

Conference Paper

Empowerment Program Toward Risk Behaviour Among Adolescent

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Adolescence is recognized as a time of increased risk-taking compared with other age groups. The purpose of this study was to review previous journals related to empowerment program toward risk behaviors among adolescent. This study was a literature review as a method of collecting, analyzing a previous studies. Searching strategy was carried out electronically for several journal sites published between 2014-2019. We collected the journals from the databases PubMed, and Google scholar and reported according to the guidelines of Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA; Moher, Liberati, Tetzlaff, Altman, & The PRISMA Group, 2009). The results of the assessment using the JBI format. There are five articles reviewed empowerment stating that empowerment influence family and community support factors the adolescent empowerment program has a role on self-esteem, reducing depression, smoking, drug use, and prevention of sexual behavior. Empowerment programs in adolescents impact risky behavior such as reproductive health, HIV prevention, drug / alcohol and smoking by increasing reinforcement of knowledge, peer collaboration and opportunities for self-development.

Keywords: adolescent, empowerment, risk behavior

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1. Introduction

Adolescents are a transitional period where changes occur biologically, cognitively and emotionally so that they tend to engage in risky behavior. In this time physical and psychological extinctions were occurring so large that it impacted expectations and perceptions [1], so that their decision making in risky behavior, such as vehicle accidents and substance abuse, is the main source of death and disability during adolescence [2].

Risk behavior in adolescents is related to smoking, free sex, drug use/alcohol and violent behavior. It is estimated that around 7% or more than 24 million children aged 13-15 years smoked cigarettes from 2000-2017 [1]. Free sex raises the risk of early

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childbearing can increase risk for newborns as well as for the young mother. Approximately 12.8 million adolescents aged 15-19 give birth at an estimated 44 births per 1000 adolescent girls [1].

Empowerment theory is an attractive conceptual framework that can develop interventions that promote healthy lifestyles among adolescents [3]. The empowerment process can provide opportunities for young people to develop their skills and be able to solve problems and make decisions [4]. This paper seeks to review the literature on empowerment program toward risk behaviors among adolescent.

2. Method

We collected the journals from the databases PubMed, and Google scholar. The journals were searched from 2017-2020 for articles in Indonesia and English. We used the following combination to search title, abstract, and key words: (empowerment AND adolescent OR Youth AND Behaviour risk OR Smoking OR Sexual OR drug OR HIV) inclusive the relevant Medical Subject Headings (MeSH) terms. Researchers screened each journal independently and read the text of the articles using the following inclusion criteria: The article is a published intervention study; Empowerment as an essential goal of the intervention; Interventions impact adolescent risk behavior and adolescent as participant. Exclusion criteria were as follows: the intervention targets patients (people with a specific diagnosis), with the aim of a better self- management of the specific disease;

3. Result

3.1. Article Selection

From the search resulted 388 articles, after evaluating the titles and abstracts reduce into 22 articles. According to the inclusion and exclusion criteria 11 articles were selected. Finally, 5 selected articles were included in this review through the JBI assessment process. the diagram below shows the process of study selection (Figure 1).

First article is about youth empowerment program conducted in Nairobi to reduce sexual harassment among adolescent girls by increasing self-efficacy and self-defense. This intervention is rooted in social learning theory and health believe models that apply youth empowerment programs, consisting of 6 sessions. The first session explained the purpose and relationship. The second session focused on self-awareness, self-efficacy

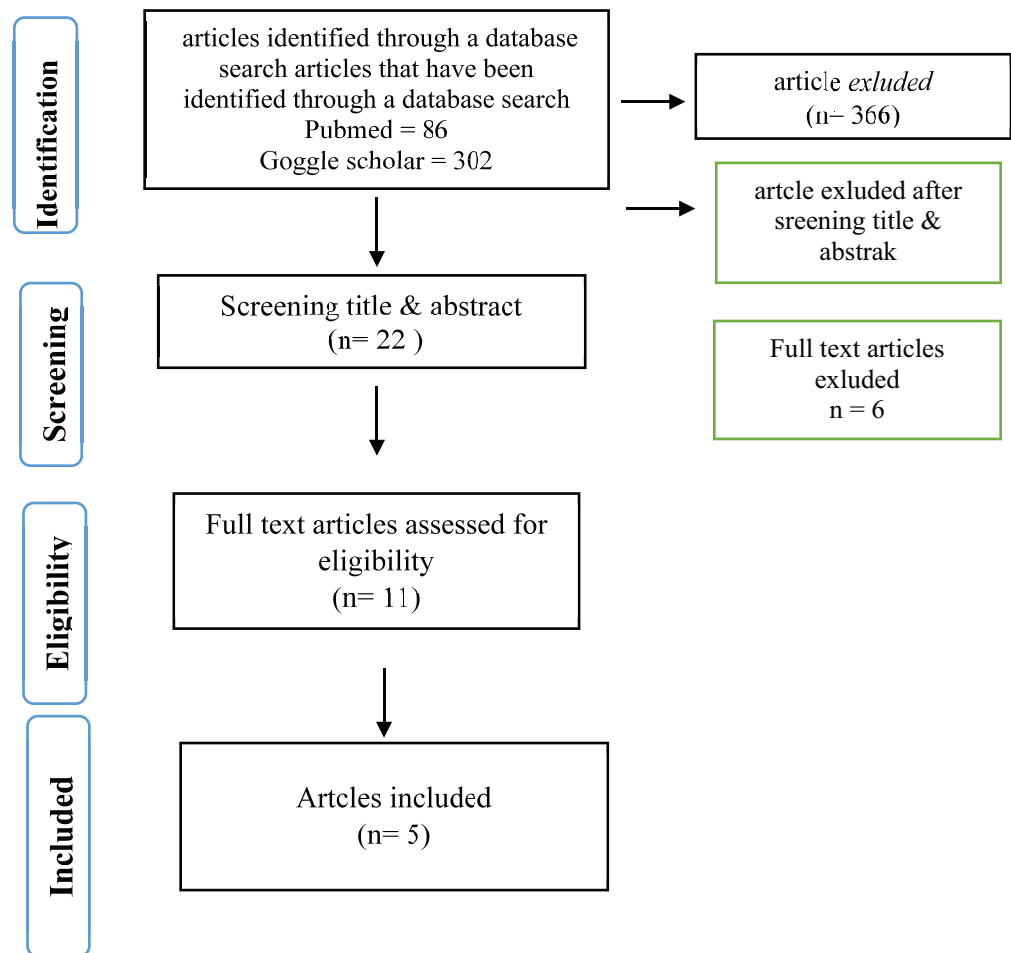


Figure 1: Preferred Reporting Items for Systematic Reviews and Meta-Analyses flow diagram: Search identifying empowerment adolescent towards risk behavior

and assertive communication. Third session introduction to physical defense. The fourth session verbal skills and self-defense against physical attacks the fifth session focuses on avoiding or attacking techniques. The sixth session reviewed all sessions and shared experiences. each session is conducted in 2 hours for 6 weeks [5].

Second article conducted by [6] in Pontiac, Michigan used 23 adolescents aged between 10-14 years and implemented at an urban youth community. This study aims to examine the effects of digital media production strategies in a youth smoking prevention program by exploring changes in psychological empowerment and intention not to smoke. This study used Mixed methods using a concurrent embedded model were used guided by the Youth Empowerment Framework. Survey data were obtained before and after the program. The inventories used to measure psychological empowerment used the Group Member Survey (YGMS) and the Youth Risk Behavior Survey System (YRBSS) to measure the levels of smoking intention. The results of the data analysis

found a significant positive change in all psychological empowerment domains and levels of intention not to smoke.

The third article conducted in Iran aimed at improving the understanding of the factors affecting the empowerment of Iranian adolescent girls in terms of taking care of their sexual and reproductive health [7]. The research was qualitative using conventional analysis, unstructured and in-depth data interviews. The participants in this study were eight key informants who had experience with sexual and reproductive health of adolescent girls. Qualitative content was analyzed simultaneously with data collection based on the Graneheim and Lundman methods using MAXQDA 2010 software. The results of the data analysis found 4 main themes, namely reinforcement of foundations of sexual and reproductive health, providing services in the health system, reinforcement of educational institutions and consolidation of adolescent-family interaction. The present study showed the need for inter-sectional interaction and collaboration among authorities of health systems, education systems, and policy making institutions to achieve a model for empowering adolescent girls via a multi-level and comprehensive approach.

The fourth article was about empowerment of adolescent was carried out in Zambia through The Adolescent Girls Empowerment Program (AGEP) was an intervention designed as a catalyst for change for adolescent girls through themselves, to their family and community [8]. Participants were adolescents girls aged between 10-19 years in urban and rural areas with a target of more than 10,000 adolescents. This program conducts weekly group meetings of 20-30 people led by a mentor with a pedagogical approach. The meeting refers to 3 curricula: sexual and reproductive health and life skills, financial literacy, and nutrition. Embedded within AGEP was a rigorous multi-arm randomized cluster trial with randomization to different combinations of programme arms. The study was powered to assess the impact across a set of key longer-term outcomes, including early marriage and first birth, contraceptive use, educational attainment and acquisition of HIV and HSV-2. AGEP was an intervention whose objective was to improve important adolescent transitions of girls in Zambia, with the expectation that improved outcomes for girls would lead to life-long improvements in the well-being of women and their children.

The fifth article conducted in Michigan using the M-health empowerment program in 30 adolescents aged 13-22 years [9]. The purpose of this study was to examine the usefulness of the Storytelling 4 Empowerment (S4E) m-Health, to prevent and reduce the risk of HIV / STI and drug abuse in a primary care sample of Southeast Michigan, adolescents. This study uses both quantitative and qualitative methods. Collecting qualitative data using an interview guide consisting of open-ended questions about

S4E m-Health, then the data is transferred to NVIVO for storage, organization, and data analysis. Themes are organized according to the major goal of this study: to elucidate the usability and acceptability, including (1) content; (2) format; and (3) process of the S4E preventive intervention in primary care. Collecting quantitative data on sexual risk behaviors using items extracted from the Monitoring the Future study and the Youth Risk Behavior Surveillance survey, HIV/STI testing, acceptability of S4E using a modified Session Evaluation Form (SEF) and acceptability was also assessed using an adapted Client Satisfaction Questionnaire (CSQ-8). The result descriptive statistics indicate that adolescent HIV/STI risk behaviors are prominent and SEF mean scores for the HIV/STI, Alcohol/ Drug, and overall S4E intervention indicate high levels of acceptability among adolescents. Furthermore, CSQ-8 mean score for the overall intervention also indicates adolescents' overall.

Last article was conducted in Nicaragua, CESESMA, study about qualitative research on empowerment in adolescents in 2017. The purpose of this research was to see the factors that contribute to the process of forming youth empowerment. The participants were selected from 13 - 20 years of age and were active in CESESMA. The data collection process was obtained from the writings and pictures of the participants who were previously divided into small groups and discussed the strengths that influenced them. The CESESMA empowerment model ("Children and young people as active citizens influencing public policy in Nicaragua) states that the empowerment process must include 3 factors: capability and knowledge, conditions and opportunities, attitude and sense of self [10].

3.2. Characteristics of The Articles Included

Research on youth empowerment was carried out in various countries such as Iran, zambia, Nicaragua and 2 articles in Michigan (US state). Research on youth empowerment was carried out in various countries such as Iran, zambia, Nicaragua and 2 articles in Michigan (U.S state), so that no research was found in Asia. The location of the intervention was carried out in urban and rural communities. The study was conducted with adolescent participants, 3 studies used both sexes while 2 were specific studies with girls participants.

3.3. Results of the Included Studies

Most of the studies used mixed methods research and qualitative approaches. The results of the research show that there have been positive changes in the impact of empowerment interventions, and the resulting themes that are expected in the implementation of youth empowerment. Based on these studies empowerment has a positive impact on smoking prevention, sexual and reproductive health, HIV, drug abuse and adolescence can influence public decisions.

3.4. Study Designs and Data Collection Methods

The research designs and research methods were diverse. Three studies used a mixed methods approach and 2 studies used a qualitative study. Data collection was obtained from pre and post intervention, in-depth interviews, open-ended questions, writing and pictures of participants. The equation of the five journals is that participants are grouped into small groups and given intervention.

4. Discussion

The results of this review show that empowerment has a positive meaning towards risky behavior because empowerment needs to be emphasized in prevention programs in order to better help adolescents in their health status. Based on a review of 5 journals, empowerment implications have a positive impact on adolescent risk behavior, namely: reproductive health, HIV prevention, drug / alcohol and smoking. Empowerment as mediating the relationship between psychological factors (psychosocial, self-efficacy, thinking style, coping and control) with mental health, well-being and problem recovery [11].

Reviewed studies based on the concept of Psychosocial Empowerment. Psychological empowerment is a theory consisting of emotional, behavioral and cognitive components [12]. Psychological empowerment (PE) conceptual framework including three components: intrapersonal, interactional and behavioral. The intrapersonal component of PE refers to how individuals think about themselves in relation to their connections to their social contexts. Intrapersonal empowerment focuses on self-perceptions that provide people with the initiative, confidence and motivation to engage in behaviors aimed at achieving desired outcomes. Among youth, the intrapersonal component of

PE includes outcomes that are indicative of a person's confidence in their capability to make change, including self-esteem, leadership efficacy, and civic efficacy [13]

A review of youth empowerment literature revealed many commonalities to be explored: Reinforcement of knowledge, formed in small groups so that it requires peer collaboration, opportunities for self-development and empowerment programs embedded in organizations or other programs. The main dimensions associated with youth empowerment have been identified as: (a) that of growth and well-being; (b) relational; (c) educational; (d) political; (e) transformative; and, finally, (d) emancipative, so as the three concepts most often associated with empowerment in the research analyzed are: power, participation and education [14]. The Youth Empowerment aims to develop young people's confidence, solidarity in groups and participate in influencing society by approaching: (a) developing skills including increasing skills, knowledge, effective decision-making, positive interactions with peers and community advocacy strategies (b) critical awareness; process to identify the information and resources needed to analyze problems that have an impact on the environment and life and develop strategies as agents of change in the community (c) Opportunities: the process of making decisions, participation and taking actions that will change society [4].

5. Conclusion

Empowerment programs in adolescents impact risky behavior such as reproductive health, HIV prevention, drug / alcohol and smoking by increasing reinforcement of knowledge, peer collaboration and opportunities for self-development

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