

# The Development of Adolescent Empowerment for Health Promotion: A Scoping Review

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*Parole chiave: Adolescente; empowerment; modello di sviluppo; promozione della salute*

## Abstract

**Introduction.** Empowering adolescents has emerged as a critical strategy in health promotion, with significant implications for their well-being and development.

**Aim.** This study aims to map the existing literature related to adolescent empowerment and identify the fundamental elements that need to be considered in the process of health promotion to improve the lifestyle and well-being of adolescents.

**Methods.** A scoping review was conducted following the methodology outlined by Arksey and O’Malley. The reporting process was guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews checklist. The literature research was performed in the PubMed, CINAHL, and Scopus databases. Additionally, grey literature sources were manually searched. The keywords “adolescent,” “empowerment,” “development model”, and “health promotion” were used, combined with the Boolean operators “AND” and “OR” to refine the search strategy.

**Results.** The present study reviewed nine studies that highlight the multifaceted nature of empowerment in health promotion, with cultural, contextual and systemic factors influencing its effectiveness. Programs integrating participatory methodologies and aligning with adolescents’ lived experiences show the greatest promise.

**Conclusion.** Adolescent empowerment is a powerful mechanism for advancing health promotion goals. By equipping young individuals with the tools and autonomy to make informed decisions, health interventions can achieve lasting impact. Future research should prioritize culturally adaptable frameworks and metrics to assess the sustainability of empowerment outcomes in diverse settings.

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## Introduction

Health is the main good and the greatest resource for society (1) and health promotion has a fundamental role in guaranteeing a good quality of life for people and the community. Health promotion is the process of empowering people to increase control over their health and its determinants through health literacy efforts and multisectoral actions to increase healthy behaviors (1). This discipline constitutes a complex field of study and cannot be understood if not in the context of being shaped by social and cultural background and acquires subjective meaning in relation to the context of life (2).

Health promotion usually addresses behavioral risk factors such as tobacco use, obesity, diet and physical inactivity, as well as the areas of mental health, injury prevention, drug abuse control, alcohol control, health behavior related to HIV and sexual health (3).

People with higher levels of education are more likely to be healthier and live longer. Research shows a dose-response relationship with all-cause adult mortality, with an average reduction in mortality risk of 19% per additional year of education. The effect was greater in younger age groups than in older age groups, with an average reduction in mortality risk of 29% associated with each additional year of education for adults aged 18–49 years, compared with a 0.8% reduction for adults older than 70 years (4). These findings underscore the role of education in enhancing life expectancy, supporting increased investment in education as a key strategy to reduce global inequities.

Many behaviors that can influence health and well-being in life begin during adolescence, that is a critical period characterized by the onset of puberty as well as unique neurobiological, social and cognitive development (5,6).

Adolescence, widely recognized as the developmental stage between childhood and adulthood, begins with the biological changes associated with puberty (7). The end of adolescence is less clearly defined, varying according to cultural and historical contexts.

During this phase, adolescents experience significant physical, social, emotional and cognitive changes. While they remain dependent on adults for protection, they begin to distance themselves from parental influence (6). Adolescence is often divided into three stages: early (10–14 years), middle (15–19 years), and late adolescence (20–24 years) (8).

This developmental transition is marked by exploration and risk-taking behaviors, which are seen as integral to the journey towards adulthood. Adolescents extend their social environments significantly during this period, engaging in schools, sports clubs and social gatherings. Neural changes may predict or accompany the shifts in risk-taking behavior, however the reasons for these behaviors are complex and context-dependent. Results regarding the factors influencing risk sensitivity remain inconclusive (9).

Although there is no uniform explanation for why young people are more likely to engage in risky behaviours, empowerment is nonetheless recognized as a critical factor in preventing problematic behaviors in adolescents. It is considered one of the key concepts of health promotion (10). Empowerment is a multi-level construct encompassing social action processes, individual and collective outcomes and improvements in equity and quality of life. It aims to enhance control and mastery within specific contexts (11).

While the importance of adolescent empowerment is widely acknowledged in literature, there remains a lack of understanding regarding the concrete steps needed to actualize it (12). Identifying the elements necessary to promote empowerment in the context of adolescent health promotion is essential to provide researchers and practitioners with guidance on how to design effective interventions and consider contextual factors (13).

Health promotion interventions are fundamental to improving adolescents' future choices. Educators and healthcare professionals must adopt specific methods to engage with teenagers effectively. Placing adolescence at the center of public health strategies - rather than focusing solely on specific health issues - offers opportunities to improve health outcomes both during adolescence and in later life (6).

This study originated from the need, recognized by a group of healthcare professionals, to enhance practices in both formal and informal educational settings attended by adolescents, using an evidence-based model, with the aim of fostering and strengthening their empowerment within health promotion programs. Given the complexity and multifaceted nature of adolescent empowerment, understanding its theoretical and conceptual underpinnings is crucial for effectively influencing health and well-being policies effectively. The results of this review, and the recommendations derived from it, can ultimately support professionals in designing and implementing health promotion programs.

## Objective and review questions

The aim of the study was to map existing documents related to adolescent empowerment and identify the fundamental elements that need to be considered in the process of health promotion to improve the lifestyle and well-being of adolescents.

The following research question (RQ) was formulated: what are the existing models of adolescent empowerment development within the context of health promotion and what are the key characteristics required to enhance it?

## Methods

### Design

A scoping review was conducted according to the methodology proposed by Arksey and O’Malley (14), as modified by Levac et al. (15). This approach is particularly useful when the research question pertains to a body of literature that is complex and heterogeneous, making it unsuitable for synthesis into a traditional systematic review (16).

The PRISMA Extension for Scoping Reviews (PRISMA-ScR) was used as a checklist to guide the reporting process (17).

### Eligibility criteria

The scoping review adopted the “Population, Concept, and Context” (PCC) framework, which guided the development of the inclusion and exclusion criteria.

*Population* included in the study was defined as ‘adolescents or youth’ (aged between 10 and 19 years). Adolescence represents a period of rapid physical, cognitive, social and emotional development and the experiences of individuals aged 10-19 years profoundly impact their well-being and health. We decided to focus on early and middle adolescence as it is considered the most sensitive to changes, according to the WHO (18).

Table 1 - Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
– Studies published from 2002 to 2024	– Grey literature, opinions and editorials
– Adolescent (10-19 years old)	– Theses, working papers, books/book reviews
– Full paper accessible	– Abstracts without full text
– Written in the Italian or in the English language	– Studies on specific clinical topics/pathologies
– Peer-reviewed journal articles, literature reviews	– Studies including technologies, social media and digitalization
– Studies using any research methodology	

*Concept* was the ‘empowerment’. Adolescent empowerment is a personal journey during which an adolescent, through increased assets and critical awareness, develops a clear and evolving understanding of themselves, their rights and opportunities in the world around them. Through heightened agency, voice and participation, they gain the power to make personal and public choices that improve their lives and their world (19).

*Context* included ‘health promotion’, defined as public health initiatives aimed at improving and/or protecting the health and well-being of young people and communities. Health promotion involves enabling individuals to increase control over their health and improve it (1).

For this study, the PCC elements guided the development of the inclusion and exclusion criteria (see Table 1).

### Search strategy

The keywords identified, “adolescent”, “empowerment”, “development model” and “health promotion”, were used as starting points to develop the search string and to identify other keywords and/or MeSH terms for this review. The Boolean operators “AND” and “OR” were used to combine the search terms. The search was conducted using three databases: MEDLINE (via PubMed), CINAHL (via EBSCO), and SCOPUS (via Elsevier). The search strings outlined in Box 1 were applied.

Additionally, grey literature sources, such as Google Scholar, were manually searched and the references of the included articles were reviewed to identify any further relevant papers.

The research was conducted between August and September 2022 and updated in February 2025.

### Study selection

The selection of articles was conducted from October to November 2022 and it was repeated in February 2025. All identified bibliographic sources

Box 1 – Summary of Search Strategies

Databases	Search strategy
PubMed	(adolescent [Title/Abstract] OR adolescents [Title/Abstract] OR adolescence [Title/Abstract] OR teens [Title/Abstract] OR teen [Title/Abstract] OR teenagers [Title/Abstract] OR teenager [Title/Abstract] OR youth [Title/Abstract] OR youths [Title/Abstract]) AND (empowerment [Title/Abstract] OR “youth empowerment” [Title/Abstract] OR “development model” [Title/Abstract]) AND (“promotion health” [Title/Abstract] OR “health, promotion” [Title/Abstract])
CINAHL	(TI adolescent* OR TI teen* OR TI youth*) AND (TI empowerment OR TI “youth empowerment” OR TI “development model”) AND (TI “health promotion”)
SCOPUS	((TITLE-ABS-KEY (adolescent) OR TITLE-ABS-KEY (adolescents) OR TITLE-ABS-KEY (adolescence) OR TITLE-ABS-KEY (teens) OR TITLE-ABS-KEY (teen) OR TITLE-ABS-KEY (teenagers) OR TITLE-ABS-KEY (teenager) OR TITLE-ABS-KEY (youth) OR TITLE-ABS-KEY (youths))) AND ((TITLE-ABS-KEY (empowerment) OR TITLE-ABS-KEY (“youth empowerment”) OR TITLE-ABS-KEY (“development model”))) AND ((TITLE-ABS-KEY (“health promotion”) OR TITLE-ABS-KEY (“promotion, health”)))

were imported into the software program Zotero® 5.0.56, a bibliographic management software.

Two independent researchers (IV and CG) conducted the screening phase, assessing the relevance of the studies by reading the title and abstract and evaluating their pertinence with respect to the inclusion criteria and the research objective. The articles deemed pertinent were subjected to eligibility assessment by reading the full text to confirm their relevance concerning the criteria for inclusion and satisfaction of the research objective. Any ambiguous studies were evaluated independently by a third reviewer (MR).

#### *Data charting and analysis*

After data collection and study selection process, three reviewers (VI, MR, and CG) extracted the data from the study results manually and then tabulated them based on the following: author(s) and year and country of publication, title, study design/main methods, population under analysis, aim(s) of the study, setting of study (health education community, school, etc.), adolescent empowerment model, the intervention/promotion strategy description, main results/measurement outcomes.

In cases of disagreement, an independent assessment was conducted by a fourth author (EM) to resolve any discrepancies.

#### *Critical appraisal of individual sources of evidence*

Given the intent of the review, the quality of the included studies was not assessed (15).

## Results

### *Information sources*

The selection process is depicted in Figure 1. In the database search, 711 records were identified: 221 from

PubMed/Medline, 168 from CINAHL/EBSCO, and 322 from Scopus/ELSEVIER. After removing duplicate records (n=9), 702 records were screened. Of these, 646 records were excluded after reading the title and abstract because they did not address the research questions. The remaining 56 records were assessed for full-text review. Among these, 49 studies were excluded for the following reasons: they did not specifically focus on adolescent empowerment (n=11), had no full texts available (n=3), were published in languages other than English or Italian (n=3), included interventions involving technologies and social media (n=10), or focused on specific clinical topics (n=22).

In the search, 3 records were identified from Google Scholar; 1 was excluded for not focusing on adolescents.

In conclusion, a total of 9 studies were selected for inclusion in the analysis.

### *Study characteristics*

As described in Table 2, the included articles ranged from 2002 to 2024. Geographically, the articles originated from the United States (n = 2), Canada (n = 2), the United Kingdom (n = 2), Germany (n=1), France (n=1) and Spain (n = 1).

Four studies are literature reviews, two are longitudinal studies, one is an ethnographic study and two represent conceptual/theoretical frameworks.

Several community-based interventions were identified. The settings fostering adolescent empowerment included community settings, schools, homes and socio-educational contexts.

Table 3 presents the models of adolescent empowerment development and the key characteristics identified to enhance health promotion processes, as extracted from the included studies.

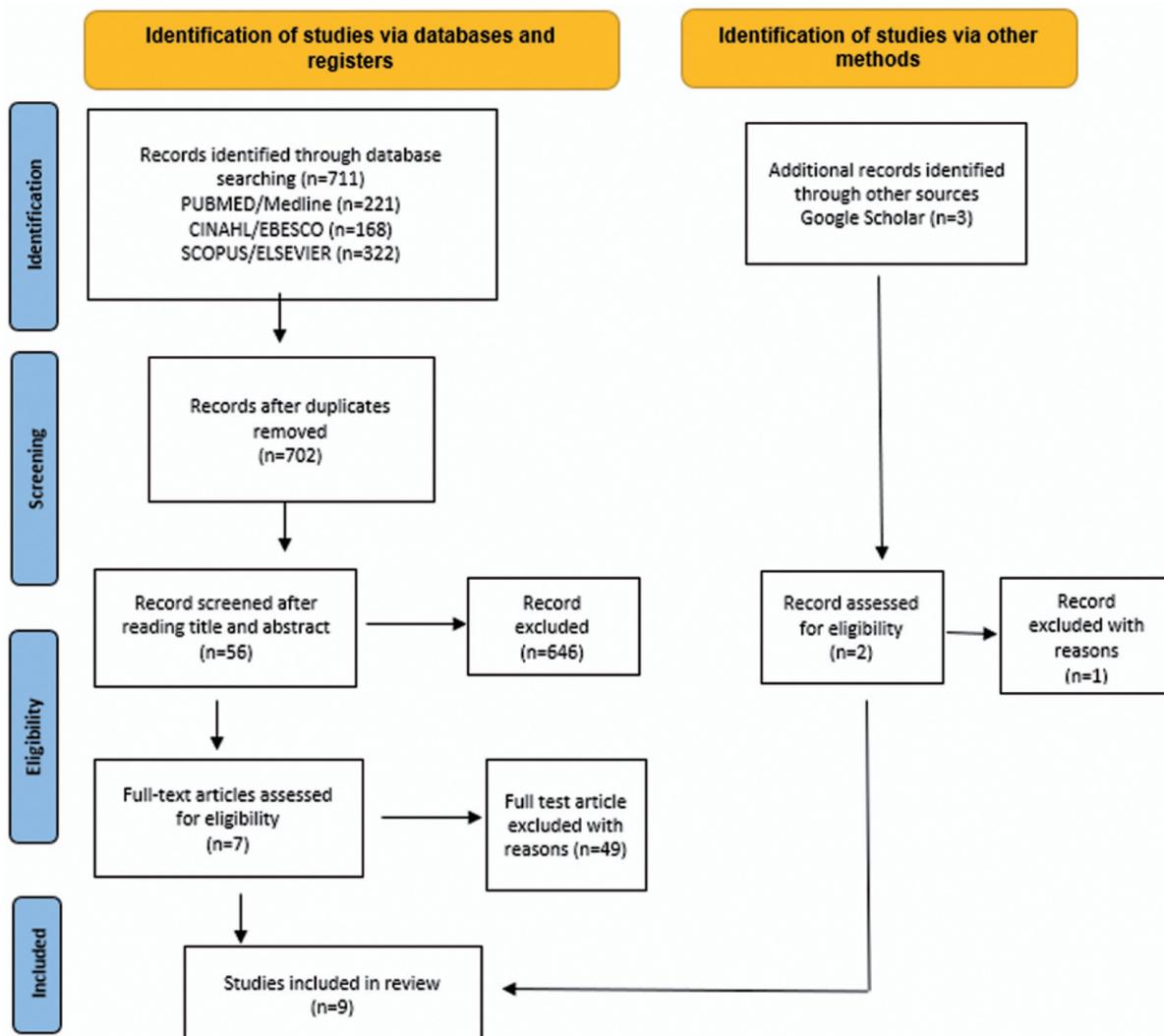


Figure 1- PRISMA-ScR shows the article selection process

The review is structured in two phases: 1) the analysis of adolescent empowerment models in the context of health promotion and 2) the identification of key characteristics essential for enhancing health promotion processes.

#### *Summary of results (1)*

Regarding empowerment models, Wong et al. (20) introduced the Typology of Youth Participation and Empowerment (TYPE) Pyramid, outlining five levels of youth-adult involvement, ranging from (vessel) to autonomous participation. Spencer (21) identified six forms of empowerment—impositional, dispositional, concessional, oppositional, normative and transformative—emphasizing the alignment

of health promotion efforts with adolescents' lived experiences. Úcar Martínez et al. (22) synthesized four key models: the Adolescent Empowerment Cycle, the Youth Development and Empowerment Model, the Transactional Association Model and the Empowerment Education Model, proposing that critical youth empowerment is achieved through community development and socio-political engagement.

The Health Promoting Schools (HPS) framework promotes a whole-school approach to health by integrating health education through participatory decision-making, inclusive environments, and community engagement. Masson et al. (23) highlight that life skills should empower students, but the lack of clear definitions and standardized assessments hinders

Table 2 - Characteristics of the selected studies

Author(s)	Year	Country	Title	Study design	Population under analysis	Setting of study	Reference
Wong TA, Zimmerman MA, Parker EA.	2010	Atlanta, USA	A Typology of Youth participation and empowerment of Child and Adolescent Health Promotion	Conceptual framework	Early adolescents (ages 10-14 years)	Community level	20
Spencer G.	2014	Nottingham, UK	Young people and health: towards a new conceptual framework for understanding empowerment	Ethnographic study	Middle adolescents (ages 15-16 years)	School and community level	21
Úcar Martínez X, Jiménez-Morales M, Masó Pere S, Trilla Bernet J.	2017	Barcelona, Spain	Exploring the conceptualization and research of empowerment in the field of youth	Systematic Review	Adolescents (ages 10-19 years)	Socio-educational context	22
Masson J, Darlington-Bernard A, Darlington EJ.	2024	France	Promoting wellbeing within the Health Promoting Schools framework: could life skills be a means rather than an end?	Literature review and conceptual analysis	Children and adolescents (ages 0-19 years)	School level	23
Lerner RM, Thompson LS.	2002	Baltimore, USA	Promoting Healthy Adolescent behavior and development: issue in the design and evaluation of effective youth programs	Literature review; theoretical analysis	Adolescents (ages 10-19 years)	Socio-educational context	24
Simonsen N, Lahti A, Suominen S, Välimäa R, Tyijää J, Roos E, Kannas L.	2020	Oxford, UK	Empowerment-enabling home and school environments and self-rated health among Finnish adolescent	Longitudinal study	Young people (ages 11, 13 and 15 years)	Schools and home environments	25
Cargo M, Grants GD, Ottoson JM, Ward P, Green LW.	2003	Montreal, Canada	Empowerment as fostering positive youth development and citizenship	Longitudinal quality study	Children (ages 7-12 years), adolescents (ages 12-19 years) and adults	Community and school level	26
Lapalme J, Bisset S, Potvin L.	2014	Montreal, Canada	Role of context in evaluating neighbourhood interventions promoting positive youth development: a narrative systematic review	Narrative systematic review	Adolescents (ages 12-18 years)	Neighbourhood, community level	27
Bader B, Coenen M, Hummel J, Schoenweger P, Voss S, Jung-Sievers C.	2023	Germany	Evaluation of community-based health promotion interventions in children and adolescents in high-income countries: a scoping review on strategies and methods used	Scoping review	Children and adolescents (ages 0-19 years)	Community-based setting	28

Table 3 - Summary of findings

Reference	Main methods	Aim(s)	Adolescent empowerment model	Intervention/promotion strategy description	Main results/ measurement outcomes
20	Evidence-based empowerment framework; typology construction	Develop a typology of youth-adult participation for health promotion	The Typology of Youth Participation and Empowerment (TYPE) Pyramid is presented with five levels of youth-adult involvement to health promotion.	Researchers have identified new strategies PAR, participatory action research (e.g. photovoice), where young people collaborate with adults to promote individual and community health through a series of actions oriented towards the positive development of the adolescent.	Framework to engage youth in meaningful ways, emphasizing strengths-based participation rather than problem-focused approaches.
21	Qualitative research; empowerment framework analysis	Development of a new conceptual framework for understanding empowerment	The analysis has identified six conceptually different forms of empowerment capture and synthesised individual, structural and ideological elements of power that differentially shape the possibilities for young people's empowerment.	Health promotion frameworks need to engage and resonate with young people's lived experiences, which may well diverge from, and indeed challenge, dominant perspectives on health.	Complex relationship between empowerment and adolescent health; transformative empowerment requires systemic shifts.
22	Review of conceptualizations of youth empowerment; model comparison	Analyse how empowerment has been conceptualized and applied to youth health promotion	Four models of youth empowerment ( <i>adolescent empowerment cycle, youth development and empowerment model, transactional association model, empowerment education model</i> ) which present an active vision of young people participating constructively in community life.	A combination of empowerment models suggests that power, emotional care, and intellectual stimulation are key to psychological empowerment.	Youth empowerment activities emphasize decision-making processes, involvement, and a focus on critical analysis and community development. Outcomes associated with empowerment, including improved self-esteem, confidence, and community contributions.
23	Review and discussion on student well-being and health promotion in educational settings	To explore key challenges and gaps in promoting the empowerment of pupils in health and well-being, while examining how life skills contribute to this broader framework.	Health Promoting Schools framework	Effective school health promotion strategies integrate life skills development with participatory approaches and community engagement, fostering a comprehensive framework for adolescent empowerment in health and well-being.	Need for further research on life skills and their role in adolescent empowerment. Life skills can be a tool rather than a final goal in health promotion. Positive school climates are key to fostering well-being.
24	Review of youth programs focused on positive youth development	Identify the characteristics of effective youth programs for promoting positive health and development	This model develops youth programmes based on the 5 C's of positive youth (competence; confidence; character; connection; caring/compassion)	The authors list ten key characteristics that youth development programs should have. Youth development programs must involve active participation, community engagement, and a supportive environment to be effective.	Successful programs should promote life skills, social competencies, and a sense of belonging while preventing risk behaviours. Emphasis on community-based, integrated youth development efforts and collaboration with trained adults and family members.

25	Survey using self-rated health and perceptions of empowerment-enabling environments	Examine the impact of empowerment-enabling home and school environments on adolescents' health and self-perception	Adults are in a key position in creating a welcoming social climate and an environment which provides opportunities and offers care and respect.	The study uses two variables on self-rated health and perceptions of their school and home environment of students such as empowerment-enabling school environment included three sum variables: Classmate support and student participation.	Empowering school and home environments, including support from teachers and family members, significantly enhance adolescent self-rated health. Gender and language differences were observed.
26	Inductive study of empowerment in community health interventions	Develop a theoretical framework for youth empowerment based on a transactional partnering process	Empowerment as a process of mutual engagement between youth and adults on a transactional partnering process.	Becoming empowered was characterized as the healthful adaptation of youth to confronting challenges associated with directing a youth-defined agenda.	Youth empowerment as a transactional process involving both youth and adults; fostering skill development, leadership, confidence, and active participation in community-based initiatives.
27	Review of neighbourhood-level interventions promoting Positive Youth Development	The aim was explored 1. how neighbourhood interventions promote positive youth development (PYD) 2. the role of context for these interventions.	The findings of this review also indicate the need to revisit the Five Cs of PYD (competence, confidence, connection, character, and caring) in order to include important PYD outcomes such as leadership, civic engagement, and feelings of empowerment.	This review covers multiple types of neighbourhood interventions including arts-based programs, other community programs, youth centres, and community projects.	Findings suggest that neighbourhood interventions are effective in promoting PYD outcomes such as leadership, competence, and confidence.
28	Literature review and synthesis of evaluation methods used for community-based health promotion interventions	To scope peer-reviewed publications on evaluation approaches for community-based health promotion interventions	While not explicitly centred on adolescent empowerment, the study highlights community-based participatory research (CBPR) as a key approach to fostering active community involvement, enabling adolescents to take ownership of health promotion initiatives and develop a sense of agency in shaping their well-being.	Various community-based interventions targeting adolescent health promotion can be effectively designed and evaluated through the application of frameworks such as RE-AIM, CBPR, Communities That Care (CTC), and MRC guidance, ensuring a comprehensive approach to addressing the multifaceted needs of adolescents.	Process and outcome evaluations are inconsistent across studies, highlighting the need for standardized methodologies and recognizing the role of empowerment strategies in adolescent health promotion.

effective evaluation.

All these models emphasize the importance of agency, critical consciousness and participatory practices in fostering empowerment.

#### *Summary of results for (2)*

Key characteristics of promoting adolescent empowerment include participatory decision-making, intellectual challenge and supportive environments. Lerner and Thompson (24) emphasized the “Five Cs” of Positive Youth Development (competence, confidence, character, connection and caring) within inclusive, safe, and community-integrated programs. Simonsen et al. (25) demonstrated that empowerment-enabling home and school environments — marked by care, encouragement and respect — were positively associated with adolescents’ self-rated health. Cargo et al. (26) highlighted youth empowerment as a transactional partnership, characterized by welcoming social climates and opportunities for skill development, while Lapalme et al. (27) emphasized the role of context, advocating for neighborhood-based interventions that foster leadership, civic engagement and empowerment.

Bader et al. (28) found significant variability in community-based health promotion evaluations, with outcome-based methods like RCTs being common, while process evaluations were underused. They call for standardized frameworks that include both outcome and process measures to better assess adolescent empowerment.

Collectively, these findings underscore the importance of designing participatory, context-sensitive programs that integrate adolescents’ strengths and perspectives, fostering their active involvement in health promotion and development processes.

## **Discussion**

This scoping review describes the different models of adolescent empowerment in health promotion. The studies show that empowering adolescents is a complex, multifaceted process involving psychological, social and community dimensions.

Adolescent empowerment is a dynamic interaction between adolescents and their environments. Participatory methodologies that actively involve adolescents in decision-making processes strengthen their sense of agency and belonging. These approaches also yield broader benefits for communities by fostering health advocacy initiatives and promoting

policy reforms.

Despite its potential, the practical implementation of adolescent empowerment faces significant barriers. Key challenges include structural inequities, the lack of culturally sensitive frameworks and the absence of sufficient longitudinal studies to assess the sustainability and long-term effectiveness of empowerment initiatives.

Effective empowerment necessitates participatory frameworks that integrate both the development of individual skills and systemic support mechanisms. While the Health Promoting Schools (HPS) framework shows a promise, it requires further empirical validation to assess the effectiveness of life skills in fostering empowerment. Moreover, clearer operational definitions of life skills and empowerment are essential, as the absence of standardized frameworks complicates the evaluation of whether programs adequately equip adolescents with the skills needed to take control of their health.

## **Strengths and limitations**

A key strength of this study lies in its contribution to evidence-based knowledge on adolescent empowerment.

However, this scoping review has several limitations. First, the review included only articles published in English or Italian, thereby excluding potentially relevant studies in other languages. Second, the studies included in the review exhibited heterogeneity in their methodologies, examination processes and outcome reporting, which may have impacted the comparability and synthesis of the results.

## **Conclusions**

The review underscores the importance of integrating theoretical models with practical interventions. The Five Cs of Positive Youth Development and participatory frameworks offer promising pathways; however, they must be adapted to diverse cultural and contextual settings. Positive development emerges from collaboration between young people and adults, where the mutual exchange of ideas and reflections can significantly contribute to healthy and responsible growth, as demonstrated in the literature. Adolescents not only feel heard and understood but also actively engage in problem-solving and participate in culturally enriching activities that foster critical thinking.

However, this does not imply that adolescents will be completely shielded from risk factors such as smoking, alcohol and substance abuse. Engaging in risky behaviors and experimenting with the unknown are natural aspects of growth for most adolescents. Nevertheless, this tendency can be mitigated through education, training and the dissemination of information within the most constructive environments, such as schools.

Health education in schools promoted by healthcare professionals, through the adoption of an interactive and participatory model, can play a fundamental role in the dissemination of information related to adolescent development and in fostering healthy and constructive relationships with them. This is particularly important in light of the Covid-19 pandemic, which has exacerbated psychological distress among adolescents and highlighted the urgent need for a comprehensive, community-based approach to safeguard adolescents' emotional wellbeing and balance.

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**Ethics approval:** This study did not require ethics approval.

**Author contributions:** VI and CG designed the study. IV, CG, EM and MR contributed to the analysis of the included articles. All co-authors provided critical input during the framework development. CG e VI wrote the manuscript. MR and EM contributed to revising the manuscript. All authors approved the final version.

## Riassunto

### *Lo sviluppo dell'empowerment negli adolescenti per la promozione della salute: una scoping review*

**Introduzione.** L'empowerment degli adolescenti è una strategia cruciale nella promozione della salute, con implicazioni significative per il loro benessere e sviluppo.

**Obiettivo.** Questo studio ha l'obiettivo di mappare i modelli di sviluppo dell'empowerment degli adolescenti e identificare gli elementi fondamentali che devono essere presi in considerazione nel processo di promozione della salute per migliorare lo stile di vita e il benessere degli adolescenti.

**Metodi.** È stata condotta una *scoping review* secondo la metodologia di Arksey e O'Malley. Il processo di reporting è stato guidato dalla *checklist* "Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews". La ricerca bibliografica è stata eseguita nelle banche dati PubMed, CINAHL e Scopus. Inoltre, è stata fatta una ricerca anche nella letteratura grigia. Sono state utilizzate le parole chiave "adolescent", "empowerment", "development model" e "health promotion", combinate con gli operatori booleani "AND" e "OR" per affinare la strategia di ricerca.

**Risultati.** Sono stati individuati nove articoli pertinenti agli obiettivi dello studio, che evidenziano la natura complessa dell'*empowerment* dei giovani per la promozione della salute, con fattori culturali, contestuali e sistemicci che influenzano la sua efficacia. I programmi che integrano metodologie partecipative e si allineano con le esperienze vissute dagli adolescenti si mostrano più performanti.

**Conclusioni.** L'*empowerment* degli adolescenti è un potente fattore per raggiungere gli obiettivi della promozione della salute. Dotando i giovani degli strumenti e dell'autonomia per prendere decisioni informate, gli interventi sulla salute possono ottenere un impatto duraturo. Future ricerche dovrebbero prendere in considerazione ambiti culturali differenti e *outcome* misurabili per valutare la sostenibilità dei risultati dell'*empowerment*.

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