

# Youth:



## Choices *and* Change

Promoting Healthy Behaviors in Adolescents



**Pan American  
Health  
Organization**



Regional Office of the  
World Health Organization

## **New PAHO Book Offers Community Health Workers Tools for Positive Adolescent Development**

*Youth: Choices and Change* is a journey into the world of young people, beginning with preadolescence and continuing through to early adulthood. It takes readers inside the minds and bodies of adolescents and provides a practical guide for all those who live and work with this group, with a particular focus on community health workers who design and implement health promotion programs and interventions targeted to children ages 10–19.

The Pan American Health Organization (PAHO), Regional Office for the Americas of the World Health Organization, is pleased to present a unique contribution to the study of adolescent health and development. The chief focus of *Youth: Choices and Change* is how to create opportunities leading to positive and sustained behavior change and to the conscious adoption by youth of lifelong health-promoting lifestyles. The book breaks new ground by utilizing a cross-cutting approach that interconnects a series of analytical factors previously considered only in isolation or in a fragmented fashion.

### ***Youth: Choices and Change*—What Is New?**

The central element of all successful health promotion and prevention programs is the selection of the most appropriate underlying theoretical framework used to address behavioral change issues. *Youth: Choices and Change* presents a compendium of the major behavioral change theories and models that have been employed by social sciences researchers over the past several decades. Yet the findings of their application, specifically to the study of adolescent behaviors, have never been systematically collected and reported in one source until the publication of this book. Nor has the conceptual analysis of these classical theoretical concepts incorporated a developmental perspective when applied to adolescents, meaning that differences in behavioral and socio-emotional capabilities between 13-year-olds and 18-year-olds, for example, have not been formally identified and addressed. The inclusion of this perspective facilitates the analysis of universal changes in the mind and body and of the emotional, social, and sexual needs and wants that distinguish each of the four stages<sup>1</sup> of human growth and development during life's most profoundly evolutionary period.

Cultural, ethnic, and gender differences also are given special consideration, as are the role of poverty and the ability of some adolescents to secure physical and emotional well-being despite circumstances of adversity. In addition, much of the information included in *Youth: Choices and Change* regarding critical developmental distinctions between the preadolescent and early adolescent stages, while gleaned by clinicians through years of experience working with these two age groups, has never been compiled and presented in published form until now.

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<sup>1</sup> Preadolescence, and early, middle, and late adolescence

The resulting thoroughness and clarity of this book's analysis sheds new light on why some health promotion interventions aimed at positive adolescent behavior change produce the desired results, while others fail. This thoroughness extends to the diversity of geographical settings that provide a backdrop for the studies cited: from Africa to the United States, Canada to Jamaica, Brazil to the Netherlands, El Salvador to Japan, and India to Mexico, name only a few. As is noted in a number of these studies, the most effective interventions are those which include interpersonal-, community-, and policy-level components to facilitate and support behavior change at the individual level.

The most quintessential message of *Youth: Choices and Change* is that the cornerstone for success in instilling lifelong healthy behaviors is early intervention, beginning in the preadolescent years, instead of waiting until later, when health-compromising behaviors have already begun and may be well entrenched. This lesson forms the underpinning of the Youth: Choices and Change Model created by PAHO and being presented for the first time in this book. By following the steps in this tool, developers of adolescent health programs can help young people master the developmental goals appropriate for their age group, strengthen their ability to make conscious decisions for health, and achieve their self-set goals for the future.

### **Bridging the Knowledge-Behavior Change Gap**

In today's world of sophisticated targeting of young people by the fast food, tobacco, and alcohol industries; nearly universal access to television and the Internet; the glamorization of sexual experimentation; and peer pressure; youth are inundated with messages that both subtly and blatantly push health-compromising activities. The social pressure to adopt the risky lifestyles depicted in commercial advertising is enormous. In this sense, promoting the importance of healthy lifestyles and environments must compete with other messages that young people almost invariably find more attractive. At the same time, evidence shows that while public health interventions can successfully increase adolescent and youth's knowledge about health risks, this awareness is not, in and of itself, always enough to change unhealthy behaviors.

This means that while young people may have access to information and may even know that certain behaviors and practices are unsafe, this is not sufficient to persuade them to change their actions. Instead, youth must be motivated to develop the skills and assets necessary to prepare for the coming years of change through a sense of positive empowerment and the personal conviction that they have the capacity to make conscious choices about their lives, including the desirability of moving away from negative influences and situations as a means of self-preservation and enrichment.

*Youth: Choices and Change* addresses these realities and opportunities in four separate sections. In the first, an overview is provided of adolescent lifestyles, with a particular focus on Latin America and the Caribbean—the principal thrust of PAHO's technical cooperation activities—indicating the scope of the challenge for health promotion practitioners and policymakers. The need to bridge the knowledge-behavior

change gap is highlighted, followed by a discussion of the importance of adopting a suitable theoretical framework as the basic foundation for achieving successful and respectful interventions. The book's first section also underscores the crucial link between the different stages of adolescent development and the use of behavior change and health promotion theories and models specifically tailored to these stages, including appropriate gender and cultural background considerations. In Section One's final chapter, the Youth: Choices and Change Model is introduced, followed by a discussion of why the Pan American Health Organization recommends it as a practical, effective tool for the design of health interventions for adolescents.

The book's second section describes the leading theories and models on behavior change and health promotion in use today, analyzing the application of each to adolescents within a developmental stage framework. The reader will find an extensive literature review of evidence-based research studies utilizing each of the theories and models presented, as they relate to four principal adolescent behaviors: sexual activity; tobacco, alcohol, and drug use; nutrition and physical activity; and violence.

Section Three underscores the importance of understanding the different developmental processes through which adolescents will pass and how this progression must serve as the context within which any given theoretical framework will be applied. The authors note that while many of the classical behavior change and health promotion theories and models described in the previous section hold great promise, they can only achieve the desired results if program designers understand the changing needs and wants of adolescents at different stages of development and tailor interventions and goals accordingly. PAHO considers the preadolescent and early adolescent age groups<sup>2</sup> to be the most overlooked by adolescent health programs and emphasizes the importance of promoting the adoption and maintenance of healthy behaviors beginning with preadolescence, before risky behaviors have taken deep root and are thus more resistant to change. In this section's closing chapters, PAHO presents a series of developmentally appropriate goals to be considered when planning health promotion and prevention programs for these two age groups.

The fourth and final section synthesizes the contents of the previous three sections and highlights the strategic importance of early intervention and of the incorporation of a growth and developmental perspective in the creation of adolescent health promotion programs. It also offers insight into the current socioeconomic challenges and advantages facing youth in Latin America and the Caribbean and presents a review of international commitments undertaken by the member countries of the United Nations designed to strengthen the health and development of young people in the Region of the Americas. The section concludes with a series of recommendations for improving health and development opportunities for this group over the next decade.

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<sup>2</sup> Preadolescence refers to girls ages 9–12 and boys ages 10–13; early adolescence refers to ages 12–14 and 13–15, respectively.

## ***Youth: Choices and Change—Sample Graphics***

### **Iowa Prevention Program Builds Youth’s Self-Empowerment Skills**

Throughout the world, there is a growing number of successful adolescent health initiatives that incorporate the elements discussed so far in this book. Many of these were presented at an international conference sponsored by the World Health Organization in Stockholm, Sweden, in 2001 (Foxcroft et al. 2001). One of these is “Strengthening Families,” a highly effective alcohol and drug prevention program developed in the United States by Iowa State University and consisting of seven 2-hour sessions and four booster sessions during which parents work to improve their parenting skills and adolescents strive to achieve more effective communication with their parents (Iowa State University 1997). The program has been scientifically evaluated and shown to be effective and is recognized by four U.S. federal agencies: the National Institute on Drug Abuse and the Departments of Education, Justice, and Health and Human Services. Youth attending the program had significantly lower rates of alcohol, tobacco, and marijuana consumption, as well as school conduct problems, compared to their control group counterparts. Furthermore, the differences between program and control youth were shown to increase over time, indicating that the skills learned and the strengthening of parent-child relationships continued to manifest their influence as these youth progressed through their adolescent years.

Perhaps the proven effectiveness of the “Strengthening Families” program lies in two key ingredients: first, that it promotes simultaneous changes at the individual, interpersonal, and community levels; and secondly, that it targets pre- and early adolescents (in this case, ages 10 to 14), which, as we have already seen, is a critical age group to be targeted by any and all adolescent health promotion initiatives. Important, also, is the fact that the program takes into account the needs of other actors—from family members and caregivers to community leaders—and that it is based on theories that facilitate the design of integrated interventions occurring across the lines of the different ecological levels. Thirdly, the adolescent participants themselves have reported that they find the interventions to be innovative and appealing, perhaps because they are granted the opportunity for greater autonomy and challenged to make conscious choices that place them firmly in charge of their own growth and maturation process.

**Table 26-2. A New Approach to Classifying Adolescent Developmental Stages**

Adolescent Stages (Average Ages) Developmental Domains	Preadolescence 9–12 years (Girls) 10–13 years (Boys)	Early Adolescence 12–14 years (Girls) 13–15 years (Boys)	Middle Adolescence 14–16 years (Girls) 15–17 years (Boys)	Late Adolescence 16–18 years (Girls) 17–18 years (Boys)	Youth 18–21 years	Young Adulthood 21–24 years
<b>Body Development</b>	The growth spurt starts, and the body gradually acquires secondary sex characteristics. There is an increase in body fat and weight, as well as a redistribution of these to reflect secondary sexual characteristics. There is a gradual increase in sensation-seeking.	Girls acquire menstruation (mean age = 12.4 yrs.), and boys ejaculation (mean age = 13.4 yrs). There is a significant growth spurt and a marked increase in sensation-seeking, particularly among boys.	The body continues to grow and change. The need for sensation-seeking reaches its peak by the end of early adolescence and the beginning of middle adolescence.	The body is completing its period of growth and change, particularly among girls. Sensation-seeking gradually decrease.	By the end of this period, full body maturation is reached among both girls and boys. Sensation-seeking continues to decrease.	Full body maturation reached among girls and boys. Sensation-seeking is decreased.
<b>Brain Development</b>	A gradual shift occurs from egocentric to socio-centric thought, with more concrete logical thinking. Conservation tasks <sup>3</sup> are in the process of being acquired. There is an increased craving for new information, but language is still concrete. There is still little development of prefrontal lobe and executive functions.	More abstract thinking (formal operations) and less concrete thinking are used. Most adolescents will acquire all conservation tasks during this stage. There is still little development of prefrontal lobe and executive functions, particularly among boys.	There is a major opening to abstract thinking and full meta-cognitive functions. There is also increased problem-solving, planning-ahead, and impulse-control abilities among girls.	Completion of prefrontal lobe development occurs during this stage, particularly among boys, who acquire increased problem-solving, planning-ahead, and impulse-control abilities.	Higher stages of cognitive and moral development are achieved in most youth, given that they possess adequate biological potential and social and emotional support.	Higher stages of cognitive and moral development are achieved in most young adults, given that they possess adequate biological potential and social and emotional support.
<b>Sexual Development</b>	Boys and girls explore more differentiated masculine and feminine roles compare to previous years. For girls,	Sexual arousal increases, and so does the need for masturbation. Other autoerotic behaviors,	More experience in dating and in engaging in some sexual experimentation is acquired. Socio-sexual	Socio-sexual behaviors continue to evolve toward intercourse.	Most youth have experienced sexual intercourse by this stage, regardless of race, gender, or	Most young adults have experienced sexual intercourse by this stage, regardless of race, gender,

	androgyny is a viable alternative to exclusive femininity, while for boys exclusive masculinity is still the alternative that is socially most expected.	such as sexual fantasies and wet dreams, occur. While gender identity is developed in the first years of life, its stability becomes increasingly challenged with the development of sexual orientation, preference, and exploration involving another person during this age period, including at times the emergence of confusing homosexual feelings.	behaviors evolve from less intimate to more intimate. This progressively involves necking and petting above the waist, genital touching through the clothing, direct genital contact, oral sex and/or intercourse. <sup>4</sup>		socioeconomic status. Usually homosexuality is not internally assumed until this stage.	or socioeconomic status.
Emotional Development	A gradual increase in self-consciousness occurs, with fluctuations in self-image and increasing feelings of embarrassment. There is an emerging need for greater privacy, individuation, and more emotional autonomy from parents: to feel individuated within the relationship with parents (e.g., to feel that parents don't know some things about the adolescent), to depend more on oneself rather than on one's parents, and to	A high level of self-consciousness and fluctuations in self-image are present. The level of stress increases, particularly among girls. The need for more emotional autonomy from parents continues, fueled by a stronger de-idealization of one's parents and increased defining of the adolescent's own opinions. At the same time, there is an increase in emotional dependency on one's	There is intense development of more differentiated self-conceptions, an increase in self-reliance, and the ability to reflect on feelings in relationship to an internalized sense of self. Feelings of homesickness previously experienced as anxiety and depression lessen. Greater emphasis is placed on security in friendship (e.g., concerns about loyalty and anxieties over rejection), particularly among girls.	There is once again a gradual increase in intimacy with parents, given that there was a positive relationship with them during previous years. Intimate friendships with opposite-sex peers become more important than in previous years, which were more dominated by intimate same-sex friendships. There is a gradual increase in	Emotional autonomy continues to increase, with the emerging capacity to see one's parents as individuals beyond their roles as parents. There is an increased stabilization in intimacy with one's parents, given that there was a positive relationship during previous years. There is an increase in feelings of loneliness, particularly among youth without strong best friends. Value autonomy and sometimes post-	Higher stages of emotional and value autonomy, and in some cases post-conventional morality, are achieved in most young adults, given that they possess adequate biological and cognitive potential and social and emotional support. Concerns with having economical independence increase.

	<p>gradually de-idealize parents. Fluctuations occur in verbal and nonverbal expression (facial gestures) of intense emotions (e.g., aggression, frustration, excitement, boredom). The ability emerges to explore multiple reasons for a feeling, to compare feelings, and to understand triadic interactions among feeling states. This is accompanied by the capacity to differentiate shades and gradations among feeling states (e.g., "I feel a little angry."). There is a gradual shift from pre-conventional morality (rewards and punishments) to conventional morality (society's rules).</p>	<p>friends. Intimacy, loyalty, and shared values and attitudes assume a greater weight in friendship. There is an increase in empathy and responsiveness toward close friends and an emerging ability to reflect on feelings in relationships with an internalized sense of self ("I shouldn't feel this angry."). A conventional morality is assumed.</p>	<p>There is an increase in empathy and responsiveness toward close friends. The presence of a conventional morality still exists among most middle adolescents.</p>	<p>value autonomy and in some cases the development of a post-conventional morality (i.e., in which society's rules are seen as being relative to support and serve human ends). Related changes include an increase in reasoning capability, hypothetical thinking, and emotional autonomy, as well as a heightened interest in making plans for one's future.</p>	<p>conventional morality are achieved. Interest and concerns with future plans intensify.</p>	
Social Development	<p>The need emerges for a same-sex best (or similar) friend with whom to have fun and share secrets. Academic and social demands and expectations increase. Time is still spent with parents, and parental supervision is still present, but these start to gradually</p>	<p>More time is spent with social subgroups (cliques) and/or alone. There is an emerging interest in opposite-sex ("different") friends. Less time is spent with parents, parental supervision decreases, and conflicts about independence</p>	<p>More time is spent with large mixed-sex groups (crowds) and/or alone. Less time is spent with parents, with less parental supervision. Academic and social demands and expectations increase. While perceptions of the strength of peer pressure</p>	<p>There is a decrease in the perceived importance of peer group as well as decreased susceptibility to peer pressure. At the same time, interest in one-to-one relationship intimacy grows. A genuine increase in behavioral</p>	<p>This stage marks the emergence of some legal privileges and responsibilities. Economic independence, while not complete, continues to grow, as does behavioral autonomy.</p>	<p>The acquisition of full legal privileges and responsibilities is attained. Economic independence increases, even though some young adults still remain somewhat economically dependent upon their families, particularly in areas with</p>

	<p>decrease, accompanied by a gradual increase in conflicts between the preadolescent and parents. Susceptibility to peer pressure increases.</p>	<p>increase. New social privileges are expected (e.g., watching more movies with adult plots rated for those 13 years and older). Susceptibility to peer pressure reaches its peak.</p>	<p>continue to grow, susceptibility to peer pressure begins to gradually decrease.</p>	<p>autonomy occurs in relation to increased problem-solving, planning-ahead, and impulse-control abilities, together with a decline in conformity both to parents and peers.</p>		<p>proportionately high unemployment rates among the young population.</p>
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**Source:** Breinbauer and Maddaleno 2004