety.** Engagement activities are conducted in a way and in an environment in which everyone feels physically, psychologically, socially, and culturally safe. Youth provide voluntary informed consent, have not been coerced or forced into participating or expressing views against their beliefs, and are able to cease involvement at any time. Adults work to assess and minimize the risk of violence, exploitation, tokenism, or other negative consequences of youths’ participation. Youth voices are heard without judgment, stigma, discrimination, or threat of violence.

- **Mentorship and Development.** Youths’ skills and knowledge are developed in ways that increase their capacity to effectively engage. Adequate time and preparation are given to allow youth to understand, gain comfort, and become empowered to engage in activities. Adults model a growth mindset by assessing and improving their own skills and knowledge regularly.

Underlying Principles of Youth Engagement

We identified through our synthesis several underlying principles of meaningful YE that cut across all components of the conceptual model and provide a foundation for applying the model in practice. These principles posit that YE should:

1. Uplift the rights of young people to be involved in the decisions and actions that impact their lives;
2. Transform power structures to enable and empower young people to voice their own needs and priorities and incentivize systems to respond to and act on those priorities;
3. Value the diversity of young people’s lived experiences and perspectives;
4. Embrace equity by actively and respectfully involving and supporting youth with identities or from communities that are systemically impacted; and
5. Recognize the impact of trauma and respond by cultivating safe, caring relationships and positive, empowering experiences.

With these underlying principles as a foundation, this conceptual model will guide the YEN to coordinate and mobilize stakeholders in identifying, developing, evaluating, and disseminating effective innovations.

EMPIRICAL RESEARCH ON YOUTH ENGAGEMENT

In our scan, we searched for relevant empirical studies on interventions using YE strategies. We focused on intervention research that explicitly cited use of YE and measured impact on services and systems or youth developmental and health outcomes. We found that many studies citing YE fall under the larger scope of PYD programs or other comprehensive interventions, of which YE is only one component. As a result, any evidence of effectiveness speaks to the program-level and does not tease apart the effects of specific YE strategies, which can vary widely. This lack of specificity allows a myriad of activities to fall under the umbrella of YE without any consistent indication of what is effective and to what extent YE improves health outcomes. Additionally, research suggests that more egalitarian relationships and shared control between adults and youth partners is optimal for youth development, but the majority of empirically-studied YE programs do not achieve this standard, often citing that youth are engaged in the delivery of the intervention (e.g., peer education) but not its design or evaluation.

Impact of YE on services and systems
YE interventions – in particular, youth participatory action research (YPAR) and evaluation (YPE), and photovoice – appear to be effective at creating youth-friendly and culturally-relevant SRH interventions and materials, creating and disseminating relevant prevention messages to young people, and building academic–community partnerships. The participants’ focus in these programs is on community, organization, or systems-level change and youth are impacted through the process of working toward this change and altering the “developmental” systems in which they interact. Numerous studies found in our scan follow a YPAR model. However, few provide examples of application to SRH. YE in decision-making bodies is associated with improvements in outreach and representation of key populations, more positive relationships with adults, and a positive impact on adults working with youth.

Impact of YE on youth developmental and health outcomes
Studies also have examined the impact of YE interventions (e.g., YPAR, youth governance, peer education) on the development and health of young people, most commonly documenting benefits in young people’s developmental assets (e.g., self-efficacy and confidence, leadership capacities, and learning new skills) and improved knowledge of health outcomes. Several recent literature reviews and reports have synthesized research on the effectiveness of YE interventions with respect to adolescent SRH outcomes; results are mixed and tend to yield more positive results for predictors of behavior (e.g., attitudes) rather than behavior itself. Peer education is the most commonly evaluated YE strategy for SRH programs. Overall, effectiveness for peer education on youth recipients is considered weak, due to low quality evaluation methodologies and inconsistent results.
and Sun both found generally low levels of youth participation in the studies they reviewed, leading to weak results. Studies where involvement was higher tended to be of lower quality. However, there appear to be some benefits of participation for the peer educators themselves. Other systematic reviews report stronger evidence that YE interventions improve tobacco and healthy eating behaviors, mental health and substance use outcomes, and participation in clinical services.

Despite limitations, empirical evidence points to a positive impact of YE on young peoples’ development and well-being. Gavine noted that this work “provides additional support to the view that PYD programs can reduce sexual risk behavior by targeting a set of mediators that differ from those targeted in traditional sexuality education” (p. S88). The field of YE, specifically within the area of SRH, would benefit from studies that consistently measure YE and evaluate a range of possible YE strategies.

**YOUTH ENGAGEMENT MEASUREMENT AND METHODOLOGY**

Given the gap in strong empirical studies examining the processes and impact of YE on SRH outcomes, we also searched for resources exploring measurement and methodology in YE. These findings provide a basis for not only studying the effectiveness of YE interventions but for identifying opportunities to contribute to the YE field through measurement and methodological practices.

**Measurement**

Standardized measurement of YE is in a nascent stage. Several resources from our scan listed indicators of YE, but these, while similar, were inconsistent across resources and often were designed as tools for assessing organizational capacity or guiding program improvements. Many measures of YE lack validation. Without reliable measures, it is difficult to determine whether YE strategies truly engage youth and whether YE improves more distal health outcomes.

A universal operational definition of YE is elusive. Engagement is a multidimensional construct that likely varies across individuals and time and is manifested both internally and externally. For example, engagement may look different when an intervention is being developed or planned as part of a service or programs, or after an intervention is implemented and sustained. Several authors have posited measuring multiple dimensions of YE within individuals, including behavioral, cognitive, attitudinal, emotional, psychological, and spiritual engagement. Others have taken an ecological perspective on YE and discuss the need to measure engagement not only within individual youth, but also at the relational-, organizational-, and systems-level, which include measurements of organizational readiness, adult leadership, and policy changes. Finally, measures of engagement that go beyond participation may be interwoven within a larger framework such as PYD, youth voice, or youth empowerment, particularly when moving into social justice or rights-based types of YE strategies.

There is a plethora of tools (mostly in checklist format) and guidance for measuring various aspects of
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YE on the internet. See, for example: Youth Involvement and Assessment Tool, Youth Power’s Measuring Youth Engagement Guidance for Monitoring and Evaluating Youth Programs, The Youth Engagement Toolkit from the Pan-Canadian Joint Consortium for School Health, and Sierra Health Foundation’s Engaging Youth: A How-To Guide for Creating Opportunities for Young People to Participate, Lead and Succeed. While the majority of measurement tools have not been empirically tested, our scan surfaced several tools measuring YE with some empirical basis, including youth-adult partnerships, positive youth development, and psychological engagement:

- Zeldin et al.\(^3\) developed a theoretically based measure of youth-adult partnerships that focuses on youth voice in decision making and supportive adult relationships. They synthesized items from several existing tools into their instrument. The two sub-scales stood up well to factor analysis and tests of validity.

- The Youth-Adult Partnership Rubric is an observation rubric based on the theoretical framework of Zeldin and others.\(^3\) The authors piloted and edited the rubric through several iterations and were able to establish high inter-rater reliability. The rubric is divided into four categories: authentic decision making, natural mentors, reciprocity, and community connectedness.

- The Tiffany Eckenrode Program Participation Scale (TEPPS)\(^4\) is a validated scale developed to measure participation in after-school programs. It is theoretically based and draws on Bronfenbrenner’s ecology of human development and other frameworks for positive youth development. It consists of four subscales: personal development, voice/influence, safety/support, and community engagement.

- The Student Engagement Instrument (SEI)\(^5\) measures the cognitive and psychological dimensions of school engagement. The authors conducted a literature review to guide their development prior to small- and large-scale testing. Their research on the scale elicited six factors: teacher–student relationships, control and relevance of schoolwork, peer support for learning, future aspirations and goals, family support for learning, and extrinsic motivation. While this scale is focused on school engagement, it could be adapted for application to interventions, particularly school-based interventions.

- Ramey and colleagues\(^6\) also created and validated a tool for measuring psychological engagement composed of cognitive, affective, and relational/spiritual dimensions.

Variations in the sample of tools above represent the range of approaches in conceptualizing YE and may make synthesizing effects on YE across interventions challenging. Additionally, these tools often rely on retrospective youth report or adult observation that may not be as accurate as measuring real-time engagement. New approaches are being developing in this area, such as the Experience Sampling Method,\(^7\) where youth wear a device (such as a bracelet) that alerts them when to complete a short survey related to what they are doing at the moment and how engaged they are feeling.

To support exploration of what works in YE, we need measurement tools that are theoretically based, empirically tested and can be applied across YE interventions and strategies. It is also essential to acknowledge that the path between the act of engaging a youth, youth feeling engaged, and behavioral outcomes, is likely not direct and flows through a set of mediators. Identifying and measuring these psychosocial mediators of YE is daunting but necessary to further our understanding of whether and how YE approaches work.

**Methodology**

Measurement aside, there exists a lack of high-quality studies that evaluate the impact of YE strategies, particularly on sexual health outcomes. Where they do exist, they often are not methodologically sound.\(^8\) First, many studies lack appropriate comparison groups. Randomization can be difficult, particularly in interventions that are community based or for those that are voluntary.
interventions can take time and require intensive resources. The impact on health outcomes may be too far down the causal pathway to measure in the typical period of a funded project. Sometimes, the impact on health outcomes is secondary to the engagement, youth development, or social-justice oriented goals of the intervention, citing these goals as precursors to potential positive behavioral effects. However, direct empirical testing of proximal determinants on behavioral effects in these interventions is needed, as is research on the (often complex) components of engagement interventions required to achieve outcomes. In public health, evaluations tend to focus at the intervention-level as opposed to the specific components or subcomponents that make up an intervention, including YE practices. Likewise, reviews of research on interventions involving YE components do not typically study the component-level to determine the individual practices or combination of practices that most influence desired outcomes (as well as in which contexts and with which populations of youth). Yet, YE components can vary widely across interventions, even among those within the same genre (e.g., YPE, YPAR). Component-level research is needed not only to be able to identify the combination of practices that constitute YE, but also to distinguish core components from flexible program features, particularly when maintaining fidelity is challenging. More studies that randomize variations of YE practices and include mediation analyses are needed. Additional empirical considerations include: scalability of interventions and impacts, research on system level impacts and quality of adult leaders, and use of more rapid qualitative and ethnographic forms of research or natural variation.

Finally, while some YE practices might show promise for some health or other behavioral outcomes, there is a lack of application to SRH programs, and, in particular, on a comprehensive set of SRH outcomes. For example, promising YPAR and social justice approaches have a stronger empirical base in substance use, mental health, health equity, and civic engagement. To date, SRH application tends to be narrow, such as a focus on condom access or better LGBTQ inclusion in services as opposed to a broader focus on STI and TPP, highlighting the opportunity of exploring and studying learnings from other health promotion fields to SRH. As noted above, research on the impact of YE strategies on sexual health outcomes is almost solely limited to peer-led approaches.

INTERVENTIONS AND STRATEGIES

To better understand what YE strategies are commonly used in SRH, we searched PubMed, conducted internet searches, and contacted stakeholders to identify existing YE interventions. We included interventions that: 1) explicitly used YE strategies in the development, delivery, evaluation, or leadership capacities of interventions; and 2) aimed to impact sexual health outcomes. To identify the most relevant strategies, we excluded interventions that: 1) involved youth briefly in focus groups and interviews but not in the co-creation of interventions; 2) involved youth as participants of evaluations but not as agents in the evaluation design, data collection, or analysis process; or 3) used YE strategies but did not explicitly intend to influence sexual behavior or outcomes as a primary or secondary
outcome. Intervention studies, reports and website pages were extracted for program descriptions, priority populations, location, YE practices, youth involvement, evaluation and dissemination status. As is common in reviews of interventions, we were limited by variations in reporting of program details, particularly as they related to YE.

We identified 118 interventions that met our inclusion criteria. Most interventions were based in the United States (51), followed by India (12), South Africa (9) and Nigeria (6). Remaining studies were based in 21 additional countries.

Most interventions (57) we identified did not explicitly specify a priority population. Among interventions that did specify, the populations most commonly prioritized were defined age groups (e.g. college, high school age) (14), girls and young women (11), LGBTQ youth (8), youth of color (generally) (6), and Black youth (5). Other priority populations mentioned included Latinx, Indigenous, refugee, and systems-involved youth as well as youth living with HIV, those living in resource poor settings and/or those living in rural settings.

We mapped interventions, when possible, to the level of youth involvement in the intervention process. We were limited by the detail of intervention descriptions which may not have fully indicated the degree to which youth participated in leadership capacities or intervention development, delivery or evaluation. Most interventions (94) included youth in the delivery of an intervention, but only 30 interventions indicated youth were involved in the development of an intervention (i.e., co-creation beyond brief basic focus groups and interviews). Youth were involved in leadership capacities in 19 interventions. Evaluation was the least common form of youth involvement with only five interventions describing youth participation in research or evaluation of interventions.

Our searches yield four broad categories of youth engagement in sexual health programs: 1) peer education, 2) media-based approaches, 3) youth governance and organizing, and 4) youth participatory research and evaluation.

**Peer education**

Consistent with systematic reviews in this field, peer education was the most common approach (78) used in interventions we identified. Peer education is defined as “a form of teaching and/or sharing information, values, and behaviors by members of similar age and/or status groups.” Peer education is argued to be a preferable form of delivering sex education because it is believed peers are considered more credible sources of information than adults, have higher levels of trust needed to discuss sensitive topics and promote better communication with other young people. Programs we identified utilized peer educators to deliver education through formal sex education curricula or workshops (such as in schools) and through informal interactions with other young people in their family and peer groups. For example, Teen Prevention Education Program (PEP) is a two-year program for implementing peer-to-peer sexual health education in schools. Youth who participate as peer educators are enrolled in a 12-unit PEP course to prepare them for implementing curriculum and workshops focused on sexual health topics. In addition, Teen PEP supports schools by implementing a planning model, focused on preparing a school for implementation through training, planning facilitation, technical assistance (TA) on selecting sex education curriculum, training for PEP advisors, and monitoring and evaluation.

Syntheses have identified several common limitations of peer education approaches, including: youth delivering primarily adult-driven messages and agendas; a mix of effects on the youth receiving peer education possibly from a lack of training and support to implement curricula well; and reliance on self-selection in peer educator recruitment resulting in homogenous groups of peer educators (typically female and high achievers).
**Media based approaches**

Twenty-one (21) interventions primarily used media- or technology-based approaches to engage youth in topics related to sexual health. Like peer education, these interventions are primarily characterized by the medium of the intervention rather than a specific set of content or approaches to engaging youth. Approaches included digital storytelling and public service announcements, social media and text messaging campaigns, articles and blogs, online communities and discussion groups, and app and game development. For example, the Yale Center for Health & Learning Games works with youth to build and evaluate ‘serious games’ (videogames designed for a purpose other than pure entertainment) using gameplay data as a proxy for real-world behavior. Sexual health games include: One Night Stan (a card game designed to increase empowerment in sexual encounters), playTEST! (encourages HIV testing and counseling), and PlayForward (skills for risk reduction in HIV prevention). Additionally, several media programs, including Hellooo America, Amaze, and Sex, Etc., use youth involvement to create ideas for and test YouTube videos on sexual health topics.

**Youth governance and organizing**

We identified 12 interventions whose primary goal was to provide youth with opportunities to influence organizations and decision-making bodies, such as working at youth-led organizations, serving on adult-led organizational boards, serving as advisors on youth councils, and engaging community action.47 According to the Adolescent Health Initiative’s Youth Advisory Council Manual (developed in conjunction with young people), the purpose of a youth advisory council or board is to provide youth a voice within a program and organization. While councils might differ in their execution, the manual identified five core components of a successful council: 1) youth-led; 2) consistent structure for meetings; 3) community building; 4) safe space for students to come and just be and 5) planning, implementing, and reflecting on meaningful projects. For example, California School-Based Health Alliance’s Youth Board provides technical assistance, advocates for school health policies, and ensures that YE is a priority locally, statewide, and nationally.

Another leadership approach identified in our search builds on community action techniques to support youth organizing on policy issues related to sexual and reproductive health. The WHO recognizes young people’s role as change agents and rights-holders to make claims and hold duty-bearers (i.e., governments and their agents) accountable for their responsibilities in ensuring individual rights.48 Youth organizing provides youth with the opportunity to recognize young people’s sexual health needs and make tangible changes in their communities. For example, Advocates for Youth launched the Young Womxn of Color for Reproductive Justice Collective for activists ages 14-24 working towards ensuring reproductive freedom for all people on local and national levels.
Youth participatory research and evaluation

We identified 5 interventions that engaged youth through participatory research and evaluation practices. Youth-led participatory action research (YPAR) is the process of training young people to identify issues and needs within their communities (e.g., schools, neighborhoods, cities/towns) and conduct data collection and analysis to support policy recommendations.49 YPAR can be used as a stand-alone intervention, where youth participatory evaluation (YPE) may involve youth directly in the process of evaluating interventions that aim to engage youth through other approaches such as peer education, media, or youth organizing. YPE engages youth as lead or co-evaluators providing them with opportunities to shape evaluation design, collect data, and interpret findings.6 In addition to these overarching approaches to research and evaluation, adult evaluators may engage youth in participatory data collection, such as photovoice or community mapping, as a part of a larger evaluation.6 One intervention we surfaced added YPAR as an additional component to a more traditional teen pregnancy prevention curriculum: youth in the Be a STAR program, based in South Los Angeles, are asked to define a teen pregnancy prevention problem in their community, gather data from their peers, then identify and implement a solution.

III. Stakeholder Interviews

We conducted 18 interviews with 24 stakeholders. Stakeholders included the YEN’s Core Partners, internal ETR stakeholders with experience in youth engagement in SRH or other youth development fields, and stakeholders external to the project and ETR working in YE and sexual health. Stakeholders were asked about their work related to YE, how they defined YE, successes and barriers in YE and their priorities for the YE field. Results were synthesized and are presented in this section. Stakeholders represented a range of identities and expertise including youth, adults working with youth or youth-serving organizations, and adults with expertise in adolescent well-being, healing-centered approaches, network building, and communication approaches. While the majority of our stakeholders have experience working in sexual health, stakeholder primarily spoke about YE more generally, often referring to a program or a set of activities they or their organizations used to engage youth. As a result, our findings reflect a more complex view of YE than the literature and a diversity of priorities for innovation in YE. While there was some agreement across the underlying principles and activities to support YE, we did not observe a strong narrative across stakeholders, perhaps indicating the limitations of the current literature which is narrow in scope and not representative of all YE in practice. Thus, the findings we present here are a starting point for more systematically exploring the conditions and activities for engaging youth meaningfully in sexual health systems and services.

DEFINING MEANINGFUL YOUTH ENGAGEMENT

Stakeholders were asked about how they define meaningful YE. Several stakeholders indicated that their organization did not have a formal definition or framework for meaningful YE, though all had had some discussion about elements of YE within their teams. When developing a definition or framework, stakeholders indicated that youth should be central to creating the definitions as meaningful YE may be different for different youth. In particular, creation of a definition should elevate the voice of youth who have been historically underrepresented in decisions.

Stakeholders identified a number of essential components of meaningful YE including:

- Rooted in social justice, equity, and rights. Young people have the power and ability to create and change systems of power and the potential to impact their communities in meaningful and beneficial ways. YE programs are trauma-informed where youths’ individual experiences are told and taken into account when designing the ways youth are engaged. YE programs adopt an
Youth are valued and respected. They are considered partners and experts in their experiences as youth and treated like any other stakeholder or subject matter expert. Youth are viewed as contributing important perspectives and ideas to programs and their communities. Youth input has a real potential to change outcomes. Youth are viewed as holistic people and not just as representing a specific identity.

- A dynamic approach where YE can be defined differently depending on the individual young person. YE may not be able to fit into a traditional framework because it requires flexibility to change based on young people’s needs and choices.

- Youth leadership where youth are empowered and trusted to make decisions and do real work using the skills and strengths they already possess.

- Mutual development of youth skills and capacities and adult skills and training. Youth are provided training and tools to contribute. Adults are trained to work with young people. Youth input is used to make changes to programs and communities.

FACTORS THAT MAKE YOUTH ENGAGEMENT SUCCESSFUL

Stakeholders were asked about which factors support meaningful YE and about specific practices that have successful in their own YE activities. Seven themes were identified: 1) adult facilitators skilled in YE, 2) structural supports for youth, 3) flexibility and options, 4) opportunities for connection and trust-building, 5) organizational commitment and dedicated resources, 6) sufficient compensation and incentives, and 7) meeting youth where they are.

Adult facilitators skilled in youth engagement

Stakeholders identified skills and characteristics of adult facilitators as critical factors for ensuring authentic and meaningful YE. Successful facilitators:

- are intentional about sharing power with young people;
- examine their own implicit biases;
- ask youth individually about the best way to engage and connect with them;
- are flexible in their engagement approaches;
- check in on youth and what’s going on in their lives;
- know how to talk to each youth in ways that will engage them;
- are relatable and preferably have the same racial/ethnic, sexual or other identities as the youth they work with;
- provide opportunities for youth to teach them;
- serve as a main contact and resource but not as a gatekeeper to other adults; and
- are committed to their role in working with youth.

Training in youth-adult partnerships is considered a key component of developing good facilitators by providing support on how to create meaningful processes for youth, creating a high functioning group, and scaffolding youth as they learn to prioritize, make decisions, and implement programs in communities. Experiential learning was noted as a best practice in training adults in engagement, through shadowing and co-facilitation with experienced facilitators.
Several stakeholders discussed hiring as an important starting point that included hiring staff with existing YE experience (such as in classroom settings) and who have sexual, racial/ethnic and cultural identities that match the youth in a program. One suggested strategy was to include youth on interview panels for all adult candidates joining a program so that youth can catch any problematic behavior that adult interviewers may not see and to provide an opportunity to observe how candidates interact with youth during the interview.

**Structural supports for youth**

Stakeholders noted that YE programs need structure and support for participating youth. Structure was defined as continuity, predictability, clarity, safety, psychological support, and support for building skills or knowledge related to activities of the program. For example, a well-functioning peer education group uses rituals and predictable meeting agendas to prepare youth for what to expect each meeting. Continuity and predictably also may be established by having regular contact points such as monthly meetings.

Multiple stakeholders discussed the importance of ensuring young people know exactly what their role is (e.g., conduct classroom education to peers, provide input on service delivery) and what they can expect from the adults they are working with (e.g., training, tools, resources) by outlining expectations and operating agreements. Expectations work best when youth feel like they will be working on something important and know they will be missed if they don’t show up.

Youth require support to fulfill their roles, including training on sexual health knowledge and skills relevant for their responsibilities (e.g., public speaking for peer educators). Youth also need training to work in adult-led spaces since they are not used to being given the power and opportunities to collaborate with adults. Programs also need structures in place to support young people with issues affecting their lives outside of the program, such as help for when distressing events occur and when gaining support of their families.

**Flexibility and options**

Structures and other processes for YE should allow for flexibility and choice. Adult facilitators should collaborate with youth to establish the communication and working methods that work best for them, and be prepared to shift approaches when methods don’t work. Programs should be prepared for youth involvement and decision making to take longer periods of time as youth are learning new information, building trust, and managing their lives outside of the program. Adults should consider nontraditional methods, such as gamification, for tasks like evaluation surveys.

Multiple stakeholders noted the need for providing choice in YE programs. For example, programs could provide youth with a menu of options so that youth can engage in different ways depending on their preferences. All processes and options should be transparent to youth so that they understand when they can provide input or make choices. For example, in a more rigid context, such as delivering an evidence-based program with fidelity requirements, peer educators may not be able to select a curriculum but might develop new role plays or supplemental lessons to accompany the program.
Opportunities for connection and trust-building

Stakeholders noted successful engagement includes opportunities for connecting with other youth, including time to socialize as well as time to discuss issues that are important to them. In addition to supporting the development of connection, trust and safety among youth, ideas are more likely to be truly youth-led when young people are provided the space to talk with each other. Youth can also connect and support each other through peer-to-peer mentorship.

Programs should also provide opportunities for youth to connect with adults, including formal and informal relationship-building opportunities. Stakeholders suggested community coalition work, conference planning and presentations, and outreach as opportunities for youth and adults to connect. In particular, connecting with adult facilitators is important for building relationships and trust with youth, especially if youth have had experiences that led them to distrust nonprofits and/or health providers. Trust-building includes: gaining understanding of young people’s prior challenges, experiences and interests; showing respect for young people; and valuing and providing space for young people’s voices.

Organizational commitment and dedicated resources

Stakeholders emphasized the need for dedicated resources to YE, including a fully funded staff person or people and money for incentives and training. Organizations might dedicate agency resources to funding YE staff or build funded positions and resources into externally funded programs. Funders who are flexible are helpful when a project needs to shift focus based on input from youth, such as moving from specific to broader sexual health topics (e.g., from PrEP to holistic sexual health) or supporting youth power through organizing.

Other forms of organizational commitment include building YE into the overall strategy of the organization, such as through a youth board, and providing training to all staff who may encounter youth. Organizations may also need to examine their decision-making practices to ensure youth involvement is transparent and possible.

Sufficient compensation and incentives

Stakeholders agreed that compensation and incentives were critical for engaging youth and acknowledging their contributions. Small incentives (i.e., a $5 gift card) might be considered insulting, revealing adults do not see them as valuable. Sufficient compensation indicates to youth that they are viewed as partners, stakeholders and collaborators just like any other subject matter expert.

While monetary incentives are important, stakeholders indicated other methods for incentivizing participation, including: offering mentorship or internship opportunities within organizations; providing networking and professional development opportunities outside of the program (e.g., connecting with a professional in a field of interest); providing good meals and transportation (e.g., metro cards); and community check-in time at meetings.

Meeting youth where they are

Recruitment of youth to programs was cited overall as a challenge by stakeholders, however, stakeholders indicated recruitment is successful when programs have a clear understanding of the
youth population they want to participate and make substantial effort to meet those young people where they already are. Programs should identify the spaces and platforms young people engage with and go to those places consistently over time, including social media platforms as well as physical spaces, such as schools and classrooms.

BARRIERS AND CHALLENGES TO SUCCESSFUL YOUTH ENGAGEMENT

Stakeholders were asked about barriers to successful YE. Overall, authentic youth engagement was recognized as a challenging process, requiring time, relationships and effort. In particular, seven themes surfaced: 1) lack of adult facilitator buy-in, 2) lack of organizational buy-in, 3) lack of time and resources to implement YE, 4) lack of tools and training for youth, 5) tokenizing and poor recruitment, 6) irrelevant or inaccessible programs, and 7) barriers specific to sexual-health programs.

Lack of adult facilitator buy-in

Adults working with youth may not buy into YE process because they do not see youth contributions as valuable, do not believe youth are capable of leadership, and/or do not have the skills to effectively create opportunities for youth. Facilitators may have ‘adultist’ attitudes resulting in assumptions that youth are not capable of leading or meaningfully contributing. Adults may implement strategies that enforce adult ideas of engagement on youth instead of allowing youth to express their needs for engaging authentically. For example, adults may tell youth to work individually when youth are highly motivated by the social aspects of programs. Adults may also lack humility, ignore youths’ cultural backgrounds and values, and fail to understand their privilege and power when working with youth.

Buy-in from facilitators is essential to ensure youth have the confidence and motivation to contribute ideas and participate in activities. A lack of buy-in can result in a failure of adults to advocate for youth leadership and meet the expectations of youth participants, resulting in broken trust between adults and youth. Additionally, adult facilitators may lose out on opportunities to create reciprocal mentorships where they can learn from youth in addition to youth learning from them.

Lack of organizational buy-in

Even when adult facilitators have sufficient buy-in for YE, they may experience barriers due to a lack of organizational buy-in, strategy, and resources. A common barrier to YE is high turnover of staff in facilitator roles, leading to a lack of consistency for participating youth and a need for additional time and resources to train new staff. High turnover of adult facilitators may also result in youth not viewing the organization as trustworthy.

Facilitators also need the support of their supervisors and organizations to ensure youth are treated fairly and with respect. For example, adult facilitators may support the need to sufficiently incentivize youth but lack resources from the organization to provide incentives. A lack of organizational commitment may result in youth having negative experiences with other adults in the organization who distrust them (e.g., security guards).

Time and resources to implement youth engagement

Stakeholders emphasized that YE requires significant time and resources. There is no standard or uniform way to engage youth, therefore, adults working with youth need time to build relationships, develop youths’ knowledge and skills, adequately support the ways youth want to be engaged and make decisions, and provide continuous follow-up on young people’s lives and assigned tasks. These processes are limited by rigid YE and sexual health programs which have timelines and deliverables set by funders, organizations, or adult facilitators. Time for building relationships is particularly important because relationships determine which young people attend programs—weak or inconsistent
relationships may deter more vulnerable youth from fully engaging in programs. A lack of space for relationship-building is exacerbated by COVID shelter-in-place restrictions because virtual settings do not support informal, individual check-ins between youth and adults.

**Lack of tools and training for youth**

Youth require adequate training and support to feel confident in their abilities and to make meaningful contributions. In particular, youth need training in how adult-run systems work including transparency about the length and complexity of organizational decision-making. They may also need support on how to manage interactions with adults who do not trust or value them. Youth also need job-specific knowledge such as sexual health knowledge for delivering sex education or skills for developing an innovative idea (e.g., programming skills for app development).

**Tokenizing and poor recruitment of youth**

Stakeholders noted the difficulty of recruiting youth and a failure to recruit and retain youth representing a diversity of racial, ethnic and socioeconomic backgrounds, gender identities and sexual orientations. As a result, youth in YE programs tend to be easy-to-access youth who do not represent youth that programs are aiming to serve. Tokenization occurs when youth with systemically impacted identities are not widely represented in programs, listened to, or compensated for their time and contributions.

**Programs are not relevant or accessible**

Stakeholders indicated a need for programs to be empathetic, accessible and relevant for youth, which requires flexibility from adults and organizations working with youth. For example, some current sexual health curricula may focus too narrowly on biological knowledge and not enough on sociocultural knowledge that relates to their sexuality, such as consent, sexual orientation, and gender identity. Some sexual health policies place heavy emphasis on more conservative values, such as traditional gender roles, which youth view in opposition to their views on gender identity and sexual health.

For many youth, HIV and teen pregnancy prevention may not be considered a priority among concerns about COVID, shootings of Black people and the political climate. As a result, YE programs may need to shift focus to support youth as they manage their current context.

**Sexual health-specific barriers**

Stakeholders noted that YE in sexual health programs has specific barriers. Every state and district has a different set of laws related to sex education and sexual health services for adolescents, requiring existing strategies or programs to be adapted for each context. In communities where sexual health policies are conservative, sexual health programs may be limited in what they can teach and youth may be unable to participate due to their family’s views on the program. Additional education and empathy are needed to help families feel comfortable with young people’s involvement.

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**NEEDS AND PRIORITIES IN YOUTH ENGAGEMENT AND SEXUAL HEALTH**

We asked stakeholders to consider the greatest needs as well as opportunities for innovation in YE and sexual health. Stakeholders provided ideas on priority populations and settings as well as strategies and interventions that need additional attention and resources.
Populations and settings

All stakeholders agreed that YE strategies in sexual health should focus on supporting communities of youth who are systemically impacted. The top three populations and settings identified by stakeholders were:

- LGBTQ youth, particularly queer youth of color and queer men of color;
- Heterosexual, cisgender young men, particularly young Black men and other men of color; and
- Youth living in rural communities, specifically Latinx youth.

Stakeholders also identified younger adolescents, transitioning foster care youth, youth experiencing homelessness, youth with experience of sexual assault or coercion, and alternative school youth.

Strategies and approaches

Stakeholders identified areas that require additional attention, including specific strategies and general approaches to engaging youth.

Stakeholders indicated a need for approaches that are truly youth-led by allowing youth to hold power, innovate ideas, be decision makers and influence policies. Strategies should increase youth’s ability and opportunity to connect with their communities and advocate for those rights—these strategies can pull on YE and social justice models. Strategies could also include on-going opportunities for YE such as youth boards to support continuity and sustainability of engagement programs. In addition to identifying the benefits of these strategies for youth, the field should also examine the benefits of YE on contributions to outcomes for programs, organizations, communities and society.

Stakeholders also suggested that the capacity of adult–youth partnerships needed to be built, starting with clear communication within the sexual health field of the benefits and importance of YE. Strategies are needed to increase organizational support for YE through resources and ensure the right adults are in YE facilitator roles. Youth–adult partnership strategies should emphasize processes that genuinely ask and identify young people’s needs and aim to nurture trust with young people through relationship building, capacity building, and transformative justice models that hold youth and adults accountable to each other.

Stakeholders noted a critical need for YE strategies that explicitly acknowledge and address racial and social justice, including creating safe, affirming spaces for youth with systemically impacted and resilient identities. These strategies should be approached from an intersectional perspective—such as providing support for LGBTQ youth of color who are enrolled in heteronormative, ethnocentric sex education, and providing a safe space for young people from religious Black/Brown communities to process potentially conflicting messages from their families and youth programs. New YE strategies should be designed specifically for LGBTQ youth, Black youth and youth of color.

Stakeholders identified technology as a key leverage point for YE in sexual health. Stakeholders suggested increasing access to information through technology and social media, such as using
influencers to support sexual health promotion messages or considering virtual reality as a tool for sexual health interventions. It was noted that because popular platforms change so quickly, approaches, principles and messages should be flexible enough to apply across multiple social media platforms. Several stakeholders suggested including youth in design processes that support co-creation of tech-based solutions for sexual and social justice, such as human-centered design and hackathons. In addition to the development of content, youth could also be trained in computer programming skills supporting their development in other areas. One stakeholder noted that these processes should be scaffolded by adults to encourage youth to be ambitious in their ideas. A need for strategies that address current barriers to tech-based solutions was noted as well, including providing equitable access to technology and increasing the capacity of young people to use technology that may impact their involvement (e.g., Zoom access, computer programming skills). Further, solutions need to examine and address COVID-related challenges that include in-person vs. virtual engagement as well as the isolation and loneliness that may result from overload from social media and technology.

Lastly, stakeholders noted the need to build on existing strategies by examining and adapting what has worked to new settings and populations, including examining protective factors for privileged communities that could be elevated for systemically impacted and resilient communities. To support current funding structures, strategies should be designed to work with evidence-based programs.

IV. Opportunities for Innovation

Despite a global commitment to YE as well as numerous efforts to conceptualize YE, our environmental scan revealed many opportunities to innovate and contribute to the YE and sexual health fields. There is strong consistency across program and policy documents and our stakeholders about the characteristics of meaningful YE, as well as the pitfalls when YE strategies are implemented. However, these lessons, especially as they apply to SRH, have not been systematically documented or empirically tested, leaving a gap in supporting organizations, adults and youth who wish to learn from best practices. Further, the application of YE to the SRH has been relatively narrow with a predominant focus on training youth to deliver sexual health education. Lessons that derive from the research are primarily limited to the contexts of delivering (often adult-driven) sex education curricula, leaving out co-creation, evaluation, and leadership processes as well as the infrastructure needed to create and sustain meaningful opportunities for YE. Additionally, the scan revealed limitations in traditional, typically rigid YE practices, which have not been designed for and do not work for youth who are systemically impacted. The flexibility required to engage a diversity of youth also presents an opportunity to add to our understanding of measuring and evaluating YE in ways that both involve youth and support flexible replication of YE practices. The following list indicates opportunities for innovation in the YE priority area for the YEN to consider and prioritize.

1. Focus on one or more of these priority populations: LGBTQ youth of color; heterosexual, cisgender young men of color; and youth living in rural communities (particularly Latinx youth). When funding, designing, implementing and evaluating YEN activities for these populations, maintain a holistic
view of youth, including the current context of youth lives (e.g., COVID pandemic and racial injustice).

2. Prioritize funding for organizations and strategies that adopt and implement YE practices with a racial and social justice lens, including direct funds to youth-led organizations. Organizations and their partners should be resourced sufficiently to account for the time, staff resources, and level of incentives appropriate for involving youth.

3. Prioritize designing and testing strategies focused on:
   a. youth governance and organizing for sexual health, such as community action and youth councils;
   b. equitable information access through technology and media by developing tech- and media-based solutions that increase access to information about sexual health and combining co-creation techniques (e.g., youth-centered design) with skill-building techniques (e.g., hackathons);
   c. organization and adult capacity to effectively engage youth, including considering adults other than YE facilitators – such as parents and clinical providers – who interface with youth.

4. Document, synthesize and curate best practices in YE that can be applied to the sexual health field. Specifically, explore concepts surfaced in stakeholder interviews, such as adult facilitator training and program choice, in the broader literature including an exploration of lessons from the tobacco and substance prevention, mental health and civic engagement. These best practices should be applied to YE expectations for YEN-funded innovator and other partners.

5. Build a stronger evidence base: refine and test a conceptual model for YE in sexual health; focus on theorizing and evaluating YE in SRH interventions and strategies including providing support for innovator partners in documenting their theories of change (i.e. their expectations for how YE interventions should work to engage youth); identify, develop and use standardized, validated YE measures in SRH interventions and strategies; and employ a component-level approach to document and evaluate SRH interventions and strategies using YE practices.

6. Utilize and test youth participatory strategies when evaluating funded innovations and the YEN at large, including capacity building for YEN partner organizations in YPE methods.

Findings from this environmental scan reveal many opportunities to make an impact on engaging youth in the field of sexual health. Findings will be used by the YEN to determine priorities for a 3-year Learning Agenda and innovation grants for exploring, developing, testing and disseminating interventions that employ YE strategies to promote sexual health.
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For more information, please contact ETR’s Youth Engagement Network at project-yen@etr.org.


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