

Partnership Programs for Adolescent Sexual Health: An Integrative Review

By Carolyn Hawes, V00686325

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Supervisory Committee:

Elizabeth Banister PhD

Professor, School of Nursing

University of Victoria

Supervisor

Lynne Young RN PhD

Associate Professor, School of Nursing

University of Victoria

Committee Member

Abstract

In this integrative literature review, my aim was to understand how Action Research (AR) or partnership programs can empower and benefit adolescent females to act on issues important to their sexual health by their participation. Eleven AR and partnership research papers oriented to empowering female adolescents about their sexual health were reviewed using established criteria. I learned that few partnership projects have been specifically designed and evaluated for female adolescents in their sexual health. Some programs designed to reduce adolescent pregnancy and sexually transmitted infections (STIs) are shown to be effective if the philosophical, methodological, and practical criteria adhere authentically to the established criteria, and if the projects can be supported both financially and at the policy level for sustainable programming. What this review also revealed, evidenced by the youth's positive statements, is that small changes in empowerment processes can be equally valuable for them despite weaknesses in study design if the process occurs in a youth-friendly environment. Public Health Nurses (PHNs) can serve as liaisons between the adolescents and the community and as facilitators to nursing students working in school health programming. Nursing students could provide the consistent presence in the schools to foster sustainable programs while being supported by nurse educators to develop their partnership skills with adolescents.

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Partnership Programs for Adolescent Sexual Health

In this literature review, I explore Action Research (AR) and collaborative, inclusive, and participatory-aligned programs, termed partnership approaches, implemented with female adolescents' sexual health. The focus of AR is to involve the population of interest in a democratic process of inquiry that serves to develop practical knowledge in all members and results in individual and collective flourishing (Reason & Bradbury, 2008). AR entails a community-based development initiative that includes awareness that optimal health promotion and sustainable changes can occur when issues of community relevance are explored, and where involvement from community members, collaborative partnerships, and citizen action is sought (Hills & Mullet, 2000; Laverack & Wallerstein, 2001; Lindsay, Stajduhar & McGuinness, 2001; Reid, Brief, & LeDrew, 2009). The philosophy and methodology of Participatory Action Research (PAR), a type of AR, promotes self-reliance and empowerment through solving practical problems in order to achieve social transformation (Dickens & Watkins, 1999; Orlando, 2001). More recently, researchers from "The Women's Health Research Network" (Reid, Brief, & LeDrew, 2009) have used the term Community Based Research (CBR) to encompass approaches that are "collaborative, inclusive, and action-oriented" (p.12) with roots in participatory action research (2009).

My aim in reviewing the literature was to understand the influences to female sexual health. I wanted to know which health promotion programs are showing sustainable positive sexual health changes with this cohort. I noted in my public health practice and in the literature that there are not many programs that incorporate the extant theoretical knowledge in relation to female adolescent sexual issues in the development and application of programs designed for this cohort. Although many health and social researchers and scholars are promoting an inclusive,

collaborative, and participatory approach (Friedman, 2008; Hills & Mullet; Lind, 2008; Shoveller & Johnson, 2006) when working with female adolescents, some program developers continue to apply risk prevention, abstinence promotion or individual lifestyle promotion strategies that do not always align theoretically with best evidence research (DiCenso, Guyatt, & Griffith, 2002; Kim & Free, 2008; Kirby, 2007). Many current approaches in health promotion are not making significant changes to the health of the population of focus (Anderson, Crabtree, Steele & McDaniel, 2005; Poland, Krupa, & McCall, 2009). My position is that a literature review of partnership approaches was needed to develop a better understanding of how female adolescent sexual health can be improved by utilizing this approach to research in nursing practice.

In this paper I outline research and scholarly articles that led to the project focus. I then state the project problem and question that arose from the above stated literature review. After describing AR, with a particular focus on PAR, I discuss the meaning of empowerment within this AR focus. I then outline Action and other genres of partnership research oriented to female sexual health followed by a synopsis of studies with a more general youth empowerment orientation. I wish to show the reader that despite a paucity of female specific sexual health-focused AR, it is important to understand how the AR process operates to promote empowerment in the adolescent population. Following the summaries, including adherence to empowerment and youth-friendly principles, I will synthesize the research studies. Through this synthesis I will discuss how the studies align with the AR philosophy and methodology or not and the impact this partnership process can have on female sexual health. Finally, I will suggest how the findings can inform nursing education theory and nursing practice, and discuss future directions for application of AR research with the female adolescent population.

Conceptual Development

The various research and scholarly articles that led to the project focus are many. A number of health, social, and educational scholars and researchers are promoting partnership approaches (community-based, collaborative, involved, and participatory); however, this recommendation is not observed in practice to any significant degree (DiCenso, Guyatt, Willan, & Griffith 2002; Health Canada 2002; Israel, Schulz,, Parker, & Becker, 1998). I suggest that research and programs conducted in a collaborative, egalitarian, and relational manner *with* -- rather than *for* -- female adolescents, can address sexual health issues and can thereby help to serve the population.

Project Focus

In the development of the project I considered developmental and contextual research, services, and supports for adolescent females, and interventions designed to have an impact on this population. What I learned through exploring the literature is that there is sufficient quantitative research citing STI, pregnancy, abortion rates, age of first intercourse, and statistical associations and inferences between cause and effect (Boyce, Gallupe, & Fergus, 2008; Hansen, Mann, McMahon & Wong, 2004; Smith, Stewart, Peled, Poon, Saewyc, & the McCreary Center Society 2009). There is also an abundance of literature and studies that speak to risky sexual behaviour or risk precursors (Benson, Buegler, & Gerard, 2008; Garriguet, 2006) or risk prevention interventions (Caron, Godin, Otis, & Lambertto, 2004; Chung-Park, 2008) designed to impact adolescent sexual health. A question that surfaced for me was how this knowledge could contribute to the actions taken to empower this cohort to make healthier sexual decisions. According to some researchers or scholars, these risk reduction, individual lifestyle, and abstinence promotion measures are not always showing positive or sustained improvements in

the sexual health of adolescents (Kelly, Bobo, Avery, & McLachlan, 2004; Kirby, 2007; Fields & Tolman, 2006; Martinez & Phillips, 2008; Maticka-Tyndale, 2008; Shoveller & Johnson, 2006; Tolman, Hirschman, & Impett, 2005). What I have read and observed in risk-reduction or abstinence promotion interventions is that the messages aimed for adolescents are paternalistic, patronizing, or polarizing for those who engage in sexual activity or who have sustained sexual infections (Naisteter & Sitron, 2010); not considered empowering approaches for positive sexual health development (Kelly et al.; Maticka-Tyndale; Shoveller & Johnson). The literature shows that action research (AR) or partnership programs that seek to include female adolescent input (Cook, 2008; Lind, 2008) can implement a shift from risk reduction programs that frame adolescents in categories of “risky” and “unsafe” to more inclusive, relational, and empowering environments (Kelly, Bobo, Avery & Machlachlan, 2004; Shoveller & Johnson, 2006).

According to Shoveller and Johnson (2006) and Fields and Tolman (2006), an over-reliance on risk factor epidemiology fails to address sexual pleasure, realistic options to make healthier choices, and the wider structures that account for vulnerable female youth. Some health scholars suggest that programs that both involve and ask for input from youth can lead to increased buy-in, action, and social change (Bland & Atwey, 2002; Lind, 2008). Using AR or partnership approaches in the development and application of programs with female youth can identify and resolve issues important to this cohort.

Project Question

What is known about Action Research or partnership-oriented programs with female adolescents regarding their sexual health? I wish to determine, through an integrative literature review (Whittemore, & Knafl, 2005), how action research or partnership programs can provide a platform for adolescent females to empower themselves in issues of their sexual health. I will

ascertain whether ARs empowering approach has a positive effect on the sexual and social health of female adolescents. The results of this integrative review will provide information to assist health and education practitioners to engage in AR or partnership programs designed for adolescent females and to inform nursing education theory.

Terms of Reference

I will define some of the key terms I will be using in the project to help the reader understand what is meant by Action Research (AR), with a focus on Participatory Research (PR), and Partnership programs.

Action Research

AR research methodology can influence populations through the process itself. Action Research (AR) occurs through a democratic, collaborative partnership to create practical knowledge through action (Reason & Bradbury, 2001). Action Research is concerned with developing knowledge for, with, and by people where the inquiry is as important as the outcomes of the research process (Reason & Bradbury, 2001). AR entails a community-based development initiative whereby researchers and community members engage in a collaborative process to produce new knowledge and create new decision-making abilities that all members can use (Hills & Mullet; Reid, Brief, & LeDrew, 2009; Lindsay, Stajduhar & McGuinness, 2001; Laverack & Wallerstein, 2001; Reason & Bradbury, 2001). AR entails all the members participating in a balanced cycling of the action experiences combined with reflections and ongoing amendments to the action plan, creating an emerging research design and process (Heron, & Reason, 2008; Women's Health Research Network, 2009). Reason and Bradbury (2001) argue that action research is "better" than other forms of research as the "process is grounded in the perspective and interests of those immediately concerned, and not filtered

through an outside researcher's preconceptions and interests" (p. 3). Ultimately, AR is emancipatory due to the knowledge gained, skills developed, and new abilities to produce new knowledge by all members through the process of the inquiry itself (Reason & Bradbury, 2008).

Empowerment as Desired Outcome of Action Research

I provide a definition of empowerment because it is an intended outcome of AR or partnership programs. Reason and Bradbury (2008) and Gaventa and Cornwall (2001) define the empowerment as changes in a person's knowledge and therefore improved understandings of one's own interests and priorities through the process of investigation and action. Freire's definition of empowerment adapted by Wallerstein and Bernstein (1988) and Jacobs (2011) includes participants working together to identify their problems, envision a healthier society, and develop strategies to overcome obstacles, all within a relational, connected, and collaborative environment. Peterson (2010) describes a developmental model of adolescent sexual empowerment, a multi-dimensional construct that develops by degrees and acknowledges ambivalence in adolescent sexual self-efficacy. More specifically, she outlines three dimensions of adolescent empowerment whereby the subjective experience, the ability to challenge normative discourses concerning their sexual health, and the ability to influence their own lives in the sexual arena can be present on varying levels in various circumstances which slowly improves over time. When implemented with young people, empowerment education has potential to improve self-esteem, improve health behaviours, and strengthen their confidence to influence their own lives (Wallerstein & Bernstein, 1988). A more global view of empowerment includes the participation of individuals, communities, and organizations to achieve greater community, political, and social justice control (Miller & Campbell, 2006; Wallerstein, 1992). I

align with the above views of empowerment and believe that female adolescents can develop their sexual self-efficacy through the empowering AR process.

Participatory Action Research

Participatory Action Research (PAR) is a type of action research defined as both a research methodology and a philosophy of life that includes solving practical problems in community settings and shifting the balance of power towards marginalized groups in communities (Reason & Bradbury, 2008). A more current PAR approach, Community Based Research (CBR) (Reid, Brief, & LeDrew), involves members participating as equals in the research design component (Walsh, Hewson, Shier, & Morales, 2008) as well as in the implementation process. The philosophy and methodology of PAR promotes self-reliance and empowerment through solving practical problems in order to achieve social transformation (Dickens & Watkins, 1999; Orlando, 2001). Community members work as equal partners with the researchers or experts to develop and evaluate a program (Gosin, Dustman, Drapeau, and Harthun 2003; Zimmerman, 1995). Minkler and Wallerstein reason that reducing relational disparities is at the heart of participatory processes (2003). PAR approaches have been used and deemed effective with adolescents to promote health in many contexts (Flicker et al., 2008). Constructivist theory assumes that learners construct knowledge while drawing on their experiences and making new meanings; a PAR approach to working with adolescents aligns most closely with this theoretical approach to research (Rolloff, 2010). A PAR approach to research can help to provide useful and practical knowledge for all relevant community members and professionals, including policy and program developers. The ultimate goal of PAR is to empower the population of focus to be able to make decisions individually and collectively that can improve the health of the population.

Theoretical Framework

A constructivist theoretical perspective underpins this literature review. I hope to build on my knowledge about adolescent female sexual health to learn how AR and partnership programs can enhance this population's sexual health. Constructivist theory assumes that through active processes of inquiry, collaboration, and reflection, evolving levels of knowledge occur from experience that are incorporated into an existing framework (Concept to Classroom, 2004; Young & Maxwell, 2007). The development of my approach to this review was formed by the combination of working with adolescents in a public health nursing practice, providing sexual health services through a youth clinic, and working with pregnant female adolescents to optimize their outcomes. In my public health practice, female adolescents often expressed their frustration with patronizing and paternalistic comments made or intimated regarding their behaviour. These adolescents' opinions together with the extant research showing the benefits of partnership research made me aware that building on this knowledge could inform nursing practice and nursing theory. I acknowledge that my beliefs towards adolescent females have been shaped by researchers such as Banister and Begoray (2006), Maticka-Tyndale (2008), Kelly et al. (2004), Lind (2008), and Shoveller and Johnson (2006). These researchers suggest that empowering female youth to make positive sexual decisions can be accomplished through partnering with adults through collaborative and participatory processes.

Theoretical underpinnings of Partnership Research

Constructivist theory informed my approach to this review as it most closely aligns with partnership research in terms of the philosophical and methodological underpinnings (Appleton & King, 2002). In my review of this theory Guba and Lincoln (1994) posit that meanings are co-constructed in the natural settings and within the participants' own social worlds. Appleton and

King (2002) also state that new meanings can be developed with the benefit of the experience for all members in the learning process. This review of constructivist theory affirmed my belief that this theory most closely aligns with partnership research.

Partnership philosophy aligns most closely with a pragmatic, relational, and emancipatory approach that gives young women a voice while proceeding through the research process. According to Kelly, Bobo, Avery, and McLachlan (2004) and Tolman, Hirschman, and Impett (2005), addressing gender-specific issues for adolescent females, including physical and social inequities, are integral to optimize their sexual and social development. According to Maguire (2008), many action researchers are informed by feminist theory and work towards “social, structural, and personal transformation” for women (p. 61): an empowerment perspective. Programs should promote an environment of strengths, empowerment of youth, and should focus on optimizing the sexual health and well-being of adolescent females. This asset-based approach embraces a belief that youth have social resources and skills to adapt to adversity and in which resilience and protective factors can be supported (Options for Sexual Health, 2009; Smith, Stewart, Peled, Poon, Saewyc, & the McCreary Center Society, 2009). According to the literature and my observations, many female youth continue to internalize “femininity” expectations or other gender ideologies and may not assert themselves in the sexual arena, for example in the use of contraceptives (Impett, Schooler & Tolman, 2006). I understand that AR and partnership programs are grounded practically and theoretically by participants’ interests and perspectives (Reason & Bradbury, 2008). I suggest through the integrated literature review that AR or participatory and collaborative programs in community settings can promote empowerment for female adolescents through a process where participants’ values and beliefs are honoured.

In this literature synthesis, I will be considerate of research that shows an authentic adherence to empowerment principles, as outlined by Miller and Campbell (2006). Bay-Cheng and Lewis (2006), in evaluating a female mentorship program, explain that even though agents of a program set the goals and philosophy to promote an empowerment perspective, facilitators can maintain protective, paternalistic, approaches and “risk” as a focus towards girls.

Adolescents are the focus in this literature synthesis and therefore I will consider the ethical principles in working with youth in research. Policy makers for “The Society for Adolescent Medicine” (SAHM) state that the risks and benefits of youth participation in research require a balancing of the emerging capacity for decision-making with the need for their protection (2003). The society for adolescent medicine is an international organization including members from 30 countries that serve to advance the health and well-being of adolescents. SAHM members maintain that the *Guidelines for Adolescent Health Research* (1995) remain a relevant interpretation of the federal regulations for ethical considerations in working with youth in research. By outlining the above stated guidelines, I will show, through the literature review, that health, education, and social welfare practitioners can utilize the AR approach with consideration to youth-friendly and ethical processes necessary to work with adolescents in research.

Statement of the Problem

I have noted in my public health practice and in the literature that few programs incorporate extant theoretical knowledge in relation to female adolescent sexual issues in the development and application of programs designed for this population. According to Israel, Schulz, Parker, and Becker (1998), there is a gap in applying the knowledge generated from current research to public health practice. Currently, researchers show that creating opportunities for youth to participate in the identification, development of, and involvement in the potential

solutions that affect their health has positive effects on health promotion (Atweh, 2003; Cargo et al., 2003; Checkoway & Richards-Schuster, 2003; Cook, 2008; Lind, 2008; Minkler & Wallerstein, 2003; Poland, Krupa, and McCall). Furthermore, Atweh contends that young people are infrequently involved in analyzing data within research processes and should be partnered in the creation of knowledge emerging from these projects. I have reviewed a number of youth programs where primary intervention measures (specific risk-reduction or abstinence promotion) have been the predominant approach to working with adolescents; these programs do not always show sustainable positive impacts to female youth sexual health (Maticka-Tyndale, 2006; Shoveller & Johnson, 2006). According to Lind (2008), professionals should be promoting intimate connections with youth through the caring practices within a PAR process such as “listening, understanding, and assurance of worth” (p. 224), described as important unmet needs of youth. Minkler and Wallerstein (2003) posit that the lack of youth involvement in the development and application of partnership-oriented sexual health programs could possibly be the reason why initiatives may not have shown consistent positive health benefits to youth (Kirby, 2007).

Background literature

The background literature shows that many contextual factors influence adolescent female sexual health, development, and behaviours in various social and geographical settings. Some of the research points to relationships between place, social situations (Langille, Flowerdew, & Andreou, 2004; Shoveller, Johnson, Prkachin, & Patrick, 2007), physical and emotional development, and gender issues (Tolman, Hirschman, & Impett, 2005) that influence female adolescent sexual health. It is not realistic that practitioners working with young females can address all of the broad determinants of health or elements that impact female sexual health.

Poland, Krupa, and McCall explain that working with people in their community on health issues they deem important is key to enabling positive change for a particular population. Other approaches designed to impact female sexual health, such as primary prevention measures, risk reduction, or abstinence prevention, are not showing positive or sustained positive impacts to female sexual health (DiCenso, Guyatt, & Griffith, 2002; Kirby, 2007). My standpoint is that it is important to know which programs and research show positive impacts to female adolescent health. Adolescent females will benefit from partnership programs that are shown in the literature to improve female sexual health through the empowering process itself (Berkely & Ross, 2003; Shoveller, Johnson, Prkachin, & Patrick, 2007; Welles, 2005).

Influences to female sexual health

The following studies show that various social determinants of health and contextual factors influence female sexual health in various geographical settings. I wish to show that these factors are useful for informing practitioners. However, many of the elements described in the following research cannot be reversed or solved immediately through specific intervention measures (DiCenso, Guyatt, & Griffith, 2002; Kim & Free, 2008). Adolescents could be served well through a process that actively addresses issues or factors as they arise through the empowering process of the research or program itself. Researchers describe contextual factors that influence early sexual intercourse (Boyce, Gallupe, & Fergus, 2008; Boyce et al., 2006; Garriguet, 2005; Langille, Flowerdew, & Andreou, 2004; MacKinnon, Saab, King, & Gallupe, 2006) and show statistically significant relationships between onset of puberty, weight concerns, having tried smoking or drinking, and early first sexual intercourse (FSI) or pregnancy for females (Garriguet, 2005). Boyce, Gallupe, and Fergus show that poor relationships with one's parents (not shown for girls in Garriguet's study), social pressure, and use of drugs and alcohol

(statistically significant results in both studies) relate to early FSI. Results from a Canadian HIV/AIDS study (Boyce et al., 2006) summarize factors of parental income, educational achievement, gender identity, disability, and religiosity as factors that influence youth sexual activity. Langille et al. (2004) report statistically significant results that indicate a relationship between single parent families and adolescent pregnancies (stated as possibly related to lack of supervision), less religious affiliation, being Aboriginal or Black, lower rates of education, and having mothers working outside the home in the formative years. What the above research shows is that there are a variety of factors that can influence early FSI depending on the particular social and geographical contexts. The philosophy, method, and process of AR or partnership programs can provide the medium whereby female adolescents can name the issues that arise in the particular socio-geographical context of which they reside.

A further study that contributes to an understanding of influences to the developing sexual health and behaviour of adolescents is a qualitative ethnographic study (Shoveller, Johnson, Prkachin, & Patrick, 2007). Shoveller et al. (2007) revealed that female self-esteem and sexual health behaviours are developed through the interactions within the unique social and spatial context. Shoveller and Johnson (2006) ascertain that comprehensive approaches that promote inclusion and cohesion with and among youth, such as PAR approaches, can provide a platform to develop female self-agency, over and above merely increasing service delivery and educational programs. It is also necessary to connect female adolescents to programs that address these issues in an environment that shows positive benefits for them (Lind, 2008). I would posit that it is important to understand the relationships between social and geographic factors; however, the development of trusting relationships and improved self-agency can be developed through authentic collaborative and empowering environments (Lind, 2008; Shoveller et al.,

2007). This review of background literature shows that geographical, social, cultural, and gender relationships influence the development of female adolescent sexual and social health. Kirby reports that in the 450 studies that he reviewed, both risk factors and the elements supporting positive sexual health development are “numerous and extremely diverse” (p. 13). As the particular contextual influences to sexual health vary in different locales and populations, health and social welfare practitioners and researchers can utilize the AR medium to allow all members to address issues as they arise while considering the context of the population.

Personal and Social Determinants of Health Affecting Female Youth

Adolescent development is considered a social and personal determinant of health. The interaction of biological, social, developmental, and behavioural factors can lead to a disproportionate health risk (Cook, 2008; Health Canada, 2000). Adolescents are at a stage of development of physical cognitive, emotional, and social change (Morgan & Huebner, 2008). They are attempting to understand their bodies, their identities, and their place in the social world, including the sexual arena. Impett, Schooler, and Tolman (2006), suggest that young women enter a stage where they are pressured to behave within socialized feminine ways. These scholars suggest that girls’ adolescent development is shaped by a response to society’s expectations of avoiding conflict, suppressing anger, being nice, and silencing their own needs, to conform to the established images of being a good girl (Impett et al., 2006). Through their development process, girls struggle with their independence and with figuring out who they are as individuals (Kelly, Bobo, Avery, & McLachlan, 2004). Impett, Schooler and Tolman (2006) posit that early adolescent self-image declines for girls and increases for males at this crossroad of physical development, exposing the constraining ideologies that affect female sexual health.

Adolescents are considered lacking sexual negotiation skills and are more vulnerable to peer pressure to achieve safer sex practices (Flicker et al., 2010). Giroux (2000) and Bibby (2001) suggest that North American culture portrays youth as socially destructive; this perception can hamper the development of positive relationships between adults and youth (as cited in Lind, 2008). According to some researchers, female adolescents need to belong and feel their voices are listened to (Banister & Schreiber, 2001). Lind (2008) and Kelly et al. (2004) posit that relationship-based practices that engage adolescents can foster better understandings between adults and female adolescents in support of healthy sexual health development. Cook (2008) contends that youth have a great potential for social change and therefore active participation in health programmes can provide critical opportunities for social learning and healthy development that can last a lifetime. AR and Partnership Programs can provide an atmosphere to foster positive relationships and enable positive health behaviours during the developmental phase of female adolescence.

Positive Impacts to Female Adolescent Health

Research literature shows that during the adolescent stage of female development many elements are important in optimizing sexual health: female desire (Connell, 2005; Fine, 1988; Tolman, 1994), relationship-building (Tolman, 1999), social connectedness (Smith et al., 2009), deconstruction of risky discourses (Shoveller & Johnson, 2006), comprehensive school health approaches (Deschesnes, Martin, & Jomphe Hill, 2003; Fields & Tolman, 2006; Interior Health, 2010), and knowledge of gender-specific power differentials and sexual negotiation skills (Tolman, Hirschman, & Impett, 2005). These elements should be promoted in order to positively impact sexual health. Furthermore, scholars argue for the development of interdisciplinary programs where young women are given a voice to explore self-awareness, emotional

connections, sexual self-agency, social competence, intimacy, and nurturance of relationships, both with peers and with adult women (Anderson 2000; Banister & Begoray, 2011; DiCenso et al., 2004; Kelly, Bobo, Avery, & McLachlan, 2004; Shoveller and Johnson, 2006; Welles, 2006). Some researchers show that programs with female adolescents should create an atmosphere of trust, collaboration, and participation in order to promote social and sexual self-efficacy and ultimately lead to improvements in their sexual health behaviours (Maticka-Tyndale, 2006; Shoveller & Johnson, 2006) I suggest that AR and partnership programs can meet some of these requirements by offering an empowering atmosphere where elements showing positive impacts to female sexual health can be addressed as they arise through the process itself.

Risk-Reduction, Abstinence Promotion, and Peer-Led Programs

Some reported research showed that specific risk reduction or abstinence prevention measures are not showing positive or sustained improvements in the sexual and social health development of female youth. A systematic review of 26 randomized controlled trials, conducted by DiCenso, Guyatt, and Griffith (2002), revealed that primary prevention strategies designed to reduce early first sexual intercourse (FSI) or adolescent pregnancies do not delay initiation of sexual intercourse or improve use of birth control among young women. Four of five studies that evaluated abstinence programs revealed increased numbers of adolescent pregnancies for the intervention group (DiCenso et al., 2002). Kirby (2007), in an evaluation of interventions to reduce female adolescent pregnancy concluded that there is no strong evidence that abstinence programs delay initiation of sex, hasten the return to abstinence, or lessen the number of partners. In an evaluation of 13 peer-led programs designed to positively impact the sexual health of adolescents, Kim and Free (2008) showed no clear evidence of increased condom use or reduction in odds of pregnancy. Peer-led primary prevention programs are based on the theory

that young people of similar age are considered more credible and influential in impacting behaviour at this stage of development (Kim & Free, 2008). Kim and Free ascertain that existing methodological quality has not been applied to this approach for consistent positive outcomes to be realized. Kirby (2007), in a systematic review of primary prevention strategies to reduce adolescent pregnancy and STIs, reports that risky behaviours can at best be reduced by about one third (2007). In Kirby's evaluation, only a *CAS-Carrera* Program had a significant level of success in reducing adolescent pregnancy (Coalition for Evidence Based Policy, 2009; Kirby, 2007). The reason stated for this program's effectiveness with female adolescents was the intensive, long-term nature of the program, the youth development approach, and the support for wider social structures that can impact adolescent health (Caron, Godin, Otis, & Lambert, 2004; Kirby, 2007). Unlike most primary prevention programs which are short term and one-dimensional, the *CAS-Carrera* program agents sustained this program over an 18 month period, targeted sexual and non-sexual risk factors, and modified the program over time to meet the needs of the participants (Caron et al., 2004). WHO (2002) members argue that primary prevention programs fail to provide a clear strategy to assess, target, and modify interventions to the needs and interests of a particular group in various contexts. These studies highlight the need to be well informed of the effectiveness of sexual health programs when designing them for adolescent female youth. Through the research synthesis of AR and partnership programs discussed later in this paper, I will suggest that female adolescents can sustain positive benefits to their sexual and social health through the empowering process of the program itself.

Sexual Health Services – Local and Regional

Female adolescents have inconsistent access to sexual health clinics and related services in rural B.C. communities (Maticka-Tyndale, 2008; Shoveller, Johnson, Prkachin, & Patrick,

2007). Some obstacles prevent young women from optimally accessing services or supports for their sexual health, including lack of available sexual health services (Maticka-Tyndale; Shoveller, Johnson, Prkachin & Patrick, 2007), access to broadly-based sexual health education (SIECCAN, 2009), female adolescent development (Cook, 2008; Health Canada, 2000), and barriers such as language, culture, low literacy (Banister & Begoray, 2006), and poverty that impact young women's ability to make positive health decisions (Purkis, 1997). Abortion services remain limited or non-existent in some towns, which can act as a barrier for young women to act on personal choices. In the B.C. community where I live, the closest abortion service is a three hour drive away. Sexual health drop-in clinics provide services in some of the B.C. towns, although these typically only offer service one to four times per month depending on community size and resources (Options for Sexual Health, 2010). Due to circumstances unique to rural towns, less support is available to young people to act on important sexual and social health issues (Shoveller et al., 2007). AR and Partnership programs in communities can potentially empower young women to seek the help of practitioners to optimally tend to their sexual health.

Background Literature Summary

In reviewing the literature discussed above, I have gained knowledge of factors that appear to influence the sexual health development of female adolescents. What surfaced in that literature review is that exploring contextual factors is integral to understanding how particular sexual behaviours occur and which populations may be impacted by particular social and geographical factors. I also learned that there are many primary intervention strategies that have not improved the sexual health of female adolescents (by DiCenso, Guyatt, and Griffith, 2002; Kim & Free, 2008; Kirby, 2007) What is important in working and interacting with female

adolescents, however, is the philosophy and method of the process itself that can serve to empower the female adolescent population to make positive sexual health decisions. According to Zimmerman (1995), when practitioners are emphasizing empowerment, socio-political, or contextual factors should be considered in order to foster an awareness of and influence over factors that hinder or enhance efforts to achieve the goals. It is also important to be mindful of some of the factors outlined in the research that show effects on female adolescent sexual health as they arise during the process of the program or research process. According to Israel, Schulz, and Parker (1998), more attention needs to be paid to integration of research and practice, greater community involvement and control, increased sensitivity in working with diverse populations, and added focus on the health and well-being of populations. Poland, Krupa, and McCall (2009) suggest a settings approach to health promotion practice whereby the population of focus is viewed in relation to the social, physical, and organizational environment in which they “live, work and play” (p. 513). These above stated researchers acknowledge that being aware of and working within the context of the community and its members is at the root of enabling positive health changes for the population of focus. Many of the above outlined studies suggest a direction for sexual health support that includes optimizing community resources and participating with adolescents and community members to foster resiliency, skills, and protective factors (Boyce et al., 2006; Langille et al., 2006; Smith et al., 2009). AR and Partnership approaches can create the environment where community context is considered through an empowering process of working with community members, researchers, program facilitators, and female youth to enable positive sexual health behaviours for adolescent females.

Nursing Issue

In forming the rationale for this research project, I drew on my public health nursing practice: the many interactions with female youth that occurred in the school, at the health unit, and in the sexual health clinic provided in our town. I understood that forming positive relationships with this cohort and supporting them in their adolescence is integral to female sexual health development (Banister & Begoray, 2006; Hsu, Lien, Jiiunn-Horng, Sheng-Hwang, & Ruey-Hsia, 2010). I also understood that young females can co-construct knowledge of their sexual health with health professionals through the positive relationships formed during partnership processes (Hsu et al., 2010). According to Freire's empowerment approach (as cited in Hsu et al., 2010), the knowledge and experience of female adolescents are incorporated into the partnership process in order for them to develop new knowledge and experience that may help them to act positively on their sexual health (Hsu et al., 2010). In order for female youth to construct a healthy development of their sexual selves, health professionals need to fully embrace a dialogue approach in which everyone participates equally in order to construct new social knowledge (Hsu et al., 2010). According to Hsu et al. (2010), relationships constructed with health professionals may allow young women to imagine a greater self-agency to develop positive sexual health behaviours. In my public health practice and in the literature, there is a paucity of clear evidence that authentic empowerment processes are occurring to foster these important relationship connections and hence more positive sexual health development with female adolescents (Bay-Cheng & Lewis, 2006). According to Aston and Meagher-Stewart (2009), the empowerment process necessitates that young females overcome their traditional disempowered place and practitioners shift the power-over position to one of power-with the

adolescent females. This above stated knowledge shows that young females can construct important relationships and improve their self-agency through the empowering process of AR.

As a public health nurse I value knowing that risk reduction or abstinence promotion programs do not show the desired or sustained improvements in the sexual and social health of female youth (Shoveller & Johnson, 2006; Maticka-Tyndale, 2006). As the above stated primary intervention strategies are not always effective, I suggest that AR or partnership approaches to working with adolescent females can show positive and sustained benefits to the sexual health of this cohort. The research synthesis that follows showed me that AR is an effective approach for young women to make more positive choices related to their sexual health; therefore, this paper can be a useful tool for practitioners working in this area with this cohort. Results of the literature synthesis can assist health professionals to assist in the development or application of partnership-oriented research or programs with females in their sexual health development. The results of the following partnership research can inform nursing theory and practice for nurses working with the adolescent female population.

Purpose of and Approach to Project

Purpose of Project

The goal of this project is to provide an integrative review of AR and Partnership programs focusing on female adolescent sexual health. My intent is to provide information to policy and program developers and health and education practitioners about sexual health education methods or community initiatives that may contribute to empowerment and societal change for adolescent females (Hills & Mullet, 2000). In a study by Boutilier, Rajkumar, Blake, Poland, Tobin, and Badgley (2001), success in community action projects can include process-

oriented, ongoing shifts in relationships, structures, and social conditions. Poland, Krupa, and McCall (2010) reason that an iterative process of engagement and reflection with the issues is crucial to enable changes in communities. Even small shifts in community attitudes towards adolescent females and among the youth themselves could improve this population's sexual self-agency which could lead to their improved health (Boutilier, Rajkumar, Poland, Tobin, & Badgley, 2001).

Approach to Project - Methodology

I use an integrative review strategy in this paper to show how AR and partnership programs can be useful for the adolescent female population. The review method incorporates different perspectives on a particular phenomenon, including experimental and non-experimental, empirical, and theoretical research in order to contribute to the evidence-base in nursing practice (Whittemore & Knafl, 2005). Although most of the research articles utilized are informed by non-empirical PAR initiatives, I have included two empirical research reviews.

Empowerment and Ethical Criteria utilized in Research Review

I will use two sources for determining adherence to partnership research: empowerment principles and ethical guidelines in working with youth in research (Flicker & Guta, 2006; Miller & Campbell, 2008). I refer to Miller and Campbell's *Empowerment Evaluation Principles* to guide my assessment of empowerment research quality. These researchers provide a framework to determine the level of rigour in empowerment research; the framework is based on the principles originally set forth by Wandersman et al. (1995). Through an evaluation of 47 empowerment research papers, Miller and Campbell concluded that only seven initiatives examined authentically adhered to "democratic and social justice principles" (p. 314). Their guideline lists ten indicators for success in empowerment strategies which are included in

appendix A (p. 78) below and described as follows: (A) those that involve community members in the decisions made about the process; (B) evaluations that directly involve all of the stakeholders; (C) evaluations that emphasize deliberation and authentic collaboration among stakeholders; (D) those that reflect community wisdom; (E) evaluations that value scientific evidence in relevant aspects of the evaluation; (F) those in which the evaluators must be held accountable to program administrators and to the public; (G) evaluations that value improvement to individuals, the community and the process; (H) those that impact individual and an organization's thinking; (I) evaluations that distribute resources, opportunities, and bargaining power fairly; (J) and evaluations that use data to disseminate knowledge and sustain evaluation efforts.

In applying a guide for quality of the ethical considerations in youth sexual health research, I refer to Flicker and Guta (2008), *Ethical approaches to adolescent participation in sexual health research*. This guideline encompasses seven principles to consider when working with youth in sexual health-related research projects and listed in Appendix B, (p. 79). The seven ethical principles are described as follows: (1) adopting a CBPR approach; (2) attention to youth-friendly protocols; (3) proper ethical training for research staff and peer researchers; (4) partnering with youth-serving community agencies; (5) strategy to identify and reach all youth that could benefit from the research process; (6) special attention to issues of confidentiality and anonymity for youth members; (7) valuing youth participation appropriately by supporting, but not coercing them to participate.

I include current (1998-present) nursing, social science, and education articles related to partnership-oriented research and programs aimed at female youth sexual health. The criteria used for study inclusion included those that appeared to incorporate a reasonable amount of

empowerment, youth-friendly, and other key elements, shown in the literature to positively impact female sexual health (Flicker & Guta, 2006; Kirby, 2007; Miller & Campbell, 2008). The types of studies reviewed included mostly PAR studies, although mentorship, friendship-oriented, and a peer-based program were included. Specific elements noted in studies to be included were those that incorporated youth development and cultural norms, facilitators with backgrounds in adolescent social and sexual health, and other elements of programs, intensive and sustained, that have shown positive impacts to female sexual health (Kirby, 2007). I include only North American research; however, I do include five research studies that serve to empower female and male adolescents in general; these latter studies will provide the reader with an understanding of the empowering process of AR. According to Kirby (2007), programs can be successful in reducing STIs and adolescent pregnancy, even when programs do not target sexual factors directly, if sustainable, intensive, and youth-development elements are considered. World Health Organization researchers posit that adolescent health issues are closely linked and therefore, interventions showing positive health changes in one area can lead to positive outcomes in others (2008). PAR processes that do not specifically target female sexual health are included in the review due to the above stated research that shows that programs can be effective to improve sexual health even when sexual issues are not the primary focus (Kirby, 2007). Programs shown to incorporate intensive, collaborative, relational, and sustained processes can empower the population of focus to improve their self-agency in many areas through the process (Flicker, 2008; Kirby, 2007).

Databases accessed included “CINAHL” with full text,” “Google Scholar,” “ERIC (EBSCO),” “Canadian Health Research Collection,” and more specifically journals with a focus on adolescent health promotion. My search strategy included key words “female adolescents,”

“sexual health,” “action research,” “empowerment,” “collaboration,” and “participation.” I will endeavour to show whether community level research or programs that actively involve female adolescents in the planning and application of sexual health focused AR Partnership programs can positively impact sexual health for adolescent females.

Action research and partnership programs

The following eleven studies are briefly described and followed by a table outlining the study methodology, process, methods, adolescent ethical considerations, and adherence to the PAR methodology. The tables include two right hand columns that outline the adherence to youth ethical principles (Flicker & Guta, 2006) and empowerment principles (Miller & Campbell, 2008),) previously described and also detailed in Appendix A (p. 76) and Appendix B (p. 77). The studies are then synthesized, considering the positive, negative, female-specific, and ethical considerations for working with youth in research on issues of their sexual health. I will then make suggestions on how AR can be useful to impact the female adolescent population depending on the authentic adherence to the philosophical and methodological processes, policy, and financial support for sustainable programming.

AR with Female Adolescents Concerning their Sexual Health

The first study by Banister and Begoray (2006) involved a community-based research approach to impart sexual health education through improving female Aboriginal adolescents’ health literacy to Aboriginal female youth in B.C. communities. Health literacy, for purposes of this project, was defined as members able to obtain and understand health information in order to make appropriate and autonomous health decisions (Canadian Public Health Association, 2010). The researchers’ rationale for the study was a lack of knowledge of effective sexual health

literacy approaches with adolescent women, in particular Aboriginal female youth. A further reason for the study was the knowledge that adolescent Aboriginal female youth sustain a more negative sexual health burden than their Caucasian counterparts. The proposed outcome of the study was to improve adolescent participant sexual health literacy.

Table 1

Adolescent girls' sexual health education in an indigenous context

Methodological and Theoretical Approach	Description of Process	Methods Used	Ethical Considerations for Youth	Adherence to AR Methodology
Community-based mentorship program. Feminist theory – assumes a relational perspective that assumes that young women search for “selfhood” through the connections they form. Aboriginal theory - culturally sensitive indigenous approach - chosen to honour their spirituality, equalize power, and foster female connections within a group setting.	-aboriginal females, aged 15-16 recruited to participate in 4 sites on Vancouver Island. -Mentor, research assistant assigned to each of four groups. Focus of this study – females from one Aboriginal school site. 1st phase of study – Interviews conducted to ascertain concerns in dating relationships. - Sessions carried out during school hours ~ 8	1st phase of study – Interviews conducted to gather health concerns in dating relationships 2nd phase – 16 week program developed from issues expressed in first phase – using health literacy strategies. Post program Interview with each group – 1 ½ hrs. “Circling, checking-in, and closing” – a feather used for listening and showing respect to person sharing. - Girls developed “codes of conduct” – re-visited during the sessions for changes. -Free writing prior to check-in to encourage girls to outline their thoughts prior to sessions. -goal-setting - group brainstorming and private goals through written journaling - re-visited every session and reported	- met ethical principles 1 through 7 - ethically approved by University of Victoria. The selection or recruitment process and whether the sessions were optional were not made clear. -Sustaining involvement in the program was not an issue due to program scheduling during school hours - Unclear whether participants were illuminated to members of wider community. According to Naisteter and Sitron - (2010), targeting particular adolescents can	- Met E principle – evidence base for theoretical approach for indigenous peoples. met principle A & D - Indication for study arose from elder members of Aboriginal community -met D and E principle - Early process activities were researcher driven, although reflected Aboriginal elder wisdom. -met B principle - elder mentors were actively involved in developing curriculum. Met B principle - In 2nd phase of study-topics brought forth by adolescents were used to guide the group sessions. Met principles of AR (Reason & Bradbury, 2008) - action and reflection re: re-visiting goals and codes of conduct.

	females	to group voluntarily. Girls created necklaces to serve as a symbol of their personal empowerment.	serve to polarize the group of focus. Met 3 principles - Mental Health nurse worked 5 years in community associated with school/Aboriginal female teaching aide – in early 20s/Aboriginal elder to provide cultural sensitivity. -met principle 9 nutritious food provided during sessions.	- met H and I principle - Creation of necklace - a symbol for community members to learn about empowerment programs/ sessions audio taped/all 4 groups met at University for a “mini-conference” and to present posters of learning achieved. - No evidence of meeting J principle – unsure how the evaluation was used to sustain evaluation efforts.
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The participation and involvement of the young women in assisting with the program development is consistent with available guidelines for empowerment principles (Miller & Campbell, 2006) as outlined in the table above. One girl stated that writing her goals allowed her to have greater confidence in her ability to achieve the goal – to successfully complete her school year. Another stated she had greater confidence in her long-term goals. The strategies used and evaluated were considered successful in raising awareness of sexual health by the program directors based on the participants’ reports. To provide more evidence for the success of these mentorship programs, it would be important to use the knowledge gained from the program to enable other program developers to modify the data for replication across projects (Miller & Campbell, 2008). Peer dissemination of positive aspects of the program, such as the Aboriginal necklace making in this study, can be utilized to contribute further to the empowerment process

(Flicker et al., 2008). The study could be considered a success due to participants' voicing new knowledge gained and skills developed to make better sexual health decisions for themselves (Miller & Campbell, 2008).

The second study by Bay-Cheng and Lewis (2006), two social work scholars, examined a female mentorship program developed to address and discuss the traditional ways in which girls are gendered through their social interactions, deemed "problematic" by the program directors (p. 73). In a middle school of 535 students, 60% of which were African American and 47% who qualified for the free lunch program, girls were chosen to attend a 10-week mentorship program. Program objectives were to disrupt traditional female socialization through group discussions and the development of relationships with the adult mentors. The researchers hoped to enable the females to question and discuss these gendered and negative norms of female sexuality in order to develop their voices, shown to be silenced through the process of female adolescence (Bay-Cheng, Lewis, Stewart, & Malley, 2006).

Table 2

Our "ideal girl": Prescriptions of female adolescent sexuality in a feminist mentorship program

Methodological and Theoretical Approach	Description of Process	Methods Used	Ethical Considerations for Youth	Adherence to AR methodology
- Female Mentorship Program Ethnographic Analysis -theoretical orientation - feminist	- 22 students (19 Black and 3 Caucasian). - 12 facilitators (hired from local University from women's studies, psychology, and African American study depts.) -2 – 2 hour training sessions for facilitators to learn mentorship processes. -4 grad student ethnographers each	- 10 weekly meetings, held after school for 90 minutes. - topics: friendship, body image, teasing harassment, and goal setting. Large group session for opening and closing -small group sessions for discussions re: weekly topics.	- met principle 9 and 3 - informal snack and socializing time at beginning of session. -met principle 1 although unclear whether principle 2 met- partnered with university students in psychology and African American Studies. -met principle 5 - 85% participants African American –	-did not meet A, B, & C principles – girls were not involved in development of program's vision, structure, or program topics or activities. - did not meet D principle - 9/12 mentors Caucasian which can suggest that program may not reflect community wisdom. -Met I and J principles - support from a "re-

	attended small group sessions to observe and record field notes – Authors and 2 colleagues coded the data to identify themes.		higher than average percentage compared to school total. - did not meet principles 5, 9, & 12 - mentors Caucasian which can suggest that program not targeting the higher risk population.	defining Censorship” organization and funding from the University of Michigan.
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Despite the program’s stated feminist orientation these researchers found that facilitators responded to questions of sexuality by suppressing talk and reifying age-appropriate and “girl-as-victim discourses” (p.71). One girl reported that a boy touched her breast and intimated that the occurrence may not have been completely negative for her; however, this disclosure was met with facilitator comment that the boy’s behaviour was inappropriate. These findings affirm the importance of hiring facilitators with youth-friendly and authentic philosophical alignment with the researchers’ vision (Flicker & Guta, 2008). If true empowerment realizations are to occur, (Miller & Campbell, 2006), researchers need to ensure that facilitators do not subscribe to gendered and sex-negative rhetoric of adolescent female sexuality. Bay-Cheng and Lewis (2006) report that few evaluations have been carried out to examine these above named discourses or other programs that target female adolescent sexual health (Bland & Atwey, 2007; Kirby, 2007); therefore I would suggest that many of the empowerment studies may not be adhering to authentic philosophical processes.

The third study by Sieving et al. (2010) is described as a 12-month clinic-based intervention to prevent pregnancy risk behaviours in adolescent girls considered at high risk. The intervention strategy was adapted from a “Prime Time Pilot Study” to seek changes in environmental, personal, and behavioural attributes associated with pregnancy risks. The rationale for the study was that American adolescents have among the highest rates of teen

pregnancy in industrialized countries, especially for women of colour. Future prospects for these adolescent mothers are limited; the researchers posit that interventions to promote positive youth development and prevention of risk behaviours can lead to more positive health and social outcomes. The researchers cited the extant research that states that interventions need to be multifaceted, intensive, and sustained to have substantive impacts to pregnancy risk behaviours (Kirby, 2007).

Table 3

Prime time: 12-month sexual health outcomes of a clinic-based intervention to prevent pregnancy risk behaviours

Methodological and Theoretical Approach	Description of Process	Methods Used	Ethical Considerations for Youth	Adherence to AR Methodology
- RCT - Peer-based Intervention based on Social Cognitive Theory and “Resilience Paradigm”	- 1,434 females screened (aged 13-17), considered high risk for pregnancy according to outlined criteria. - 253 girls met criteria - assigned randomly to control/ intervention group – completed baseline data collection. - 116 and 123 girls - intervention/control, completed 12-month follow-up questionnaire. - enrolment required two clinic visits - Case managers trained in working with urban teenagers from diverse backgrounds chosen. - Case managers screened the girls over 6 months at school and community clinics - monthly visits over an 18 month period. - Peer leadership training - 15 session curriculum addressing communication, stress management, conflict resolution, expectations,	- Pre-survey - condom use and number of partners in previous 6 months. - one-on-one case management - one meeting/mo.- over 18 mo. CM addressed core topics but needs and interests of girls were client led. - peer leadership programming - Intervention – core topics: emotional skills, healthy relationships, responsible sexual behaviours, positive family, school, and community involvement.	- met criteria 6 adolescents consented autonomously to study participation. - met criteria 7 - Strategy to minimize attrition was utilized - \$10 for each monthly visit. - met criteria 3 and 7 - Peer Leadership Training – girls received \$5 for each interaction made with peers and family members (up to 50 sessions of 15 min. each) - Participants in peer sessions were given \$2-3 for each homework assignment completed.	- Case Management Sessions: partially - met criteria B client-centered approach – participants determined needs and interests although core topics and strategies used during each visit were case manager led . - Peer Sessions: - met criteria of Action Research (Reid, Brief, & LeDrew, 2008) - “service learning” premise – based on elements of preparation, action, reflection, and celebration. - met E principle - 12 month post Survey - based on outcome

	healthy relationships, and social influences on sexual decision-making and contraceptive use skills. - Peer leadership participants were instructed to reach and teach others in their lives – 15 min. conversations based on the topic covered from each training session.	- Client-centered approach. - 12 month - post Intervention survey	- did not meet principle 2 - weakness cited as insufficient use of youth development strategies - outcome measures did not show increase in condom use.	measures considered reliable from previous research. - did not meet criteria A and B - most of the rationale and project development done by researchers - youth identified some of the topics for Peer Leadership sessions.
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Outcome measures were stated as contraceptive use consistency and number of sexual partners in the previous six months (Sieving et al., 2010). The results did not show that condom use was used to any greater degree in the intervention group. The results did show, however, that girls in the intervention group yielded positive health behaviours to reduce adolescent pregnancy: greater stress management skills and development of close connections with peers and adults, as determined by evidence-based outcome measures (Sieving et al., 2005). The methods implemented by the researchers met some of the criteria for empowerment and working with adolescents in research. These included sustaining involvement without coercive tactics, case managers trained in content and method, multi-method strategy, and program conducted over an extended period (Miller & Campbell, 2008). A negative aspect of the process was minimal collaboration with community members and youth in the development of and process of the program. Research by Lind (2008) and Bay-Cheng, Lewis, Stewart, and Malley (2006) shows that young people may not buy-in to a program when their voices are not considered important. High attrition rates were noted in this study and also noted in a number of studies reviewed (Begoray & Banister, 2011; Flicker et al., 2008; Walsh et al., 2008), and possibly could be

explained by the lack of youth input into the research development. For those students that remained in the study a high percentage of the participants completed the post-survey; this could be explained by the honorarium that was supplied for their participation. The researchers used current research pertaining to elements of programs deemed successful, such as intensive and sustained duration of programs and sexual risk factors clearly targeted (Kirby, 2007) in promoting positive health changes; however, they neglected to utilize youth development research that encourages collaboration in all phases of the research process (Flicker & Guta, 2008; Miller & Campbell, 2008; Reid, Brief, & LeDrew, 2009). According to Lind (2008), young people should be partnered in the creation of knowledge in issues that affect them in order for them to develop their voice in a society that silences them (Bay-Cheng & Lewis, 2006).

The second randomized controlled trial described and fourth study reviewed is a prevention intervention to reduce HIV and STI rates undertaken with urban female adolescent African Americans (Dolcini, Harper, Boyer, & Pollack, 2009). The need for the study was explained as high STI and increasing HIV rates in African American adolescent females compared to girls of other racial and cultural backgrounds. The researchers ascertained that developmental, cultural, and social factors, such as perceived norms and social connectedness, can be key factors in targeting STI and pregnancy prevention in adolescents. Dolcini et al. (2009) suggest that peer groups and friendships norms can be incorporated into programs to assist with building protective factors for sexual health. The authors' brief intervention consisted of one group session in a series that incorporated "African rites of passage" (p. 119), an opening cultural exercise, and a closing ritual pledge to protect the sexual health of self and their friends

Table 4

Project ÔRÉ : A friendship-based intervention to prevent HIV/STI in urban African American adolescent females

Methodological and Theoretical Approach	Description of Process	Methods Used	Ethical Considerations for Youth	Adherence to AR methodology
- Randomized Control Trial - Theoretical model – based on AIDS risk reduction model (ARRM; Catania, Kegeles & Coates, 1990). - AARM model - 1st stage - recognition that one is placing herself at risk 2nd stage - commitment to modify or not modify the sexual risk behaviour. - 3rd stage - attempts to carry out the decision.	- Friendship –based intervention – based on AIDS risk reduction model was part of one of group session - African American female youth recruited in 4 San Francisco communities ages 14-18 – criteria – sexually active. - Recruited youth were asked to nominate 2-5 more friends to participate. - Workshops occurred over 12 month period - 2005/06. -questionnaire Pre - self-administered. -Intervention sessions - questionnaire - immediately post intervention and 3-4 months post intervention.	- 3 questionnaires utilized: pre and immediately post intervention, and 3 months post intervention. - Intervention - Opening cultural ritual, content of sessions, closing rituals - based on “prior qualitative and quantitative research in the study community, existing literature, input from community youth, and was grounded in the AARM” (as cited in Dolcini et al., 2009). Opening and closing rituals incorporated and 3 Stages to Intervention - Labeling, Commitment, and Enactment strategies.	- Ethical approval from University of California. -participation voluntary – consent obtained from parents and youth - - Youth received \$50 honorarium for participating in the intervention and completing pre and immediate post intervention questionnaire. Girls received an added \$25 for completing the 3 month post questionnaire – ethically sound if not coercive. - food provided in support of young girls.	- met E principle - Intervention piloted in similar community with minor changes made to method. - met A but not B principle - topics for sessions based on DVD clips of candid interviews with adolescents from target community re: HIV/STI issues, utilized to stimulate discussion in intervention (did not include input from study participants). - met A & D criteria - cultural elements incorporated based on culturally-sensitive strategies for HIV prevention.

The results did not show any statistical significance for the four outcomes measures outlined in the study between the control and the intervention groups (Dolcini et al., 2009).

When the age groups were stratified, however, the oldest age group (18-21 years) showed improvements in some of the variables. The study’s results show that insufficient youth-oriented processes were incorporated, including the omission of direct contribution of adolescent voices

to the study process (Miller & Campbell, 2008; Powers & Tiffany, 2006), the short duration of the intervention, and lack of multi-use strategies (Kirby, 2007). These omissions may be responsible for the lack of statistical significance in this study (Miller & Campbell, 2008; Hughes, 2003). When considering important aspects of empowerment initiatives, such as qualitative reports from the females, the two RCTs (Dolcini et al., 2009; Sievings et al., 2010) fail to account for small positive changes in behaviour (Boutilier, 2001) or non-statistical improvements in empowerment process (Hughes, 2001; Miller & Campbell, 2006).

AR with Adolescents without a Specific Sexual Health Focus

A fifth study “Girls study girls: Engaging girls in evaluation through participatory action research” by Chen, Weiss, and Nicholson (2010) involved a PAR process with five American affiliations of an incorporated girls group (also a Canadian affiliation). The goals were to locate ways in which the groups could be improved by recording key experiences and factors that can account for the positive impacts to the girls participating in these programs. The service model of “Girls Inc.” parallels a PAR philosophy: building leadership potential and fostering equal partnerships with adults to enable positive impacts to girls’ lives. Pressure from external funders and stakeholders to provide increased accountability for the program was requested and provided the impetus for this study. The program was open to all girls between the ages of six to eighteen; however, most members were from minority or low-income households.

Table 5

Girls Study Girls Inc.: Engaging girls in evaluation through participatory action research

Methodologic al and Theoretical Approach	Description of Process	Methods Used	Ethical Considerations for Youth	Adherence to AR methodology
- PAR study - PAR	-5 American affiliations of Girls	- girls were trained in methods of data collection, analysis, in	- did not meet principle 5 - girls may have been excluded that could	- met G principle - girls stated developed more meaningful

philosophy – building leadership potential and fostering equal partnership with adults to enable positive impacts to girls’ lives.	Inc. group. - Selection criteria included girls being at least 12 years old, a member of the group for at least one year, and interested in photography and interviewing, and a commitment to attend the training session involved. - Ten to twenty girls were chosen at each of the five locations, many of whom came from minority groups, low income families, including some foster care youth.	presenting their work, as well as learning how to adjust the plan as necessary - use of cameras, interviewing, and PowerPoint presentations used by all youth members in the process. - groups made presentations at local levels and postings to the Girls Inc. website. - two groups presented at National level for Girls Inc. - All activities incorporated into a project guide for ongoing use with other local affiliations.	benefit from this research - due to strict selection criteria- in opposition to aims of empowering marginalized youth. - met principle 3 - support for girls considered “high priority”. Researchers stated better training for the girls in technology would have improved positive results. - met principle 8 - consent to participate obtained - support for principle 9 nutritional and transportation needs attended to.	relationships with peers and adults, greater respect for minority groups, added awareness of community supports, and increases to self-esteem and self-confidence. - did not meet C principle - unclear whether mentors schooled in philosophy and methodology of empowerment principles. -met J principle in that project guide developed - not clear whether larger organization enacted changes based on findings.
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According to the community-based research criteria set out by Reid, Brief, and LeDrew (2009), barriers to inclusion should be addressed and provided to ensure all potential members can participate. As this research study failed to include members that could benefit from this study, this important element was not met. Highlights of the project touted by the girls involved the use of cameras, the interview process, and creating the final report on PowerPoint (Chen, Weiss, & Nicholson, 2010). More technology preparation for facilitators and better training for the girl researchers were areas identified for improvement. The researchers made recommendations for success of future PAR processes: ensuring opportunities to develop adult youth relationships, creating clear empowerment environments, adequate resources to support

the girls, project coordinators able to balance and juggle various roles in changing situations, and follow-up with collective reflections to identify new directions. This study showed that the researchers were considerate of the broader trends indicative of successful empowerment research and ethical considerations (Flicker & Guta, 2006; Miller & Campbell, 2008) and sought to enable replication of the project through the presentations. The study appeared to weaken only at the end due to inadequate dissemination of results to a wider audience, such as to policy and procedure agents.

In a sixth study by Mathews, Mathews, and Mwaja (2010), the objectives were to empower adolescent females belonging to a Girls Incorporated group in Omaha. “Photovoice” was the method used to identify community health issues for the two projects: the participants collaboratively chose the health issues for the two projects based on themes extracted from the pictures taken. In the first project, the participants presented lead poisoning information through a local community fair. The second project, a “lock-in,” partnered female adolescents with researchers, adult volunteers, and regular consultation with non-profit child-abuse organization agents in the development of an overnight program to educate girls about child-abuse.

Table 6

“Girls take charge” A community-based participatory research program for adolescent girls

Methodological and Theoretical Approach	Description of Process	Methods Used	Ethical Considerations for Youth	Adherence to AR methodology
- Community-Based PAR Studies	- African American females, Program Director, 2 project leaders, and 2 “AmeriCorps” volunteers - “Photovoice”	- “Community Tool Box” –an online service to provide modules for PAR projects (CTB, 2011). 8 modules adapted for the	- did not necessarily meet principle 6 - small sample size - confidentiality issues could have arisen. - Met principle 3 - “Photovoice” project – adult accompaniment of girls - to provide	- met C principle - Meetings held monthly with advisory committee to provide project information and engage in reflection, and for advisory members to give support to the girls in the process - met B principle - girls

	method utilized to identify topics of health concern in the community. - 1st Project - 5 African American girls partnered with adult participants to develop a “Lead Poisoning” education via a local community fair. - “Lock-In” - 2nd project - 9 girls partnered with adult participants and community advisors to organize an overnight Child-Abuse prevention Program for 50 Girls Inc. members.	2 studies - 1st study – “Photovoice” project - - 2nd study - “Lock-In” program - girls selected and/or developed the content together with non-profit child-abuse prevention workers.	protection. - Met principle 2 -support provided for adolescent involvement through advisory committees. - did not meet principle 5- selection bias present - girls chosen by program director for their leadership potential in 1st study - 2nd study met principle 5 - efforts made to include members that could benefit from study.	involved in developing content of program and all other stages of project and development (with facilitator input). – did not meet aspects of A and B principle - “Photovoice” method chosen prior to adolescent involvement. - met F and G principles - coalitions formed with other agencies for future partnerships and funding sources. - met J principle - materials donated to local children’s organization for future use - to foster replication across projects. - did not meet principle E - girls devised the post evaluation measures for knowledge gained in the “lock in.” As there weren’t any changes to the pre and post questionnaire measures, to add validity and generalizability to the instrument - expert support lacking in providing theory for evaluation content. - met J principle - policy level changes were made as a result of the 1st project.
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The two studies resulted in eight girls learning the process of CBPR, contributing their voices to all aspects of the process and presenting the findings to a wider audience. The girls stated they learned many skills, making phone calls related to the project, and working with

adults, and reported they would like to be involved in future projects. According to Kirby's (2007) evaluation of initiatives that can impact female adolescent sexual health, targeting sexuality issues directly is not always necessary if the program is intensive, if multiple strategies are used, and if the program is sustained over time. These aforementioned projects were developed over a five-month period with consultations bi-weekly and monthly with project directors and advisory committees (Miller & Campbell, 2008); this finding shows reasonable fidelity to methods showing program effectiveness (Kirby, 2007). A weakness noted in the first study was the strict inclusion criteria which could have eliminated youth who could benefit from the study (Flicker & Guta, 2008). This strict criterion was loosened however in the second study: stated in the "lessons learned" (p. 23) section of the study although not clarified why this change in format was made. True PAR processes would have involved the method of "Photovoice" being chosen by the participants rather than chosen by the researchers prior to the project application (Reason & Bradbury, 2008). An important positive attribute of this study was the adolescent involvement in most of the other aspects of the program and development of materials for use with other agencies (Miller & Campbell, 2006).

A seventh study, A CBPR project (Flicker, 2008) is described where the author explores the beneficiaries of PAR processes. The purpose of the study was to find ways to improve the conditions for Canadian youth living with HIV. As described below, the participants collaborated through weekly meetings over a 4-month period to develop concrete methods to improve the health for HIV positive adolescents. The rationale for the study was stated as the need to provide more evaluation of the people that are benefiting from CBPR, and in what manner, from the process.

Table 7

Who benefits from community-based participatory research: A case study of the positive youth project

Methodological and Theoretical Approach	Description of Process	Methods Used	Ethical Considerations for Youth	Adherence to AR methodology
- CBPR Study - Evaluation of PAR processes.	- graduate study coordinator, 4 research clinicians, 11 community partners, and 79 HIV + youth joined together in a collaborative working group. - 27 HIV + youth met weekly over a 4-month period - assisted in analysis of 34 interviews with HIV + youth, conducted by the project coordinator	- 27 youth were trained in design, application, and analysis of interview data - Over 16 months, team developed 4 youth-friendly “zines” - self-published non-commercial magazines often using collage techniques (Guzetti & Gamboa, 2004), 3 community newsletters, and 21 conference presentations.	- met principle 9 - The youth were given honorariums, bus fare and food for their participation - did not fully meet principle 6 - Ethical issues of stigma and disclosure of HIV youth was named and the dual role of study coordinator also acting as interviewer could have altered youth responses. - did not fully meet principle 3 - major ethical issue surfaced when individual empowerment led to actions that breached confidentiality ethos.	- did not fully meet B principle - some of the young people expressed concerns that the head researchers didn’t spend time with them, reinforcing hierarchical processes contrary to the equal partnership approach of this type of research. - met G principle - graduate students expressed improved knowledge development in application of PAR and ability to locate sources of research funding. - met G principle - Service providers stated a greater understanding of youth issues and added ability to advocate for funding and services - met H and J principles - “zines” developed and community conference organized with 50 HIV + youth in attendance. - met I principle – interactive website launched to respond to youth concerns “www.livepositive”

The researchers discussed benefits and some drawbacks to the participants as well as to the research process itself (Flicker, 2008). The youth verbalized feelings of being “listened to” and being part of a “socially respected team,” and these feelings assisted some youth members to look more positively at their future. These aforementioned comments suggest that small increases in self-efficacy are important improvements for adolescents (Boutilier et al., 2001)

when they arise from a deep level of inclusion and participation in the partnership process (Flicker, 2008). One student noted that the lead researcher was absent from direct involvement with them in the process. According to the tenets and potential outcomes of AR, this absence reified an authority position and is contrary to the aims of PAR research (Reason & Bradbury, 2008). The youth, however, brought this to the facilitators' attention suggesting that the participant(s) realized some level of individual or group agency (Reason and Bradbury, 2008). The service providers stated that it was difficult to obtain and sustain funding for the programs, which is a drawback noted in other PAR research (Begoray & Banister, 2011; Flicker, 2008; Flicker et al., 2010). What is considered elemental, according to the aforementioned authors, is the ability to transfer the process and findings to other projects (Leadbeater, Banister, & Marshall, 2011). In order for a successful PAR project to be transferred to a different population, however, the methods and approach to the study would need to be adapted by participants to reflect their local context (Poland, Krupa, and McCall, 2009) and preferences (Reason & Bradbury, 2008). Flicker (2008) stated the project was successful due to new knowledge gained by all members, improved service delivery models, and action research processes. This PAR study would be considered successful due to the reasonable adherence to empowerment principles (Miller & Campbell, 2008) and youth-friendly principles (Flicker & Guta, 2006) and by the personal statements made by the adolescents.

An eighth CBR study, led by researchers working in association with the Planned Parenthood of Toronto (PPT), involved youth, researchers, and community stakeholders gathering information on the accessibility and usefulness of sexual health services for city youth (Flicker et al., 2010). The information gleaned from the study was used to develop a city-wide strategy aimed at improving sexual health outcomes for Toronto teenagers. The rationale for the

project development was to address the decline in youth understanding of sexual health information, risk, service availability, uptake, and usefulness of these services. The focus of this report was to enhance the self-agency of youth through the collaborative process of developing a survey tool to identify barriers and facilitators to sexual health services.

Table 8

Survey design from the ground up: Collaboratively creating the Toronto teen survey

Methodological and Theoretical Approach	Description of Process	Methods Used	Ethical Considerations for Youth	Adherence to AR methodology
- CBR Study	- 12 Toronto youth (only 2 males) of varying culture and backgrounds chosen, ages 13-17 - recruited through community and recreation centers and child protection centers.	-PAR processes of data collection, reflection, and action used in developing survey tool. Participants sought input from community members, youth-serving organization members, and service providers for input into survey. - Survey developed to determine access to and relevance of sexual health services for diverse groups of adolescents.	- met principle 3 in theory - training provided to youth for participation. - did not fully meet principle 3 - youth identified insufficient information and resources for their participation. - met principle 2 - youth advisory committee formed from beginning of research process. - partially met principle 8 - researchers cited increased efforts needed to maintain confidentiality for youth. - met criteria 1 - research assts. hired with youth-friendly and diverse culture-friendly backgrounds.	- met principle A, B & C, & D - the students were involved in all stages of the research process. - The PPT - met G principle - researchers cited improved abilities to conduct PAR and broadened networks with service providers - met G and H principles - Benefits to adult participants cited as developing greater knowledge in negotiating and working cooperatively with adolescent cohort.

Research results revealed that the youth learned more about their sexual health and gained experience in designing and applying a research survey. The students stated they were successful in achieving educational and personal goals, posited by the authors as “developing capacities” (p. 120) that will help them in their future. It was noted in the study that the students spent much time debating the wording of questions and other issues in the development of the project, suggesting a level of self-agency for the participants (Miller & Campbell, 2006). This study adhered to many of the tenets of AR, including considerations for working with youth in research. These researchers attended to the need for youth-friendly facilitators, training for the adolescent researchers, and attention to issues of confidentiality (Flicker & Guta, 2006), thus showing reasonable fidelity to the empowerment process. The researchers stated they developed a broader understanding of PAR processes and developed improved networks with service providers which showed they approached the project with a high degree of commitment (Kirby, 2007).

In a ninth study, Lind (2007) partnered with adolescents and adults in a research process around stories of students making a difference at their school. The participating students attended an alternate high school in Alberta, Canada, primarily geared for students who were unlikely to finish high school through the conventional route (Lind, 2008). The rationale for the study was somewhat unclear although interpreted to mean that a student’s mental health and empowering processes could be enhanced via a PAR process for students who are at high risk for not completing school through conventional routes.

Table 9

The power of adolescent voices: Co-researchers in mental health promotion

Methodological and Theoretical	Description of Process	Methods Used	Ethical Considerations for	Adherence to AR methodology
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Approach			Youth	
PAR study - learning organized under themes of belonging and power. Key elements cited in developing partnerships between adolescents and adults - based on components of relationship-building, respect, and trust development.	- 8 month period - 4 adolescents, 4 adults, parents, school nurse, staff members, student and staff alumni partnered in a study designed to promote mental health of youth. Youth - aged 14-19 years of age.	- participants interviewed community members related to “stories of students making a difference at their school.” The cycles of action and reflections based on these interviews would be utilized to develop an interview guide for future use.	- Did not meet principle 3 - difficulty maintaining student interest over course of study – support for their involvement may not have been optimal. - principle 3 may not have been met - hesitation by some members to act as equals - perhaps lacking support for their emerging capacity. - met principle 7 - food provided to adolescents in all sessions.	- principle A not met - issue to be examined by PAR process - researcher driven. Met B, G. & J principles- Youth included in most of the processes of developing an interview guide. Met H principle - some students stated adults listened better to their concerns and therefore trust was developed between them. Students also stated they felt more “valued” and “important” through the process. - met B principle - head researcher participated in research study. -met basic principle for AR - new actions based on reflections (Reason & Bradbury, 2008) - educating co-researchers was ongoing. -Partial J principle met - technical difficulties allowed only 2 of 4 interviews to be taped. -met J principle - participants prepared recommendations for local board of education to “improve educational system”

The adult members and the youth themselves stated that the youth were considered important members of the research team through the engagement of both parties working in partnership. According to Mitchell and Laforet-Fliessner (2003), school-based programs can foster connections between learning and health and provide important health promotion for students. Empathy was observed to be enhanced through this research process: participants stated

they developed more intimate relationships with others and felt more valued by all members of the team. Relationship-building is at the core of female development (Banister & Begoray, 2011; Tolman, 1999), and therefore the aforementioned statements suggest a positive medium for this to occur. As some of the youth participants expressed difficulty in taking ownership of the project and acting as equals, I suggest that more support was needed for the young people (Lind, 2008). I agree with statements made by Lind (2008) and Walsh et al. (2009) that young people should be offered opportunities to contribute their voices starting at a young age in order to be comfortable in a PAR process. In referring to youth involvement in research, I would further add that integration of PAR processes into school and community, including opportunities for young people to participate in various projects, is still a rarity (Bland & Atwey, 2007). The researcher or facilitator needs to be well educated in both PAR processes and adolescent developmental and ethical considerations in order to balance the autonomy and respect given to the youth with the need to protect them (Flicker & Guta, 2006; Society for Adolescent Medicine).

In study ten, Flicker et al. (2008) evaluated seven technology-based PAR projects involving 57 youth and five community partners. The e-PAR method was developed by the authors and staff from the “TeenNet Research Program” in collaboration with youth to create seven community action projects utilizing interactive health education websites. The first rationale for these projects was stated as adolescents sustaining greater impacts to their health, improving self-esteem, self-efficacy, and community engagement, when they are active agents in the process (Checkoway et al., 2003; Society for Adolescent Medicine, 2003). The second rationale was stated as technology-based methods are a relevant and appropriate medium for the adolescent population to develop their self-agency due to 94% of Canadian youth using the

internet, cell phones, and instant messaging as a “seamless” aspect in their everyday lives (p. 236).

Table 10

E-PAR: Using technology and participatory action research to engage youth in health promotion

Methodological and Theoretical Approach	Description of Process	Methods Used	Ethical Considerations for Youth	Adherence to AR methodology
- PAR methodology - Mixed-Method Approach - - PAR Study - critical, feminist, and postmodern - to draw on and identify knowledge of unique adolescent social issues	- youth met weekly for 4-12 months depending on study	- “Photovoice,” used to initially identify issue in all seven projects - E-based tools used to attract youth to participate in the project, to develop e-based projects, and to and then to use e-based tools to disseminate the final product to a wider audience. - e-based productions - music production, video, PPP, and website productions. - development of non - e-based productions such as photography exhibits, plays, and ‘zine’ development (youth-published magazines). - “Teen Net” evaluation tool utilized to obtain participant assessment of project in relation to PAR processes.	- met principle 8 - Confidential “Teen Net” evaluations implemented post study. - met principles 2 & 3 - youth supported through trained facilitators, and a mutually agreed upon framework for action. - Not clear whether principle 2 was completely met - sustaining adolescent participation was an issue - question support for youth. - met principle 2 - Adolescents “overwhelmingly” stated that the youth-friendly facilitators were more important than having a high level of technological skill.	-Met E principle - Process of action, reflection and 3 levels of evaluation implemented. -impact to individual, community, and across projects. - youth strengths identified, - met J principle - resources to sustain e-PAR model were formalized. - only partially met J principle - researchers identified difficulty combining PAR and technology for use in other projects.

The results of the evaluation surveys were the youth being authentically included, provided with a sense of ownership of the project, and improved self- agency and understanding

of their role in community (Flicker et al., 2008). According to Minkler and Wallerstein (2003), these understandings form the core of PAR processes. Barriers identified for project implementation included funding issues, organizational policies, and availability of trained facilitators: elements of partnership research cited in many studies as problem issues for effective and sustainable programs (Begoray & Banister, 2011; Flicker & Guta, 2006; Kirby, 2007; Miller & Campbell, 2006).

The eleventh and final study reviewed by Walsh, Hewson, Shier, and Morales (2008), is described as a PAR process where the focus was on evaluating the ethical dilemmas in working with adolescents. The researchers, working in conjunction with adolescents attending a *Girls and Boys Club*, and university students, implemented a plan to develop adolescent leadership capacities by ascertaining community strengths and areas for change. The rationale for the study was stated as a lack of evaluations of the ethical dilemmas that arise when working with youth in participatory research in addition to promoting capacity for youth living in a marginalized community of Calgary, Alberta.

Table 11

Unravelling ethics: Reflections from a community-based participatory research project with youth

Methodological and Theoretical Approach	Description of Process	Methods Used	Ethical Considerations for Youth	Adherence to AR methodology
- Mixed method Study – PAR process together with pre and post tests to provide quantitative and qualitative data.	- University students from Social Work, Environmental Design Faculties, youth facilitators, and 11 youth (age 13-17) from <i>Boys and Girls</i>	-“Photovoice” - to capture community essence; pictures utilized to stimulate ideas and develop action plan. - pre and post	- met principle 5 and 6 - consent obtained by all members - given autonomy to withdraw and efforts to maintain participant anonymity were made clear. - did not meet principle 5 - members who may have benefited from the process - youth most at risk not necessarily included – strict	- Met A and B principle - youth cited concerns that research process would draw attention to their disadvantaged community position; participants suggested presenting both the positive and negative aspects of their community through “Photovoice” (Strack,

	<i>Club of Calgary, Alta.</i> -interviews conducted to assess participant reflections on photos chosen for the study. -pictures to be displayed at a local community exhibit together with a description of the project.	tests re: participants' sense of community and questions to elucidate descriptive responses – individual and community impacts on the youth.	selection criteria. - using research participants as subjects is cited as a possible weakness - according to Flicker and Guta (2006), this element is not relevant for CBPR if all ethical criteria met. - Met principle 3 and 4, potential for topic-sensitive pictures being captured (such as illegal activity), and identification of the wider community's weaknesses - A "Photovoice" facilitator held a training session to outline appropriate ethical considerations in using this method to counter potential ethical problems from occurring. - Did not meet principle 5 and 6 - only five of the eleven youth participants participated in the action component of the study and three of four survey responders were correctly filled out. - Did not fully meet principle 2 - low rate of student response to post survey could have allowed other members to identify particular participants' responses; anonymity and confidentiality could have been breached.	Magill, & McDonagh, 2004). - met G principle - reflective journaling throughout process. - Did not meet B principle -Selection Bias - strict inclusion principle - Did not meet A principle - Researchers identified need for study - Did not meet A and B principle - "Photovoice." research funding guided the PAR initiative rather than from expressed community need. - met E principle - "Photovoice" method well evaluated and proven effective as tool in PAR processes (Strack, Magill, & McDonagh, 2004). - partially met J principle - Field Guide developed from study process/the plan for the results of the study was to develop a community sustainability plan - not clear if this was enacted.
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Drawbacks to the project included difficulty avoiding selection bias, sustaining youth and parent participation, and low response to the post study questionnaire. As mentioned in

previously reviewed studies, these are ongoing issues cited in partnership research with youth (Begoray & Banister, 2011; Flicker & Guta, 2006; Kirby, 2007; Miller & Campbell, 2006). Only four of the original eleven youth participants completed the post study survey, three of which stated an increased awareness of their disadvantaged position in their community. Participants questioned whether this study would unfairly identify them or the community as “high risk” which led the researchers to question participant anonymity (Walsh et al., 2009). A further ethical consideration was whether the community members had the ability to reconcile their new skills with the wider community once the research was completed. According to Lind (2008), the wider community’s philosophy and structure may not be ready for the attitudes of empowerment of the adolescents. As the participants were not representative of wider ethnic diversity, I question whether true PAR processes were present in the selection criteria or process. The positive aspect of this community process was the level of critical analysis the youth brought to the project as evidenced by their questioning of processes that could unfairly identify them and their community. As Lind (2008) and the authors of this study suggest, ethical issues unique to adolescent PAR approaches should be anticipated and solutions proposed prior to implementation of the study, integral to action research processes.

Interpretation of Findings

In reviewing the research papers in relation to Miller and Campbell’s Empowerment Principles (2006), and Flicker and Guta’s Ethical Principles (2008) in working with youth in research, I suggest that the programs do not meet all of the empowerment criteria nor all of the elements that meet ethical considerations in working with youth in research. However, according to Smith et al. (2009) and Boutilier et al. (2001), even small improvements in a protective factor,

such as school or family connectedness or self-agency, will improve outcomes for youth in many areas. Some of the examples met many of the principles for empowerment research, in particular for working with adolescents in research. The PAR research, where tools were developed for presentations to a wider audience, appear to have adhered to the empowerment criteria with the most fidelity (Flicker & Guta, 2008; Kirby, 2007) and include studies by Chen, Weiss, and Nicholson (2010), by Flicker (2008), by Flicker et al. (2010), and by Flicker et al. (2008). The studies by Begoray and Banister (2011) and Bay-Cheng and Lewis (2006), showed that individual improvements in self-efficacy are important to the students. These small improvements, however, would be site-specific in looking at long term positive health outcomes for the community or other similar communities (Miller & Campbell, 2008). According to Dickens and Watkins (1999), these small changes in individual and community can still be considered a success in empowerment processes. In the studies by Bay Cheng and Lewis (2006) and by Walsh, Hewson, Shier, and Morales (2008), although the individual participants cited improved knowledge, skills, and empowerment processes, according to Miller and Campbell's Empowerment and Flicker and Guta's ethical considerations, there were some flaws in the study design. Examples of methodology flaws were noted in the following studies: indication and design of the study being mostly research driven (Bay-Cheng & Lewis, 2006; Mathews et al., 2009), strict eligibility criteria (Chen et al. 2010; Mathews et al. 2009; Walsh et al. 2008), and limited adolescent contributions due to time constraints (Lind, 2007). Although the study by Walsh et al. (2008) showed that small positive changes were realized, the students identified areas where anonymity and confidentiality could have been breached: one wonders, however, if more sustained or broader community benefits could be accomplished if the weaknesses of the study were modified for improvements or program processes were documented for use in other

similar communities (Miller & Campbell, 2008). In the study by Lind (2007) some of the empowerment criteria were met: the students stated they had a positive experience and a field guide was developed for future use. By developing tools such as the aforementioned field guide, other researchers, practitioners, and community members can benefit from tools previously developed, considered important criteria in replicating empowerment research (Miller and Campbell, 2008). Weaknesses in the study included technology failures, tape recorder malfunctions, the indication for the study determined by the researchers instead of the community members, and low rate of participant response to post survey (Lind, 2007). Despite the weaknesses mentioned in Lind's study there were personal gains stated by the participants, more intimate relationships developed between members, and students stating they felt more valued. As Lind (2007) showed reasonable adherence to incorporating youth input into all aspects of this research process, the personal gains cited by the students could be explained by this aforementioned feature, considered an integral element for adolescents to benefit from empowerment research (Flicker et al, 2008; Reason & Bradbury, 2008). In the Sieving et al. (2010) study, examples of empowerment and youth-friendly principles utilized were the hiring of facilitators experienced in youth-principles, including those from diverse cultural backgrounds, in addition to providing intensive educator training for peer facilitators (Flicker & Guta, 2006; Kirby, 2007; Miller & Campbell, 2008). The strategies used in the Sieving et al. (2010) study were based on elements Kirby (2007) determined to be effective with adolescents to improve STIs and adolescent pregnancy. These elements included a sustained, multi-component program that addressed sexual and non-sexual risk factors and a focus on protective factors, youth development, and reproductive health (Kirby, 2007). In using a peer-based approach Sieving et al. (2010) incorporated some of the empowerment criteria outlined by Miller and Campbell

(2008), although failed to incorporate youth input into many aspects of the research design and process. Youth contributions are considered a most important element in PAR research and in which their authentic collaboration in the process can improve relevancy, buy-in, and therefore social change for adolescents (Flicker et al., 2010; Flicker et al., 2008; Flicker, 2008; Kelly et al., 2004; Lind, 2008; Shoveller & Johnson, 2006). The lack of youth input into the development of the content and process of the research could have influenced the lack of significant changes, no increase in condom use for the intervention group, in positive outcomes.

Positive Aspects of Partnership Research

Lind (2008) posits that despite a slower rate of change to the larger organizational structures compared to the personal empowerment achieved through partnership programs, new knowledge for community members and practitioners is crucial to begin the process of positive change in populations. Proponents of AR suggest that improvements in practice, new knowledge gained by practitioners and community members, and some level of benefit for the situation of focus can be considered valid successes despite some critics suggesting that problem resolution may not be realized (Dickens & Watkins, 1999; Reason & Bradbury, 2008). Further, when adolescents participate in the research, service providers can discover new resources or support networks to advocate for positive health change for this population (Flicker, 2008). Flicker et al. (2008) reported that in their evaluation of technology-based PAR initiatives the adolescents stressed the importance of youth friendly facilitators over technological skill (2009). Dolcini, Harper, Boyer, and Pollack (2009) based their study on one intervention in a series of female school group sessions designed to impact female sexual health. The positive aspects were stated as using relevant developmental and cultural factors in the intervention design in addition to using an evidence-based AIDS risk-reduction model (Catania, Kegeles, & Coates, 1990 as cited

in Dolcini et al., 2009). Personal statements made by the female youth, whether positive or negative, were not considered in this study: by considering qualitative interpretations of their involvement in the process, the study could show some benefit to the population, despite the lack of significant quantitative improvements (Boutilier et al., Miller & Campbell, 2008).

Israel et al. (1998) suggest that by considering both the strengths and weaknesses of partnership-oriented research, this approach can bridge the gap between theory, research, and practice. The positive aspects of Partnership research with female adolescents were cited as the students voicing statements such as feeling valued and respected in their contributions, being proud of their accomplishments, and looking toward better options for their futures (Begoray & Banister, 2011; Flicker, 2008; Flicker et al., 2010; Mathews et al., 2010). Youth identified improved skills in photography methods (Chen, Weiss, and Nicholson 2010; Mathews et al., 2010; Lind, 2007; Flicker et al., 2008), developing Power Point presentations (Chen, Weiss, & Nicholson, 2010) and presenting the findings to the wider community (Mathews et al., 2007; Flicker, 2008). According to Reason and Bradbury (2008), an important element of AR is that the participants gain new practical knowledge that is useful in their everyday lives: these comments suggest that these elements were attained.

Ethical Issues in Partnership Research

According to Flicker and Guta (2008), an authentic PAR approach can improve social capital, enable new skills, and contribute to adolescent empowerment by virtue of their involvement in the process. Ethical dilemmas are salient with adolescents due to the developmental transition that situates them between needing protection and giving them respect for their autonomy (Flicker & Guta, 2008). A number of *ethical issues* surfaced in the reviewed research initiatives. Some youth were excluded that could most benefit from the research due to

the strict eligibility criteria for some studies (Chen, Weiss, & Nicholson, 2010; Leadbeater et al., 2006; Mathews et al., 2010; Walsh et al., 2008). Some adolescents stated that their participation could potentially draw negative attention to their disadvantaged position (Walsh et al., 2009) which could potentially polarize them in the eyes of the wider community (Naisteter & Sitron, 2010). As adolescence is considered a time of increased vulnerability to peer pressure and risk-taking behaviour, it is important to develop positive relationships and empowerment processes during this stage of development (Flicker et al. 2010; Gross & Capuzzi, 2006). In one study, a young participant utilized the research data to make his own pamphlet and build a web page. In consideration of this example Leadbeater et al. (2006) and Walsh et al. (2009) report that young people can have expectations beyond what can be realistically expected of the research process. This previous example exemplified the need for support for the adolescent's emerging autonomy while still protecting him from harm. (Flicker, 2009; Lind, 2008; Walsh et al., 2008). If the community is highlighted in the media, as occurred in the Walsh et al. study 2008, issues of confidentiality, anonymity, and protection arise for the adolescents (Flicker & Guta, 2006; Reid, Brief, & LeDrew, 2009; Society for Adolescent Medicine, 2003).

Female-Specific Issues in Partnership Research

Through an empowerment mentorship program for adolescent girls, Bay-Cheng and Lewis (2006) report that mentors can re-affirm “normalizing discourses” of being good girls despite the empowering nature of the program itself. For partnership programs to be effective, researchers need to stress the importance of hiring facilitators that are youth-friendly and do not subscribe to gendered and sex-negative rhetoric (Bay Cheng & Lewis, 2006). These authors suggest that sexual health programs need to be critically examined and incorporate youth interpretations, including themes of empowerment. In consideration of the research that shows

that female relationships are considered central to female sexual health development (Begoray & Banister, 2011; Tolman, 2009), the collaborative nature of PAR can increase the opportunities for relationship-building between females to occur (Israel et al. 1998; Bergum 2002). If females are given the opportunity to develop their self-agency and self-efficacy through supportive environments (Shoveller & Johnson, 2006; Welles, 2005) without shame or silencing discourses (Bay-Cheng & Lewis, 2006) and within authentic partnership programs, young women could optimize their sexual health.

Partnership Research Limitations

There were some common weaknesses in the AR projects I studied: these included difficulty sustaining student involvement in the process (Lind, 2007; Flicker et al., 2008; Walsh et al., 2008), student hesitancy to contribute their opinions (Lind, 2007), and student participation restriction (Chen, Weiss, and Nicholson, 2010; Mathews et al., 2010; Walsh et al., 2008). Some of the study coordinators stated difficulty recruiting facilitators, and in one study, the participants noted the lack of the lead researcher's participation, reifying hierarchical processes (Walsh et al., 2008). Adolescent participants stated they didn't always trust other members of the research team and felt that some members did not participate equally (Walsh et al., 2008). I would suggest that these previous comments can be both positive and negative: the young people could be finding their voice and asserting themselves where previously they may not have (Miller & Campbell, 2008). Funding issues were stated in two studies (Flicker et al., 2010; Lind, 2008) which has been cited as an ongoing issue cited in maintaining programs in communities (Begoray & Begoray, 2011; Jacobs, 2011; Kirby, 2007; Poland et al., 2009).

Some of aforementioned studies result from methodological problems identified in the literature that can affect the reliability and validity of collaborative research (Hughes, 2003).

Some examples of the weaknesses included the researchers determining the research design, content, and who is eligible to participate (Dolcini et al., 2009; Sieving et al., 2010; Walsh et al., 2007), contrary to aims of empowerment research (Miller & Campbell, 2008). Dolcini et al. (2009) based their study on one intervention in a series of female school group sessions designed to impact female sexual health. According to the evaluations conducted by Kirby (2007) and Miller and Campbell (2008), most of the elements in this study (Dolcini et al., 2009) do not meet the criteria to promote empowerment for adolescent females. Although the session was based on building on relationships with friends and in which cultural elements were considered, the short term nature of intervention, the lack of youth input into the design and content of the intervention, and lack of qualitative interpretations of the experience by the females themselves, failed to provide the elements deemed integral to impact sexual health positively in a sustained manner (Kirby, 2007; Miller & Campbell, 2008).

In terms of general weaknesses in empowerment projects Hughes (2003) posits that weaknesses in this type of research means that the benefits are only realized from anecdotal and case-study reports, difficult to measure and make clear interpretations from, to determine that the outcomes were the result of the intervention (p. 41). Also, the knowledge development occurs during the research process and therefore funders and other stakeholders may be hesitant to contribute to initiatives without specific outcomes to measure (Israel et al., 1998). The time commitment necessary for AR initiatives, including the process itself, research follow-up, and preparing summaries and reports for policy-makers, all pose further obstacles to successful project implementation and completion (Poland, Krupa, & McCall, 2009). Additionally, it is difficult to ascertain priority actions when there are many stakeholders with varying opinions (Israel et al., 1998). Miller and Campbell (2006) stress that the research base for empowerment

approaches are not developed well enough to indicate clear evidence-based practices. Bay-Cheng and Lewis (2006) found in evaluating female mentorship programs that facilitators can maintain a focus on protecting girls from sexual risk rather than promoting healthy adult-youth relationships and exploring the girls' experiences and knowledge. According to Kirby (2007), relevantly trained facilitators, measures to ethically recruit and retain youth involvement, and the application of the process with "reasonable fidelity" to the researcher's vision (p. 189) should be implemented to optimize success in reducing adolescent STIs and pregnancy. Even though there are drawbacks to AR and Partnership programs, it is necessary to continue developing this approach to provide programs that clearly define processes that show success with female adolescents (Kirby, 2007) concerning their sexual health. It is also important to promote authentic empowerment initiatives to discern whether actual health benefits could be realized with adolescent females (Miller & Campbell, 2008).

Future Directions

Miller and Campbell (2006) evaluated 47 empowerment initiatives and concluded that actual shifts in power should result as evidenced by the members engaging in and participating in the process of change, where previously they may not have been involved. Gosin, Dustman, Drapeau, and Harthun (2003) suggest that the most important component of PAR methodology is that all participants are integrated into the development process of the program and benefit in the knowledge and skills gained. Miller and Campbell (2008) outlined ten different process and outcome measures to be present in order to maximize the effectiveness of empowerment initiatives. Kirby (2007), following the evaluation of existing methods that show positive improvements to preventing pregnancy and STI in female adolescents, suggests an intensive approach where sexual and nonsexual risk and protective factors are addressed, where close

connections with practitioners are fostered, and where access to sexual health services is enhanced and implemented over extended periods of time. The process of AR and Partnership programs can provide improvements to female sexual health and self-efficacy when the programs are authentically implemented theoretically and philosophically within empowerment guidelines (Miller & Campbell, 2008), use youth-friendly and ethical processes (Flicker & Guta, 2006), and the use of intensive and sustained components of programs, whether the programs target sexual health specifically or not (Kirby, 2007; WHO, 2008).

In terms of youth considerations in research and more specifically attention to female-specific sexual health, the benefits of AR with youth have been shown to contribute to their self-agency if learning occurs in a youth oriented and youth-involved perspective (Flicker et al., 2010). According to Bay-Cheng and Lewis (2006), and noted in the Flicker et al. (2008) study, adolescent satisfaction with the experience depended more on the facilitators providing a youth-friendly approach over other aspects of the research methodology. According to research by Bay-Cheng and Lewis (2006) and Bland and Atwey (2007), more evaluations of sexual health programs are needed to ensure that youth-friendly and female-specific elements are truly adhered to by facilitators. There are many aspects of empowerment research that can show positive changes for female adolescents; the individual shifts that females discover in their self-agency and relationships (Kelly et al., 2004) can prepare young females for larger changes in the future (Boutilier et al., 2001). As relationship building and social connectedness are considered central to female development (Banister & Begoray, 2011; Tolman, 1999; Smith et al., 2009) and as adolescent females tend to silence their own needs to maintain these important connections (Impett, Schooler, & Tolman, 2006), AR and partnership programs can give young women an

avenue for inclusion and collaboration in order to develop their voice and improve their self-agency.

In terms of ethical considerations in working with youth in research, Reid, Brief, and LeDrew (2009) reason that being inclusive within CBR efforts must mean that all participants feel accepted for who they are and what they bring to the project. According to knowledge gained from most of the studies outlined, ethical issues and matters of confidentiality and anonymity related to PAR processes need to be named and solutions developed ahead of engaging adolescents in research (Flicker et al., 2010; Walsh, Hewson, Shier, and & Morales, 2008). Lind (2003) posits that adolescents need support regarding their contributions and how to handle this new knowledge in the wider community. Poland et al. (2009) suggest that an evaluation is needed of the unintended benefits and consequences for all stakeholders, especially for adolescents through the research process, to foster successful and sustainable changes.

Community issues should be considered carefully to improve outcomes in partnership programs. It is very important from my perspective that the researcher develops a deep commitment to understanding community issues, the participants deem important, so that the research endeavour is relevant and well-received. Assessing all the aspects of community, including the psychosocial environment, can identify the limits of what changes can be attained within an action project (Poland et al., 2009). According to Aston and Meagher-Stewart (2009) and Bay-Cheng and Lewis (2006), health practitioners can foster authentic empowering processes by developing a working knowledge of the population and community and willingness to engage fully with the members to shift the traditional power relationships with female adolescents.

For partnership approaches to be deemed effective on a wider society scale (Miller & Campbell, 2006), all relevant stakeholders would need to integrate AR into program and policy developments and to have the concomitant financial commitment, which is not always forthcoming (Banister and Begoray, 2011; Jacobs, 2011). Jacobs (2011) also states that empowerment promotion is poorly acted on by program and policy members due to funding that is based on particular target outcomes and accountability to program and policy members. According to Friedman (2008), a major challenge is to integrate action competencies relevant to the participants into a framework and to create the environment for these projects to occur. Some researchers state that more qualitative data and different criteria for evaluating AR data is needed to improve trustworthiness of the data; they suggest the use of triangulation of multiple sources of data, methods, and methodological flexibility based on the context and interests of the community (Israel et al., 1998). According to many researchers, it is important to be able to sustain and replicate programs that are considered successful in order to foster more consistent positive outcomes in impacting pregnancy and STI rates (Banister & Begoray, 2011; Card, Lessard, & Benner, 2007; Kafuli, & Schlenk, 2011; Kirby, 2007; Miller & Campbell, 2006). This above stated research suggests that more work is necessary to provide policy and program developers with the evidence that partnership programs can be effective approaches for working with adolescents in schools or communities.

The research reviewed above has allowed me to develop a more thorough understanding of the elements necessary to promote adolescent self-agency and self-efficacy through AR. For partnership programming to be integrated into regular school and community programming and well-received by the population of focus and the wider community, there needs to be more awareness that benefits can occur from empowerment projects. Hughes (2003) suggests that

more evaluations are needed to show benefits for adolescents in school health programming. More evaluations and clearer empowerment guidelines of partnership research (Hughes, 2003) can provide the evidence for policy agents to support these projects, financially and through the inclusion of providing empowerment research resources in the practice setting (Falk-Rafael et al., 2004). It would also be important to develop a clear methodological guideline for working with adolescents specifically in partnership research (Flicker & Guta, 2008). I have learned that by documenting and disseminating the positive outcomes of AR (Flicker et al., 2008), more evidence is provided for policy and program agents to support this approach to research in communities.

Link to Nursing Education and Practice

Nurse educators and health practitioners working with female adolescents need to have knowledge of existing research that shows sustained positive health benefits for their sexual health. The World Health Organization (WHO) proposes that improving access to health information, services, and capacity to use it is a key element to enabling positive health outcomes for adolescents (2008). The literature shows that female adolescents bear a greater burden than other female cohorts for issues related to their sexual health (Banister & Begoray, 2006; Sieving et al., 2010); therefore the methodology and philosophy of a partnership approach can provide the necessary elements to assist young girls to act on some of these issues. Nurses working in the school and community setting need to develop the skills to apply the partnership process authentically and consistently so that the empowerment outcomes can be realized for adolescent girls (Miller & Campbell, Kirby, 2007).

In consideration of constructivist research, nurses in the community or school setting can be the catalysts to encourage female youth to actively contribute their ideas and opinions through the collaboration of issues, taking action, and reflecting on the actions with the adult members of the research team (Appleton & King, 2002; Duffy & Cunningham, 1996; Hsu et al., 2010; Reason & Bradbury, 2008; Williams & Day). In order for nurses to develop a strong foundation to authentically and consistently implement partnership programs, nurse educators can provide their students with the tools to develop this approach. Constructivist theory holds that the persons will integrate new knowledge when placed in learning situations that raise challenges to their current understandings (Young & Maxwell, 2007). . According to Young and Maxwell (2007) and Williams and Day, (2007), the challenge for educators is to encourage the student to think critically about the issues – youth development, youth-friendly, and authentic collaborative processes (Miller & Campbell, 2008) in partnership research – while interacting with female adolescents in the natural setting. Through the process of nursing students integrating youth-friendly and collaborative practices into their practice, graduate nurses can then be authentically prepared to facilitate the empowering partnership process for adolescent females. . Female adolescents can then formulate more positive interpretations of their sexual health through the empowering partnership process (Agbemenu & Schlenk, 2011; Bandura, 2001; Hsu et al., 2010; Miller & Campbell, 2008). Examples from the reviewed research articles include girls stating they valued being included in all stages of the research process with adults (Mathews, Mathews, and Mwaja, 2010), and stating they developed more intimate relationships with others through the process of working in partnership with adults (Lind, 2008).

In order for female adolescents to truly benefit from the partnership process, consistent and effective partnership programming is necessary. According to evaluation research by Kirby

(2007) and Miller & Campbell, 2008, the paucity of consistent positive outcomes in programs designed to reduce adolescent STIs and pregnancy is primarily due to the lack of sustainability of partnership programs in school and community settings (Begoray & Banister, 2011; Falk-Rafael, 2004; Kirby, 2007; Poland et al., 2009). According to Kafuli and Schlenk (2011), senior nursing students can be a consistent presence in the schools to support sexual health programming, removing the burden for teachers who may have not have adequate resources of time, finances, or training to carry out these programs. According to Falk-Rafael et al. (2004), nursing students can develop their skills in a supportive environment where collaborative partnerships are formed between faculty, students, and community agencies. In fact, many community agencies have reported that community development initiatives would not be possible without the assistance of nursing students (Falk-Rafael et al., 2004). Nursing graduates will have begun the process of developing a shared philosophy with the community agents: they would then be in a position to apply partnership approaches with adequate fidelity in school health practice and to influence policy agents to support and sustain partnership approaches in the future (Agbemenu & Schlenk, 2011; Reason & Bradbury, 2008).). As relationship-building is considered integral to female development (Begoray & Banister, 2011; Tolman, 1999) these aforementioned statements suggest that partnership research provides a milieu to promote healthy female development.

(I am planning to delete this sentence - Nursing instructors, students, and health and social practitioners involved in school sexual health issues should be educated to understand the philosophy and methodology of AR in order to catalyze change necessary to engage female adolescents authentically, consistently and effectively.

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processes in partnership research (Miller & Campbell, 2008) – while interacting with female adolescents in the natural setting. Through the process of nursing students integrating youth-friendly and collaborative practices into their existing framework, graduate nurses can then be authentically prepared to facilitate the empowering partnership process for adolescent females. Female adolescents can then formulate more positive interpretations of their sexual health through the empowering partnership process (Agbemenu & Schlenk, 2011; Bandura, 2001; Hsu et al., 2010; Miller & Campbell, 2008). Examples from the reviewed research articles include girls stating they valued being included in all stages of the research process with adults (Mathews, Mathews, and Mwaja, 2010), and stating they developed more intimate relationships with others through the process of working in partnership with adults (Lind, 2008). As relationship-building is considered integral to female development (Begoray & Banister, 2011; Tolman, 1999) these aforementioned statements suggest that partnership research provides a milieu to promote healthy female development.

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Dissemination of Findings

My intention is to circulate this information to program leaders in public health, social services, and education in the health region of which I reside. I would also like to publish this paper with support from my academic advisor that brings attention to this action work with female adolescents. I aim to publish an article with journals such as *The Canadian Journal of Public Health*, *Journal of Adolescent Health*, or *Aporia*. I will also circulate this information to community practitioners working with this population.

Conclusion

AR or partnership program approaches contribute to the production of new practical knowledge and enable sexual self-efficacy and healthy sexual behaviours for female adolescents through the process of engaging in the research or program (Reason & Bradbury, 2008). I acknowledge that AR and partnership programs are not a complete answer to improving the sexual health of adolescent females. Issues such as inconsistent funding, relevant leadership, changing health issues, and limitations in organization structures (Poland, Krupa, & McCall,

2009) can limit the implementation and effective application of this approach. Kirby (2007) reasons that there are not any “magic bullets” (p.179) that can have significant effects on reducing teen pregnancy and STIs. Kirby proposes using several components of various models that address sexual and non-sexual factors affecting behaviour, together with alterations to the wider structures of communities, to enable sustained improvements in female sexual health. AR is oriented to the participants’ issues in the environment they engage in and therefore partnership projects can provide the environment for young women to raise their concerns in a respectful, relational, and empowering atmosphere. Action Research focuses on empowerment through a process—and if authentic empowerment principles are adhered to (Miller & Campbell, 2008), adolescent considerations are met (Flicker & Guta, 2006). If program elements are intensive and sustained, have multiple components, and target both sexual and non-sexual risk factors (Kirby, 2007), female adolescents can improve their sexual health. It is also important not to underscore the small improvements adolescents make in their confidence and self-agency despite a lack of clear empowerment outcomes or weaknesses in study design (Boutilier et al., 2001; Flicker & Guta, 2008; Hughes, 2003). Through a partnership process, female youth can be provided with an empowering medium to develop positive relationships (Banister & Begoray, 2011; Bay-Cheng, 2003; Kelly et al., 2004) through collaborative partnerships with researchers, facilitators, community members, and peers, to make improvements in their self-agency and sexual health (Hsu et al., 2010). More work is necessary to ensure that health professionals approach the program with authentic alignment to the partnership process (Aston & Meagher-Stewart, 2009; Bay-Cheng & Lewis, 2006). The new knowledge gained from this literature review led me to recognize that positive sexual health outcomes can occur with consistent and effective partnership programming for female sexual health.

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Appendix I

Miller and Campbell's Empowerment Evaluation Principles (2006) (Adapted from Wandersman et al.'s Empowerment Principles, 1995).

Process Evaluation:

- A) A community should make the decisions about all aspects of an evaluation, including its purpose and design; a community should decide how the results are used (community-ownership principle).
- B) Stakeholders, including staff members, community members, funding institutions, and program participants, should directly participate in decisions about an evaluation (inclusion principle).
- C) Empowerment evaluations should value processes that emphasize deliberation and authentic collaboration among stakeholders; the empowerment evaluation process should be readily transparent (democratic-participation principle).
- D) The tools developed for an empowerment evaluation should reflect community wisdom (community-knowledge principle).
- E) Empowerment evaluations must appreciate the value of scientific evidence (evidence-based-strategies principle).
- F) Empowerment evaluations should be conducted in ways that hold evaluators accountable to programs' administrators and to the public (accountability principle).

Outcome Evaluation:

- G) Empowerment evaluations must value improvement; evaluations should be tools to achieve improvement (improvement principle).
- H) Empowerment evaluations should change organizations' cultures and influence individual thinking (organizational learning principle).
- I) Empowerment evaluations should facilitate the attainment of fair allocations of resources, opportunities, and bargaining power; evaluations should contribute to the amelioration of social inequalities (social-justice principle).
- J) Empowerment evaluations should facilitate organizations' use of data to learn and their ability to sustain their evaluation efforts (capacity-building principle).

Appendix II

Adapted from Flicker and Guta (2008). *Ethical Considerations for working with youth in Community Based Participatory Research*.

- 1) Adopting a community-based participatory research approach
- 2) Careful attention to youth-friendly processes, protocols, and consent procedures: creating a youth advisory committee. Project partners to share project's vision of working equitably with youth and hosting organization's values.
- 3) Proper training of all research staff and peer researchers to ensure professional ethical standards met.
- 4) Partnering with experienced community-based youth-serving agencies
- 5) Survey sampling strategy to identify and reach a diversity of youth who may be excluded from this type of research.
- 6) Paying maximum attention to issues of confidentiality and anonymity – sought in accordance with the Canadian Tri-Council guidelines in which subjects choose to participate in research involving themselves and given adequate opportunities to contemplate their participation.
- 7) Valuing participation appropriately – consideration to appropriately supplied honoraria