



Review article

Mentoring Interventions and the Impact of Protective Assets on the Reproductive Health of Adolescent Girls and Young Women



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A B S T R A C T

Adolescent girls and young women (AGYW) are disproportionately affected by HIV and AIDS and other negative reproductive health (RH) outcomes. Emerging evidence suggests that programs to build AGYW's assets can help reduce their vulnerability to poor RH. Mentoring interventions have demonstrated a positive impact on a variety of youth development outcomes, including the protective assets needed to circumvent poor RH outcomes. The purpose of this review was to understand the types of mentoring programs for AGYW that have demonstrated effectiveness in improving protective assets, and/or, RH knowledge, intentions, behaviors, or outcomes themselves. Interventions were identified through an electronic search of the peer-reviewed and the gray literature. Studies were excluded in stages based on reviews of titles, abstracts, and full text. A review of 491 publications yielded a total of 19 articles that were included in the final review. The majority of the publications examined the impact of the one-to-one mentoring model in the United States. However, a good proportion examined the impact of both one-on-one and group-based interventions globally. The few interventions that followed a group-based model demonstrated more promise; evaluations of this model demonstrated a positive impact on RH knowledge and behavior, academic achievement, financial behavior, and social networks, as well as reductions in the experience of violence. Group-based mentoring programs demonstrated the most promise in building AGYW's protective assets and improving their RH outcomes. The most successful interventions consisted of multiple components, including mentoring, that sought to directly improve AGYW's protective assets and met with more frequency over a longer duration. Despite the promising evidence, more research is needed to better understand the relationship between assets and RH; the characteristics of successful mentoring programs; and the influence mentoring alone has on RH outcomes, versus mentoring as part of a larger RH program.

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IMPLICATIONS AND CONTRIBUTION

This review summarizes the evidence from 19 mentoring interventions identified via a literature review on mentoring programs for adolescent girls and young women and their potential to improve the protective factors needed to circumvent poor sexual and reproductive health outcomes. Findings can inform the design of future programs and research.

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Worldwide, adolescent girls and young women (AGYW), aged 15–29 years, remain persistently and disproportionately affected by HIV and AIDS and other detrimental reproductive health (RH) outcomes. HIV is the leading cause of death for girls between the age of 15 and 19 years globally, followed by complications of pregnancy and childbirth as the second leading cause of death

[1–3]. Globally, 60% of new HIV infections among 15- to 24-year-olds are among girls; in eastern and southern Africa, girls account for 80% of new infections among 15- to 19-year-olds [1,4]. In addition to HIV, AGYW are also at increased risk, compared with either men or older women [3], of acquiring other sexually transmitted infections. Structural drivers such as gender-based violence, early marriage, economic instability, restrictive policies, and limited access to health and educational services exacerbate AGYW's vulnerability and contribute to negative RH outcomes among AGYW [4].

Efforts to alleviate these constraints are underway; many countries are beginning to tighten laws related to early marriage and gender-based violence. For example, since 2011, six countries have increased the legal age of marriage to 18 years, and many others have removed parental consent exceptions for marriage before the legal age [5]. Yet, as we work to address these structural drivers, we must also simultaneously empower AGYW by building the protective assets that influence their future RH, educational, financial, and social outcomes [6]. As we move toward this more holistic approach to addressing AGYW's RH, we need a greater understanding of the most effective strategies. One approach to empower AGYW is to build their protective assets [1,7]. Protective assets are broadly defined as the “skills, resources, and social and economic capital” AGYW need to reach their full potential [7,8]. The protective assets that are associated with improved RH include strong social networks, self-esteem, self-efficacy, and economic empowerment [1,9,10].

Policymakers are beginning to recognize the importance of this multifaceted approach. In 2015, the U.S. President's Emergency Plan for AIDS Relief, the Bill & Melinda Gates Foundation, Girl Effect, Johnson & Johnson, Gilead Sciences, and ViiV Healthcare joined forces to launch the Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe initiative in 10 Sub-Saharan African countries. The mandate of this program is to reduce HIV infection among young women by addressing risk at multiple levels. The comprehensive package of the Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe interventions includes those to empower AGYW such as gender-based violence prevention and care, efforts to improve access to pre-exposure prophylaxis, and social asset building; interventions to strengthen families; and interventions to mobilize communities [11,12]. Similarly, both the U.S. Global Strategy to Empower Adolescent Girls and the U.S. Agency for International Development's Youth in Development Policy advocate for a holistic approach that pairs individual empowerment with efforts to challenge harmful norms, improve access to health and educational services, and build a supportive policy environment [11,13].

Over the past two decades, mentoring has grown as an intervention strategy for encouraging positive youth development [14], which is an approach that seeks to promote good outcomes for young people by engaging youth along with their families and communities to foster constructive relationships and build the protective assets they need to succeed [5,15]. For the purposes of this review, mentoring is defined as formal relationships in which the mentor models positive behaviors to the benefit of the mentee and provides guidance, support, and skills through regular meetings to overcome health, social, and economic challenges [16,17]. While mentor selection criteria vary by program, identifying characteristics of mentors across the literature include individuals from the same community as the mentees and those who are old enough to impart advice but

Table 1

Key characteristics of included programs

Characteristics	Total (no. of programs/total number of programs studied)
Intervention type	
One-on-one	13/19
Group based	7/19
Mentee population	
Minority youth	5/19
At-risk adolescent youth	3/19
High school students	2/19
Pregnant women living with HIV	2/19
Black adolescent mothers	1/19
First-time mothers	1/19
Out-of-school girls	1/19
Middle school students	1/19
Migrant adolescents and domestic workers	1/19
Recent immigrants	1/19
Substance users	1/19
Participant age group	
10–14	15/19
15–19	16/19
20–29	3/19
Mentor characteristics	
Mothers ^a	6/19
Peers ^b	5/19
Young adults	5/19
College students	4/19
Adult female	2/19
Not specified (details not provided)	2/19
Female secondary school graduates	1/19
Paraprofessionals	1/19
Previous experience working with children	1/19
Setting	
School	10/19
Community	8/19
Home	1/19
Other/not specified	1/19
Country	
North America	12/19
Sub-Saharan Africa	4/19
Europe and Central Asia	2/19
Australia	1/19
Middle East and North Africa	1/19

^a Mothers included those living with HIV (3/19), black single mothers (1/19), and mothers less than 40 years old (1/19).

^b The majority of peers were high school students (5/19), one study defined peers as females who have experienced mental health issues, substance abuse, and incarceration.

young enough to be relatable. Being from the same communities as their mentees means that mentors have often faced similar life experiences and are thus in a unique position to impart guidance and support to mentees as they navigate similar challenges that arise during adolescence. A mentoring relationship can take place between two individuals (1:1) or among smaller groups of people, led by a peer mentor, or by an older adult. Mentoring is associated with decreases in the perpetration of violence and the use of drugs and improved self-esteem among adolescents in the United States [18,19]. Little is known, however, about how mentoring may relate to RH. To understand the types of mentoring programs for AGYW that have demonstrated effectiveness in improving the protective assets needed to circumvent poor RH—and/or to improve RH knowledge, intentions, behaviors, or outcomes themselves—we conducted a systematic review of the relevant literature.

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