Let's Talk About It
come to Bright Star Clinic
on Airport road
BrightStar Clinic

Urban Adolescent Sexual and Reproductive Health Social and Behavior Change Communication:

An Implementation Kit

Acknowledgements

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Acronyms

BCC   Behavior Change Communication
CDC   Centers for Disease Control and Prevention
DHS   Demographic Health Survey
HC3   Health Communication Capacity Collaborative
I-Kit   Implementation Kit
IPC   Interpersonal Communication
IRB   Institutional Review Board
KAB   Knowledge, Attitudes and Behaviors
LGBTQ   Lesbian, Gay, Bisexual, Transgender and/or Questioning
M&E   Monitoring and Evaluation
MDG   Millennium Development Goal
MOH   Ministry of Health
NGO   Non-Governmental Organization
PSI   Population Services International
SBCC   Social and Behavior Change Communication
SMS   Short Message Service
SRH   Sexual and Reproductive Health
SRHR   Sexual Reproductive Health and Rights
SSA   Sub-Saharan Africa
STI   Sexually Transmitted Infection
USAID   United States Agency for International Development
YPISA   Young People's Information and Services Advocacy

PART 1

CONTEXT AND JUSTIFICATION
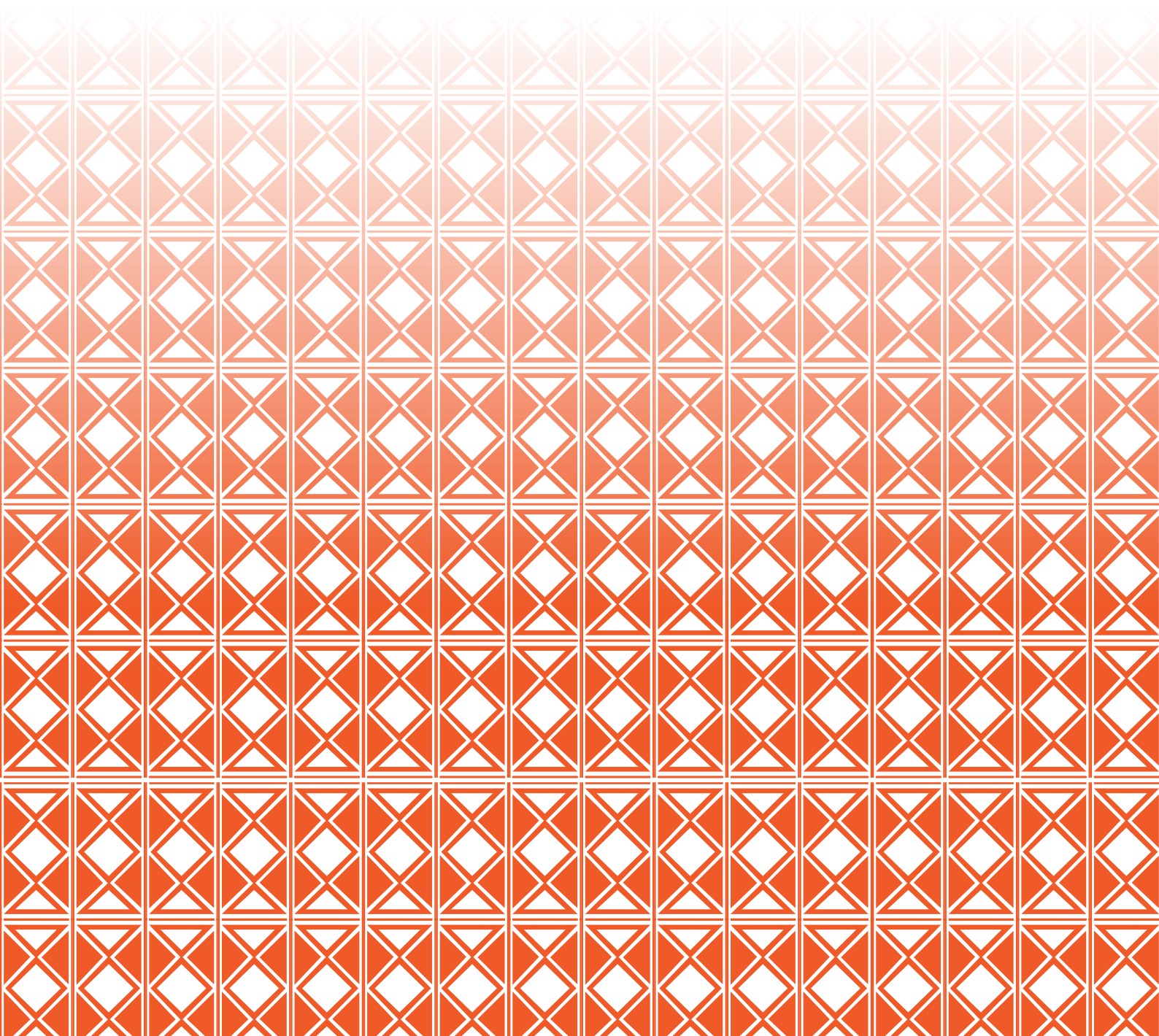
About the Implementation Kit

What is the Purpose of the Implementation Kit?

The purpose of the Urban Adolescent Social and Behavior Change Communication Implementation Kit (I-Kit) is to provide a selection of Essential Elements and tools to guide the creation, or strengthening, of sexual and reproductive health (SRH) social and behavior change communication (SBCC) programs for urban adolescents aged 10 to 19. The I-Kit is designed to teach these essential SBCC elements and includes worksheets to illustrate each element and facilitate practical application**.**

The seven Essential Elements that form the structure of the I-Kit are:
1. **Collecting Helpful Information about Urban Adolescents**
2. **Navigating the Urban Environment for Youth**
3. **Segmenting Your Audience**
4. **Creating an Audience Profile**
5. **Establishing Behavioral Objectives and Indicators**
6. **Identifying Communication Channels in the Urban Environment**
7. **Developing Messages for Urban Adolescents**

The I-Kit is **not** a step-by-step guide on how to develop and implement a complete SBCC program because there are other resources that detail those steps. If you would like more information on how to develop a complete SBCC program step-by-step, you can refer to the Resources section at the end of the I-Kit. There you will find a selection of tools that can guide you through the development of an SBCC program from start to finish.

Instead, this I-Kit highlights the Essential Elements of SBCC programming, with particular focus on what is unique in the context of urban adolescents. The I-Kit can be used as a whole, from start to finish, or you may also just work on the Essential Elements that are important for your program.

Who is the Audience for the Implementation Kit?

The I-Kit is intended for a range of audiences, including:
- **SBCC professionals**, like program managers, designers and implementers who are already working with adolescents or are interested in doing so.
- **SRH professionals**, like program managers, designers and implementers who are already incorporating SBCC components or interested in doing so.
- **Youth-led organizations or youth-focused professionals**, like program managers, designers and implementers who are already working on, or interested in, incorporating SBCC elements into their SRH work.

What Does the Implementation Kit Include?

The I-Kit includes:

1. **Context and Justification:** This section lays the foundation. It provides basic definitions of SBCC and urban adolescents, and provides an overview of elements for successful SBCC program design. The I-Kit uses a fictional group of characters and a non-governmental organization (NGO) in an imaginary city called Zanbe. These characters and their stories are used throughout the I-Kit to illustrate the Essential Elements and Worksheets.

2. **Essential Elements and Worksheets:** These sections describe important themes and components of SBCC SRH programs for urban adolescents. Each Essential Element includes key considerations, short examples and Worksheets, which are designed to help users learn how to apply the SBCC element. The Worksheets can be used for practice or with real data in the planning or strengthening of an existing program. Sample completed worksheets are included to guide you through the completion of blank worksheets. We recommend that you photocopy the set of Worksheets for you and your team to use as you review the kit.

3. **Resources**. Both in the text, and in the **Resources** section at the end of each Essential Element, you will find additional tools on SBCC and program design.

How Should the Implementation Kit be Used?

The purpose of the I-Kit is to help you understand the key components of the SBCC planning process and how those specifically apply to SRH programs targeting urban adolescents. The I-Kit can be used as a **self-facilitated learning tool** or **part of training**.

Use the I-Kit from start to finish as each Essential Element builds on the previous one. However, it is also possible to work with individual sections based on program needs. The time it takes to complete each element will vary, depending on the user's level of experience and how he/she is using it. On average, working through a whole Essential Element, including the corresponding Worksheets, should take between two and four hours. While the I-Kit can be used by individuals, it is recommended that the Worksheets be completed in groups to include different perspectives, dialogue and critical thinking.

Adaptability of the Implementation Kit

The I-Kit is designed to support SBCC programming for urban youth and highlights important elements of SRH SBCC interventions for youth in urban settings. However, the Essential Elements described can easily be used for other health topics, geographic settings or age groups. You can use the Essential Elements for your particular program needs and gather the relevant data.

Implementation Kit Icons and Meanings "Key"

Throughout the I-Kit, you will see a collection of recurring icons.

This symbol indicates **reminders** or suggestions for things to do and think about as you plan your SBCC program.

This symbol invites you to **Try it Out!** and accompanies Worksheets that are designed to help put what you learn into practice and better understand the Essential Element.

In the text and in the **Resources** section at the end of each Essential Element, you will find additional tools that will help you and your team build on the lessons in the I-Kit, your knowledge and project examples. Look for the symbol shown here throughout the I-Kit to help point you to those resources.

We encourage you to include young people when completing the Worksheets or developing strategies for your program. This helps to ensure that your programs will actually meet adolescents' needs and be delivered in ways that make sense to adolescents. Look out for this symbol throughout the I-Kit for places that are particularly important for **youth involvement**.

The I-Kit focuses on adolescents ages 10 to 19. However, limited programs specifically address or consider the needs of **younger adolescents**, between ages 10 and 14. To ensure this group is not forgotten, look for this symbol to point out special considerations for integrating this population into your program planning.

Now that you have an introduction of the I-Kit, its contents and how to use it, it's time to get started!

Focus on Adolescent Sexual and Reproductive Health

Who are Adolescents?

Adolescents are young people transitioning from childhood to adulthood. Adolescence is commonly defined by age (10 to 19 years old), and as a life stage characterized by important developmental changes. These include changes in the way people look, think, feel and socialize. Throughout adolescence and young adulthood, individuals go through different stages of development. While there is no set age for when these changes occur, it can be helpful to break down the age group into two smaller groupings:

- **Younger adolescents: 10 to 14 years old**
- **Older adolescents: 15 to 19 years old**

The transition from childhood to adulthood is a time of uncertainty, identity formation, risk-taking and experimentation. It is a phase of life marked by curiosity, sexual growth, increased influence by peers and transition from dependence on others to experiments with independence and decision-making.

The following chart (Figure 1) provides useful information about how adolescents develop socially, cognitively, physically and sexually. Of course, no two young people are the same and every individual develops at different rates. Use this chart as an illustration of the development process.

> ⚠ **Reminder!**
>
> **Think back to when you were an adolescent. Does any of this sound familiar?**
>
> The focus of the I-Kit is on those aged 10 to 19, whom we will call "adolescents" or "young people." However, what you learn from the I-Kit can be adapted for emerging adults, such as those aged 20 to 24, as well as others outside this age range.

Younger Adolescents (10–14)	Older Adolescents (15–19)	Emerging Adults (20–24)
INDEPENDENCE		
Challenge authority (e.g., parents, teachers), reject childhood and desire more privacy.	Move away from parents and toward peers. Begin to develop own value system.	Begin work/higher education, enter adulthood and re-integrate with family.
COGNITIVE DEVELOPMENT		
Find abstract thoughts difficult, seek decision-making and have mood swings.	Start developing abstract thought and respond to consequences of their behavior.	Establish abstract thought, improve problem-solving and are better able to resolve conflicts.
PEER GROUP		
Have intense friendships with members of the same sex.	Form strong peer bonds and explore ability to attract partners. Peers influence their behavior.	Are less influenced by peers in making decisions, relate to individuals more than to peers.
BODY IMAGE		
Are preoccupied with physical changes, critical of appearance and anxious about puberty.	Are less concerned about body changes and more interested in looking attractive.	Tend to be comfortable with body image and accept their personal appearance.
SEXUALITY		
Begin to feel attraction to others, may masturbate/experiment with sex play.	Show increased sexual interest, may struggle with sexual identity, may initiate sex.	Begin to develop serious intimate relationships that replace group relationships.

Figure 1: Adolescent Psychological Development Chart[1]

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[1] Adapted from Engender Health (2002). Youth-Friendly Services: A Manual for Service Providers, Part 4: Adolescent Development. Retrieved from www.engenderhealth.org/files/pubs/gender/yfs/04-adolescent.pdf

Age and stage of development are not the only things that characterize adolescence; there are other aspects of their lives that influence who they are and what they do. These can include:

- **Family life status** – an orphan may have a very different upbringing than a young person raised in a two-parent home.
- **Marital status** – a married 18-year-old girl may have very different SRH needs than an unmarried 18-year-old girl.
- **Friends and social networks** – research suggests that youth with stronger social networks and peer bonds develop on a more healthy trajectory, and are more mentally and socially resilient, than youth without social support.[2]
- **Religion/religious beliefs** – a young person growing up in a religious Christian household may be told different things and have different beliefs about sex and sexuality than a young person raised in a secular Muslim home.
- **Education level** – youth who are in secondary school may have very different ambitions and opportunities than youth who never completed primary school.
- **Socio-economic status** – poor young people often face different challenges and opportunities than young people from wealthy backgrounds.

Why Focus on Adolescents?

Choices made during adolescence can develop into repeated habits that continue into adulthood, including both healthy and unhealthy behaviors.

Globally, nearly two-thirds of premature deaths are associated with behaviors and conditions that began in adolescence.[3] For example, risky sexual behavior, tobacco use, poor eating and exercise habits can lead to illness or premature death later in life.

Of particular concern is the high prevalence of sexually transmitted infections (STIs) affecting young people, including human immunodeficiency virus (HIV). In 2007, 45 percent of all new HIV infections worldwide happened in youth aged 15 to 24 years old,[4] while a third of all new STIs each year occur in people below the age of 25.[5] Moreover, pregnancies and childbearing during the teenage years are associated with significant health risks for adolescent women, especially in low- and middle-income countries where related complications are the leading cause of death among girls aged 15 to 19.[6]

"Young people are today's and tomorrow's wage earners and entrepreneurs, educators and innovators, health professionals, political and civic leaders, vital to economic growth and well-being."

USAID's Youth in Development Policy, 2012

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[2] Campbell C, Foulis CA, Maimane S, and Sibya Z. (2005) The impact of social environments on the effectiveness of youth HIV prevention: a South African case study. *AIDS Care*, 17(5):471-478; Montgomery MR and Hewett PC. (2005) Urban poverty and health in developing countries: household and neighborhood effects. Demography, 42(3):397-425; Kaufman CE, Clark S, Manzini N, May J. (2004) Communities, opportunities and adolescents' sexual behavior in KwaZulu-Natal, South Africa. *Studies in Family Planning*, 35(4):261-274

[3] World Health Organization (2008). 10 Facts About Adolescent Health. http://www.who.int/topics/adolescent_health/en/; Gore F, Bloem P, Patton GC, Ferguson, J, Joseph V, Coffey C, Swayer SM, and Mathers CD (2011) Global burden of disease in young people aged 10-24 years: a systematic analysis. *Lancet*. 2011; 377:2093-102

[4] World Health Organization (2008). 10 Facts About Adolescent Health. http://www.who.int/topics/adolescent_health/en/

[5] Blum RW and Nelson-Mmari K. (2004) The health of young people in a global context. *Journal of Adolescent Health*.35:402-418

[6] World Health Organization. (2012) *Preventing Early Pregnancy and Poor Reproductive Outcomes among Adolescents in Developing Countries: What the Evidence Says.* Geneva, Switzerland: World Health Organization

In Sub-Saharan Africa (SSA), AIDS is the leading cause of death among 15 to 19 year olds,[7] and the HIV prevalence among this age group is higher in SSA than in other parts of the world.[8] Further, women who become pregnant in SSA face a risk of death 600 times higher than women in industrialized countries. For adolescents, the risk is even higher as they are more likely to be affected by pre-eclampsia, obstructed labor, abortion complications and iron deficiency anemia than older women.[9]

In view of these greater risks among the younger population, it is essential to ensure that adolescents are given the tools to make healthy choices so they can lead healthy and successful lives in the future.

What is Unique about *Urban* Adolescents?

Another strong influence on a young person's development is where they live. The urban environment can have both advantages and disadvantages for adolescent SRH.

Advantages: Urban areas have more infrastructure and services, such as health clinics, than rural areas. Adolescents are more likely to be enrolled in school and have more knowledge of SRH matters. They also have more exposure to media outlets, like radio and television, which can communicate important SRH information.

Disadvantages: While urban adolescents have more exposure to a variety of media, some media sources may provide unreliable information that can expose youth to greater risk. Urban areas have a higher concentration of meeting venues, such as bars and discos, giving adolescents more sexual freedom and more opportunities to take risks. Traditional family structures—for example, a child living with one or both parents—may be less common for urban adolescents, particularly those who travel to the cities from rural areas. Poor urban adolescents are especially vulnerable as they may have less access to the services offered by cities and may live in poor, inadequate housing with limited resources or support.

What is Sexual and Reproductive Health?

Health itself is a state of physical, mental and social well-being.[10] SRH applies specifically to sexuality and the reproductive processes, functions and systems at all stages of life. This definition requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility to have pleasurable and safe sexual experiences, free of coercion, discrimination and violence.[11]

SRH is heavily influenced by gender norms and roles, as well as by social expectations and power dynamics, and must be understood within specific social, cultural, economic and political contexts. SRH also looks at the individual holistically, addressing the social, emotional, cognitive and physical aspects of a person's life.

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[7] World Health Organization. (2001) The World Health Report 2001: Mental Health. New Understanding and New Hope. Geneva, Switzerland: World Health Organization

[8] Blum RW. (2007) Youth in Sub-Saharan Africa. *Journal of Adolescent Health*, 41:230-238

[9] Fraser A, Brockert J, Ward R. (1995) Association of young maternal age with adverse reproductive outcomes. New England Medical Journal. 332:1113-7

[10] Although this definition of health has been agreed upon by WHO member states, there is recognition that in some cultures, spiritual well-being is also necessary for complete health.

[11] WHO (2006a). Defining sexual health: Report of a technical consultation on sexual health, 28–31 January 2002. Geneva, World Health Organization.

Resources

Adolescent Sexual and Reproductive Health

Facts on the Sexual and Reproductive Health of Adolescent Women in the Developing World (2010)
Guttmacher Institute and IPPF
http://www.guttmacher.org/pubs/FB-Adolescents-SRH.pdf

How to Reach Young Adolescents: A toolkit for educating 10-14 year olds on sexual and reproductive health (2011)
DSW
The toolkit presents several overlapping approaches to increase young adolescents' SRH knowledge and improve their sexual behaviors. It is based on DSW's own experience piloting the Young Adolescents Project in Uganda from 2009 to 2011.
http://www.dsw.org/uploads/tx_aedswpublication/YAP_Toolkit.pdf

Evidence and Rights-based Planning and Support Tool for SRHR/HIV Prevention Interventions for Young People (2009)
Stop AIDS Now! And World Population Foundation
The tool has been developed for organizations that already implement sexual reproductive health and rights (SRHR) education for young people and want to analyze their program, as well as those who are planning to develop a new program. The aim of the tool is to encourage people who develop SRHR education to reflect on why certain decisions in program development and implementations were made and about the reasons why their program and its implementation are the way they are.
http://stopaidsnow.org/sites/stopaidsnow.org/files/PY_Planning-and-Support-tool-EN.pdf

Influencing the Sexual and Reproductive Health of Urban Youth through Social and Behavior Change Communication: A Literature Review (2014)
Health Communication Capacity Collaborative (HC3)
http://www.healthcommcapacity.org/hc3resources/influencing-sexual-reproductive-health-urban-youth-social-behavior-change-communication/

The Time is Now: Invest in Sexual and Reproductive Health for Young People. (2012)
Population Reference Bureau
This fact sheet provides an overview of key messages about the SRH of young people in developing countries and why it is important to invest in it.
www.prb.org/pdf12/engage-youth-key-messages.pdf

Young People Today. Time to Act Now (2013)
UNESCO
This report provides insights into the state of SRH education in Sub-Saharan African schools as well as data to indicate the importance of improving sexual education in schools. English:
http://unesdoc.unesco.org/images/0022/002234/223447E.pdf

Adolescence: An age of Opportunity (2011)
UNICEF
This report on the state of the world's children focuses on adolescence and with particular focus on the challenges facing youth in developing countries. It also highlights how globalization, migration and technology affects the way youth are growing up in these evolving contexts.
http://www.unicef.org/adolescence/files/SOWC_2011_Main_Report_EN_02092011.pdf

Motherhood in Childhood (2013)
UNFPA
This report focuses on the challenges of adolescent pregnancies world-wide, providing statistics, information on the consequences of early pregnancy and provides a call to action.
http://www.unfpa.org/sites/default/files/pub-pdf/EN-SWOP2013-final.pdf

Introducing a Fictional Setting

To help demonstrate program planning processes and considerations in the urban context, the I-Kit uses an imaginary program from the fictional city of Zanbe, including the fictional NGO, "Bright Star," and a fictional cast of urban youth characters. The example of Zanbe, three of its young inhabitants and the Bright Star NGO with its "Let's Talk About It!" program will be used throughout this I-Kit to show practical examples of how the Essential Elements can be applied.

The three young people presented here, Etienne, Awa and Nadia, represent typical young people, facing the same challenges and aspirations that many young people face in cities elsewhere. We hope that by providing these examples it will help you think about the different aspects when designing SBCC programs addressing urban youth.

The City of "Zanbe"

Zanbe is a growing metropolis in the heart of Tokona, a large African nation. A peaceful country, Tokona's economy and lifestyle are based mostly on agriculture and farming. However, Zanbe has been attracting foreign investments for several years, thanks to its active commerce industry and foreign workers. As a result, adults and youth from all over the country are moving to Zanbe in search of work, education and better life opportunities.

"Bright Star" NGO

Bright Star is an NGO in Zanbe, funded by an international donor. Its most recent program, from 2006 to 2011, aims to address the growing problem of unintended pregnancies and STIs among young women 10 to 19 years old. Across Zanbe, Bright Star has three youth-friendly clinics, which also run activities in the community. With the funding, Bright Star targeted out-of-school girls, who they noticed were particularly vulnerable, and developed an SBCC program called Let's Talk About It! to complement the clinic's work.

In the five years of its funding, Let's Talk About It! achieved the following results:

- A 17 percent reduction in STIs among the target group.
- A reduction of 21 percent in unintended pregnancies among the target group.
- A 26 percent increase in use of modern contraceptives among the target group.
- Improved communication about sexual health matters among young people and between young people and adults (including their parents).
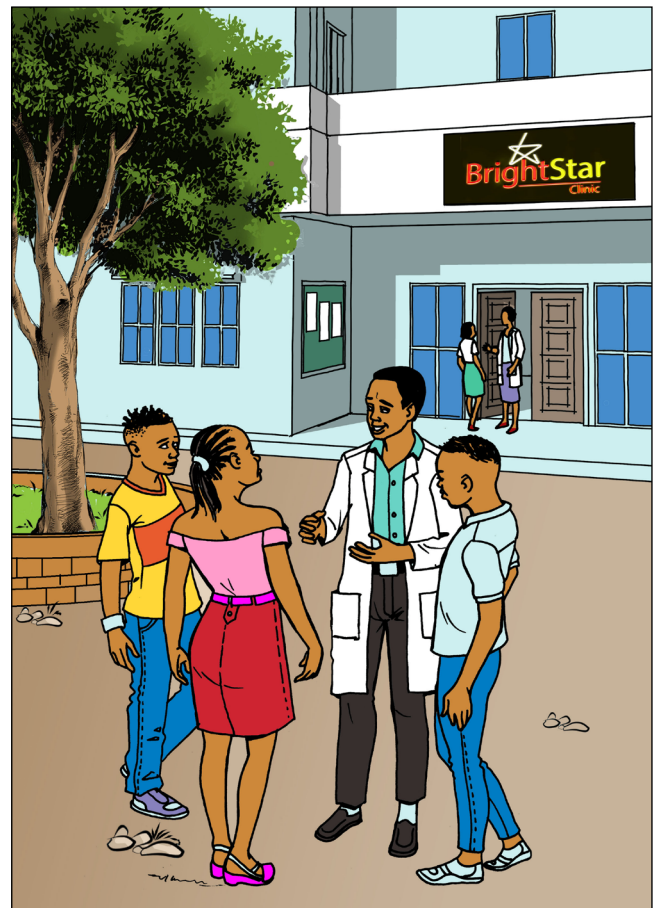
Bright Star and its Let's Talk About It! program will be used throughout the I-Kit to illustrate how each Essential Element can be applied for successful programming. Please note that data and information used relating to Zanbe and the Let's Talk About It! program is fictional, and is presented as a sample scenario only.

Cast of Characters

Amid the hustle and bustle of Zanbe are individuals representing typical urban youth with a range of backgrounds, interests, ambitions and needs. Let's meet a few of them:

- **Etienne**: 16, student and an excellent football player living in a well-to-do neighborhood.
- **Awa**: 11, a market vendor who has recently returned to school and dreams of getting a "proper job."
- **Nadia:** 18, who dropped out of school when her daughter was born, currently unemployed and living with her sister.

Etienne

Etienne is 16 and lives with his family in a middle-class neighborhood in Zanbe. Other than going to school, he loves football and dreams of becoming a professional player one day. He plays football after school and on weekends with his club team, which his father, Thomas, coaches. Etienne is the captain of his team and his friends call him "Strike" because he plays striker, but also because he is "fast" with girls. Sometimes Etienne and his friends go to see movies, or go to bars or clubs to listen to hip-hop music and meet girls. Etienne has had two girlfriends and he has had sex with both. Etienne has used condoms on and off, but almost never uses them if he has been drinking. He knows that condoms prevent pregnancy and STIs, but his friends always say that "condoms kill pleasure."

Awa

Awa is 11 and lives in a two-room house with her mother in a crowded, poor neighborhood on the outskirts of Zanbe. Awa dropped out of school for two years when she was 9. Recently, she managed to go back to school, but often misses classes because her mother does not always have the money to pay for the school fees. Awa sells clothes in the Central Market after school to contribute to the small household income. After work, Awa loves hanging out with friends at the night market or around cafes instead of going home, where her mother sells homemade alcohol. The men coming through her living room buying the alcohol are often drunk and try to touch and talk to her, which she hates. Awa has been getting more attention lately from men as her body is developing. She hears others around her talking about sex, but she is not interested. She dreams of finishing school so she can get a better job in one of the city's tall buildings.

Nadia

Nadia is 18 years old and lives in a good neighborhood with her daughter, her older sister, her sister's husband and their two children. When she was 15, Nadia's boyfriend told her she could not get pregnant the first time they had sex, but she got pregnant and had to quit school when her daughter was born. Her parents were not supportive, so she came to Zanbe to live with her sister. Nadia takes care of her daughter and her niece and nephew, cleans the house and prepares food for the family. She does not have much free time and misses her friends back home, but hangs out with a few friends in the city. She has not heard from the father of her child since she told him she was pregnant, but has recently started dating a man she met at the nightclub. After the birth of her daughter, the nurses told her about the injectable and she uses this method so she can plan her next pregnancy, but knows that she should also use condoms to prevent STIs.

Social and Behavior Change Communication and Theory

What is Social and Behavior Change Communication?

Previously known as behavior change communication (BCC), SBCC is an approach that promotes and facilitates changes in knowledge, attitudes, norms, beliefs and behaviors. The terms BCC and SBCC are interchangeable, and both refer to a series of activities and strategies that promote healthy patterns of behavior. The word "social" has been added to BCC to indicate that, for improved health outcomes, it is necessary to support broader social change. Throughout this I-Kit, the term SBCC will be used, rather than BCC.

A strategic SBCC approach follows a systematic process to analyze a problem in order to define key barriers and motivators to change, and to design and implement a comprehensive set of interventions to support and encourage positive behaviors. A communication strategy provides the guiding design for SBCC campaigns and interventions, ensuring communication objectives are set, intended audiences are identified, and consistent messages are determined for all materials and activities. Effective SBCC programs use a variety of communication channels to reach the intended audiences.

There are a number of models and frameworks available to guide the planning of SBCC programs, most of which share the same basic common principles. The "P Process" is a widely used model to plan an intervention or campaign, providing a step-by-step roadmap that can guide you from a loosely defined concept about changing behavior to a strategic and participatory program grounded in theory with measurable impact.

See Figure 2. http://healthcommcapacity.org/wp-content/uploads/2014/04/P-Process-Brochure.pdf.

The P Process has five steps:
    Step 1: Inquire
    Step 2: Design your Strategy
    Step 3: Create and Test
    Step 4: Mobilize and Monitor
    Step 5: Evaluate and Evolve

Three cross-cutting concepts are embedded in the P Process, which when integrated into the strategic process, ensure that SBCC approaches are most effective:
    1. SBCC Theory
    2. Stakeholder Participation
    3. Continuous Capacity Strengthening
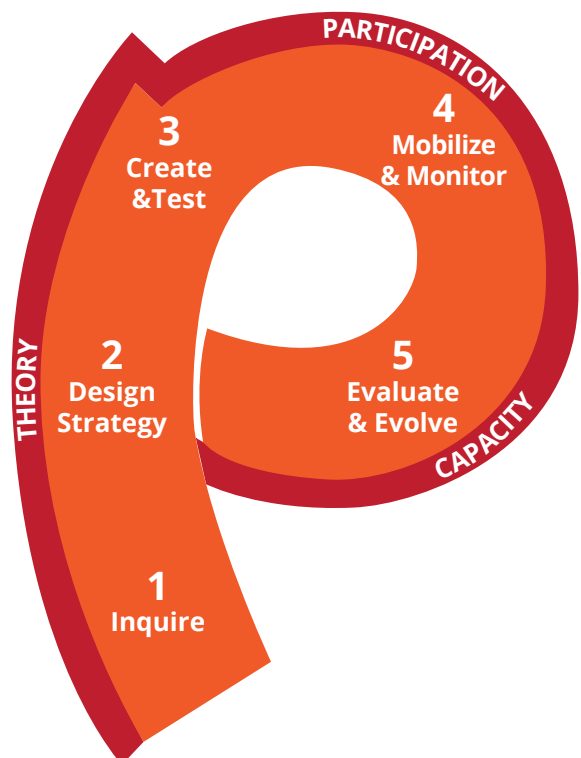
Figure 2: P Process

You likely have seen examples of SBCC activities in your city, such as:

- **A mass media campaign** that promotes condom use to prevent HIV and other STIs through public service announcements and/or serial dramas on radio or TV.
- **A theater group** performing a play about gender-based violence for a community and holding a discussion afterwards.
- **A radio talk show** that answers listeners' questions about family planning.
- **A school-based program** that encourages students to delay sexual debut.
- **A short message service (SMS) or hotline service** to provide information on family planning or HIV.

Reaching youth with SBCC programs in urban environments has specific advantages and disadvantages.

Advantages: urban adolescents have increased access to different media and technology options, as well as greater availability and diversity of health care services. High population density also means that many more adolescents can be reached at once.

Disadvantages: urban adolescents tend to be more mobile, meaning it is hard to reach the same adolescent more than once with your message. Informal settlements can make messaging difficult and lack of traditional family structures for many urban adolescents means they may not get the support they need at home to reinforce messages about healthy behaviors.

Social Marketing

Social marketing concepts are also commonly used to design successful SBCC programs. Social marketing refers to the application of commercial marketing principles to influence behaviors of the intended audience for improved personal and/or social welfare. Ultimately, the goal of social marketing is to change behaviors, not just raise knowledge and awareness.

Learning what the intended audience wants and needs is a main focus of social marketing. The "marketing mix," also known as the "4 P's," includes the four strategic components of social marketing that, together, help a planner design an approach to reach the intended audience. The 4 P's include:

- **Product:** can refer to a health product (such as a condom or another contraceptive method), a service (such as HIV testing and counseling) or a behavior (such as reduced concurrent partnerships). In **Essential Element 1 and Essential Element 5**, you will learn how to use your primary and secondary data to help you choose the product and your behavioral objectives for that product.

- **Price:** the price of the product may be direct or financial (such as the cost of a condom to the consumer), or it may be indirect (such as the cost of missing a day's work to go to the clinic). **Essential Element 1** and **Worksheet #1** will help you understand how to price your

product (if you will be pricing it) or how to address the costs to urban adolescents to ensure they can access your product.

- **Place:** refers to where the product is promoted. For urban adolescents, it's important to know where they gather so that you can place your programs and marketing materials appropriately. Use **Essential Element 2**, **Worksheet #2: Urban Assessment** and **Essential Element 6**, **Worksheet #9: Day in the Life** to help you determine the best places to promote your product.

- **Promotion:** refers to the different communication channels that you will use and the key messages that you develop to promote your product. Use **Essential Element 6** and **Essential Element 7** to identify appropriate communication channels and develop effective key messages for urban adolescents.

What Influences People's Behavior?

A person's behavior is influenced by many factors, both at the individual level and beyond. The levels of influence on behavior can be summarized by the **Socio-Ecological Approach** (Figure 3).

This approach recognizes that behavior change can be achieved through activities that target four levels: individual, interpersonal (family/peer), community and social/structural.
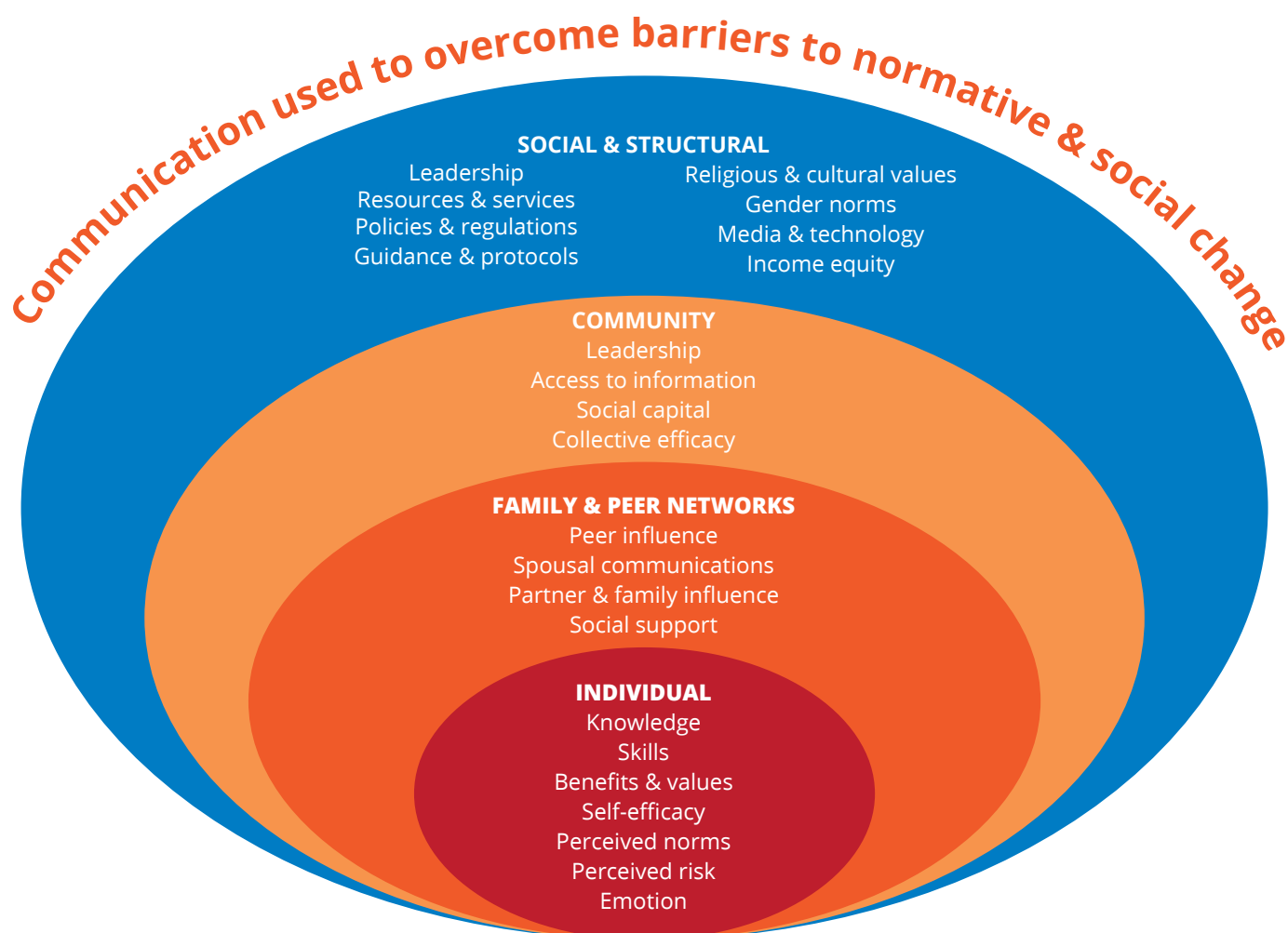
Figure 3: Socio-Ecological Approach

Let's take the example of a younger adolescent girl, possibly someone like Awa, living in an urban informal settlement, who is not currently sexually active. Your program wants to support younger adolescent girls to prevent unintended pregnancies. Let's think of all the factors at each level of the Socio-Ecological Approach that can influence these girls' ability to make healthy decisions.

At the **individual** level, younger adolescent girls need information and skills related to puberty and human reproduction, what it means to start sexual activity, choosing whether and when to engage in sex, the risks of unprotected sex, knowing where to get information, knowing how to access services offering contraception and counseling, and negotiating use of, or using, the contraception she chooses.

At the **family and peer** level (also called "interpersonal"), younger adolescent girls need friends, siblings and family members to whom they can turn to for accurate information and advice.

In the **community**, younger adolescent girls need services that are available and accessible for information about human development, how to avoid pregnancy and STIs, and reassurance that there will be no negative consequences from the community for accessing services, using contraception or choosing whether and when to have sex.

At the **social/structural** level, younger adolescent girls need supportive norms around gender and relationships that allow for a young woman to access and use contraception if she chooses to become sexually active, policies that support affordable contraception for everyone and availability of youth-friendly services.

Reminder!

It is not always possible for one single organization to operate at every level. It is vital to build partnerships and collaborate with organizations and institutions that operate at different levels from your organization so you can plan a comprehensive approach to SBCC for your audience. Working with other organizations should be part of the project planning and budgeting phases, to make sure the partnerships can truly happen during project implementation.

At each level, there are factors that affect behavior in a positive way (facilitators) and factors that affect behavior in a negative way (barriers). We will discuss these facilitators and barriers in more detail later in the I-Kit.

SBCC Theories

Behavior change theories can help understand why people act the way they do and why behaviors change. SBCC theories can be helpful to guide SBCC program design and help you focus on what or who to address in your program. Each theory or model has a different set of factors to explain behavioral change and area of focus—the individual, their intention to change their behavior or their surrounding environment.

Figure 4 displays the most commonly used behavior change theories in SBCC programs and identifies the intervention level according to the socio-ecological approach.

SOCIO-ECOLOGICAL LEVEL	THEORY	FOCUS
	Health Belief Model	Individuals' perception of the threat of a health problem and the appraisal of recommended behavior(s) for preventing or managing the problem.
Individual	Theory of Planned Behavior	Individuals' behavioral intention is the most important determinant of behavior.
	Stages of Change (Transtheoretical Model)	Individuals' readiness to change or attempt to change toward healthy behaviors.
Interpersonal	Social Learning Theory	Behavior is explained via a three-way, dynamic reciprocal theory in which personal factors, environmental influences and behavior continually interact.
Community	Diffusion of Innovation Theory	Addresses how new ideas, products and social practices spread within a society or from one society to another.

Figure 4: SBCC Theories

You will get a chance to apply behavior change theories to your own program when filling in **Worksheet #5** in **Essential Element 4**.

Here is a brief description of some of the most common theories used in SBCC programming. When possible, we will refer to Awa, the young woman from Zanbe, to help illustrate how they can be applied.

Health Belief Model
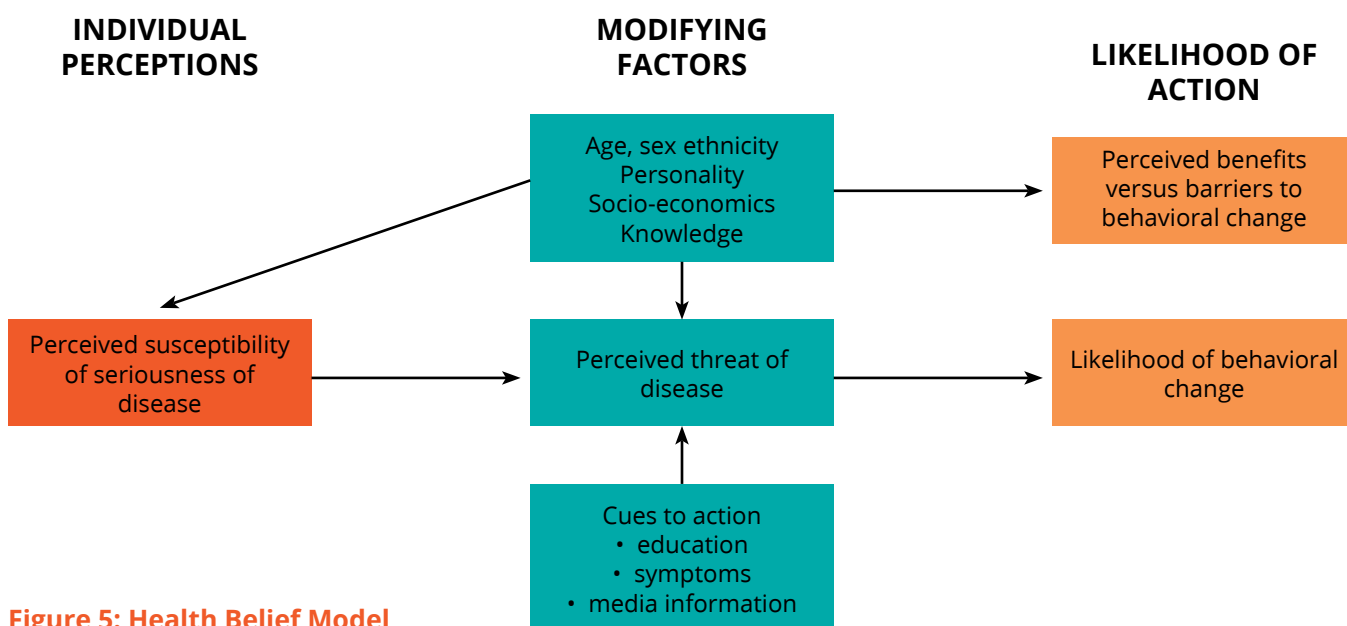
Figure 5: Health Belief Model

What does the Health Belief Model tell us about behavior?

The Health Belief Model highlights how programs need to consider individual beliefs about the problem being addressed and the costs and barriers associated with changing a behavior. The Health Belief Model is based on the understanding that a person is likely to change behavior if he/she experiences:

- **Perceived susceptibility/seriousness:** one believes he/she is at risk.
  (For example, Awa believes she is at risk of becoming pregnant.)

- **Perceived benefits:** one believes that the behavior change will reduce risk.
  (For example, Awa believes that using contraception will reduce her risk of unintended pregnancy.)

- **Perceived barriers:** how one interprets the cost/barriers of the desired behavior.
  (For example, Awa believes that her partner would not want her to use contraception, but, for her, the benefits of using contraception outweigh his reaction.)

- **Cues to action:** strategies to activate "readiness."
  (For example, Awa receives education about contraception and the different options available to her.)

- **Self-efficacy:** confidence in one's ability to take action.
  (For example, Awa feels confident that she can access contraception and that she can use it correctly to avoid unintended pregnancy.)

How can the Health Belief Model be applied?

The Health Belief Model is best used when promoting individual preventive behaviors, such as condom use or getting vaccinations. It focuses on the beliefs and perceptions of the individual, so it is appropriate to change behaviors that are not heavily influenced by society and social norms. It tells us the importance of highlighting both the negative consequences of the current behavior and the positive consequences of alternative, suggested behavior.

Theory of Planned Behavior
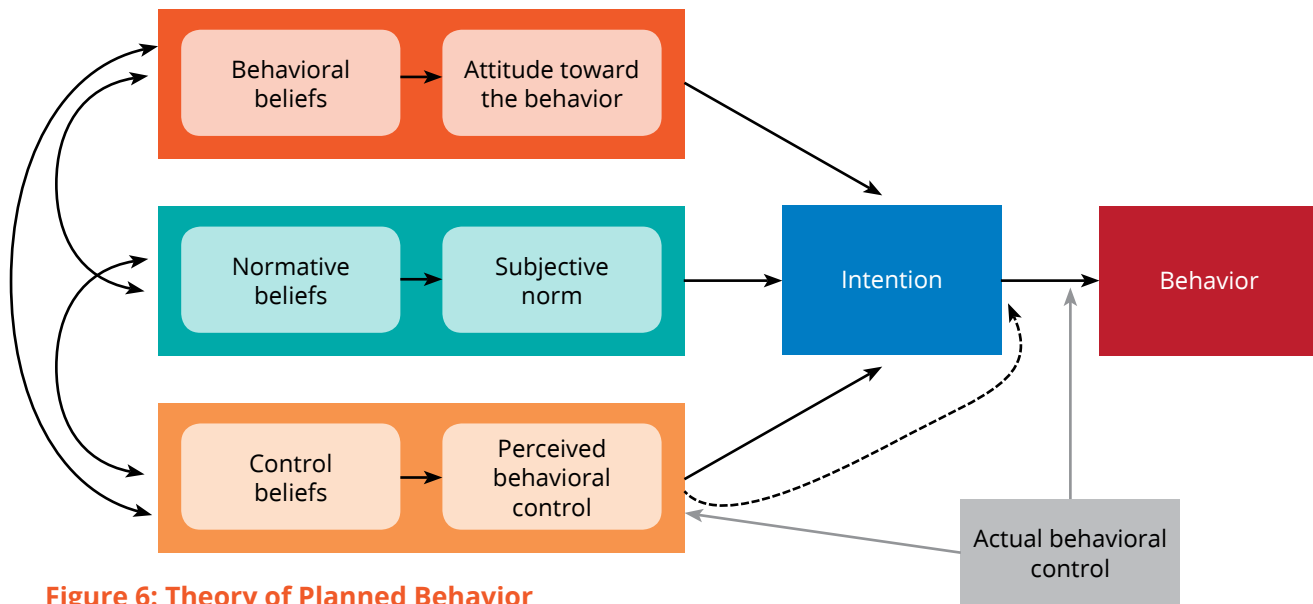
Figure 6: Theory of Planned Behavior

What does the Theory of Planned Behavior tell us about behavior?

According to the Theory of Planned Behavior (the original insight of Theory of Reasoned Action), behavior is influenced by three elements:

- **Attitude:** that the behavior will be beneficial to the individual.
  (For example, Awa feels that using contraception is a good way for her to prevent pregnancy.)

- **Subjective norms:** the belief that other people think that the behavior is acceptable.
  (For example, Awa believes her partner, friends and family would support her using contraception.)

- **Perceived ability:** the belief that one has the skills and capability to change behavior.
  (For example, Awa believes she is able to access and use contraception successfully to prevent unintended pregnancy.)

How can the Theory of Planned Behavior be applied?

The Theory of Planned Behavior can be used to change behaviors that are heavily influenced by peers and the close social network. This theory tells us that the close social network needs to be targeted to support the desired behavior change in the individual, as well as that it is important to highlight the short-term benefits of the behavior change to promote action.

Stages of Change
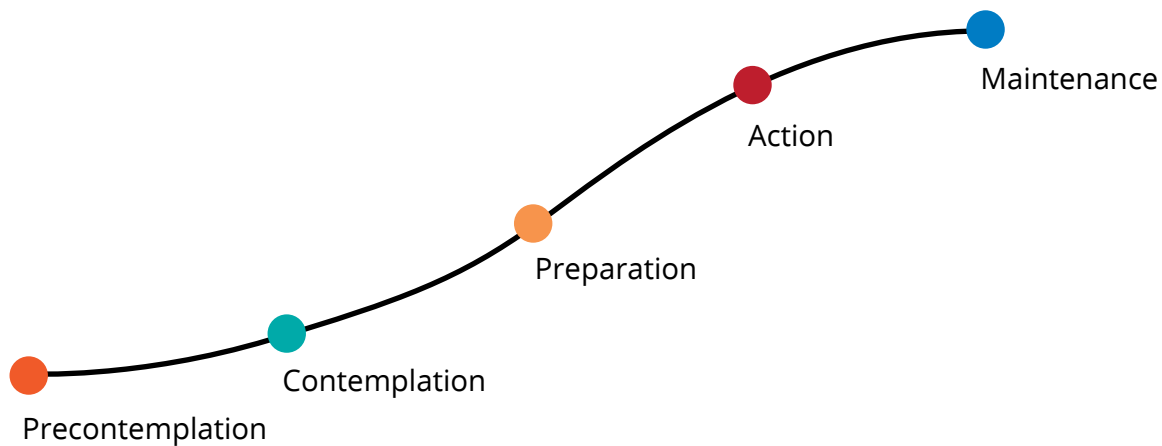
Figure 7: Stages of Change

What does Stages of Change tell us about behavior?

The Stages of Change (sometimes called the Transtheoretical Model) tells us that individuals go through different stages when changing a behavior. This theory assumes that individuals have different degrees of motivation and readiness to change, which determine their current stage of change. According to this theory, different stages of change require different information needs and approaches to try and move the audience to the following stage. Although people may move through these stages in a predictable way, an individual can drop back or jump over stages. The stages are:

- **Precontemplation:** there is no intention to change behavior in the future.
  (For example, Awa is not thinking about using contraception to avoid unintended pregnancy.)

- **Contemplation:** an individual is aware that the problem exists and is seriously thinking about overcoming it, but has not yet made a commitment to take action.
  (For example, Awa has learned about contraception and is thinking about starting to use it.)

- **Preparation**: an individual intends to take action immediately.
  (For example, Awa is planning to go to the health facility this month to start using contraception.)

- **Action:** an individual begins performing the behavior.
  (For example, Awa starts using contraception to avoid unintended pregnancy.)

- **Maintenance:** an individual continues the behavior and works to maintain it.
  (For example, Awa continues using the contraception of her choice consistently and correctly.)

Some SBCC professionals have added a sixth stage to this model – **Advocacy**. Advocacy is the stage in which Awa is maintaining her use of contraception, as well as promoting the benefits of contraception to her friends and encouraging them to try it, too.

How can Stages of Change be applied?

Stages of Change can be used in one-to-one situations, for example, between a client and a counselor. Knowing the stage of change of the client can help the counselor select what information to share. Information at the precontemplation and contemplation stages would focus on facts, the risks of the current behavior and the benefits of changing behavior. At the preparation and action phases, it would focus more on opportunities for changing behavior and how to access them.

Social Learning Theory
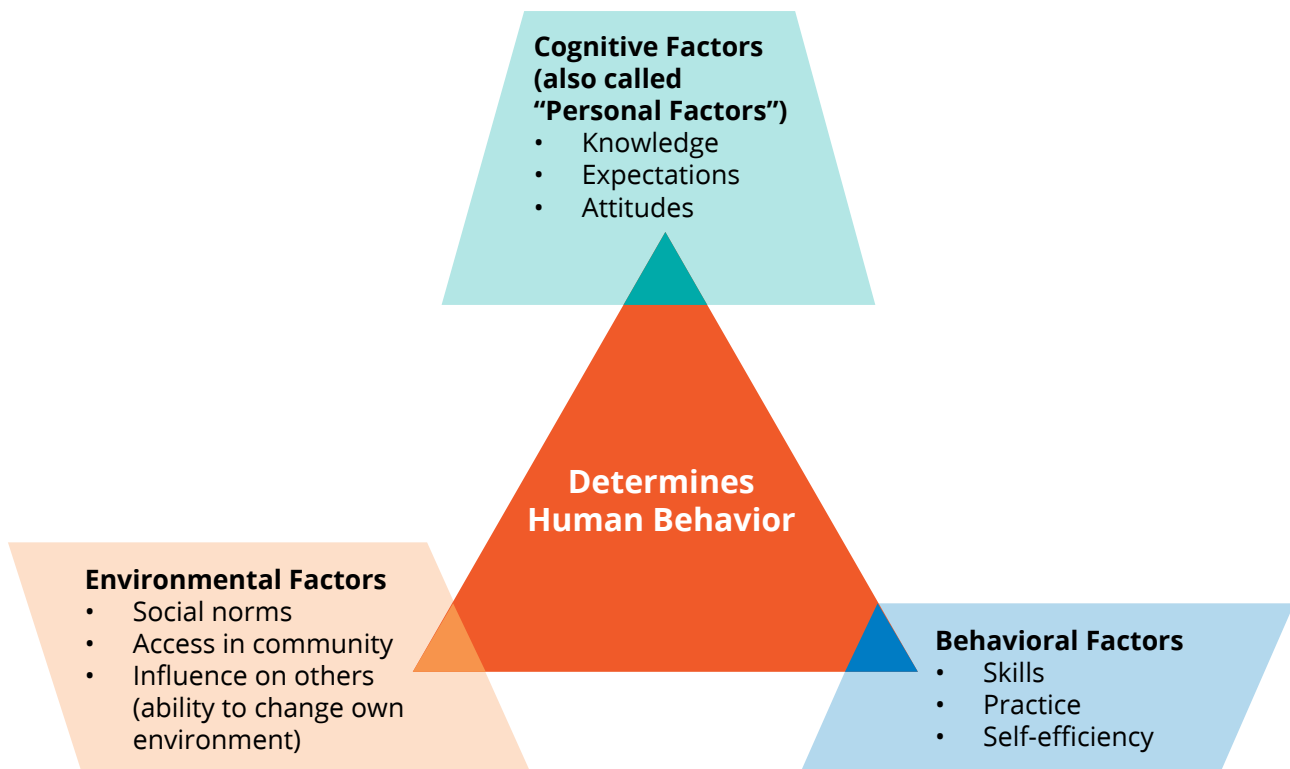
Figure 8: Social Learning Theory

What does Social Learning Theory tell us about behavior?

Social Learning Theory acknowledges the interaction that occurs between an individual and his/her environment.

The outside environment is where a person can observe an action, understand its consequences, and become motivated to repeat it and adopt it. Behavior is affected by structural factors, such as service availability and policies, as well as by social factors, such as social norms and peer influence.

In the application of the Social Learning Theory, the learner (audience) is encouraged to:

- **Observe and imitate the behavior of others.**
  (For example, Awa may observe her friend Nadia using contraception and therefore decide that she wants to use contraception, too.)

- **See positive behaviors modeled and practiced.**
  (For example, Awa sees that her friend Nadia is happy with the contraception method she has chosen. This makes her want to copy and model the same behavior.)

- **Increase his/her own capability and confidence to implement new skills.**
  (For example, when Awa's community becomes more supportive of and vocal about access to contraception for adolescent girls her age, she gains the confidence to talk to her mother about getting contraception.)

- **Gain positive attitudes about implementing those skills.**
  (For example, after learning about how to use her contraceptive method, Awa feels confident that she can maintain use and keep on track to achieving her dreams.)

- **Experience support from his/her environment to use those skills.**
  (For example, Awa learns that her health clinic stays open late and on weekends to support youth like her that work or go to school during the day, meaning she has better access to her counselor and to SRH services.)

How can the Social Learning Theory be applied?

The Social Learning Theory can be used for behaviors that are heavily influenced by both the physical and social environment in which the individual lives. The theory tells us the importance of creating an enabling environment, in which the desired behavior change is made easier. It also tells us that seeing the behavior in practice can help others adopt it. This can be done through modeling, where the desired behavior, as well as the resulting benefits, can be demonstrated and popularized by role models. Modeling can come from real or fictional characters depicted through different media channels, for example.

Resources

Not sure which theory to use?

See the Resources section at the end of this section for further information on specific theories. You can also use TheoryPicker (http://www.orau.gov/hsc/theorypicker/index.html), an interactive tool that helps you identify what might be the best behavior change theory for a given program. The tool takes you through a number of steps and asks you questions to help determine which is the best theory or group of theories to use for your program design.

Diffusion of Innovation

Figure 9: Diffusion of Innovation

What does Diffusion of Innovation tell us about behavior?

Diffusion of Innovation refers to the spread of new ideas and behaviors within a community or from one community to another.

Some individuals and groups in society are quicker to pick up new ideas, or "innovations," than others. Young people are typically associated with adopting new trends, such as fashion or technology, more quickly than adults. This theory identifies five categories that define a person's propensity to accept or adopt the innovation:

1. **Innovators:** the quickest to adopt an innovation. However, they may be seen as fickle by other community members and are less likely to be trusted and copied.
2. **Early adopters:** more mainstream within the community and are characterized by acceptance of innovation and some personal/financial resources to be able to adopt the innovation.
3. **Early majority:** amenable to change and persuaded of the benefits of the innovation by observing.
4. **Late majority:** skeptical and reluctant to adopt new ideas until the benefits are clearly established.
5. **Laggards:** these are most conservative and resistant to change; sometimes, they may never change.

The likelihood of adopting an innovation/behavior depends on the audience, environmental barriers and facilitators, the communication system and the innovation's attributes, such as:

- **Relative advantage:** does the behavior offer an advantage over the current behavior?
  (For example, does using contraception offer Awa a benefit (e.g., peace of mind) she currently doesn't have?)

- **Compatibility:** is the behavior compatible with prevailing social and cultural values?
  (For example, is it culturally acceptable for a girl like Awa to use contraception?)

- **Complexity:** how difficult is the new behavior to perform?
  (For example, would Awa be able to manage maintaining her contraceptive method?)

- **Triability:** can the behavior be tried out without too much risk?
  (For example, is it possible for Awa to try out a contraceptive method and see what it's like?)

- **Observability:** are there opportunities to see what happens to others who adopt the behavior?
  (For example, does Awa have access to friends who are using contraception that can talk to her about it?)

How can Diffusion of Innovation be applied?

Diffusion of Innovation can be used to change behaviors that are influenced by social norms and social trends. The theory tells us how to promote the desired behavior by focusing on attributes. This can be done through **agents of change**, that is, the early adopters of a new behavior who promote it and encourage others to adopt it. Agents of change can be people working in the community or community members who have adopted the new behavior and can act as role models. Targeting effective agents of change, such as local leaders, influential individuals, peers and celebrities, can accelerate the adoption of a new behavior.

Lessons Learned from Successful SBCC Urban Adolescent Programs

There are many examples of SBCC programs addressing the SRH of urban adolescents and lessons learned can be applied both at the program design stage and when developing specific activities.

Below is a summary of key characteristics of successful SBCC programs for urban adolescents, based on a 2013 review of such programs in developing countries. You can find the full literature review at: http://www.healthcommcapacity.org/hc3resources/influencing-sexual-reproductive-health-urban-youth-social-behavior-change-communication/.

Where possible, references will be made to the specific Essential Element that will be described later.

When designing your program . . .

- *Create an enabling environment.* This means that activities should aim to change the environment in which the individual lives, promoting protective factors and removing barriers to the desired behavior.

- *Involve young people.* Programs targeting young people should involve them from the ideation stage to implementation, and even evaluation. Only with young people's active participation and input will activities and messages be developed in a way that appeals to them and engages them.

- *Segment and diversify your audiences.* Young people may be the same in terms of age, but they differ significantly when referring to their behaviors and needs, especially during the rapid changes of adolescence. Young people also are differentiated by their cultural and religious background, education level, environment and living conditions,

family situation, marital status and aspirations. It is unlikely that one approach will be suitable for all adolescents. Programs need to be aware of the differences and know the specific characteristics of the youth segment with which they choose to work. You will learn more about audience segmentation in **Essential Element 3.**

- *Include secondary audiences.* These are people who have an influence on the primary audience. If we want youth to change their behaviors, key influencing people (secondary audiences) may be parents, siblings, teachers or leaders. Your program should find ways of working with them.

- *Develop ways of mainstreaming activities.* Finding openings in existing systems and structures where SBCC activities can be incorporated will allow for greater sustainability. For example, opportunities for mainstreaming SRH activities can be found in the school curricula, community events or other significant occasions that mark community life.
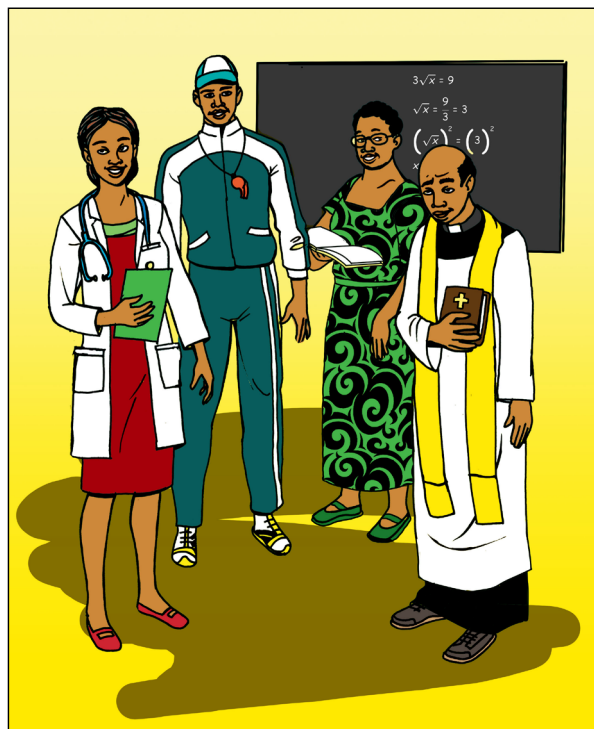
- *Adapt the program to the local cultural context in relation to sexual behaviors.* SRH is influenced by gender norms, roles, expectations and power dynamics. An awareness of these cultural dimensions that govern sexual behaviors is important to understand how to frame activities and ensure that they are well received.

- *Consider the broader aspects that affect youth sexual behaviors.* Poverty and alcohol and drug abuse have been affecting sexual health behaviors of urban adolescents in a negative way. Programs should therefore consider finding ways of addressing these broader issues to support behavior change.

- *Sustain behavior change messages.* When planning SBCC programs, it is important to plan regular follow-up phases to reinforce messaging and ensure that changes in knowledge, attitudes and behaviors (KAB) are sustained. This may involve repeating successful activities at regular intervals.

> **⚠ Reminder!**
>
> SRH relies on access to good information. Out-of-school and younger adolescents might not speak French, Portuguese or official national languages as well as their locally spoken languages. Make sure your project's activities and materials deliver the messages your audience needs in a language that they best understand by using local language where appropriate.

Creating an Enabling Environment

- *Promote conversation around SRH:* An environment where SRH is discussed openly can be a protective factor. Activities should aim to create the space and opportunity for community members (young and old) to discuss issues related to sexual health. This can be done through a variety of communication channels (see **Essential Element 2**).

- *Work with service providers:* To promote young people's use of condoms, contraception or STI testing, we need to make sure that such services are accessible. Being "accessible" does not only mean that young people can physically go to the health center or pharmacy. Youth also need to feel comfortable going there, feel respected and know that confidentiality will be maintained.

  See the **Resources** section at the end of this section for further guidance on linking with youth-friendly health services.

- *Engage parents and leaders:* Support from parents and community leaders is necessary for changing dominant norms that influence sexual relationships and for developing supportive attitudes.

When developing specific activities...

- *Take time to develop effective messages.* Well-developed messages are an important component of any SBCC activity. You will learn more about this in **Essential Element 7**.

- *Use mass media, social media and mobile phone technology to reach urban adolescents.* Many urban adolescents have access to these types of communication channels and often prefer to receive health information through them.

Resources

Examples of programs working on some of these broader aspects affecting youth sexual behavior can be found in the **Resources** section at the end of this section.

- *Use popular role models.* Seek ways to involve famous people or personalities, admired by young people, in delivering activities to young people or promoting key messages through appearances in the media or other communication channels. Ensure that these individuals model the behaviors you are trying to promote.

- *Make peer education a component of your SBCC program rather than a stand-alone activity.* Using peer educators can be an effective way of imparting messages to adolescents. However, there is evidence to show that on its own, peer education is not enough to change attitudes and behaviors. It is important to make peer education a component of a broader SBCC program.

Community Engagement and Youth Participation

Straight to the Point: Identifying and Prioritizing Behavior Change Needs (2013)
Pathfinder International
Organizations and groups can use this tool to guide a group activity with members of the community they work with in order to identify the major barriers to adopting a specific healthier behavior and to prioritize which barriers should be addressed first.
http://www.pathfinder.org/publications-tools/straight-to-the-point-identifying-and-prioritizing-behavior-change-needs.html

What Works in Youth Participation: Case Studies from Around the World (2002)
International Youth Foundation
http://www.iyfnet.org/sites/default/files/WW_Youth_Participation.pdf

Youth Participation in Development. A Guide for Development Agencies and Policy Makers (2010)
SPW/DIFID-CSO Youth Working Group
This youth participation guide aims to help build and harness young people as assets. It has been developed through a participatory process led by young people themselves, and provides strategies and examples of how youth can contribute to four key operational areas: organizational development, policy and planning, implementation, and monitoring and evaluation (M&E). The guide draws together case studies, resources and practical "how to" guidance from around the world to understand how to actively involve young people in programming.
http://restlessdevelopment.org/file/youth-participation-in-development-pdf

Youth Involvement in Prevention Programming
Advocates for Youth
Brief resource explaining the benefits of youth involvement in SRH programming, youth-adult partnerships and essential elements that make youth involvement work.
http://www.advocatesforyouth.org/storage/advfy/documents/involvement.pdf

Youth Participation Guide: Assessment, Planning and Implementation
YouthNet and Family Health International
Seeks to increase the level of meaningful youth participation in reproductive health (RH) and HIV/AIDS programming at an institutional and programmatic level. The target audience includes senior and middle management, program managers, staff involved in implementing activities and youth who may be engaged at all levels of an organization's work.
http://www.advocatesforyouth.org/publications/publications-a-z/1652-youth-participation-guide-assessment-planning-and-implementation

Assessing Community Capacity for Change
HC3 HealthCOMpass
This handbook is a guide to assessing community capacity for transformative work that leads to health. In this context, community capacity has to do with the question of whether or not the community has the characteristics, skills and energy to take on the challenges it will need to face in order to move to greater levels of well-being and prosperity.
http://www.thehealthcompass.org/sbcc-tools/assessing-community-capacity-change

Partnerships
The Partnerships Analysis Tool: A Resource for Establishing, Developing, and Maintaining Partnerships for Health Promotion
http://www.thehealthcompass.org/sbcc-tools/partnerships-analysis-tool-resource-establishing-developing-and-maintaining-partnerships

Straight to the Point: Assessing Partner Capacity for Behavior Change Activities (2011)
Pathfinder International
This tool provides a "straight to the point" means of identifying the strengths and weaknesses of SBCC implementing partners. It offers ideas and suggestions to help supervisors assess partner capacity in a systematic manner. The tool's Capacity Assessment Profile can be used to summarize existing and needed capacity, and also as a baseline for monitoring the increased capacity of partners as they work with the project.
http://www.pathfinder.org/publications-tools/Straight-to-the-Point-Assessing-Partner-Capacity-for-Behavior-Change-Activities.html

Straight to the Point: Assessing Partner Capacity Building Needs (Multiple Languages) (2014)
Pathfinder International
This tool helps users conduct a concise assessment of a partner organization's (or potential partner's) strengths and weaknesses, helping to identify areas where technical assistance will be needed to successfully implement a project. The tool addresses key capacity areas, including human capacity, basic management capacity, M&E capacity, absorptive capacity and community connectedness. The tool is meant to serve as a guide for interviewing multiple stakeholders at a partner or sub-grantee organization.
http://www.pathfinder.org/publications-tools/straight-to-the-point-assessing-partner-capacity-building-needs.html

Private Sector Toolkit for Working with Youth (2011)
Restless Development and the United Nations Program on Youth of the United Nations of Economic and Social Affaires
This toolkit explores the cooperation between youth and the private sector, both in principle and in practice. It aims to highlight the role of youth as social actors and to inspire the private sector to partner with youth organizations by increasing understanding of young people's great potential as development partners. The toolkit offers guidance on how to facilitate private sector engagement with young people and the formation of meaningful partnerships.
http://restlessdevelopment.org/file/privatesectorkit-pdf

SBCC Theories

TheoryPicker
The purpose of this tool is to rank some commonly used theories by their degree of fit with your behavior change challenge.
http://www.orau.gov/hsc/theorypicker/index.html

Theory at a Glance: Application to Health Promotion and Health Behavior (2005)
U.S. Department of Health and Human Services
This resource describes influential theories of health-related behaviors, processes of shaping behavior, and the effects of community and environmental factors on behavior. The document makes health behavior theory accessible and provides tools to solve problems and assess the effectiveness of health promotion programs.
http://www.sbccimplementationkits.org/demandrmnch/wp-content/uploads/2014/02/Theory-at-a-Glance-A-Guide-For-Health-Promotion-Practice.pdf

Foundations of SBCC
HC3 Health COMpass
This website contains many resources that introduce SBCC, communication theories, and program models and frameworks.
http://www.thehealthcompass.org/healthcompass?decision_tree=sbcc_tools

Tools for Behavior Change Communication
HC3 HealthCOMpass
The tools are meant to help with planning and developing a SBCC component in family planning programs, but can be used for any health- or development-related SBCC program.
http://www.thehealthcompass.org/sites/default/files/strengthening_tools/INFO%20Reports_Tools%20for%20BCC_0.pdf

PART 2

ESSENTIAL ELEMENTS OF SBCC PROGRAMS FOR URBAN ADOLESCENTS
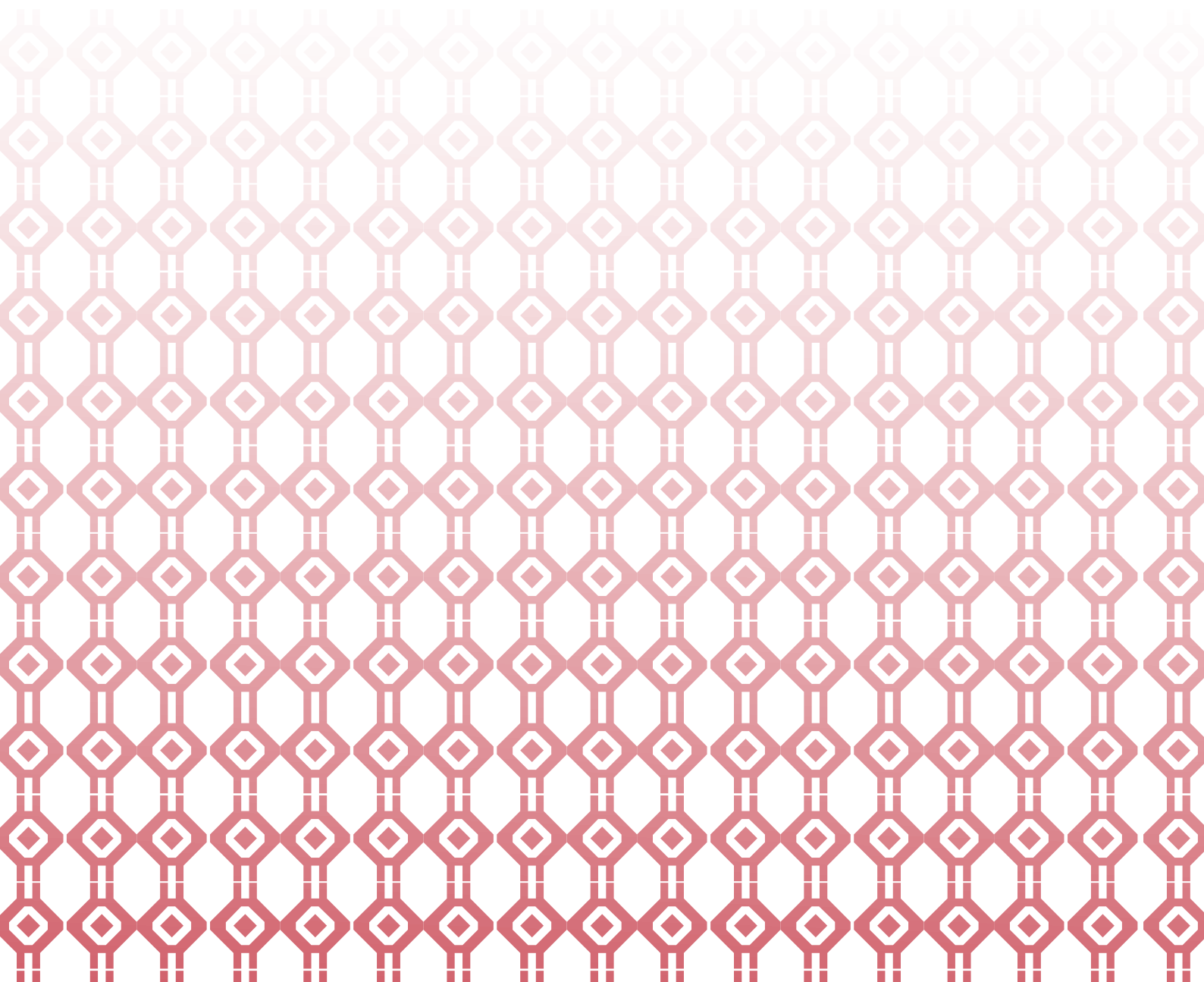
While the process of developing SBCC programs includes similar steps, regardless of the intended audience, in this I-Kit we are focusing on seven "Essential Elements" to strengthen SRH SBCC programs with urban adolescents. You may be interested in going through all Essential Elements from 1 to 7 or in using only some of the Essential Elements, depending on your program's needs. You can decide what is best for you and your team.

Blank Worksheets are included in each Essential Element so that you can apply what you learn. To help you complete the Worksheets, example Worksheets are provided using fictional data from the Zanbe program.

The following table lists the seven Essential Elements and corresponding Worksheets:

Essential Element	Worksheet
1. **Collecting Helpful Information about Urban Adolescents**	#1: Making Sense of Primary and Secondary Research
2. **Navigating the Urban Environment for Youth**	#2: Urban Assessment #3: Community Mapping
3. **Segmenting Your Audience**	#4: Segmenting Your Audience
4. **Creating an Audience Profile**	#5: Summarize Key Information About your Audience #6: Audience Profile
5. **Establishing Behavioral Objectives and Indicators**	#7: Behavioral Objectives #8: Behavioral Indicators
6. **Identifying Communication Channels in the Urban Environment**	#9: "Day in the Life" #10: Reviewing Available Communication Channels #11: Selecting Communication Channels
7. **Developing Messages for Urban Adolescents**	#12: Creative Brief #13: What Youth Say

For each Essential Element, you will be able to answer:

▶ What is the purpose?
▶ Why is this important?
▶ What are the key steps?

The key steps are not intended to provide a detailed process of tasks for each Essential Element, but rather to highlight critical components of SBCC program design for that element, as well as considerations in tailoring for an urban youth audience.

Essential Element 1:
Collecting Helpful Information about Urban Adolescents

Suggestions for working through this Essential Element:
- *Read the text from beginning to end.*
- *Collect data for your program.*
- *Complete Worksheet #1 with the data you have collected. If you need help filling it in, refer to the example of Worksheet #1 that has been completed with fictional data from the city of Zanbe.*
- *Refer to the resources at the end of this Essential Element as needed.*

What is the Purpose of this Essential Element?

From this Essential Element, you will:
- Learn about the different types of research you can use to better understand the SRH problem and potential audience.
- Use the data you have collected to complete **Worksheet #1: Making Sense of Primary and Secondary Research.**
- Determine if any additional information is needed for your SBCC program planning.

Why is this Important?

Imagine a company is developing a new mobile phone. Before putting that phone on the market, the company conducts extensive research to determine its customer base, or intended audience. Who will buy the phone? What will customers expect the phone to do? Where do customers want to buy the phone and what is a reasonable cost? How do customers want to learn about the phone and what will convince them this phone is better than the one they have?

All of this information is used to create a mobile phone that best appeals to the people that the company wants to reach. From this information, the company can create an advertising campaign, complete with billboards, radio and TV ads—just like the ones you see every day—to convince their intended audience that it *needs* the phone and *must* buy it.

The same is true for SBCC. Just like the mobile phone company wants all of the information to design the most appealing and most popular phone, SBCC program designers want to create the most interesting and attractive program to reach urban adolescents with SRH information and services. This means knowing:

- What SRH problem you want to address.
- Which behaviors you hope to influence.
- Whom you want to reach with your program.
- What the lives and environments of those you want to reach are like.

A thorough understanding of the people and the behavior(s) that you are trying to influence provides the foundation of SBCC. Programs that are developed with a complete understanding of the SRH problem, the people affected and their environment are more likely to have greater impact than those that are not. This knowledge can be gained from existing sources of information or by conducting your own research.

What are the Key Steps?

When conducting background research for your program, there are a number of key steps to follow:

1. Determine the SRH problem.
2. Use primary and secondary research to understand the context and root causes of the problem.
3. Make sense of the research you have collected.

1. Determine the Sexual and Reproductive Health Problem

Globally, there are a number of common problems that impact the SRH of urban adolescents, including unintended pregnancy, HIV and other STIs, maternal mortality, gender-based violence and unsafe abortion.

The first step in designing your SBCC program is to determine the SRH problem you want to work to correct. In many cases, you may already know what problem you want to address. You may have determined this through your commitments to a donor or through a strategic planning process.

If you have not yet determined the SRH problem for urban adolescents in your community that you want to work on, research can help you. You can use these questions (additional questions can be found in the **Resources** section at the end of this Essential Element):

- What are the SRH problems that the majority of urban adolescents in your community face?
- Of the SRH problems that urban adolescents face, which can you address most easily?
- What are the SRH problems that receive less attention, where your organization could make a strong impact?
- What are the SRH problems that people (particularly young people) in the community have identified as most important to tackle?
- Which SRH problems has your country committed to tackling?

2. Use Primary and Secondary Research

To understand the context and root causes of the problem, start with a review of secondary research—information that has been collected by other researchers or organizations. The advantage of secondary research is that it is already completed. You do not have to spend time or resources conducting the research.

The disadvantage is that you might not be able to find secondary research that answers your specific questions about your intended audience. If that is the case, you will probably need to supplement with primary research; that is, information that you collect yourself.

⚠️ **Reminder!**

Data are crucial for deciding who to reach, which behaviors to change and how to measure the change.

Younger Adolescents

Relevant SRH secondary data for 10 to 14 year olds can be challenging to find. If you plan to prioritize or include this age group in your programming, you'll likely need to conduct your own primary research. Learning more about younger adolescents in your city will be worth it for you, your programs and others in the future! Guidance on conducting research with this age group can be found at the links below and in the **Resources** section at the end of this Essential Element.

Depending on the questions you have, you may conduct your primary research with any number of people, such as:

- Youth
- Parents and/or other caregivers
- Other family members, including aunts/uncles, siblings, spouses and in-laws
- Friends and peers
- Health providers
- Teachers and youth workers
- Other community members
- Community leaders

Quantitative and Qualitative Research

Both primary and secondary research can be divided into two groups—quantitative and qualitative. Both types are helpful for answering the questions to plan your program.

Common quantitative methods
- Surveys
- Census
- Vital statistics
- "Counts" or record keeping
- Social media metrics
- Webpage analytics
- Media consumption studies

Common qualitative methods
- Focus group discussions
- In-depth interviews
- Photo narrative
- Content analysis
- Case studies
- Mapping exercises
- Observations

Using Secondary Research

Reading through secondary information is a good place to start understanding the SRH problem and those affected by it. If you have Internet access, try searching for articles on your topic of interest and using the websites of large-scale datasets.

Definitions

Quantitative research provides the "numbers" and is usually based on surveys with large, statistically representative groups of people. Quantitative research helps to understand how many people believe something or behave a certain way and which characteristics are related to each other.

Qualitative research is more descriptive and provides the "why" of an issue. It helps explain the issue from the point of view of the intended audience. It allows you to explore the reasons why they think or do what they do.

Important Concepts

Using Country-Level Data

A country-level study like a Demographic Health Survey (DHS) or census data is a good starting point, as long as it's up to date. Many DHS studies collect information on SRH. These studies can separate the data by different variables, such as age, marital status, level of education and parity. However, DHS only collects data for those ages 15 and over, living in a household. If your program focuses on younger adolescents or those living on the streets, you will need to look for alternative data sources. National-level data may also not provide information specific to your city.

Information can also be collected from groups and organizations that conduct research and publish on SRH and youth. Search their websites or contact their local office for publications and reports. There also may be working groups in your city covering the SRH issue you are addressing that can provide information (i.e., oral or written reports) and may lead to potential partnerships.

Resources

See the **Resources** section at the end of this Essential Element for further information on places to look for secondary research.

Reminder!

Collecting Secondary Research

- *Brainstorm with your team.* Work with co-workers to generate a list of all the organizations locally that might have collected data that could be helpful.

- *Take advantage of the benefits of the city.* Working in urban environments often means being close to national-level information repositories (i.e., Ministry of Health [MOH], research groups, NGOs) and Internet access.

- *Use the most recent data (within the last five years).* If you are not able to find recent data, use what you can find, update when possible and/or try to verify older data through your own research.

- *Similar studies can be helpful.* Consider research that might have been conducted elsewhere on a similar topic or the segment of urban adolescents that you are interested in. If your organization has a chapter in another place or nearby countries, don't forget to also reach out to them.

- *Use trusted sources of information.*

    » Global organizations (e.g., UN agencies, international donor governments)
    » International non-governmental health organizations
    » National and community-based organizations
    » Researchers
    » Journals
    » Private sector
    » Government ministries
    » Service delivery organizations

Conducting Primary Research

You might find secondary research provides good overall information about urban adolescents across the country, but it might not provide enough detail about urban adolescents in particular locations or about particular groups of urban adolescents. You also might not find any data on the people who influence the behavior of your urban adolescents—parents and/or caregivers, siblings, spouses, in-laws, friends and peers, health care providers, teachers and more. You can conduct your own research to fill in these gaps. Conducting your own research allows you to customize for your intended audience and the specific information you need.

Resources

For more guidance on doing research (primary and secondary) please see the **Resources** section at the end of this Essential Element.

The questions below can help you identify whether you will need to conduct primary research:

	YES	NO
• Is there anything else you need to know for your program about your audience's behaviors?	☐	☐
• Is there anything else you need to know for your program about your audience's attitudes, beliefs, values and perceptions?	☐	☐
• For your program, do you need to know more about the barriers and drivers of behavior for your audience?	☐	☐
• Do you see any contradictory information in the research you have gathered so far?	☐	☐
• Do you think that the research you have gathered may have been biased in any way?	☐	☐
• For your program, do you need to know more about the key influences on behavior in your audience?	☐	☐
• For your program, do you need to know more about the individuals who play an influential role in the lives of your audience?	☐	☐
• Are there any important questions that could help you design or improve your program that have not been answered by the research you have gathered so far?	☐	☐

If you have answered "yes" to any of the above questions, it is likely that conducting primary research will help you gather the information you need to develop a successful SBCC program.

Reminder!

Whenever possible, both qualitative and quantitative methods should be used to provide a complete picture.

If you choose to do primary research, there are a variety of research methods you could use to gather more information and the Resource section at the end of this Essential Element provides some helpful reminders on how to conduct primary research.

3. Make sense of the research you have collected

Now that you have gathered secondary and primary data, it is time to examine that data and draw some conclusions.

Worksheet #1 below will help you answer some key questions about the information you have collected and use it to design or strengthen your SBCC program. The Worksheet is followed by a completed example using fictional data from Zanbe. You can use this example to help you in completing your own Worksheet.

WORKSHEET #1:
MAKING SENSE OF PRIMARY AND SECONDARY RESEARCH

Purpose: To review research and information collected, and identify the SRH problem and potential audiences for your SBCC program.

Preparation:
Gather the following data to help you fill out this Worksheet for your program.
- Relevant secondary research sources (e.g., DHS, health center statistics)
- Relevant primary research sources (e.g., research reports)

Directions:
1. Answer the questions in this Worksheet using your data.
2. Refer to the **Worksheet #1: Zanbe Example** to help you complete this blank Worksheet with the information relating to your program.

1. What is the SRH problem that you plan to address for urban youth (e.g., unintended pregnancy, HIV, STIs, maternal mortality, unsafe abortion, etc.) and why did you choose to address this problem?

2. What is the percentage of urban youth affected by the SRH problem and what might this mean for your program?

(Information Source: _____)

3. What are the demographics (age, gender, education level) of the urban youth that are affected by this SRH problem? The list below gives you an example of the type of information you need to answer this question.
   - Indicate the percentage for each.
   - Note if you see large or small differences between groups for each demographic.
   - Note if you are unable to find the exact information for your intended audience.
   - If information is not available, find the closest information. For example, use information for all youth if you are not able to separate urban and rural youth.
   - Indicate the source of your information (name of study and table, chart or page number).

   a. Age:

   b. Gender:

   c. Education level:

   d. Other (specify: _____):

4. What KAB are known for urban youth on this SRH problem?
    - Indicate the percentage for each.
    - Note if you see large or small differences between groups.
    - Note if you are unable to find the exact information for your intended audience.
    - If information is not available, find the closest information. For example, use information for all youth if you are not able to separate urban and rural youth.
    - Indicate the source of your information (name of study and table, chart or page number).

    a. Knowledge:

    b. Attitudes:

    c. Behaviors:

    d. Other:

5. Based on the information you have reviewed, what other questions do you need answered in order to identify the urban youth most in need of your SBCC program to address this SRH issue and how do you plan to get these questions answered? Record your additional questions and thoughts on how to answer them in the chart below.

    Think of other things you would like to know about young people's behaviors, beliefs, aspirations and values:
    *   Are there some groups of young people you would like to know more about? For example, younger adolescents or street children?
    *   Are there some issues you would like to know more about, for example, information on illegal abortion or on the taboos surrounding SRH?

Additional Questions:	Possible Ways to Find Answers:

TIME TO REFLECT

Before you move on, take a moment to reflect on your experience with this Worksheet.

What are the three key pieces of information you learned from filling out this Worksheet?

1.

2.

3.

WORKSHEET #1:
MAKING SENSE OF PRIMARY AND SECONDARY RESEARCH

Zanbe Example

This example is based on the Zanbe "Let's Talk About It!" program introduced in Part 1 of the I-Kit to show how the program managers used research (primary and secondary, quantitative and qualitative) to better understand the SRH problem and determine if they needed any additional information. Comments are provided in text bubbles. The fictional data used to complete this Worksheet can be found in the Resources section at the end of this Essential Element. You may want to review this data yourself to see how it is used and where it appears in this Worksheet.

1. What is the SRH problem that you plan to address for urban youth (e.g., unintended pregnancy, HIV, STIs, maternal mortality, unsafe abortion, etc.) and why did you choose to address this problem?

   Unintended pregnancy among urban adolescents, 15 to 19.

   Our donor requested that we focus on this population, as well as younger adolescents at risk of becoming this population. Total project focus is adolescent girls and boys, 10 to 19.

2. What is the percentage of urban youth affected by the SRH problem and what might this mean for your program?

   In DHS Table 5, 21 percent of girls 15 to 19 in urban areas are already mothers or pregnant with their first child. The urban percentage (21.4 percent) is slightly lower than their rural peers (24.4 percent). The poorest segment of the population (lowest wealth quintile) had the highest percentage of girls who had begun childbearing.

   Although the data is not separated by age for urban and rural, the percentage of pregnant adolescents is lower among the younger ages (1.6 percent for 15 year olds) and higher among the older ages (57.6 percent for 19 year olds). This data might support segmenting the audience to reach those who have not started having sex with a prevention message (i.e., delaying sex or contraception) and those who have already given birth with a child spacing message.

   > There was no DHS table for "unintended pregnancy" among urban adolescents between the ages of 15 and 19, so the age of mothers having their first child was used as a proxy for this question. The program would benefit by focusing on lower-income areas of the city.

   (Information Source: *Tokona DHS 2011*)

3. What are the demographics (age, gender, education level) of the urban youth that are affected by this SRH problem? The list below gives you an example of the type of information you need to answer this question.

   a. Age:

   15.5 percent of urban women ages 15 to 24 have had sexual intercourse before age 15 and 52.5 percent of the women ages 18 to 24 have had sexual intercourse before age 18 (DHS Table 13).

   > The program might want to address delayed sexual debut for girls 10 to 14 and contraceptive access for those 15 to 19.

   b. Gender:

   Adolescent girls, since they are the ones who get pregnant; and young men, since they are seen as the contraception decision-makers.

   c. Education level:

   Young women with no schooling are twice as likely as those who go to secondary school to have had sex by age 15 (18 percent compared with 9 percent) (DHS Table 13).

   Literacy levels are low among 15- to 19-year-old women who have no schooling or primary school, with only 28.7 percent of them able to read a whole sentence and 20.8 percent cannot read at all (DHS Table 3).

   > If the program decides to focus on the younger age group, they will need to find the literacy level for out-of-school women younger than 15.

   d. Other (specify: _____):

   On a weekly basis, older adolescents (15 to 19 years old), are more likely to listen to the radio (75 percent), watch TV (24 percent) or read a newspaper (23.3 percent), and urban adolescents have higher percentages than their rural peers (DHS Table 4).

   > While the DHS data does not have a table specifically on adolescent pregnancy and living arrangements, other studies show that unintended or early pregnancy occurs more frequently among poorer youth, who do not live with one or both parents.

4. What KAB are known for urban youth on this SRH problem?

   a. Knowledge:

   Knowledge of any modern contraceptive methods is high (98 percent) among all women (DHS Table 8, not shown here, there was no information specifically for 15 to 19 year olds).

   > The program does not need to focus as much on the basic knowledge of contraception; however, they need to learn more about whether young women know the details about different methods.

   b. Attitudes:

   A recent qualitative report from the University of Zanbe showed that it is more socially acceptable for married women and young women over age 20 to use contraceptive methods. However, it is socially unacceptable for 15 to 19 year olds to use contraception because they are not supposed to be having sex at that age.

   c. Behaviors:

   Among urban never-married women ages 15 to 24, the percentage that have never had sexual intercourse was 49.8 percent (DHS Table 14).

   Among urban never-married women ages 15 to 24, the percentage that had sexual intercourse within the past 12 months and used a condom was 54.7 percent (DHS Table 14).

   Among unmarried sexually active 15- to 19-year-old girls, 54.9 percent are not using any method, and the main methods for those that are using are the male condom (24.3 percent), withdrawal (9.9 percent) and injectable (9.6 percent) (DHS Table 7).

   This data lead us to wonder why sexually active adolescents are not using contraception and what would be the best methods to promote contraception among them.

   While condoms are the most used method, we don't know if they are used consistently and correctly.

5. Based on the information you have reviewed, what other questions do you need answered in order to identify the urban youth most in need of your SBCC program to address this SRH issue and how do you plan to get these questions answered? Record your additional questions and thoughts on how to answer them in the chart below.

Think of other things you would like to know about young people's behaviors, beliefs, aspirations and values:
- Are there some groups of young people you would like to know more about? For example, younger adolescents or street children?
- Are there some issues you would like to know more about, for example, information on illegal abortion or on the taboos surrounding SRH?

Additional Questions:	Possible Ways to Find Answers:
· What targets has our country set to reduce rates of unintended pregnancy?	· Review government documents · Interview a family planning unit staff member at the MOH.
· The DHS data is for the country as a whole. Are the urban women in Zanbe similar to the country data or are there differences? · Which 10 to 19 year olds are most likely to become pregnant or to make a girl pregnant? · What are the different SRH needs of those aged 10 to 14 compared to those 15 to 19 or 20 to 24 year olds?	· Interview nurses or administrators in public and private Zanbe family planning and antenatal clinics. · Review secondary research. · Conduct primary research with young women and men of different age groups.
· What are the gender norms that impact 10- to 19-year-old girls? · How are relationships between 15 to 19 year olds perceived in the city? By young people? Their influencers? · How do 15- to 19-year-old adolescents feel about contraception? Are there myths or barriers we need to address? · What do we know about the different barriers, facilitators and motivators to using contraceptives for in-school vs. out-of-school adolescents? · Where do urban adolescents access contraception and contraceptive services, and what is that experience like?	· Conduct focus groups with a few different segments of urban 10 to 19 year olds, e.g., those not attending school, those with children, etc., to explore gender norms and these other questions. · Conduct in-depth interviews with parents and health care providers to explore these topics among others.

TIME TO REFLECT

Before you move on, take a moment to reflect on your experience with this Worksheet.

What are the three key pieces of information you learned from filling out this Worksheet?

1. *We should consider segmenting our audience by age and focusing on delayed sexual debut for 10 to 14 year olds and contraceptive access for 15 to 19 year olds.*

2. *We should consider using radio as a communication channel because it's so popular in the urban environment.*

3. *Since early sexual debut is correlated with being out-of-school, we may want to focus on the out-of-school adolescent population.*

Resources for Essential Element 1

Resources for **Essential Element 1** include:
1. Questions to Help Understand the Sexual Reproductive Health Issue among Urban Youth
2. Reminders for Conducting Primary Research
3. Data from the Fictional Country of "Tokona"
4. Various Links and Suggestions for Data, Datasets and Formative Research

Questions to Help Understand the Sexual Reproductive Health Issue among Urban Youth

The SRH problem
1. What is the SRH problem?
2. What factors contribute to the problem? What causes or contributes to those factors?
3. Who is affected by the problem?
4. What evidence demonstrates there is a health problem? Do you have evidence to show the burden of the health problem in your community?
5. What recommendations or guidelines (i.e., national policies, clinical guidelines) exist related to the SRH problem?

Intended audience
Identifying appropriate intended audiences:
1. Who is the most affected by the SRH problem?
2. Which audiences are your partners and stakeholders interested in reaching?
3. Which audiences do you or your partners have access to?
4. Which audiences fit in with your organization's priorities?
5. Who is most likely and willing to change their behavior?

Segmenting the intended audience:
1. What are the segments in your intended audience? How do they differ from each other with regards to their behavior?
2. Which audience segments are most affected by the problem?
3. Which audience segments are most likely and most willing to change their behavior?
4. How does your SBCC theory help you segment your audience (e.g., where are they along the Stages of Change)?
5. What does your audience value in their life? What are their hopes and dreams? What do they want out of life?
6. Who influences your primary audience?

Behavior
Selecting a behavior
1. What is the current behavior of your intended audience?
2. What is the most realistic behavior change for the intended audience to adopt?
3. Will a change in this behavior actually affect the problem?
4. Should you select one behavior or a series of behaviors?

Understanding barriers and facilitators to behavior change for your intended audience

1. What might keep the audience from adopting the new behavior?
2. Are there environmental factors that play a role? What are they?
3. Are there policies or standards (for example, government laws or corporate policies) that either help or hinder the behavior change?
4. What makes the audience's current behavior easy? What makes the desired behavior difficult?
5. Is it a measurable behavior? Is it observable? How would you measure it?
6. What happens on days when your audience is successful at doing the desired behavior? What's different about those days? What made it easier to do it on that day?
7. What about days when your audience does not do the desired behavior? What happens on those days? What is different?
8. Where does the audience have the opportunity to try the desired behavior? Where don't they?

Benefits of the behavior

1. What does your intended audience like about the desired behavior?
2. What is appealing about it?
3. What benefits can you reasonably offer to your audience?
4. What new behavior will be easiest for them to adopt?
5. What could they fit into their lives?
6. Does your audience believe the desired behavior will provide them with a certain benefit? What do they think and how do they feel about that benefit?
7. Does the audience believe they can do the behavior?

Barriers to the behavior

1. What does your audience <u>not</u> like about the desired behavior?
2. What is unappealing about changing their behavior?
3. What things keep them from doing the behavior? (costs/ barriers)
4. What costs/barriers do you have the ability to modify or reduce?
5. What will the audience need to give up to adopt the desired behavior?

Intervention Strategy

1. What strategies were used in past interventions with similar goals? Who was the intended audience of those interventions? How are the audiences similar to or different from your intended audience?
2. Which strategies are promising?
3. Which strategies have not worked in the past?
4. Are there strategies that have been fully evaluated or draw on a base of evidence?

Communication Channels

1. Where does the audience get information about the desired behavior?
2. Where does the audience spend time?
3. Who influences or could influence your audience to do the desired behavior? To start it? To maintain it?
4. Who do they listen to about this behavior? Who is a credible source of information? Who is most motivating? (i.e., this helps for identifying spokespersons and channels of communication)
5. Who would be a credible source of information for the audience about the health topic or about the behavior?

Reminders for Conducting Primary Research

Investigate Institutional Review Board review. Some countries may require that an Institutional Review Board (IRB) approve your research before it starts. Usually, this is not required for information collected purely to design a program and which will not be disseminated further. Check with your local IRB/Ethics Committee.

Ensure confidentiality. Given the sensitive nature of SRH issues, especially among young people, it is important to inform anyone taking part in research that their information will be kept confidential and anonymous.

Collect informed consent. Include an informed consent procedure to your research process so that participants are clear about the purpose of the study and topics to be discussed, and know that they can opt out of the research at any point.

Gain parental consent. For youth younger than the age of majority, parental permission may be needed for them to participate in research. Contact your IRB/Ethics Committee to confirm the age of majority in the country in which your research is taking place.

Address location-specific challenges. It may be easier to conduct research from established settings, such as schools, but this may limit the type of youth involved. Consider specific challenges to carrying out research in other settings, such as informal settlements, bars or workplaces.

Involve your intended audience. Conducting research is a great opportunity to work with members of the intended audiences in designing the study, writing the questions, recruiting participants and conducting the research. Participatory Action Research is a methodology that could be used.

Train your data collectors. Your data collectors should be trained in your research methodology, confidentiality, providing informed consent and in working with young people if they will be conducting research with them. Where possible, have an experienced researcher take the lead.

Look for research partners. There may be partner organizations that have strong research expertise. Consider bringing them on as partners to build your capacity to conduct primary research.

Data from the Fictional Country of "Tokona" (used for Worksheet #1)

Tokona DHS Tables

Table 1. Children's living arrangements and orphan hood
Percent distribution of de jure children under age 18 by living arrangements and survival of parents, the percentage of children not living with a biological parent, and the percentage of children with one or both parents dead, according to background characteristics, Tokona 2011

Background characteristic	Living with both parents	Percentage not living with a biological parent	Percentage with one or both parents dead
Age			
10 - 14	45.5	25.3	17.9
15 - 17	39.7	29.7	22.4
Residence			
Urban	48.9	22.5	11.5
Rural	56.1	18.1	11.5

Table 3. Literacy: Women
Percent distribution of women age 15-19 by level of schooling attended, level of literacy and percentage literate, according to background characteristics, Tokona 2011

Background characteristic	Secondary school or higher	No schooling or primary school			Percentage literate*
		Can read a whole sentence	Can read part of a sentence	Cannot read at all	
Age					
15 - 19	32.3	28.7	17.4	20.8	78.4
Residence					
Urban	58.9	17.7	9.4	12.9	86.0
Rural	20.0	24.1	14.7	39.3	58.8

* Refers to women who attended secondary school or higher and women who can read a whole sentence or part of a sentence

Table 4. Exposure to mass media: Women
Percent distribution of women age 15-19 who are exposed to specific media on a weekly basis, by background characteristics, Tokona 2011

Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	Accesses all three media at least once a week	Accesses none of the three media at least once a week
Age					
15 - 19	23.3	24.0	75.2	7.6	18.3
Residence					
Urban	36.9	59.7	78.0	23.0	8.4
Rural	10.0	9.8	73.2	2.3	24.2

Table 5. Teenage pregnancy and motherhood

Percentage of women age 15-19 who have had a live birth or who are pregnant with their first child, and percentage who have begun childbearing, by background characteristics, Tokona 2011

Background characteristic	Percentage of women age 15-19 who:		Percentage who have begun childbearing	Number of women
	Have had a live birth	Are pregnant with first child		
Age				
15	0.7	0.9	1.6	480
16	5.0	3.5	8.5	414
17	13.1	7.7	20.8	367
18	28.3	9.1	37.4	417
19	48.7	8.8	57.6	370
Residence				
Urban	16.6	4.8	21.4	395
Rural	18.4	6.0	24.4	1,652
Wealth quintile				
Lowest	24.0	10.4	34.4	316
Second	24.9	7.9	32.8	346
Middle	20.0	4.3	24.3	368
Fourth	14.1	5.0	19.1	481
Highest	12.5	3.3	15.8	537

Table 7. Current use of contraception by age

Percent distribution of sexually active unmarried women age 15-25+ by contraceptive method currently used, according to age, Tokona 2011

	Any method	Male condom	Withdrawal	Injectables	Pill	Not currently using
Age						
15 - 19	45.1	24.3	9.9	9.6	1.3	54.9
20 - 24	54.3	23.3	4.1	15.9	7.1	45.7
25+	53.9	14.2	1.4	23.7	3.7	46.1
Total	**51.8**	**19.0**	**4.2**	**18.2**	**4.0**	**48.2**

Table 13. Age at first sexual intercourse among young people

Percentage of young women age 15-24 who had sexual intercourse before age 15 and percentage of young women age 18-24 who had sexual intercourse before age 18, by background characteristics, Tokona 2011

Background characteristic	Percentage of women age 15-24		Percentage of women age 18-24	
	Percentage who had sexual intercourse before age 15	Number of women	Percentage who had sexual intercourse before age 18	Number of women
Age				
15 - 19	12.2	2,048	na	na
20 - 24	16.1	1,629	57.9	1,629
Residence				
Urban	15.5	812	52.5	577
Rural	13.5	2,865	59.2	1,839
Education				
No education	18.3	140	65.8	108
Primary	16.9	2,218	65.0	1,356
Secondary+	8.5	1,318	46.1	952
Total	**13.9**	**3,677**	**57.6**	**2,416**

Table 14. Premarital sexual intercourse and condom use during premarital sexual intercourse among young people

Among never-married women age 15-24, the percentage who have never had sexual intercourse, the percentage who had sexual intercourse in the past 12 months, and, among those who had premarital sexual intercourse n the past 12 months, the percentage who used a condom at the last sexual intercourse, by background characteristics, Tokona 2011

	Never-married women age 15-24			Among women who had sexual intercourse in the past 12 months:	
	Percentage who have never had sexual intercourse	Percentage who had sexual intercourse in the past 12 months	Number of never married women	Percentage who used a condom at last sexual intercourse	Number of women
Age					
15 - 19	71.1	19.4	1,582	53.6	308
20 - 24	34.5	44.7	389	53.5	174
Residence					
Urban	49.8	35.2	496	54.7	174
Rural	68.6	20.8	1,475	52.9	307
Education					
No education	70.2	14.9	44	*	6
Primary	71.2	17.3	1,070	52.2	185
Secondary+	54.3	33.8	858	55.3	290

Various Links and Suggestions for Data, Datasets and Formative Research

DATA

Demystifying Data: A Guide to Using Evidence to Improve Young People's Sexual and Reproductive Health (2013)
Guttmacher Institute and IPPF
This publication is designed to make accessible and contextualize a wealth of data on adolescent sexual health and rights in 30 countries, and to provide guidance on how to apply the data to advocacy, education and service provision efforts. The guide is designed to be a resource for youth advocates, sexuality educators and service providers, as well as others working to advance the sexual and reproductive health and rights of young people.
http://www.guttmacher.org/pubs/demystifying-data.pdf

Save the Children Resource Center
Save the Children
This online portal is managed by Save the Children Sweden and hosts comprehensive, reliable and up-to-date information on child protection issues and child rights globally. It includes data on sexual health-related issues, such as child marriage, abortion, female genital cutting and gender-based violence.
http://resourcecentre.savethechildren.se/

DATASETS (examples of large-scale datasets and links for urban youth data)

DHS
Nationally representative household surveys that provide data on marriage, fertility, family planning, reproductive health, child health and HIV/AIDS. Respondents include women of reproductive age (15-49) and usually men (15-59). Results are available as country reports or datasets to download for analysis.
http://dhsprogram.com/Data/

DHS Youth Corner
DHS information about youth aged 15-24 with special focus on reproductive health, HIV/AIDs, gender issues and education.
http://dhsprogram.com/topics/youth-corner/index.cfm

HIV/AIDS Survey Indicators Database
Comprehensive source of information on HIV/AIDS indicators derived from sample surveys. Results are available as country reports or the user-produced tables for specific countries with selected background characteristics.
http://hivdata.dhsprogram.com

Multiple Indicator Cluster Survey
Data related to the Millennium Development Goals (MDGs) with 21 MDG indicators collected through the Multiple Indicator Cluster Survey 3 (particularly indicators related to health, education and mortality). Results are available as country reports or datasets to download for analysis.
http://www.unicef.org/statistics/index_24302.html

The World's Youth 2013 Data Sheet

Population Reference Bureau

Provides a comprehensive portrait of the well-being of youth ages 10 to 24 across the globe, including such indicators as the current and projected size of youth populations, educational enrollments, labor force participation, marriage and fertility, and health risks and behaviors.
http://www.prb.org/Publications/Datasheets/2013/youth-datasheet-2013.aspx/

Fondation Hirondelle

Fondation Hirondelle works in post-conflict countries around the world to develop media outlets with popular appeal. It also produces reports and surveys of media usage in the countries in which it operates.
http://www.hirondelle.org/index.php/en/

FORMATIVE RESEARCH

Guide for Selecting a Formative Research Method

HC3 HealthCOMpass

This guide provides an algorithm to assist program managers and researchers in selecting the right formative research method. The guide helps managers decide between quantitative and qualitative methods, and then offers specific methods that match the needs of a program.
http://www.thehealthcompass.org/sbcc-tools/guide-selecting-formative-research-method

Measuring HIV SBCC Outcomes

HC3

On this webpage from HealthCompass, HC3's Research and HIV teams present resources to help guide health communication practitioners working in the field of HIV/AIDS. The page includes guides for participatory monitoring of BCC for HIV programs, focus group discussion guidelines, using survey research for evaluating communication campaigns and measuring social impact; an M&E toolkit; and examples of measurement from field programs.
http://www.thehealthcompass.org/trending-topics-measuring-hiv-sbcc-outcomes

Analyze the Situation

HC3 HealthCOMpass

This is step 1 in the HC3 Demand Generation I-Kit for Underutilized Commodities in RMNCH. Step 1 describes the situation analysis—how they are conducted, what key questions to ask, and how to integrate gender and identify strategic priorities.
http://sbccimplementationkits.org/demandrmnch/fp-step1/

Tips for Running Focus Groups with Youth

HC3 HealthCOMpass

This guide covers the three most common barriers to youth focus groups and suggestions for overcoming them. Some barriers include violations of privacy, capacity for commitment and lack of interest.
http://www.thehealthcompass.org/sbcc-tools/tips-running-focus-groups-youth-guide

Are you on the Right Track? Six Steps to Measure the Effects of your Programme Activities. (2009)
STOP AIDS NOW! and Rutgers World Population Foundation
This workbook has been developed specifically for programmers working in the area of young people's sexual health. The workbook is a hands-on instruction manual for developing an outcome M&E plan by proposing six key steps. The tool is helpful both to assess progress and to measure achievement of activities relating to sexual health interventions.
http://www.stopaidsnow.org/sites/stopaidsnow.org/files/PY_Are_you_on_the_Right_Track.pdf

Essential Element 2: Navigating the Urban Environment for Youth

This Essential Element will help you learn more about the environment in which your audience lives and how to use this information in your SBCC programming. Here are some suggestions for working through this element:

- *Read the text from beginning to end.*
- *Complete **Worksheet #2** with the data you have collected. If you need help filling it in, refer to the example of **Worksheet #2** that has been completed with fictional data from the city of Zanbe.*
- *Refer to the resources at the end of this Essential Element as needed.*

What is the Purpose of this Essential Element?

The purpose of this Essential Element is to:
- Gain insights into the factors that can affect your program—social, economic, demographic or political.
- Identify the community leaders or groups who are likely to lend support or oppose your program.

Why is this Important?

To help you understand the urban world in the context of your intended audience, this element provides some activities to conduct with members of the intended audience and community.

An assessment of the urban environment where you will be implementing your program helps to provide insights into the trends or other factors that can affect your program, including:
- Social, economic, demographic or political factors (e.g., disease, unemployment, poverty, population size, armed conflict, displacement and natural disasters).
- Social norms that could support or prevent the intended behavior change.
- Policies or pending legislation that could support or prevent the intended behavior change.
- Other organizations currently addressing the SRH problem or audience segment.
- Community leaders or groups who are supportive or oppose your program.

If you have worked through **Essential Element 1**, the research you used for that can help you answer questions about all of these factors. If you are working on this element only, without having completed **Essential Element 1**, don't worry. All you will need is data relating to your program, your target group and the city or cities in which you wish to run your program. This data can come from your program or other organizations' and relevant ministries' documents, reports, surveys and studies.

What are the Key Steps?

When navigating the urban environment for youth, there are a number of key steps to follow:
1. Conduct a Community Mapping or Urban Assessment
2. Identify Potential Priority Partners

1. Conduct a Community Mapping or Urban Assessment

A community mapping or urban assessment allows you to identify the places and spaces where youth gather, community leaders and organizations to work with, and various factors (social, demographic, economic and political) that may affect your program. It's important to identify these people, places and factors early to ensure that your program is feasible, affective and in line with community values. Use **Worksheet #2: Urban Assessment** and **Worksheet #3: Community Mapping** to learn more about this.

2. Identify Potential Priority Partners

Health is just one of the many issues that cause young people to need support. Evidence shows that programs that are able to address the different needs of young people—particularly health, education and economic strengthening—are most effective. However, you do not need to do this on your own! One of the most important outcomes of conducting an urban assessment is identifying the organizations and groups that are also working with young people, and developing strategic partnerships with them to enhance your program and provide coordinated support and resources for young people in your city.

Worksheet #2 gives you the opportunity to practice doing an urban assessment for your audience and is followed by an example that has been completed using fictional data from Zanbe. You can use this example to help you in completing your own Worksheet.

Resources

If you want to learn more about SRH programming for adolescents, see the **Resources** section at the end of this Essential Element.

Reminders for partnerships across sectors

- ***Partner with health care providers.*** It is vitally important that your SBCC program links youth to health care providers and service delivery sites that offer comprehensive SRH information and services. Find the providers in the community where you are working and make sure you set up strong referral systems with them so that your SBCC messaging links youth directly to those services.

- ***Partner with education institutions.*** Educational institutions, such as schools and universities, as well as informal education programs like training centers or organizations serving out-of-school youth, are great partners for implementing SBCC programs. Schools provide access to young people and often have teachers and faculty that can be trained to help deliver your program.

- ***Partner with religious leaders.*** While some religious institutions might not agree with adolescent SRH programs, religious leaders can also be a reliable and trusted entry way into the community. They can also be key to community mobilization. Talk to your local religious leaders individually or as a group, and see if you can work together on common priorities like family planning goal-setting, defining a healthy relationship, or even referring adolescents to health clinics for SRH information and check-ups.

- ***Partner with the corporate sector.*** If you are implementing an SMS platform to share information and interact with urban adolescents, ask a mobile phone company to partner with you, provide some resources (e.g., airtime) and lend additional technical support.

- ***Partner for mentoring and employment opportunities.*** Economic opportunities may be limited for urban adolescents, whether or not they have completed school. Consider including activities that will provide skills for future employment or partnering with businesses or microfinance organizations that can provide loans, internships or jobs for youth.
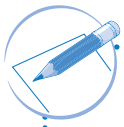
WORKSHEET #2: URBAN ASSESSMENT

Purpose: To gain insights into the factors that can affect your program (social, economic, demographic or political), and community leaders or groups who are likely to lend support or oppose the program.

Preparation:
Before you start, make sure you have the following information to help you fill out this Worksheet.
- Any previous maps or assessments conducted in the area
- A group of people that know the community well
- Any other information relating to the environment where your program will take place

Directions:
1. Answer the questions in this Worksheet using your data. If you have completed **Worksheet #1** from **Essential Element 1**, refer to it when completing this Worksheet as it may contain some useful information. Please note, however, that you can complete this Worksheet even without having worked through **Essential Element 1**.
2. Refer to the **Worksheet #2: Zanbe Example** to help you complete this blank Worksheet with the information relating to your program.

1. What is the geographic area where your program will take place? (e.g., informal settlement, city, multiple-cities, peri-urban area, neighborhood)

2. What trends or other factors might affect the environment in which your program will take place? (e.g., disease, unemployment, poverty, population size, armed conflict, displacement, natural disasters)

   a. Social:

   b. Economic:

   c. Demographic:

   d. Political:

   e. Other:

3. What are the social norms that may support or act as barriers to the intended behavior change for your intended audience?

    Supportive:

    Barriers:

4. What current policies or pending legislation might support or be a barrier to your target audience's response to the SBCC program?

    Supportive:

    Barriers:

5. What other organizations are currently addressing the SRH problem in your community? List the name of the organization, their activities relating to your project, the people they are focusing on and geographical area for their activities.

Name of Organization	Activities	Audience	Geographic Area

6. Which groups, community leaders or other individuals should you actively seek support from as allies or partners? Think of the individuals or organizations that might make your program more sustainable and which might provide economic opportunities and skills building for marginalized urban youth.

7. Which groups, community leaders or other individuals, if any, do you think might oppose your program? Examples of groups and organizations that may oppose your program include religious leaders, community leaders, parents, schools, government institutions or community-based organizations. List in the table below the ones that are relevant to you, the reason they may oppose your program and potential strategies for how you might deal with dissent from these groups.

Individual/Group/ Organization	Reason for Opposing Program	Potential Strategies

TIME TO REFLECT

Before you move on, take a moment to reflect on your experience with this Worksheet. What are the three key pieces of information you learned from filling out this Worksheet?

1.

2.

3.

WORKSHEET #2: URBAN ASSESSMENT

Zanbe Example

This example is based on the Zanbe "Let's Talk About It!" program introduced in Part 1 of the Kit. The program managers conducted a two-day workshop and invited their staff, advisory group and selected urban adolescents from the intended audience. The workshop included a presentation of the secondary and primary research, discussing the answers to the questions on Worksheet #2 and conducting the community mapping exercise described on Worksheet #3. Comments are provided in text bubbles.

1. What is the geographic area where your program will take place? (e.g., informal settlement, city, multiple-cities, peri-urban area, neighborhood)

   The city of Zanbe, an area that covers 100 km² and has a population of 1 million people. The project will focus on three of the poorest neighborhoods, including one informal settlement.

2. What trends or other factors might affect the environment in which your program will take place? (e.g., disease, unemployment, poverty, population size, armed conflict, displacement, natural disasters)

   a. Social:

   Some youth move to the city from surrounding and farther-away rural areas. These youth often live on their own without their family and traditional social structure because they have lost their parents due to HIV/AIDS or other illness, have been turned out of their home for various reasons or have come to the city alone to search for work to support their family.

   > This information tells you that we should seek partnerships with organizations doing micro-finance and business skills training to support employment opportunities.

   b. Economic:

   Youth migrate to the city, hoping for employment either after school or when rural opportunities are limited; however, youth unemployment is quite high.

   c. Demographic:

   The population of the entire country is young—70 percent is 24 years old and younger.

   d. Political:

   The Presidential election will take place in nine months and the politicians are making promises to get young people to vote for them. During the last election, there were large demonstrations and violence that disrupted the city and over 100 people died during the clashes with the police.

   e. Other:

   Groups of young people end up living together in one-room flats or on the streets.

3. What are the social norms that may support or act as barriers to the intended behavior change for your intended audience?

   Supportive:
   Some adults believe that youth should be abstinent until marriage and the faith-based organizations encourage youth to wait until marriage to have sex.

   Barriers:
   Some adults in the community believe that providing SRH information encourages youth to have sex or that having a child before marriage is acceptable.

4. What current policies or pending legislation might support or be a barrier to your target audience's response to the SBCC program?

   Supportive:
   A national youth policy was signed into law in 2008 that supports comprehensive age-appropriate sexual health education being taught in primary and secondary schools, and comprehensive sexual health services for youth of any age. Gender-based violence and child protection policies are currently under development.

   Barriers:
   There is a group of activists trying to launch a "Youth Purity Bill" in Parliament. This bill would make it a crime to provide SRH information or services for young people under the age of 18 for government facilities and private facilities. Anyone providing such information or services will be imprisoned or deported.

   > It would be a good idea to build relationships with those in government who support youth programming and SRH for youth, and to press them to reject the Youth Purity Bill.

Zanbe Example

5. What other organizations are currently addressing the SRH problem in your community? List the name of the organization, their activities relating to your project, the people they are focusing on and geographical area for their activities.

Name of Organization	Activities	Audience	Geographic Area
Bright Star Clinic	· Youth-friendly SRH health services · HIV/STI testing and treatment · Low-cost or free modern contraceptives · Peer education program in clinics and in schools	10- to 24-year-old women and men	Three locations across the city of Zanbe
Sanger Services	· Low-cost/subsidized modern contraception (including seterilization and vasectomy) · Abortion services at subsidized costs · Adverstising on TV, radio and billboards	Men and women aged 10 to 60 years	Six clinics across Zanbe
Reproductive Services International	· Social marketing to promote condoms, injectables and pills · Low-cost products · Advertising on TV, radio · Drama activities in markets and night clubs · Youth community health workers promoting their products	19- to 24-year-old men and women	Across the city of Zanbe
The Tokona MOH	· Eight clinics and one general hospital providing free modern contraception and antenatal services · Sponsor a radio serial drama on the government radio featuring stories about all public health issues affecting the country (malaria, HIV/AIDS, diarrhea, family planning) · Youth say they do not like going to government health clinics because they feel that the providers do not want to give brith control to youth	All men and women, including youth	Across the city of Zanbe

It is very important to partner with these health service providers and make sure that all of our SBCC messaging provides information about where adolescents can go to access these services. The clinics may be able to provide vouchers or special clinic days just for adolescents.

6. Which groups, community leaders or other individuals should you actively seek support from as allies or partners? Think of the individuals or organizations that might make your program more sustainable and which might provide economic opportunities and skills building for marginalized urban youth.

- Several international NGOs are also working in SRH and may be willing to partner on this issue (see list in answer #5).

- There are several women's groups who are supportive of empowering young girls with life skills and economic opportunity, and they have created short-term institutes for the young girls who are not attending school that help over 100 young girls each year.

- Youth football clubs are popular with young men.

- There are several religious leaders who support SRH information and services for youth, and have been very vocal in their opposition to the "Youth Purity Bill" because they have seen the suffering that occurs when young people are not able to access SRH services.

- Several mobile phone network providers have worked with the MOH and other NGOs to assist with vaccination, TB and HIV prevention programs.

7. Which groups, community leaders or other individuals, if any, do you think might oppose your program? Examples of groups and organizations that may oppose your program include religious leaders, community leaders, parents, schools, government institutions or community-based organizations. List in the table below the ones that are relevant to you, the reason they may oppose your program and potential strategies for how you might deal with dissent from these groups.

Individual/Group/ Organization	Reason for Opposing Program	Potential Strategies
Religious Leaders	Many religious leaders have gotten recent media coverage about the need for young girls to take an abstinence pledge and they are organizing rallies and events through youth groups with university students. More vocal leaders have made it known that they oppose any program providing SRH information or services for youth. Many religious leaders have strong ties with the President of Tokona, who also is opposed.	To address these barriers, we will plan to hold meetings with religious leaders and other opposers to better understand their points of view and try to come to consensus on how to support young people's health and growth in the community. We will share data to show the trends of unintended pregnancy in the city, as well as present the benefits, to both the individuals and the community as a whole, when young women have access to SRH information and services.
Parents	Some parents do not want their children to receive SRH information as they believe it will encourage them to become sexually active.	

TIME TO REFLECT

Before you move on, take a moment to reflect on your experience with this Worksheet.
What are the three key pieces of information you learned from filling out this Worksheet?

1. *Look for partners that have experience with microfinance or business skills to integrate with our program.*

2. *It's important to work with religious leaders and other influential activists that support what we are doing to overcome the barriers presented by those who do not believe in sexual and reproductive health and rights for young people.*

3. *Many young people are migrants and do not have stable homes in the city. Often they migrate within the city. It would be good to consider communication channels that are also mobile, which young people can access in different places (e.g., radio, mobile phones).*

WORKSHEET #3: COMMUNITY MAPPING

Purpose: To see the community from the eyes of your intended audience. Maps can be drawn to represent anything that is of interest for your SBCC program. For example, you might need a map to identify areas where urban youth feel vulnerable or safe, areas where they congregate or places where they go for SRH services.

Directions:
To conduct a community mapping activity here are five easy steps:

1. **Define your geographic area and the purpose of your map.**

2. **Invite members of your intended audience to create the map.** Like most qualitative research, it is best to group similar people together for this activity. For example, you may want to conduct a mapping exercise with urban young women who are out of school and another with urban young women who are in school if you will reach both segments of this audience.

3. **Draw the map.** Provide a large piece of flipchart paper or tape smaller pieces of paper together. Ask the group to draw a large map of the urban area you are targeting indicating the boundaries and major structures, man-made (roads, train tracks) and natural (rivers, oceans, mountains, forest). Remind them it doesn't have to be perfect and a rough representation is fine. Community areas to identify could include:
   - Housing
   - Institutions (churches, mosques, schools, health centers)
   - Police or security
   - Markets and shops
   - Bars, restaurants, cafes
   - Entertainment (movie theater or and video stalls)
   - Youth clubs
   - Internet cafes
   - Shopping areas (market, mall, small shops)
   - Parks, gardens
   - Sports grounds
   - Location of community leaders and other influential people
   - Transportation hubs
   - Communication channels, such as radio stations or town criers
   - Any other areas that your team feels are important to have on the map – like areas youth are not welcome, or tend to avoid

4. **Identify your task.** What information do you need to know about the community that is affecting your intended audience and the SRH problem? For example, if older men put younger women at risk for HIV, the mapping activity would identify the places where older men try to meet young women. Or if drinking alcohol increases a young man's risk of HIV, then the activity would identify the places where young men drink alcohol.

5. **Present the map.** Ask the group to present their map, explain what they have drawn and answer any questions to help you better understand the view of the community from their eyes.

TIME TO REFLECT

Before you move on, take a moment to reflect on your experience with this Worksheet.
What are the three key pieces of information you learned from filling out this Worksheet?

1.

2.

3.

Zanbe Example

This example is based on the Zanbe "Let's Talk About It!" program introduced in Part 1 of the Kit. The program managers conducted a two-day workshop and invited their staff, advisory group and selected urban adolescents from the intended audience. The workshop included a presentation of the secondary and primary research, discussing the answers to the questions in Worksheet #2, and conducting the community mapping exercise described in Worksheet #3. Comments are provided in text bubbles.

Identify your task. What information do you need to know about the community that is affecting your intended audience and the SRH problem?

We would like to see the places that put out-of-school, young women ages 15 to 19 at risk of becoming pregnant and the places that could protect them.
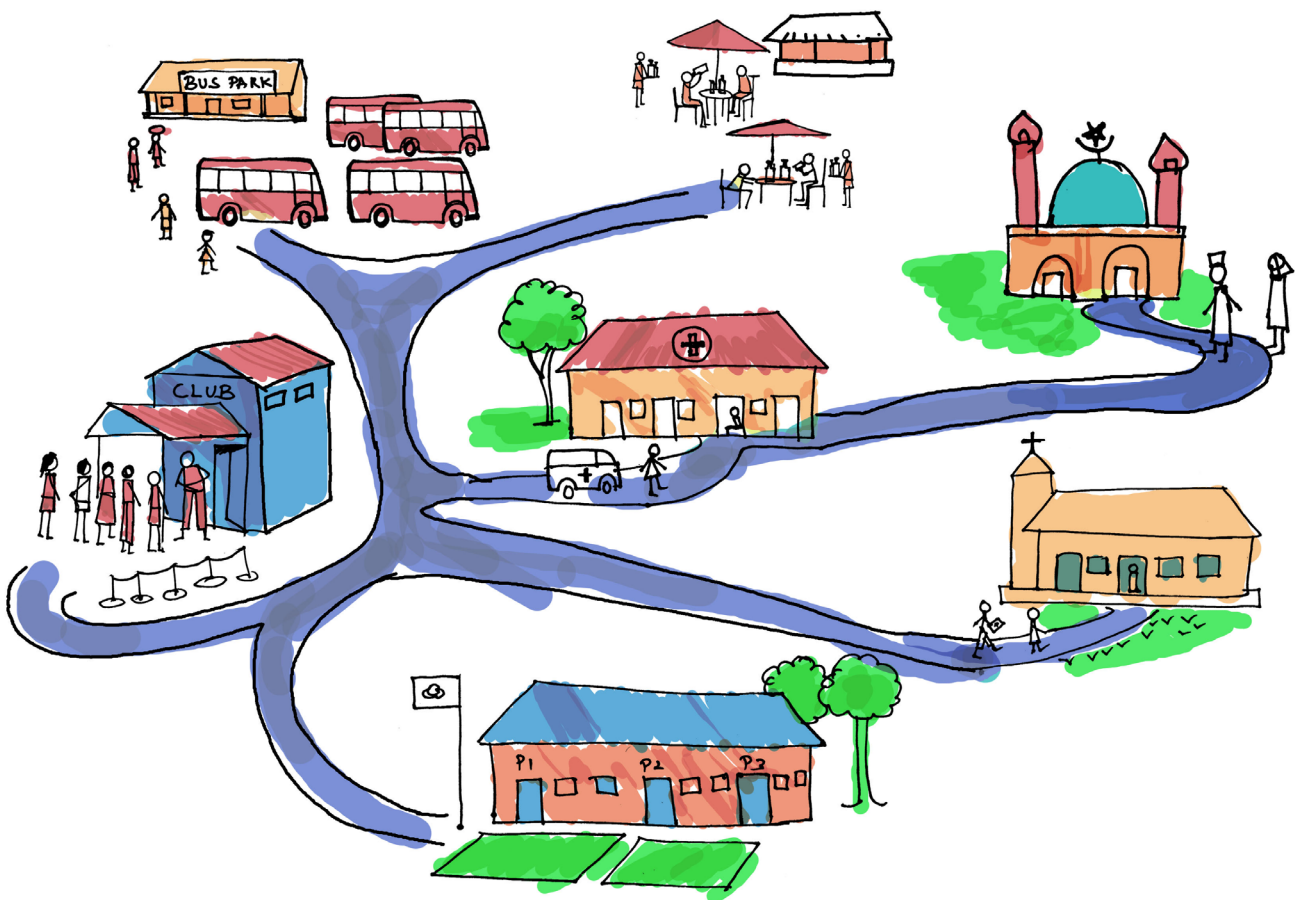
Zanbe Example

TIME TO REFLECT

Before you move on, take a moment to reflect on your experience with this Worksheet.
What are the three key pieces of information you learned from filling out this Worksheet?

1. *Older men look for young girls near the take-away chicken restaurant.*

2. *Young women working at the market travel home alone at night and are not safe.*

3. *Several churches have programs for young people.*

Resources for Essential Element 2

Resources for **Essential Element 2** include:

Family Planning, HIV/AIDS & STIs, and Gender Matrix: A Tool for Youth Reproductive Health Programming
International Youth Foundation
The matrix can assist technical experts, program managers, health providers, peer educators and others to determine what topics and interventions best fit into their own respective programs while taking cultural paradigms into consideration.
http://www.iyfnet.org/sites/default/files/P4L_FPMatrix.pdf

Essential Element 3: Segmenting your Audience

This Essential Element will help you select the audience for your program. Here are some suggestions for working through this element:

- *Read the text from beginning to end.*
- *Complete **Worksheet #4** with the data you have from your program or other data sources that can support your program, as well as with information about the young people you would like to reach. If you need help filling it in, refer to the example of **Worksheet #4** that has been completed with fictional data from the city of Zanbe.*
- *Refer to the resources at the end of this Essential Element as needed.*

What is the Purpose of this Essential Element?

The purpose of this Essential Element is to:
- Understand why segmenting your audience is helpful.
- Determine which audience segments to choose.
- Use your local data collected to complete **Worksheet #4: Segmenting your Audience.**
- Determine your primary and secondary audiences.

Why is this Important?

If someone were to ask you whether you are the same as your brother or sister, what would you say? If they were to ask if you were the same as your friend living next door, what would you say? Are you the same as the classmate sitting next to you in school? The young person sitting next to you on the bus? Even the young person who stands next to you in line at the market or shop?

Most likely, you will answer that while some of these people may be similar to you, none are the same as you. Just like you may feel that you are different from your sibling, neighbor or classmate, urban adolescents differ from one another, too! And they differ in many ways. Consider just some of these many different groups that fall within the category "urban adolescents."

The young people that make up each of these groups have very different lives, needs and responses to messages about SRH (see Figure 10 on the next page).

Figure 10: Different Groups of Urban Adolescents

The figure shows silhouettes labeled: Muslim, Female, Uniformed, Incarcerated, LGBTQ[12], Christian, Male, Sex worker, In school, Orphan, Disabled, Parenting, University student, Trafficked, Uses drugs, Out of school, Lives with parents, Pregnant, Moved from rural area, Employed, Unemployed, Homeless, Lives alone, Married

Segmentation is important because:

- **Different urban adolescent audiences have different SRH needs.** Look at the list of different urban adolescent groups outlined in the Who are Adolescents section (page 10). Those young people are different from one another. Despite all being in the same city, these young people are living in different places, growing up in different environments, exposed to different things and at risk for different things. A married adolescent has different needs from an unmarried adolescent who is not yet sexually active. A 19 year old will have different needs than a 10 year old. A female sex worker will have different needs than an adolescent boy in school.

Definition

Audience segmentation is the process of dividing a large population, such as urban youth, into smaller sub-groups so that you can design more effective programs and messages. These sub-groups may be based on any number of the types of groups you see above.

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[12] LGBTQ is an abbreviation for Lesbian, Gay, Bisexual, Transgender and Questioning. It refers to people who do not define themselves as heterosexual or who are still questioning their sexuality.

- **You can better target your messaging and have more impact.** When we just concentrate on one audience (for example, young men that are sexually active and hang out in bars), the programs and messages that we design are far more likely to resonate with our audiences and have an impact than if we tried to reach the entire population of urban adolescents.

Look at this poster advertisement for condoms in Zambia (on the right). Who would you say is the audience for this poster?

You probably thought something like this:
Young men, 18 to 24, sexually active, that hang out in bars or pool halls.
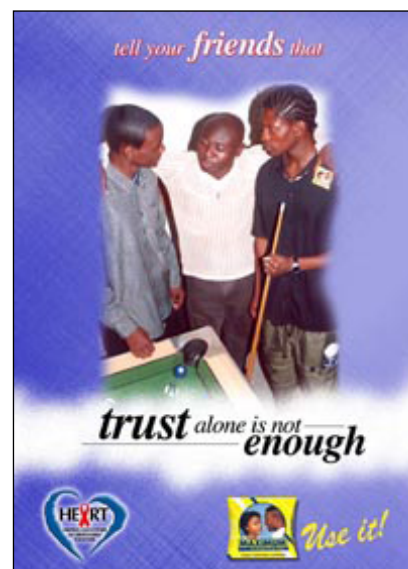
Who among our cast of characters would this poster most speak to?
Probably Etienne. Could you see Awa or Nadia looking at this poster and being influenced by it? Most likely not.

Now look at this poster for family planning in Haiti (on the left). Who would you say is the audience for this poster?

You might say something like this:
Newly married couples wishing to delay pregnancy until they can graduate from school and earn enough income to support things like a house, travel and children.

Who among our cast of characters would this poster most speak to?
Most likely Nadia or someone older who wants to delay a pregnancy.

- **Segmenting your audience will help you choose appropriate communication channels.** Just like different urban adolescents have different SRH needs, they are also exposed to messaging in different ways. Youth living on the streets may not have as much access to the same communication channels as youth living on a university campus or in stable home environments. Youth who travel around the city all day will likely be exposed to different communication channels than youth who mostly stay home.

What are the Key Steps?

1. Choose your Intended Audience
2. Identify Primary and Secondary Audiences

1. Choose your Intended Audience

As a program designer, you may already know what audience segment you are planning to reach. You may have decided on the intended audience during the proposal writing process or in meetings with a program partner. You may be adding an SBCC component to an existing program that already reaches a certain segment of the urban adolescent population. In these cases, you may not need to return to your data sources with the purpose of identifying a new audience.

However, if you have not yet chosen an intended audience, use your data to determine with which segments of the urban adolescent population you want to work.

Ask yourself the following questions:

- **Which youth groups do I have information about?** Look through your data sources and pick out some groups that you have <u>at least some</u> information about. Consider the following:
  - » Do you have enough data about a certain group or groups?
  - » Could you conduct some of your own research to provide the missing information?

  For example: There is often more information available about adolescents that are in school. You may determine that given the capacity of your organization or your partners, reaching in-school adolescents is easiest. However, you may also discover that you can run some informal focus groups with out-of-school adolescents to find out more about their needs and then tailor an intervention for them.

- **With which adolescent groups will your program have the most impact?** Consider the following:
  - » Does the data show that adolescents in school or out of school are most at risk?
  - » What about adolescents from key populations such as sex workers; those who are lesbian, gay, bisexual, transgender and/or questioning (LGBTQ); or injectable drug users?
  - » Do you have a significant number of married adolescents that you can reach or a community of homeless youth that are vulnerable and not reached by other programs?

  Your primary and secondary research can help you find out who the high-risk adolescents are in your city, what their high-risk behaviors are and perhaps what their dreams, aspirations and values are so that you can design effective messages.

- **What is your current capacity and expertise?** For example, you may not work with adolescents right now, but you do have a great program for married women. Your research tells you, in your city, there is a large population of married adolescents of which you were unaware. Since you already have a program for married women, you can think about how to use the strengths and expertise you have built through that program and create a new one focused on married adolescents.

- **How does the segmenting decision you make today impact future decision-making? One project cannot reach everyone.** Will choosing one group of adolescents now help you launch another project in the future reaching a different group?

  For example: Perhaps you want to have a SBCC program that reaches all young men. You know it will be easier to reach adolescent boys who play sports through their sports clubs. You can decide to reach only them now, but to expand the project to boys outside sports clubs in the next three years.

The Worksheet that follows, **Worksheet #4: Segmenting Your Audience**, will help you answer the above questions. Complete the Worksheet with your data to select the audience or audiences for your SBCC program.

WORKSHEET #4: SEGMENTING YOUR AUDIENCE

Purpose: To help you think through the rationale for selecting your audience segment(s)

Preparation:
Gather the following data to help you fill out this Worksheet for your program.
- **Worksheet #1**, if you have completed **Essential Element 1**.
- If you have not completed **Worksheet #1**, you can complete this Worksheet with the data you have available–data relating to young people in your country/city (this can be primary and/or secondary research). Data can come from surveys, documents, reports, health and education statistics, and from other organizations working with young people and research.

Directions:
1. Answer the questions in this Worksheet using your data.
2. Refer to the *Worksheet #4: Zanbe Example* to help you complete this blank Worksheet with the information relating to your program.

1. What is the audience that you plan to reach through your program?

2. How did you decide on this audience? (Check all that apply)
   - ❑ It was already promised to the donor.
   - ❑ We already serve this audience and want to continue doing so.
   - ❑ Our research suggests that this audience is most in need.
   - ❑ This is the group that we have the capacity and the expertise to reach.
   - ❑ Reaching this audience now will help us reach a wider audience later.
   - ❑ This audience was identified by the government (e.g., as in a National Strategic Plan).
   - ❑ Other _____

3. What types of research do you have about your intended audience? (Check all that apply)
   - ❑ Secondary research (e.g., DHS survey)
   - ❑ Primary research (e.g., quantitative and qualitative studies, mapping exercises)
   - ❑ Program reports (from your or others' programs)
   - ❑ Media consumption studies

4. What are the most important things you have learned about your audience from the research that you have? Please include the sources of this information.

Things we know about the audience	Sources that provide this information

5. What questions would you still like to answer about your intended audience?

6. What can you do to get those questions answered?

TIME TO REFLECT

Before you move on, take a moment to reflect on your experience with this Worksheet. What are the three key pieces of information you learned from filling out this Worksheet?

1.

2.

3.

Zanbe Example

This example is based on the Zanbe "Let's Talk About It!" program introduced in Part 1 of the I-Kit. The program managers reviewed all of the information they collected and the input from the workshop with their advisory group and urban adolescents, and answered the key questions to help them segment their audience. Additional insights are provided in the text bubbles.

1. What is the audience that you plan to reach through your program?

   Adolescent girls, 15 to 19 years old, who are pregnant or parenting.

2. How did you decide on this audience? (Check all that apply)
   - ☐ It was already promised to the donor.
   - ☑ We already serve this audience and want to continue doing so.
   - ☐ Our research suggests that this audience is most in need.
   - ☐ This is the group that we have the capacity and the expertise to reach.
   - ☐ Reaching this audience now will help us reach a wider audience later.
   - ☐ This audience was identified by the government (e.g., as in a National Strategic Plan).
   - ☐ Other _____

3. What types of research do you have about your intended audience? (Check all that apply)
   - ☑ Secondary research (e.g., DHS survey)
   - ☐ Primary research (e.g., quantitative and qualitative studies, mapping exercises)
   - ☑ Program reports (from your or others' programs)
   - ☐ Media consumption studies

4. What are the most important things you have learned about your audience from the research that you have? Please include the sources of this information.

Things we know about the audience	Sources that provide this information
Wants to wait before having a second child, but feels unable or disempowered to do so.	Focus group discussions with members of the intended audience and program reports from providers working with the audience.
Has influencers, such as partners/husbands and/or other family members (mother-in-laws, parents, etc.), that pressure her to have many children.	Focus group discussions with audience and key informant interviews with family planning providers.
Aspires to have education and employment, and a bright future for her children.	Focus group discussion with members of the intended audience and the report from a city-wide study on the aspirations of young people in Zanbe.

5. What questions would you still like to answer about your intended audience?

   · What attitudes would husbands/partners and other key influencers have about healthy timing and spacing of pregnancy?
   · Who are the people that most influence the reproductive health decisions of the intended audience?
   · What information, beliefs and attitudes does the intended audience have about contraception?

6. What can you do to get those questions answered?

   · Focus group discussions with husbands/partners and other key influencers.
   · Key informant interviews or focus group discussions with the audience.

Remember, the more you discover about your audience, the more questions you will have! You may not have the time or the resources to answer all of these questions, but it is very important to note them so that you can go back to them for future research and program initiatives.

Zanbe Example

TIME TO REFLECT

Before you move on, take a moment to reflect on your experience with this Worksheet.
What are the three key pieces of information you learned from filling out this Worksheet?

1. *Still need more information about influencing audiences for girls 15 to 19—what are their attitudes and knowledge about SRH for girls.*

2. *Pregnant girls may need further segementation, for example, whether or not they are married, or living with parents.*

3. *Future aspirations of these girls could be an excellent "hook" to reach them with messaging about healthy timing and spacing of their next pregnancy.*

2: Identify Primary and Secondary Audiences

When you think of all the people you want to reach with your SBCC program, they could fall into two groups: primary and secondary audiences.

SBCC programs should recognize the importance of key secondary audiences and seek to identify them and devise ways of actively engaging them to promote the desired behaviors in the primary audience.

When identifying secondary audiences, consider the following:
- What groups or individuals have the most influence over the behavior of the primary audience?
- How do they exert that influence?
- What benefits would the secondary audience receive from serving as a program intermediary?
- What might be the barriers to involving them in the program?
- What is their knowledge, attitudes and behaviors regarding the SRH issue?

Using our cast of characters, some secondary audiences might include:

Primary Audiences	Potential Secondary Audiences
Teenage males, in-school, middle to high socio-economic status Think of: Etienne	• Social and sport clubs, like semi-pro football teams (local) • Influential adults, like fathers and football coaches, like Thomas • Friends and peers
Young females, low socio-economic status, without regular school attendance Think of: Awa	• Household and family members, like Awa's mother • Friends and near-peers, who might encourage Awa to have sex or advise her on how to avoid men's advances
Older adolescent females, some school, unemployed, middle to low socio-economic status, with a child/children Think of: Nadia	• Adult family and household members, like her older sister and her sister's husband • Parents in the village • Friends • Older men who are in relationships with younger girls • Boys of the same age • Health service providers working with youth, perhaps like workers at the Bright Star Clinic

Resources for Essential Element 3

Resources for **Essential Element 3** include:

The DELTA Companion: Marketing Planning Made Easy
PSI
DELTA is PSI's strategic planning, management and alignment tool for social marketing and BCC programs.
http://www.thehealthcompass.org/sites/default/files/strengthening_tools/DELTA-Companion-Social-Marketing.pdf

Choose Target Audiences
HC3
This is Step 3 in the HC3 Demand Generation I-Kit for Underutilized, Lifesaving Commodities in Reproductive, Maternal, Newborn and Child Health.
http://sbccimplementationkits.org/demandrmnch/fp-step3/

Essential Element 4: Creating an Audience Profile

This Essential Element will help you gain a deeper understanding of your audiences so that you can develop activities and messages that will be most effective for them. Here are some suggestions for working through this element:

- *Read the text from beginning to end.*
- *Complete **Worksheet #5** with information about your audience. If you need help filling it in, refer to the example of **Worksheet #5** that has been completed with fictional data from the city of Zanbe.*
- *When you have completed **Worksheet #5**, go on to work through **Worksheet #6**. Again, if you need help filling it in, refer to the example of **Worksheet #6** that has been completed with fictional data from the city of Zanbe.*
- *Refer to the resources at the end of this Essential Element as needed.*

What is the Purpose of this Essential Element?

Now it is time to make your research come to life! One of the most important things you need to know when designing an SBCC program is your audience. The better you know your audience, the better your program. You can do this by creating audience profiles.

The purpose of this Essential Element is to:
- Understand how using data to develop a complete profile of your intended audience will better define and focus your SBCC activities.
- Understand the three major types of information needed to develop audience profiles (demographics, behavior and psychographics).
- Use your local data collected to complete **Worksheet #5: Summarize Key Information About your Audience** for each audience segment.
- Use your local data collected to complete **Worksheet #6: Audience Profile** for each audience segment (primary and secondary).
- Pretest the profiles you develop with your intended audience.

Why is this Important?

Knowing your audience means having a deep understanding of their likes, dislikes, priorities, living situation and background, and then using this information to plan your activities. Before implementing your program, you should know your audience so well that they become real people to you—just like Nadia, Awa and Etienne from the Zanbe community introduced in the **Cast of Characters**.

You will need information about both your primary and secondary audiences so you can have a deep understanding of each audience. Existing data may be available on your secondary audience, but you may also need to conduct your own research.

> *For example: We know that Etienne has some strong adults in his life. His father is very active in his life, both as a father and a coach. For young people like Etienne, it might be useful to look for some research or conduct some qualitative research yourself with fathers of adolescent boys to find out if and how they are supporting their sons with SRH, and what messages and programs might help them do that. It would also be useful to talk to young men about their fathers and the role that they would like their fathers to have in their SRH.*

Imagine a friend was planning a very special birthday party for you and the only things your friend knew about you was your age, gender, occupation and number of family members that live with you. Would that be enough information to throw you a great party? Wouldn't you want your friend to also know what music you love, the foods you like to eat and the people who are most dear to you? Wouldn't you want your friend to consider how you feel about getting older, the things that you like to do for fun and the types of parties you do *not* like to attend? If your friend knows all of this about you, your party will likely be a much bigger success than if he/she didn't know.

The same goes for designing a SBCC program for urban adolescents. The audience profile should be a key reference document throughout the life of the project. For example, an audience profile can be used to answer program design and pre-implementation questions like:

- Who does Nadia talk to about sex and relationships?
- Would Awa read a brochure? Where would she find it? Where would she read it? Does she have the literacy level to read it or should it be more illustrations?
- Where would Nadia feel comfortable accessing SRH services?
- What radio station would Etienne listen to?
- Does the message use language that Awa would use or that would appeal to Awa?
- How would Etienne react to the message in a poster?
- Which of Etienne's determinants of behavior can we most effectively address?

Basing decisions on a representative example of your intended audience segments, such as an audience profile, will allow you to better define and focus your SBCC activities.

What are the key steps?

When developing an audience profile, there are a number of key steps to follow:
1. Review the Data Collected on Priority Audience Segments
2. Summarize Key Information and Create Audience Profile(s)
3. Pretest Profiles with the Audience

What is an Audience Profile?

Remember our cast of characters from the beginning of the I-Kit? Those are the beginnings of an audience profile—the descriptive paragraph. An audience profile is a tool that helps bring your audience segment(s) alive so that as you are designing your program, you aren't thinking about "low-income girls between the ages of 10 and 14," but instead are thinking directly about Awa. You will need an audience profile for each segment that you plan to work with in your program. For example, you may need one for an out-of-school girl who is 10 to 14 years old and not sexually active, one for a parenting mother who is 15 to 19 years old, and one for a working young man who is 15 to 19 years old.

A good audience profile is one that:
- Makes you feel like you know the person really well—you can plan that birthday party!
- Includes enough information to answer key questions about your program design and implementation.
- Includes the audience themselves in its development.
- Is a "living document," meaning it is regularly updated when new information becomes available.

1. Review the Data Collected on Priority Audience Segments

There are three major types of information that will help you develop your audience profile.

Demographics: Age, gender, marital status, school status, religion, etc. are a great place to start.

- **Age**: Adolescence and young adulthood are characterized by enormous change in young people's bodies, minds and emotions. These changes often take place around the same time for young people, so age can be very helpful in understanding what youth are experiencing. In particular, the 10 to 14 age group is likely to have very different life situations, and needs from 15 to 19 year olds. At the same time, however, biological age can also be very different from developmental age. Return to the **Adolescent and Young Adult Development** figure in the introductory section to learn more.

- **Gender**: Understanding gender norms will help you better understand the audience that you choose. Understanding these norms will help you draw insights about behaviors and help you think through the best messages for your program. For example, if you want young women to use condoms correctly and consistently, you would need to take into account whether or not it is culturally acceptable for them to carry condoms or to negotiate condom use.

- **Marital and/or Parity status:** As noted earlier, married and parenting youth have very different needs than unmarried and non-parenting youth. Once married, young women are often expected and even pressured to start childbearing immediately. Teen pregnancy has its own set of complications, including high rates of maternal morbidity and mortality and postnatal complications for both mother and child.

Behavior: Behavior refers to the behavior that you are looking to affect. This information is key to knowing why the audience currently acts the way it does and what might make it easy or hard to change its behavior.

Psychographics: Psychographics include the audience's lifestyle, needs, fears, aspirations, values and interests. Understanding these will help you determine what types of messages will resonate with or 'speak to' your intended audience. For instance, if you know that Nadia values what her friends say and think, you may consider developing messages that focus on the peer group and not just on Nadia herself.

When looking at psychographics, consider the following questions. Some examples are provided from the cast of characters.

- **What does your data tell you about how your intended audience spends leisure time?**
  Example: We know that Etienne likes to play football or go to watch football. We also know he likes to go out to clubs.

- **What does your data tell you about your intended audience's aspirations?**
  Example: We know that Awa dreams about getting a proper job one day.

- **What does your data tell you about your intended audience's values?**
  Example: We know that Nadia values her daughter and her family, relationships with friends and going back to school.

- **What does your research tell you about your intended audience's lifestyle?**
  Example: We know that Awa spends a lot of time working at the market. She likes hanging out with friends after work and does not feel safe and secure at home.

Reminder!

The Importance of Your Research
It can be very easy to just make assumptions or generalizations about your audience, but these can lead you in the wrong direction. For instance, you might assume that young people don't use condoms because you once heard a young person say that condoms are uncomfortable. However, you might find through your research that, in fact, young people don't use condoms because they don't know where to find them.

Make sure you have data available about your audience. You may have access to secondary data, such as statistics, documents, reports, surveys and research. You may also want to conduct your own research.

If you wish to find out more about data collection, refer to **Essential Element 1**.

If developing a profile for a younger adolescent, here are some key considerations to think through, which may or may not be clearly detailed in your data:

- If living in a home environment, younger adolescents are less likely to have independence.
- Younger adolescent girls living in the home may have specific demands on their time linked to household chores.
- Girls at this age are more likely to drop out of school and may start being considered for marriage.
- If not living in the home, this age group is very vulnerable to crime, drugs, sexual violence and sex work.
- Younger adolescents are less likely to have developed negotiation and decision-making skills.
- Younger adolescents are generally more vulnerable due to their younger age and having less knowledge, awareness and skills necessary to engage in sexual activity.
- Girls, in particular, are more likely to be victims of sexual coercion due to the vulnerability linked to their age.

2. Summarize Key Information and Create Audience Profile(s)

A name and a representative photo of each audience segment is a simple first step to make your audience come alive. Although you will be using a name for your audience, you will not be describing a single person. Rather, that person will be representative of young people like him/her. Giving a name is a reminder that your audience is comprised of real people, not just numbers and data.

Once you have agreed on the name and found a suitable photo to represent your audience group, you can start developing your audience profile. There are many considerations for a good profile and **Figure 11** on the next page gives you an idea of the type of information required.

The two Worksheets that follow, **Worksheet #5: Summarize Key Information About Your Audience** and **Worksheet #6: Audience Profile,** will help you identify the important information about your audience to use to develop effective messages and activities for them.

You will need to complete **Worksheet #5** first and then this will help you work through **Worksheet #6**.

DETERMINANTS OF BEHAVIOR
- Beliefs
- Risk perception
- Social norms
- Sense of control

CURRENT BEHAVIORS
- Condom use
- Contraceptive use
- Alcohol use
- Communication

PERCEIVED BARRIERS & BENEFITS OF DESIRED BEHAVIORS

FAMILY AND SOCIAL NETWORKS
- Living situation
- Relationship with family
- Friendships
- Romantic or sexual partners

PSYCHOGRAPHICS
- Beliefs
- Values
- Attitudes
- Aspirations

DEMOGRAPHICS
- Age
- Marital status
- Number of children
- Education

PHYSICAL ENVIRONMENT
- Home neighborhood
- Recreation spaces
- School or job
- Health services
- Transport

MEDIA USE
- TV/radio use
- Social media use
- Mobile phone acces

Figure 11: Audience Profile
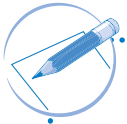
WORKSHEET #5:
SUMMARIZE KEY INFORMATION ABOUT YOUR AUDIENCE

Purpose: Compile all of the information about your audience onto one sheet.

Preparation:
Gather the following data to help you fill out this Worksheet for your program.
- Adolescent Development Chart from the Who are Adolescents section (page seven).
- List of SBCC theories or the TheoryPicker tool mentioned in the SBCC Theories section (page 20).
- If you have completed **Essential Element 1 and Essential Element 2**, you can use your completed **Worksheets #1 and #2** to help you with this Worksheet.
- If you do not have **Worksheets #1 and #2**, you will need data or research about your audience and/or young people in your country/city, which can come from surveys, documents, reports, health statistics, education statistics and other organizations working with young people and research.

Directions:
1. Answer the questions in this Worksheet using your data.
2. Refer to the *Worksheet #5: Zanbe Example*, to help you complete this blank Worksheet with the information relating to your program.

1. Demographic information about your audience.

   Age:

   Gender:

   Residence:

   Education/School status:

   Marital status:

   Parity status:

   Other:

2. Which of the developmental stages best describes your audience (see Figure 1: Adolescent Psychological Development Chart in the introduction section)? Put an "X" in the box to show whether your audience is in the younger adolescence, older adolescence or emerging adulthood phase for each of the five characteristics on the left. Put an "X" in each row.

Remember, your audience may not be in the same stage for every aspect of development. For instance, a married girl with a child will likely fall under the "emerging adult" category for things like independence and sexuality, but may still be more like a younger adolescent in terms of cognitive development and body image.

	Younger Adolescence	Older Adolescence	Emerging Adulthood
Independence			
Cognitive Development			
Peer Group			
Body Image			
Sexuality			

3. Explain why you chose these stages of development for your audience:

   a. Independence:

   b. Cognitive Development:

   c. Peer Group:

   d. Body Image:

   e. Sexuality:

4. What is the behavior you would like to see your audience demonstrate?

5. What behavior change theory can help you with your intended audience and their behavior change?

6. Explain why you chose this behavior change theory for your intended audience.

7. What are the barriers and facilitators to the behavior that you wish to see in your audience?

Individual-level Barriers	**Individual-level Facilitators**
Interpersonal-level Barriers	**Interpersonal-level Facilitators**
Community-level Barriers	**Community-level Facilitators**
Social and Structural-level Barriers	**Social and Structural-level Facilitators**

8. What are the psychographics of your intended audience?

9. What media does your intended audience use?

TIME TO REFLECT

Before you move on, take a moment to reflect on your experience with this Worksheet. What are the three key pieces of information you learned from filling out this Worksheet?

1.

2.

3.

Now that **Worksheet #5** is complete, it will help you complete **Worksheet #6**.

Zanbe Example

This example is based on the Zanbe Let's Talk About It! Program introduced in Part 1 of the I-Kit. The program managers answered the questions based on information about Etienne. Additional insights are provided in the text bubbles.

1. Demographic information about your audience.

   Age: *16*

   Gender: *Male*

   Residence: *Zanbe, lives with family in nice neighborhood*

   Education/School status: *In secondary school*

   Marital status: *Unmarried*

   Parity status: *Nulliparous (no children)*

   Other:

2. Which of the developmental stages best describes your audience (see Adolescent and Young Adult Psychological Development Chart in the introduction)? Put an "X" in the box to show whether your audience is in the younger adolescence, older adolescence or emerging adulthood phase for each of the five characteristics on the left.

Even though we know we are talking about a 16 year old, Etienne may be at different stages of development when it comes to his physical, psychological, cognitive and social development. He may reflect those that are younger than 16 or those that are older than 16.

	Younger Adolescence	Older Adolescence	Emerging Adulthood
Independence		X	
Cognitive Development		X	
Peer Group		X	
Body Image			X
Sexuality		X	

3. Explain why you chose these stages of development for your audience:

    a. Independence:

    Etienne exemplifies a young person in the older adolescent stage in terms of independence. He has moved away from his parents and toward his peers. He is also beginning to develop his own value system.

    b. Cognitive Development:

    Etienne seems to be able to identify the consequences of his behavior, as seen through his understanding that unprotected sex is risky, even if he does not always practice protected sex.

    c. Peer Group:

    Etienne relies heavily on his peers as influencers and he is interested in attracting female partners.

    d. Body Image:

    We don't know much about Etienne's body image, but he seems comfortable and confident with himself.

    e. Sexuality:

    Etienne's sexual behavior is similar to the majority of older adolescents. He has already initiated sex, but he has not yet developed serious intimate relationships.

4. What is the behavior you would like to see your audience demonstrate?

    Correct and consistent condom use.

5. What behavior change theory can help you with your intended audience and their behavior change?

    Health Belief Model

    Use the TheoryPicker tool mentioned in the SBCC Theories section or other resources to help you choose the appropriate SBCC theory.

6. Explain why you chose this behavior change theory for your intended audience.

   Condom use is an individual preventive behavior for which Etienne's beliefs and perceptions are important influencers.

7. What are the barriers and facilitators to the behavior that you wish to see in your audience?

Individual-level Barriers	Individual-level Facilitators
• *Believes "condoms kill pleasure."* • *Does not wear condoms after drinking.*	• *Cares about his future (i.e. wants to be a football star).* • *Knows condoms prevent STIs and pregnancy.*
Interpersonal-level Barriers	**Interpersonal-level Facilitators**
• *Friends say, "condoms kill pleasure."* • *Friends drink alcohol.* • *Friends encourage unsafe sex.*	• *Father can be a role model as he is also his football coach.*
Community-level Barriers	**Community-level Facilitators**
• *Community norms say that young people shouldn't talk about sex.*	• *Condoms are widely available and affordable for young people.* • *Has strong social networks (e.g., football team, school, family).*
Social and Structural-level Barriers	**Social and Structural-level Facilitators**
• *Gender/societal norms say it's ok for boys to experiment with sex (before marriage).* • *Alcohol is readily available to young men.*	• *Condoms are widely available and affordable for young people.*

8. What are the psychographics of your intended audience?

- · *Likes hip-hop and football.*
- · *Enjoys approval of and interaction with peers.*
- · *Likes flirting with girls.*
- · *Wants to play football professionally.*
- · *Explores sex, mainly without condoms.*
- · *Drinks beer on weekends.*
- · *Watches and plays football.*

9. What media does your intended audience use?
- · *National newspapers and sports magazines*
- · *Local and foreign movies and DVDs*
- · *Local radio*
- · *Listens to music in bars and clubs*

TIME TO REFLECT

Before you move on, take a moment to reflect on your experience with this Worksheet.

What are the three key pieces of information you learned from filling out this Worksheet?

1. *Peers are key influencers.*

2. *Condoms are available, but very stigmatized—need to reposition condoms for Etienne.*

3. *Cares about his health and his future.*
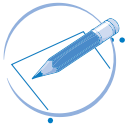
WORKSHEET #6:
AUDIENCE PROFILE

Purpose: To create an audience profile for your intended audience. You can use a separate Worksheet for each of your primary and secondary audiences.

Preparation:
Gather the following information to help you fill out this Worksheet for your program.
• **Worksheet #5** completed with your data

Directions:
1. Answer the questions in this Worksheet using your data.
   • This Worksheet helps you build on what you did in **Worksheet #5**.
   • Please fill in the information requested about your audience. To begin, you will be asked to give a "name" for your audience profile, which will help you think of your audience as a "real person" or a typical person that represents this audience segment.
2. Refer to the *Worksheet #6: Zanbe Example* to help you complete this Worksheet with the information relating to your program.

Explanation	Audience Profile
Name: Naming the audience is a simple and effective way to remind us that they are real people.	
Summary: It is useful to write a short summary of your audience profile to capture the overarching idea. You can write this summary after you have completed the rest of this Worksheet.	

Demographics: Age, sex, marital status, ethnicity, education level, socio economic status (SES), employment and residence. For urban youth, be as specific as possible when describing where your audience lives. For instance, list the neighborhood and the type of living environment (e.g., slum, shared house, dorm on a university campus, etc.). Suggested data sources: DHS and other country reports.	
Behaviors: Describe the frequency with which the audience practices the behavior, and if known, the context within which it happens. Suggested data sources: DHS and primary research.	
Media Habits: List the types of media used and frequency. Suggested data sources: Media consumption studies.	

Determinants of Behavior: Use all of the behavioral determinants identified through data (primary and secondary research) that you have for your program as to why the audience behaves in the way they do.

Suggested data sources: Primary research and program data.

Perceived benefits and barriers: This information is what the audience perceives to be the barriers to the behavior you want them to practice and/or the benefits of that behavior. Suggested data sources: Primary research and program data.	Barriers: Benefits:
Psychographics: People's personality, values, attitudes, interests and lifestyles. Suggested data sources: Primary research and program data.	Daily Routine: Lifestyle, Needs, Fears and Values:

TIME TO REFLECT

Before you move on, take a moment to reflect on your experience with this Worksheet.

What are the three key pieces of information you learned from filling out this Worksheet?

1.

2.

3.

Zanbe Example

This example is based on the Zanbe Let's Talk About It! program introduced in Part 1 of the I-Kit. Additional insights are provided in the text bubbles to explain the pieces of the profile and the data sources that may be used.

Explanation	Audience Profile
Name: Naming the audience is a simple and effective way to remind us that they are real people.	*Nadia*
Summary: It is useful to write a short summary of your audience profile to capture the overarching idea. You can write this summary after you have compcompleted the rest of this Worksheet.	*Nadia is 18 years old and lives in a good neighborhood with her daughter, older sister, her sister's husband and their two children. When she was 15, Nadia's boyfriend told her she could not get pregnant the first time they had sex, but she got pregnant and had to quit school when her daughter was born. Her parents were not supportive, so she came to Zanbe to live with her sister. Nadia takes care of her daughter, niece and nephew, and cleans the house and prepares food for the family. She doesn't have much free time and misses her friends back home, but hangs out with a few friends in the city. She has not heard from the father of her child since she told him she was pregnant, but she has recently started dating a guy she met at the nightclub. After the birth of her daughter, the nurses told her about the injectable and she uses this method so she can plan her next pregnancy, but knows that she should use condoms to prevent STDs.*

Zanbe Example

Demographics: Age, sex, marital status, ethnicity, education level, socio economic status (SES), employment and residence. For urban youth, be as specific as possible when describing where your audience lives. For instance, list the neighborhood and the type of living environment (e.g., slum, shared house, dorm on a university campus, etc.). Suggested data sources: DHS and other country reports.	• 18 years old • Living in Denbe neighborhood with extended family. • Dropped out of school at age 15. • 3-year-old daughter • She is a 'transplant.' Her parents live in the village where she grew up and she came to live with her older sister in the city when her parents kicked her out of the house.
Behaviors: Describe the frequency with which the audience practices the behavior, and if known, the context within which it happens. Suggested data sources: DHS and primary research.	• Currently she is using the injectable and usually gets it every three months. • Drinks alcohol with friends. • May have sex in exchange for gifts and with multiple partners.
Media Habits: List the types of media used and frequency. Suggested data sources: Media consumption studies.	• Listens to YFM radio. • Watches TV, specifically Big Brother Africa and SA Idols. • Reads Drum and Cosmopolitan magazines.

Zanbe Example

Determinants of Behavior: Use all of the behavioral determinants identified through data (primary and secondary research) that you have for your program as to why the audience behaves in the way they do. Suggested data sources: Primary research and program data.	• *Beliefs: She thinks condoms will protect her from HIV and pregnancy, and that not using them from time to time is probably okay since she really is most concerned with preventing pregnancy and already uses injectable contraceptives.* • *Social support: Discusses sex and contraception with friends.* • *Sense of control: Does not always feel that she can control when she and her boyfriend use condoms. If he refuses or she has been drinking, she is easily persuaded not to use one.* • *Perception of the health sector: She feels judged by the health care providers at the clinic, since they think she was too young to have had a child, and now has a child, but isn't married.* • *Social norms: She believes most of her friends are sexually active with older men and that they don't always have protected sex. Some of her friends already have a child. She believes that men should be the ones to carry condoms so they also get to decide when to use condoms.* • *Risk perception: Her risk perception for HIV is low because she trusts her boyfriend. Her risk perception for pregnancy is slightly higher.* • *Perceived availability: She gets the injectable every three months, but sometimes it is hard for her to come in to the clinic.*

Zanbe Example

Perceived benefits and barriers: This information is what the audience perceives to be the barriers to the behavior you want them to practice and/or the benefits of that behavior. Suggested data sources: Primary research and program data.	Barriers: · *Embarrassed to purchase/ask for condoms.* · *Fear of side effects from other modern methods.* Benefits: · *Prevent HIV and STIs.* · *Prevent pregnancy and avoid abortion.*
Psychographics: People's personality, values, attitudes, interests and lifestyles. Suggested data sources: Primary research and program data.	Daily Routine: · *Gets up early and prepares breakfast. Cleans up for the family.* · *Goes to the market and prepares dinner for the family.* · *Watches TV and looks after her niece, nephew and daughter.* · *Sometimes goes out to clubs or bars with friends.* Lifestyle, Needs, Fears and Values: · *Qualities: Hard working, determined, family values* · *Needs: Independence* · *Aspirations: Finish school, become fashion designer, fall in love* · *Lifestyle: Mom, fashion, night clubs, parties and bars* · *Worries: Pregnancy, HIV, STIs; getting fat; acceptance by peers; gossip; and criticism*

Zanbe Example

Nadia

Summary

Nadia is 18 years old and lives in a good neighborhood with her daughter, older sister, her sister's husband and their two children. When she was 15, Nadia's boyfriend told her she could not get pregnant the first time they had sex, but she got pregnant and had to quit school when her daughter was born. Her parents were not supportive, so she came to Zanbe to live with her sister. Nadia takes care of her daughter, niece and nephew, and cleans the house and prepares food for the family. She doesn't have much free time and misses her friends back home, but hangs out with a few friends in the city. She has not heard from the father of her child since she told him she was pregnant, but she has recently started dating a guy she met at the nightclub. After the birth of her daughter, the nurses told her about the injectable and she uses this method so she can plan her next pregnancy, but knows that she should use condoms to prevent STDs.

Demographics
- 18 years old
- Living in Denbe neighborhood with extended family.
- Dropped out of shool at age 15.
- 3-year-old daughter
- She is a 'transplant.' Her parents live in the village where she grew up and she came to live with her older sister in the city when her parents kicked her out of the house.
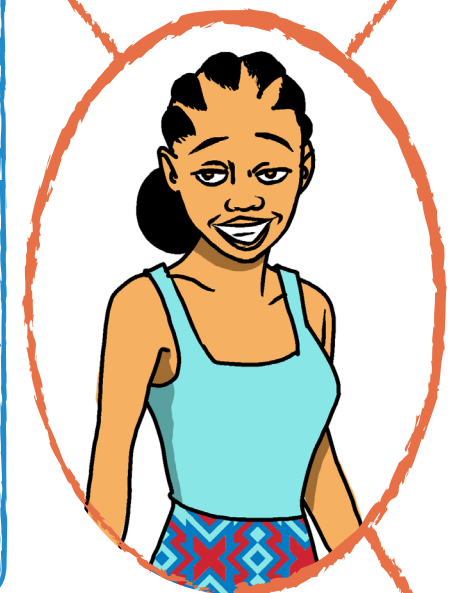
Behaviors
- Currently she is using the injectable and usually gets it every three months.
- Drinks alcohol with friends.
- May have sex in exchange for gifts and with multiple partners.

Media Habits
- Listens to YFM radio.
- Watches TV, specifically Big Brother Africa and SA Idols.
- Reads Drum and Cosmopolitan magazines.

TIME TO REFLECT

Before you move on, take a moment to reflect on your experience with this Worksheet.

What are the three key pieces of information you learned from filling out this Worksheet?

1. *We now have a more complete picture of who Nadia is and her behavior regarding sex and contraception.*

2. *Having an idea of her lifestyle will help us plan the outreach and media activities.*

3. *Having an understanding of whose opinions are important to her will help us select our secondary audiences.*

3. Pretest Profiles with the Audience

When you have created your profile, it can be very useful to pretest it with the represented and intended audience, including urban adolescents and their secondary audiences. You can present the audience profile to the group and then ask them a series of questions to help you validate and clarify the profile. Remind them that there is no right or wrong answer; you just want to make sure that your profile reflects reality. Some questions to ask could include:

- Does this sound like someone that you know or experiences that you have had?
- How accurate is the description of this person's KAB? What, if anything, would you change?
- How accurate is the description about what this person does during the day? What, if anything, would you change?
- How accurate are his/her likes and dislikes? What, if anything, would you change?
- What about his/hers fears and dreams? What, if anything, would you change?
- Is there anything else that you think would be important to add or remove to make it more accurate?

Alternatively you can complete the Worksheet directly with your intended audience and there would be no need to pretest it.

Resources for Essential Element 4

Resources for **Essential Element 4** include:

The DELTA Companion: Marketing Planning Made Easy
PSI
DELTA is PSI's strategic planning, management and alignment tool for social marketing and BCC programs.
http://www.thehealthcompass.org/sites/default/files/strengthening_tools/DELTA-Companion-Social-Marketing.pdf

Essential Element 5:
Establishing Behavioral Objectives and Indicators

This Essential Element will help develop behavioral objectives and indicators for your SBCC program. Here are some suggestions for working through this element:

- *If you have not already worked through **Essential Element 4: Creating an Audience Profile**, we recommend that you do so before starting on **Essential Element 5**.*
- *Read the text from beginning to end.*
- *Complete **Worksheets #7 and #8** using data from your program and your audience.*
- *If you need help filling out the worksheets, refer to the examples of **Worksheets #7 and #8** that have been completed with fictional data from the city of Zanbe.*
- *Refer to the resources at the end of this Essential Element when needed.*

What is the Purpose of this Essential Element?

The purpose of this Essential Element is to:
- Learn how to write behavioral objectives for your program.
- Make sure the behavioral objectives are SMART using a checklist.
- Use your local data collected to complete **Worksheet #7: Behavioral Objectives.**
- Identify behavioral indicators to measure for each of your behavioral objectives using **Worksheet #8: Behavioral Indicators.**

Why is this Important?

Now that you have identified your audience segments, what do you want them to do? Clear behavioral objectives keep a program on track and contribute to the end goal of improved health outcomes.

The program goal is the outcome that you wish to see as a result of your program.

> **For example:**
> *Reduce the number of unintended teen pregnancies among 15- to 19-year-old girls in Zanbe.*

The behavioral objectives refer to the changes in the audiences' behavior as a result of your SBCC program (i.e., increase in use of modern contraceptives, increase in utilization of family planning clinics). Each behavioral objective should contribute directly to achieving the program goal.

> **For example:**
> *Within two years, increase the proportion of modern contraceptive method use from 35 percent to 40 percent of sexually active, out-of-school, young women ages 15 to 19 in Zanbe.*

Behavioral indicators measure any change and progress toward your behavioral objectives as a result of the SBCC program activities.

What are the Key Steps?

When developing behavioral objectives and indicators, there are a number of key steps to follow:

1: Consider and Set Behavioral Objectives

2: Make Behavioral Objectives SMART

3: Establish Behavioral Indicators

1. Consider and Set Behavioral Objectives

The behavioral objective is based on the behavior we expect to change as a result of the audience hearing, seeing or participating in the SBCC program. Behavioral objectives may be different for each audience segment and are created by answering the following questions:

- Who is the intended audience?
- What is the action to be taken by the intended audience?
- How will this action contribute to the program goal?
- How will this action meet the needs of the audience?
- In what timeframe will the behavior change occur?
- What is the amount of change that will be achieved in this timeframe?

2. Make Behavioral Objectives SMART

Behavioral objectives need to be SMART, that is, specific, measurable, achievable, relevant and time-bound.

Specific – clearly defines who or what the focus of the SBCC program is and what change is expected.

Measurable – includes an amount or proportion of change that is expected.

Achievable – a change that the individual is capable of making given their needs and preferences, as well as the social norms and expectations.

Relevant – important to your organization and its resources, and what it is trying to achieve (the program goal).

Time-bound – states the time period for achieving the behavioral changes.

Creating SMART behavioral objectives:

1. *Be specific about your target population and your issue.* For example, if you are aiming to increase use of modern contraceptives, you should focus on "sexually active young women" rather than "all women."

2. *Give a numerical or percentage change expected.* State the existing baseline measure, as well as an expected measure. Review available data and consult research experts to determine a realistic goal for the expected change.

3. *Keep in mind the barriers to change that affect urban adolescents*. How difficult will it be to get their attention? Are others actively trying to convince them to adopt behaviors different from those that your SBCC program is promoting (e.g., abstinence vs. contraception)? Are there competing demands for the time and actions of urban adolescents?

4. *Learn from similar programs.* Review the literature and data of similar SBCC programs. What were their behavior change objectives? What changes were achieved? Their experience might help to make your objectives realistic.

5. *Consider the availability and accessibility of products and services needed to practice the desired behavior.* Will the communication about this behavior create more demand than your program can provide? Will service providers be able to keep up with the demand for supplies or services?

6. *Consider what is manageable within the constraints of your program.* Can the objectives be accomplished with the resources available? Are there appropriate communication channels to reach the intended audience? Do you have enough time?

7. *Use timeframes that give people enough time to change.* Use timeframes in terms of months or years.

In **Worksheet #7: Behavioral Objectives**, you will be asked specific questions to help you identify appropriate behavioral objectives of your SBCC program. The Worksheet contains two parts. In the first part you will be asked to develop the objectives and in the second part you will be asked to check that these objectives are SMART.

Once you have completed **Worksheet #7: Behavioral Objectives**, the rest of this Essential Element will look at how to develop program indicators and give you the opportunity to create for your program using **Worksheet #8: Behavioral Indicators**.
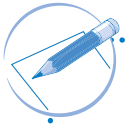
WORKSHEET #7: BEHAVIORAL OBJECTIVES

PART 1

Purpose: To help create behavioral objectives for your program (Part 1) and make sure they are SMART (Part 2).

Preparation:
Gather the following data to help you fill out this Worksheet for your program:

- **Worksheet #1** with your data, if you worked through **Essential Element 1**. If you have not completed **Essential Element 1**, make sure that you have reliable data about your audience and the SRH problem your program is targeting.
- Audience profile(s) (**Worksheet #6**). We recommend that you complete **Essential Element 4** before working on this Essential Element.

Directions:
1. Answer the questions in this Worksheet using your data. This Worksheet has two parts. You need to complete the first part before working on Part 2.
2. Refer to the *Worksheet #7: Zanbe Example* to help you complete this blank Worksheet with the information relating to your program.
3. After having completed this Worksheet, you need to work through **Worksheet #8** to finalize your program indicators.

Program goal:

Question	Answer	
Who is the intended audience?		
What is the action to be taken by the intended audience?		
How will this action contribute to the program goal?		
How will this action meet the needs of the audience?		
In what timeframe will the behavior change occur? (state a beginning and end date)		
What is the amount of change that will be achieved in this timeframe? (state the current level and the desired objective)	**From this**	**To this**

WORKSHEET #7: BEHAVIORAL OBJECTIVES

PART 2

Instructions:
1. Review your behavioral objective and check whether it meets the SMART criteria.
2. For each item with a "no" check, make modifications.
3. If all items are checked "yes," congratulations. To make sure, ask others on your team to critique your behavioral objective to see if they can improve and make it SMART-er.

Summarized behavioral objective: _____

_____

Is it . . .?	Yes	No	Suggested Improvement
Specific?			
Measurable?			
Achievable?			
Relevant?			
Time-bound?			

Improved behavioral objective: _____

_____

TIME TO REFLECT

Before you move on, take a moment to reflect on your experience with this Worksheet.
What are the three key pieces of information you learned from filling out this Worksheet?

1.

2.

3.

WORKSHEET #7: BEHAVIORAL OBJECTIVES
PART 1

Zanbe Example

This example is based on the Zanbe Let's Talk About It! program introduced in Part 1 of the I-Kit. The program managers reviewed all of the information they collected and the input from the workshop with their advisory group and urban adolescents from the intended audience, and answered the key questions to help them create their behavioral objectives. Part 1 includes questions to help write an objective and Part 2 includes a checklist to make sure the objective is SMART. Additional insights are provided in the text bubbles.

Program goal: *Reduce the number of unintended teen pregnancies among 15- to 19-year-old women in Zanbe.*

Question	Answer	
Who is the intended audience?	*Young women (15 to 19) living in Zanbe, out of school.*	
What is the action to be taken by the intended audience?	*Use a modern contraceptive method.*	
How will this action contribute to the program goal?	*The program goal is to reduce the number of unintended pregnancies that contribute to adolescent maternal and child mortality. By using a modern contraceptive method, young women will be able to contribute to this goal.*	
How will this action meet the needs of the audience?	*By using modern contraceptive methods, young women will reduce the number of unintended teen pregnancies that prevent them from finishing school.*	
In what timeframe will the behavior change occur? (state a beginning and end date)	*January 2009 to December 2011*	
What is the amount of change that will be achieved in this timeframe? (state the current level and the desired objective)	**From this**	**To this**
	Modern contraceptive use: 35 percent	*Modern contraceptive use: 60 percent*

Summarized behavioral objective: *Increase the proportion of modern contraceptive method use from 35 percent to 60 percent, among out-of-school, young women ages 15 to 19 in Zanbe between January 2009 and December 2011.*

Is it . . .?	Yes	No	Suggested Improvement
Specific?		√	*Among sexually active*
Measurable?	√		*From 35 percent to 45 percent*
Achievable?		√	
Relevant?	√		
Time-bound?	√		

> Needed to be more specific about who is going to use modern contraceptives. If a young woman is not sexually active, she will not be using contraceptives.

> Needed to lower the increase amount, since it was too large for the two-year time period.

Improved behavioral objective: *Increase the proportion of modern contraceptive method use from 35 percent to 45 percent among sexually active, out-of-school, young women ages 15 to 19 in Zanbe between January 2009 and December 2011.*

For the following examples for *Zanbe*, which do you think are SMART objectives? For those that are not, think about what is missing and what you could do to improve them. Make extra copies of **Worksheet #7**, Part 2 to record your responses.

1. Increase the proportion of young men, ages 15 to 19, who use condoms.
2. Increase the proportion of parents who report talking about SRH matters with youth.
3. Decrease the proportion of STIs among urban adolescents.
4. Increase the proportion of youth who access SRH services at the Bright Star City Clinics from 20 percent to 60 percent.

TIME TO REFLECT

Before you move on, take a moment to reflect on your experience with this Worksheet.
What are the three key pieces of information you learned from filling out this Worksheet?

1. *Our program implementation period is quite short. How can we be realistic about what we can achieve?*

2. *Being specific about our objectives will help us to track progress toward meeting them.*

3. *We have to make sure that ALL of our objectives are SMART before we move onto the next stage.*

Zanbe Example

3. Establish Behavioral Indicators

Indicators are the specific measures used to track progress toward achieving your behavioral objectives. All of the information that you have collected so far about your intended audience will be helpful as you identify the indicators to measure the success of your program. It might also be helpful to brainstorm with your team to identify the specific indicators that you want to address for each objective.

Good indicators are:

Valid	Because they measure only what they are intended to measure.
Reliable	Because they produce similar results when used more than once.
Sensitive	Because they reflect changes in what is being studied.

The number of indicators you select is up to you, but whatever you select has to be measured. When you are thinking of the indicators, ask yourself, can that be measured? How will it be measured? Only choose indicators that you will be able to measure and track during the course of your program.

Indicators could be categorized by **opportunity, ability and motivation,** and each has additional sub-categories. Here are the definitions of each.

Opportunity indicators are the institutional or structural factors that influence an individual's chance to perform the behavior, including:

- **Availability:** The individual's perception about the product or service in a defined area (e.g., condoms are available within .5 kilometers of my home) and/or actual availability.
- **Quality of care:** The individual's perception about services regarding provider (e.g., female provider for female patients, trustworthy, etc.) and delivery point (e.g., waiting times, cleanliness, privacy, reliability, etc.).
- **Social norm:** The individual's perception regarding standards for behavior that are accepted as usual practice.

Ability indicators are an individual's skills needed to perform a promoted behavior and include:

- **Knowledge:** Measures the correct information about the SRH problem (i.e., symptoms, causes and transmission).
- **Self efficacy:** The perception about an individual's ability to perform a promoted behavior effectively.
- **Social support:** The perception about the quantity (i.e., number of times, length of time, etc.) and quality (i.e., content, depth, mode, type, etc.) of help that an individual gives or receives.

Motivation indicators are an individual's desire to perform a promoted behavior and include:

- **Attitude:** The individual's evaluation or assessment about the promoted behavior.
- **Belief:** The individual's perception about the promoted behavior, which may or may not be true. Typically, beliefs are about myths and misconceptions related to promoted behavior.
- **Intention:** The individual's future desire or plan to perform the promoted behavior.
- **Locus of control:** The extent to which individuals believe that they can control events in relation to the promoted behavior.

- **Outcome expectation:** The belief that a promoted product, service or behavior is effective in fulfilling its purpose as intended.
- **Subjective norm:** Individual's perception of whether people important to the individual think the behavior should be performed.
- **Threat:** Comprised of:
    - » **Severity,** which is an individual's perceived magnitude of the harm of the targeted public health problem (i.e., significance or seriousness of getting pregnant when young, degree of physical, psychological or economic harm caused by getting pregnant when young, etc.).
    - » **Susceptibility,** which is an individual's perceived likelihood that getting pregnant will happen to her.

⚠️ **Reminder!**

Measuring your Success

Monitoring and evaluating your program is very important. It is best to conduct a survey using your behavioral indicators at the beginning to establish a baseline, mid-way through to see if your program is on track and to make any changes, and at the end of your program to measure progress and accomplishments. Many resources are available to support you in developing M&E tools and therefore will not be covered in this I-Kit. If you want to find out more about M&E, some useful resources can be found in the **Resources** section at the end of this Essential Element.
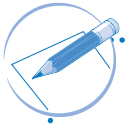
WORKSHEET #8: BEHAVIORAL INDICATORS

Purpose: To help identify behavioral indicators for your behavioral objectives.

Preparation:
Gather the following data to help you fill out this Worksheet for your program:
- **Worksheet #6** completed with your data.

Directions:
1. Answer the questions in this Worksheet using your data.
2. Refer to the *Worksheet #8: Zanbe Example* to help you complete this blank Worksheet with the information relating to your program.

Behavioral Objective:

Behavioral Indicators:
1. The table on the next page displays the indicator categories and sub-categories.
2. Review the sub-categories and note which ones will be most appropriate for your behavioral objectives and which ones will be easier for you to measure, and write indicators for those only.
3. Try to have a maximum of three indicators for each category. It is not necessary to develop an indicator for every sub-category.

Category	Possible Indicators
OPPORTUNITY	
• Availability of the product or service	
• Quality of care	
• Social norm	
ABILITY	
• Knowledge	
• Self efficacy	
• Social support	
MOTIVATION	
• Attitude	
• Belief	
• Intention	
• Locus of control	
• Outcome expectation	
• Subjective norm	
• Threat	

How can they be measured?

TIME TO REFLECT

Before you move on, take a moment to reflect on your experience with this Worksheet. What are the three key pieces of information you learned from filling out this Worksheet?

1.

2.

3.

WORKSHEET #8: BEHAVIORAL INDICATORS

Zanbe Example

This example is based on the Zanbe Let's Talk About It! program introduced in Part 1 of the I-Kit. For each behavioral objective, the program managers listed all of the indicators they wanted to measure. Additional insights are provided in the text bubbles.

Behavioral Objective: *Increase the proportion of modern contraceptive method use from 35 percent to 45 percent among sexually active, out-of-school, young women ages 15 to 19 in Zanbe between January 2009 and December 2011.*

Consider prioritizing which behavioral indicators you want to measure most – it might be difficult to measure all indicators listed here.

Behavioral Indicators:

Category	Possible Indicators
OPPORTUNITY	
• Availability of the product or service	*Percentage of health clinics under the Lets Talk About It! program that offer free modern contraception to youth.*
• Quality of care	*Percentage of clinics where youth claim feeling comfortable.*
• Social norm	*Percentage of audience who believe that sexually active peers use modern contraception.*
ABILITY	
• Knowledge	*Percentage of youth who know common side effects of contraceptives.*
• Self efficacy	*Percentage of youth who believe they are capable of dealing with any side effects.*
• Social support	*Percentage of youth who report that their peers encourage them to use modern contraception.*
MOTIVATION	
• Attitude	*Percentage of youth who agree with the statement that using modern contraception is one way to ensure a healthy future.*
• Belief	*Percentage of youth who agree with the statement that using modern contraception will not make a person sterile.*
• Intention	*Percentage of youth who report planning to use a modern contraceptive method consistently and correctly in the next six months.*
• Locus of control	*Percentage of youth who feel they have control over whether or not to use contraceptives.*
• Outcome expectation	*Percentage of youth who agree with the statement that using modern contraception is an effective way to prevent an unintended pregnancy.*
• Subjective norm	*Percentage of youth who report that their best friend believes that modern contraception should be used.*
• Threat	*Percentage of youth who report feeling at risk of unintended pregnancy.*

Zanbe Example

How can they be measured?

A KAB survey can be conducted with the intended audience prior to implementation to form the baseline measures. The KAB survey can be repeated mid-way through the project and then again at the end of the project to measure any changes in the program indicators and achievement of the program objectives.

> If your indicators use the same phrasing as other surveys (i.e., DHS), you may be able to compare with your data and have a national reference point.

TIME TO REFLECT

Before you move on, take a moment to reflect on your experience with this Worksheet.
What are the three key pieces of information you learned from filling out this Worksheet?

1. We need to make sure that we choose indicators that a) match the behavioral objective that we chose and b) are measurable and achievable within the timeframe of our program.

2. For this program, we will just choose three indicators to measure.

3. Need to think about what methodologies we will use to get data on these indicators.

Resources for Essential Element 5

Resources for **Essential Element 5** include:

The DELTA Companion: Marketing Planning Made Easy
Population Services International
DELTA is PSI's strategic planning, management and alignment tool for social marketing and behavior change communication programs.
http://www.thehealthcompass.org/sites/default/files/strengthening_tools/DELTA-Companion-Social-Marketing.pdf

Are you on the Right Track? Six Steps to Measure the Effects of your Programme Activities. (2009)
STOP AIDS NOW! and Rutgers World Population Foundation
This workbook has been developed specifically for programmers working in the area of young people's sexual health. The workbook is a hands-on instruction manual for developing an outcome M&E plan by proposing six key steps. The tool is helpful both to assess progress and to measure achievement of activities relating to sexual health interventions.
http://www.stopaidsnow.org/sites/stopaidsnow.org/files/PY_Are_you_on_the_Right_Track.pdf

Essential Element 6:
Identifying Communication Channels in the Urban Environment

This Essential Element will help you learn more about the different communication channels that you can use for your SBCC program. Here are some suggestions for working through this element:

- *Read the text from beginning to end.*
- *Complete **Worksheets #9, #10 and #11** using data from your program and your audience. Examples of each Worksheet are included to show how the program in Zanbe answered the questions.*
- *Having completed **Essential Element 1 and Essential Element 4** will provide you with the information you need for **Essential Element 6.** If you have not worked through **Essential Element 1 and Essential Element 4**, make sure you have reliable information about your intended audience. This information can come from reports, documents and statistics from government ministries, international and local NGOs, or research institutes. You may also look at media consumption studies and other research done about your intended audience in your city or in your country.*
- *Refer to the resources at the end of this Essential Element as needed.*

What is the Purpose of this Essential Element?

The purpose of this Essential Element is to:
- Learn about the pros and cons of communication channels for urban youth and identify which ones might work best for your SBCC program.
- Identify opportunities for possible communication channels and opportunities for your intended audience by using **Worksheet #9: The Day in the Life** exercise.
- Identify the communication channels your intended audience uses on a regular basis and where they want to get SBCC information by using **Worksheet #10: Reviewing Available Communication Channels.**
- Review and select communication channels to use in your SBCC program by using **Worksheet #11: Selecting Communication Channels.**
- Learn that using multiple channels to reach your audience with consistent messaging is an important principle in SBCC programming.

Why is this Important?

Take a moment and close your eyes. Imagine a day in the life of a young person in your city. Think about what this young person might do every day and how, throughout the day, he/she would be exposed to many different forms of communication (e.g., radio, billboards, newspapers, social media) and many different messages. There are so many people and companies telling young people what to do and often, these messages compete with one another. Just like a young person can be exposed to five different advertisements for five different mobile phone companies in a day, they can also be exposed to many different messages about SRH—messages that do not always align with one another (see image on the next page).

If you want to reach your intended audience with your messages, you have to find a way to stand out from all of those other messages, get their attention, speak their language and motivate them to change their behavior.

What are the Key Steps?

When identifying communication channels in the urban environment, there are a number of key steps to follow:

1. Consider Communication Channel Pros and Cons for Using with Urban Youth
2. Find Available Channels Reaching the Intended Audience
3. Select a Combination of Lead and Supportive Channels

1. Consider Communication Channel Pros and Cons for Using with Urban Youth

Communication channels are the methods used for delivering messages to your intended audience. Different channels are appropriate for different audiences. For example, a poster or leaflet with a lot of text can provide good information about an SRH problem, but may not be effective if the majority of your intended audience cannot read.

Urban audiences are generally exposed to more communication channels than rural audiences and may have more access to TV, computers and the Internet. Mobile phones are a channel that has proven to be very popular among youth and are being used in innovative ways to receive and share information.

Definition

A **communication channel** is the method or medium/media used to deliver a message to the intended audience.

Knowing your audience's habits and preferences will help you to identify the best channel to reach them.

The following pages describe the most common communication channels for urban settings, including pros and cons, a few suggestions for how to use each channel, considerations for using channels in an urban environment and examples of how they have been used.

Younger Adolescents

Keep in mind that young adolescents (10 to 14 year olds) may not have the same access to all channels as older adolescents. For example, they may **not**:

- Have the literacy levels to access and understand materials with more complicated language or information.
- Be able to watch certain programs on television with their family because of program timing or mature content.
- Be able to listen to a radio program during times of the day if an older sibling or parent is home who decides what to listen to or watch.
- Be welcome at larger gatherings with older adolescents or they may be mixed into large group gatherings, so perhaps it's best to sprinkle in a few messages for them to take away, as well.
- Have mobile phones and therefore may not benefit from SMS- or call-in-based activities as much as older peers.

We will now look at some of the most common categories of communication channels. You may be familiar with some terms, while others may be new to you. Each type of communication channel is described, however, if you feel you want to find out more about it, you can refer to the **Resources** section at the end of this Essential Element.

Mass Media

What is it? Television, radio, newspaper, magazine and outdoor/transit (e.g., billboards, transit ads on bus or taxi) that reaches wide audiences.

Pros and Cons

- **Public service announcements** are short and memorable with a strong call to action, **but** it is difficult to convey complex information.
- **Serial dramas** allow the audience to engage with plot lines with deeper coverage of topics and role models, **but** they can be expensive to produce to a high quality.
- **Talk shows** allow for youth and local experts to take part, **but** it may be hard to keep everyone on topic.
- **Call-in shows and open microphone programs** allow for two-way communication, **but** you may lose focus on audience or message.
- **Newspapers or magazines** can have large reach, **but** you are limited to high-literacy populations.
- **All mass media** can reach very large audiences at once, **but** this means you may not meet specific needs of smaller audience segments.

Reminders for using mass media

- Works best when paired with other communication channels.
- Radio is generally more affordable and widespread than TV.
- Contact media (e.g., TV and radio stations, newspaper offices) for follow-up analysis to make sure that placement of promotional materials occurred as planned.
- Newspapers can be effective in reaching those who influence urban adolescents (i.e., parents, community leaders, teachers and policy makers).
- Images and text on outdoor media need to be designed so that they can be understood quickly since they are seen by people driving by in vehicles or walking along the road.
- For live radio or TV shows, make sure your host is well-informed and prepared to respond to unexpected questions.
- Involve young people in the production and dissemination of mass media (e.g., radio hosts, callers for call-in shows and articles written for newspapers).

Example

Jongo Love (Kenya), is a radio series set in urban Kenya that addresses love, relationships and family planning to increase contraceptive use among urban adolescents. Each episode is followed by a phone-in discussion during which listeners, DJs and experts continue the conversation started during the show. *Jongo Love* also engages listeners through interactive question and answers posts on Facebook and Twitter.
(http://ccp.jhu.edu/jongo-love-sweeps-the-airwaves-tupange-brings-family-planning-to-urban-poor-in-kenya)

Considerations for using mass media in an urban environment

- Urban youth have more consistent access to mass media than their rural peers.
- Urban youth might prefer television to radio.
- Easier to work closely with mass media on a consistent and continuous basis in a city.
- Urban youth can interact with talk shows by calling in or text messaging. Questions can be immediately answered, which is important for youth.

Community–based Approaches

What is it? Community-based approaches reach people within a certain geographic area or people with common interests or characteristics. This includes activities that gather a large number of people and mobilize the targeted community to participate. Examples of community-based activities include dramas/street theater, puppet shows, games, concerts, contests (e.g., music, art and dance) and mobile video units.

Pros and Cons

- **Community-based approaches** are less expensive than mass media, **but** reach a smaller number of people.
- **Community-based activities** can be entertaining and educational, **but** take a lot of time to plan and rehearse and require skilled facilitators.

Reminders for using community-based approaches

- Make sure subject matter discussed or presented is appropriate for all ages or select venues that are more private to ensure that subjects can be discussed openly (e.g., condom demonstrations for older youth).
- Make sure to meet with community leaders, government officials and relevant religious leaders to gain their support for activities at the community level.
- When creating theater activities, make sure the language, names and scripts are appropriate for the specific community.
- Hold a discussion after any theater activities to ensure that the messages resonate with the audience and give the audience a chance to explore SRH topics together.
- For community-based activities, prepare two or three key messages and make sure that these are transmitted throughout the event.

Example

On *The Good Life Game Show* (Uganda), an educational and interactive game show on radio and TV, couples play against each other and test their knowledge about a weekly health topic. Through a telephone hotline, callers answered health questions and commented on the show. Community-based road shows and mobile screenings provided more opportunities for audiences to interact and learn in small groups. http://www.thehealthcompass.org/sbcc-spotlights/living-goodlife-ghana

Considerations for using community-based approaches in an urban environment

- There are a variety of places that young people gather to host community-based activities (e.g., near schools, sports and youth clubs, malls and bars).
- More access to youth who can produce and perform in community-based activities (e.g., acting schools, theater groups and musicians).
- In cities, community-based activities are often more complicated to organize and they tend to be more expensive.

Print Materials
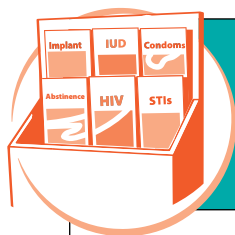
What is it? Primarily paper-based materials that reach intended audiences through written words or illustrations. Examples of print materials include fliers, pamphlets/brochures, protective school book covers, fact sheets, posters, and cards.

Pros and Cons

- **Use of pictures, photos** and graphics make print materials attractive to multiple audiences **but** print materials often rely on text to get complete information across, so they may only reach literate audiences.

- **Print materials** can often be easily disseminated to intended audiences at events or through strategic locations (e.g., health clinics), **but** are easily lost, discarded or torn down and need to be replaced or redistributed frequently.

- **Print materials** allow a user to receive and think privately about a message, or can spark group conversation, **but** they do not allow for response to further questions an audience member might have.

Reminders for using print media

- Print materials are best used in combination with other interpersonal or more interactive communication channels.

- Print materials may be shared between many individuals; it is important that messages be phrased clearly and in a way that prevents misinterpretation.

- Consider when, how or by whom the material will be distributed, or where it will be posted. Will your fact sheet given by a provider at a clinic look the same as what peer educators hand out at community-based activities?

- You won't be able to fit everything you want to say about an issue in a poster, brochure, or pamphlet. Try to only include key messages in an attractive layout and consider including how users can find additional information (e.g., website, social media).

Example

HIV Talkline (Zambia), several brochures were developed around SRH to support the 24-hour HIV Talkline. Brochure topics included Risk Reduction: Abstinence; Girls and Growing UP!; Boys and Growing Up; Frequently Asked Questions about STIs; and Frequently Asked Questions about HIV and AIDS.

http://www.thehealthcompass.org/sites/default/files/project_examples/Brochure%20Youth%20IEC%20Abstinence.pdf

Considerations for using print materials in an urban environment

- Involve young people by hosting poster contests and featuring young people's art to help convey your message.

- Urban youth have higher school enrollment and literacy rates than rural youth.

- Urban adolescents have a high level of independence; print materials can be placed in locations where youth can see them without their parents' or family's presence.

- Adolescents in urban areas may be attracted to more bold designs, images and wording than non-urban adolescents.

Interpersonal Communication

What is it? Personal interaction with the intended audience that could be done one-on-one, in small groups, large groups or as a forum. IPC can be delivered in many formats—in person, over the phone (e.g., hotline) via social media—as well as by any number of health providers, peers and near-peers, community health workers, pharmacists and teachers, to name a few.

Pros and Cons

- **One-on-one IPC** can personalize interaction and address that person's specific situation and is effective for discussing sensitive topics in a private setting, **but** requires trained educators/ facilitators and oversight to ensure all are delivering the same message.

- **Small group IPC** can engage small interpersonal networks (i.e., peers) for social support, **but** may need repeated sessions and people may not be able to attend regularly.

- **Large group IPC** can reach more people and challenge dominant norms and resistant behaviors, **but** large group IPC activities are the least interactive and personalized, and often more "health education" style and challenging to manage.

- **Peer educators** can be effective because they are approximately the same age as the intended audience, speak the same language and are easy to relate to, **but** effectiveness depends on the quality of the program—some peer educators might find it difficult to move beyond simply sharing information to helping build skills for behavior change.

Reminders for using IPC

- Communication should be interactive and avoid lectures and one-way communication.

- Adapt existing materials or develop new materials, including:
  - » A curriculum or guide for facilitators, role-play scripts, games, photos, other visuals and tools to train facilitators.
  - » Branded items for staff/volunteers that identify them with the program (e.g., hat, T-shirt, bag).
  - » Print materials for the intended audience (e.g., brochure, flier, comic books).

- Determine the number of sessions that participants need to attend and find ways of ensuring regular participation.

- Decide on the type of facilitators (i.e., peer, near-peer, program staff and teachers).

- Recruit and train IPC facilitators. Supervision of your IPC facilitators (including observation visits) is key to success. Include regular meetings and feedback to make sure everyone is consistent in message delivery.

Example

Nyeri Youth Health Project (Kenya), trained young parents to be "friends of youth" and shared knowledge and skills regarding SRH with youth individually or in groups, community adults and teachers; and referred youth to newly trained youth-friendly private sector clinics.
http://www.advocatesforyouth.org/publications/1157-nyeri-youth-health-project-kenya

Considerations for using IPC in an urban environment

- Outreach can be to youth in places that are less conventional—there is a variety of places where they hang out or are found on the street.

- Urban areas have a diverse group of people who can share their expertise and give talks (e.g., therapists, medical providers).

- With high unemployment in urban areas, there are plenty of youth available to be trained as peer educators.

Mobile Phones

What is it? Use of mobile phones and smart phones for health information and services. Often, this means using SMS technology to push out messages to the intended audience or have two-way conversations via SMS. Mobile phones with Internet access can also be used for social media outreach.

Pros and Cons

- **Mobile phones** are available in all socio-economic levels, **but** literacy is required for reading and sending text messages.

- **Privacy and confidentiality** are common with phones, both of which are important to youth, **but** sometimes phones are shared by several people and private information should not be sent in this way.

- **SMS surveys and quizzes** can be used to gather self-reported changes in knowledge and behavior, **but** 160 characters per SMS message limits complex information.

- **SMS messages** can be received and sent at any time of day or night, **but** calling a hotline to talk with someone is limited to hours of operation.

Reminders for using mobile phones

- Understand your audience and how they use mobile phones to determine whether a mobile phone program will be effective and reach them.

- Privacy and confidentiality are extremely important, especially regarding SRH, so programs should be opt-in rather than opt-out.

- Use mobile applications that allow youth to text a sexual health question to a number and receive a texted response quickly at any time.

- Use texting to provide youth with sexual health information and appointment reminders.

- Require those who join to provide their demographic information to provide a picture of who is accessing the services and how.

- SMS programs can use messages and materials that have already been developed, tested and used in other programs to save time and money.

- Invite community partners to promote the SMS platform through their networks.

Example

mCenas! (Mozambique) This SMS platform delivers a story to increase knowledge of contraceptive methods, and dispel myths and misconceptions among youth aged 15 to 24. The story uses messages that youth can relate to, informational messages about contraceptive methods and an interactive "Frequently Asked Questions" function where youth can ask questions and receive SMS messages on a range of SRH topics. The story also encourages further dialogue and reflection with peers. http://www.pathfinder.org/our-work/projects/sms-client-education-to-improve-family-planning-uptake-among-youth.html

Considerations for using mobile phones in an urban environment

- Urban youth have better access to mobile phones, quality services and connection.

- Urban youth are more likely to access social media on their mobile phones and more likely to have access to smart phones now or soon.

- There is more competition between providers, so prices are competitive and lower.

- Consider partnering with a network provider and mobile application developers to create or adapt a program to meet your needs, and promote your messages and service at their retail outlets and outreach events.

Social Media

What is it? Internet-based applications that encourage social interaction among people in which they create, share or exchange information and ideas in virtual communities and networks. Different forms include blogs and microblogs (e.g., Twitter), photographs or pictures (e.g., Instagram), social networks (e.g., Facebook, MXit, Badoo) and video (e.g., YouTube). It's any online technology that lets people publish, converse and share content online.

Pros and Cons

- **Social media** is less expensive than traditional media, **but** does require someone's time to monitor, create content and respond in a timely manner.

- **Free applications** and sites are abundant, **but** access requires reliable Internet and technology is less universal at this time in parts of Africa.

- **Information-sharing** with a wide network is made quick and easy, **but** this can jeopardize privacy and confidentiality.

- **Reaching young people** can be made easier with social media, **but** trusting, meaningful relationships are often developed in person.

- **Content** on social media sites can be generated by anyone, **but** the quality and accuracy of content is threatened if it is not checked by an expert consistently.

Reminders for using social media

- Create content that is engaging and worth talking about or sharing with others.

- Hire youth to design and manage social media sites.

- Learn about the sites and applications that your intended audience use and utilize those to reach them.

- Learn how your audience uses the applications and sites (e.g., what do they share on Facebook—images, quotes, poems or their own messages?).

- Consider the Internet speed in your country and whether it will be able to sustain heavy graphics, videos, animated images or interactive activities, and think about using packages that do not require a very fast Internet connection.

Example

YoungAfricaLive (South Africa) is a portal that is entertainment-oriented, fun, interactive and provocative. The platform shares information and educates, generates discussion and promotes HIV testing. It welcomes youth to dialogue about SRH with guest bloggers and live chats with doctors and relationship experts.
http://socialtech.org.uk/projects/young-africa-live/

http://blog.praekeltfoundation.org/post/12195561521/full-youngafricalive-youth-sex-survey-poll-results

http://youngafricalive.com

Considerations for using social media in an urban environment

- Even if they do not own a computer, urban adolescents can access social media sites in cyber cafes, at schools, in libraries or on mobile phones.

2. Find Available Channels Reaching the Intended Audience

With so many great communication channels available for reaching urban adolescents, how do you decide which ones to use? One of the best ways is to start with your intended audience—learn which communication channels they mostly use and which ones they trust most to receive SRH information.

You can find the channels that are reaching your intended audience by asking them to describe a typical day in their life. The **Worksheet #9: Day in the Life** exercise can be used to provide detailed insights regarding the lifestyle and potential opportunities for communicating with your intended audience. The exercise tracks a typical day, from dawn to dusk, listing the things your audience does and places it goes, and identifies potential communication channels at each point along the way. It is helpful to conduct this exercise with each intended audience segment that you plan to reach.

Once you have a sense of the communication channels that are reaching your intended audience, review those channels to determine whether they are feasible and appropriate for your SBCC program. **Worksheet #10: Reviewing Available Communication Channels** can be used to review communication channel information for your intended audience.

> **Reminder!**
>
> Media consumption studies can help you figure out what types of media your audience pays attention to. Usually these won't be able to give you the amount of detail that you are looking for, but are a good place to start. For instance, you may be able to find out what stations and program categories youth of a certain age group listen to and watch, but you may not be able to find out from these studies whether those youth are sexually active, pregnant or living with HIV.
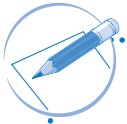
WORKSHEET #9: DAY IN THE LIFE

Purpose: To identify opportunities for possible communication channels and opportunities for your intended audience.

Preparation:
Assemble a small group of people who represent your intended audience(s). You will need to conduct separate groups for each segment of your intended audiences (primary and secondary). A small group of six to eight people should be representative of your intended audience and allow for better discussion and easier facilitation.

Directions:
1. Ask the group to think about someone like themselves and give the person a name.
2. Tell them that this person represents your intended audience and is not one person in particular. Giving a name helps you think of your intended audience as a person and not a demographic (i.e., female, 10 to 14 years old, out of school).
3. Ask them to think about a typical day for this person, and for each "time of day," ask the group to write down what "activity" the person is doing (including home, work and fun), the "location" of the activity and suggestions for "ways to communicate with them." Fill in the boxes on **Worksheet #9**.
4. Refer to the ***Worksheet #9: Zanbe Example*** to help you complete this blank Worksheet with the information relating to your program.
5. Ask the group to present their person's "Day in the Life" and answer any questions that your team may have.
6. Ask the group to reflect on what they learned from this experience and write down the three key pieces of information learned from filling in this Worksheet.
7. After completing this worksheet, you will use this information to work through **Worksheet #10** Reviewing Available Communication Channels.

Intended Audience:

Name:

Time of Day	Activities	Locations for Each Activity	Potential Ways to Deliver Messages
Early Morning			
Mid-morning			
Midday			
Early Afternoon			
Late Afternoon			
Early Evening			
Dinner			
Late Evening			

Special Events (List day, week or month)			
Seasonal Opportunities (Harvest time, holidays, rainy/dry or cold/hot seasons, etc.)			

*   Source: The tools for this exercise are from Chapter 6 Channels and Tools, "A Field Guide to Designing a Health Communication Strategy," Johns Hopkins Center for Communication Programs, page 148. The entire manual can be downloaded at http://ccp.jhu.edu/documents/A%20Field%20Guide%20to%20 Designing%20Health%20Comm%20Strategy.pdf. The example for this exercise is found on page 145.

TIME TO REFLECT

Before you move on, take a moment to reflect on your experience with this Worksheet. What are the three key pieces of information you learned from filling out this Worksheet?

1.

2.

3.

Zanbe Example

This example is based on what a "day in the life" would look like for Awa, who is introduced in Part 1 of the I-Kit. Additional insights are provided in the text bubbles.

Intended Audience: *Urban women, 10 to 19, out of school*

Name: *Awa*

Time of Day	Activities	Locations for Each Activity	Potential Ways to Deliver Messages
Early Morning	• *5:00 a.m., wakes up and turns on Capital Radio 95.5 FM.* • *Prepares breakfast for herself and her mother.* • *Walks from her neighborhood into the city. Her mother usually walks with her to pick up things she needs.* • *Walks to Central Market and sets up clothes in stall.*	• *Home* • *Neighborhood streets* • *Main city roadside to market* • *Central Market*	• *Capital Radio 95.5 FM through a PSA or a talk-show dedicated to SRH* • *Wall signs on small shops along the road* • *Billboards on the main road* • *Parent outreach*
Mid-morning	• *Has a tea break with her friends, near her stall.*	• *At her friend's stall*	• *IPC with peer educators* • *Drama performance during a less busy time in the market*
Midday	• *Very busy with customers.*	• *Market stall at Central Market*	• *Not a good time*
Early Afternoon	• *Listens to the radio in her stall and changes from news to music to dramas, depending on the station.* • *Has a tea break with her friends, near her stall.* • *She sends SMS messages to her friends.*	• *Market stall at Central Market*	• *IPC with peer educators* • *Drama performance during a less busy time in the market* • *Radio PSA, talk-show, call-in show or serial drama* • *SMS via mobile phone*
Late Afternoon	• *Listens to the radio in her stall and changes from news to music to dramas, depending on the station.* • *She chats with customers.* • *She sends SMS messages to her friends.*	• *Market stall at Central Market*	• *IPC with peer educators* • *Drama performance during a less busy time in the market* • *Radio PSA, talk-show, call-in show or serial drama* • *SMS via mobile phone*

Zanbe Example

Early Evening	• Packs up her stall for the night.	• Market stall at Central Market	• Wall signs or billboards near market
Dinner	• Eats dinner with her friends outside of her home if sales have been good for the day.	• Night market, side of road, or cafe	• Wall signs or billboards near cafe
Late Evening	• Usually hangs out with her friends.	• Home of friends, the night market, or cafes	• Wall signs or billboards near cafe
Special Events (List day, week or month)	• On Sunday morning, she goes to church.	• All Saints Cathedral	• Church: message in sermon, classes
Seasonal Opportunities (Harvest time, holidays, rainy/dry or cold/hot seasons, etc.)	• During the dry season, the market has fewer shoppers, so she works shorter days.		• IPC outreach during dry season • Community engagement during dry season (participatory theater, large-group IPC

TIME TO REFLECT

Before you move on, take a moment to reflect on your experience with this Worksheet.
What are the three key pieces of information you learned from filling out this Worksheet?

1. There are so many media opportunities for reaching Awa at different times of the day.

2. Some of the channels are very public, so might not be appropriate depending on the message.

3. It would be fun to see if Capital Radio was interested in having a serial drama.
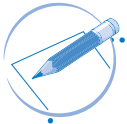
WORKSHEET #10:
REVIEWING AVAILABLE COMMUNICATION CHANNELS

Purpose: To review communication channel information for your intended audience.

Preparation:
Gather all the secondary information about communication channels used by your intended audience:

- Primary and secondary research about your intended audience (i.e., **Worksheet #1** from **Essential Element 1**).
- Audience profile (i.e., **Worksheet #6** from **Essential Element 4**).
- Communication channels used. If you have not completed **Essential Element 1 and Essential Element 4**, make sure you have reliable information about the communication channels used by your intended audience. This information should be reliable and come from reports, statistics, studies and research.
- Any media consumption studies.

Directions:
1. Complete this Worksheet using your data about your intended audience.
2. Use the information you have to answer the questions in this Worksheet.
3. Write down the sources of the information you use to answer the questions (i.e., study name, date of study, page number or table number).
4. Refer to the *Worksheet #10: Zanbe Example* to help you complete this blank Worksheet with the information relating to your program.
5. After completing this Worksheet, you will use this information to work through **Worksheet #11: Selecting Communication Channels**.

Intended Audience:

1. What channels does your intended audience use on a regular basis?

    (Information Source: _____)

2. Who does your intended audience listen to about the desired behavior? Who is a credible source of information? Who is most motivating?

    (Information Source: _____)

TIME TO REFLECT

Before you move on, take a moment to reflect on your experience with this Worksheet. What are the three key pieces of information you learned from filling out this Worksheet?

1.

2.

3.

WORKSHEET #10:
REVIEWING AVAILABLE COMMUNICATION CHANNELS

Zanbe Example

This example is based on Zanbe's "Let's Talk About It" program introduced in Part 1 of the I-Kit to show how the program managers used information (both quantitative and qualitative) to identify potential communication channels for their intended audience. Additional insights are provided in text bubbles.

Intended Audience: *Urban women, 10 to 19, out of school*

1. What channels does your intended audience use on a regular basis?

   A local research company conducted a media and communications survey among a nationally representative sample of Tokona youth (ages 15 to 24) and found that the most used communication channel was radio (95 percent).

   > This data would suggest radio and IPC channels might be good to pursue. However, this data does not provide information specific to Zanbe, out-of-school, women, 15 to 19, or the specific stations they listen to.

   While fewer youth owned a TV (19 percent), a higher percentage (33 percent) said they watched TV and were more likely to report watching TV in public places (16 percent) or at someone else's house (19 percent). Youth were also more likely to use a DVD (23 percent) and read the newspaper (35 percent).

   > This information suggests that although TV is viewed among youth, it may not be the best channel, compared to the reach that radio has. Again, this data is for both urban and rural youth so the picture could look quite different for Zanbe urban women.

   Most Tokonans of all ages do not have access to computers and the Internet. Youth who access the Internet are more likely to do so in cyber cafes (61 percent). Mobile phones are used for making calls (58 percent), text messaging (42 percent) and listening to the radio (19 percent).

   (Information Source: *"Media Study with Tokona Youth," Consumer Research Group, May 2014*)

Zanbe Example

2. Who does your intended audience listen to about SRH? Who is a credible source of information? Who is most motivating?

Young people (12 to 19 year olds) prefer to get SRH information from teachers or school, health care workers and the radio; however, young women (15 to 19 year olds) expressed a strong preference for getting SRH information from health workers and clinics and family members (i.e., mothers, aunts). Radio was slightly less preferred because the lack of interaction from receiving information from the radio. Urban young women reported having weaker access to SRH information through informal channels (e.g., family and friends) than their rural peers.

> Since radio is the most used channel, it could still be considered if additional "interaction" elements were included, like a radio call-in show where youth could have their questions answered by an expert. It will also be very important to develop strong links with health providers and include those health providers in your messaging.

(Information Source: _Adolescent Sexual and Reproductive Health Report: Tokona 2006_)

TIME TO REFLECT

Before you move on, take a moment to reflect on your experience with this Worksheet.
What are the three key pieces of information you learned from filling out this Worksheet?

1. Radio and IPC may be best channels for this program.

2. If using radio, could have a 'call-in' show with 'ask the experts' and bring on healthcare providers since adolescent girls trust them for SRH information.

3. Make sure to link any information to a youth-friendly health clinic.

3. Select a Combination of Lead and Supportive Channels

Once you know the communication channels that your intended audience uses and the channels available in your city, it's time to narrow down the channels and select the ones that you will use in your SBCC program.

The lead channel is the main channel used in your intervention. Most of the information is passed through the lead channel, which is likely to have the greatest reach.

The supporting channels are other channels of communication that are used in the intervention. The aim of supporting channels is to reinforce messages by increasing the likelihood that audiences will hear them more often and through a variety of channels.

For example, an intervention's lead communication channel may be television. The intervention might use television to reach the whole country with advertisements and a serial drama. Supporting channels may include:

- Small group discussions in the community where people watch an episode of the serial drama and then discuss it with a facilitator (IPC).

- Participatory theater in the community where performers represent the characters from the serial drama and enact scenes relating the the themes discussed by the drama (community-based approach).

- Posters and billboards that depict characters from the serial drama with key messages relating the the storyline and the health issue being addressed (mass media).

- A Facebook page about the serial drama where key messages and related articles are posted regularly (social media).

Think about your SBCC program and how you would answer these questions:
- Which channels are available to you based on your program budget and timeline?
- Which channels can facilitate the type of communication needed? (e.g., one-way delivery of information or more interactive discussion, or information delivered publicly or privately.)
- Which channels are best for reaching your intended audience? (e.g., is radio preferred or is it perceived as an unreliable source of information?)
- Which channels are already most accepted by your audience for the types of information or messages you are trying to convey?
- Which channel will reach the largest proportion of the intended audience?

Definition

A channel is *effective* if it gets the attention of your intended audience and inspires behavior change.

A channel is *efficient* if it is reaching the largest number of your intended audience for the amount of money spent on that channel.

To get the best value for your budget, select channels that are going to be the most effective and efficient for reaching your intended audience. See Figure 12: Choosing Communication Channels for considerations when choosing communication channels. **Worksheet #11: Selecting Communication Channels** will help you apply this to your program.

Choosing Communication Channels

Considerations	Appropriate Channels / Approaches
Complexity of the Challenge	• Face-to-face communication allows for dialogue and discussion with your audience. • Mass media can model complex behaviors for large audiences. • Social media can encourage discussions about the challenge through e-mails, images, memorable slogans/quotes, text messages, chat rooms or voice mails. • If your audience can read, take-home and written materials allow the audience to refer back to them as often as they would like.
Sensitivity of the Challenge	• Interpersonal approaches and one-to-one communication work well when discussing sensitive topics or when working with marginalized groups.
Effectiveness of Approach to Address Challenge	• An approach may be more or less effective depending on the challenge being addressed. For example, entertainment education formats are well suited for motivational messages and moving social norms.
Literacy	• If audience is not literate, an approach that does not rely on the written word will be more effective.
Desired Reach	• Mass media, most Internet-based interventions and many mHealth interventions have an advantage in their potential reach and can provide regional and national coverage. Such approaches can deliver messages to scale.
Innovation	• Consider using approaches that are new and fresh for your audience. Using an approach that is unexpected can make it more appealing and interesting to your audience.
Cost	• Consider the cost and the cost effectiveness (in terms of cost per person reached) of the various approaches and determine how best to use your budgeted funds. Mass or community-based approaches may have higher up-front costs, but then may lessen over time. Interpersonal approaches may be less expensive, especially if working with volunteers or integrating activities with professionals' existing jobs or work. • Tools which help calculate the value for money and quantify the impact of approaches can be found at http://www.nsmcentre.org.uk/resources/vfm.

Figure 12: Choosing Communication Channels[13]

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[13] Adapted from McKee, N., Bertrand, J., & Becker-Benton, A. (2004). Strategic Communication in the HIV/AIDS Epidemic. SAGE Publication.
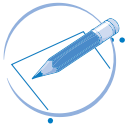
WORKSHEET #11: SELECTING COMMUNICATION CHANNELS

Purpose: To review and select communication channels to use in your SBCC program.

Preparation:
Gather the following data to help you fill out this Worksheet for your program:
- **Worksheets #8 and #9** filled out with your data.

Directions:
1. Answer the questions in this Worksheet using your data.
2. Refer to the *Worksheet #11: Zanbe Example* to help you complete this blank Worksheet with the information relating to your program.
3. Continue reading the text tafter the Worksheets as it provides important insights for channel selection

Intended Audience:

Behavioral Objective:

1. Channel Summary. For each column, pull information from previous Worksheets.
   - Column 1: list all of the potential ways to deliver messages to your intended audience from **Worksheet #9**, removing any duplicates from the list.
   - Column 2: list the communication channels your intended audience uses on a regular basis from **Worksheet #10**.
   - Column 3: list to whom your intended audience listens about SRH and the desired behavior from **Worksheet #10**.

   For some channels, like radio, television and newspapers, there may be several options that your audience can use. For example, there are probably several radio and television channels to choose from, or different newspapers that are available. Where possible, be precise as to which radio/TV channel or newspaper your intended audience prefers.

Column 1: Channels from "Day in the Life"	Column 2: Channels Used	Column 3: Channels Listened to for SRH

2. Channel Overlap. Review the channels written in columns 1, 2 and 3 and list the channels that are listed in all columns.

3. Consider potential challenges using these channels, as well as other channels or combination of channels that could be used, although reach or effectiveness may be reduced. List the channels and explain your decision.

4. List communication channels that you consider appropriate for your audience and would like to explore further (i.e., ask intended audience if channel is appealing, collect costs from media channels and mobile phone providers).

5. Lead and Supporting Channels. From the list in question #4, is there one channel that would be most effective and efficient for reaching your intended audience? If so, this would be your "lead channel." Write down your lead channel and provide an explanation for why you chose it.

My lead communication channel is:	Chosen because:

From the list in question #4, what other channels could provide additional support to the lead channel to reach your intended audience? These are your "supporting channels." Write down your supporting channels and provide an explanation for why you chose them. List at least two to three supporting channels to consider.

Supportive communication channels are:	Chosen because:

TIME TO REFLECT

Before you move on, take a moment to reflect on your experience with this Worksheet.
What are the three key pieces of information you learned from filling out this Worksheet?

1.

2.

3.

Zanbe Example

This example is based on the Zanbe Let's Talk About It! program introduced in Part 1 of the I-Kit to show how the program managers used information (both quantitative and qualitative) to prioritize the communication channels to use for out-of-school urban women, 15 to 19 years old. Additional insights are provided in text bubbles.

Intended Audience: *Urban women, 15 to 19 years old, out of school*

Behavioral objective: *Increase the proportion of modern contraceptive method use among sexually active, out-of-school, young women ages 15 to 19 in Zanbe between January 2009 and December 2011, from 35 percent to 45 percent.*

1. Channel Summary. For each column, pull information from previous Worksheets.
   - Column 1: list all of the potential ways to deliver messages to your intended audience from **Worksheet #9**, removing any duplicates from the list.
   - Column 2: list the communication channels your intended audience uses on a regular basis from **Worksheet #10**.
   - Column 3: list to whom your intended audience listens about SRH and the desired behavior from **Worksheet #10**.

For some channels, like radio, television and newspapers, there may be several options that your audience can use. For example, there are probably several radio and television channels to choose from, or different newspapers that are available. Where possible, be precise as to which radio/TV channel or newspaper your intended audience prefers.

Column 1: Channels from "Day in the Life"	Column 2: Channels Used	Column 3: Channels Listened to for SRH
Wall signs and billboards along road, in small shops and near cafes and market	*Radio*	*Health workers/clinics*
Church: message in sermon, classes	*Friends and family*	*Family members (i.e., mothers, aunts)*
Participatory theater, large-group IPC	*Other people in the community*	*Radio*
IPC with peer educators	*TV*	
Mobile phone SMS	*Newspaper*	
Night club: posters, IPC	*Mobile phones*	
Parent outreach		
Radio PSA, talk-show, call-in show or serial drama, especially Capital Radio 95.5 FM		

Zanbe Example

2. Channel Overlap. Review the channels written in columns 1, 2 and 3, and list the channels that are most frequently mentioned across all columns.

   · *Face-to-face conversation*
   · *Radio*
   · *Mobile phones*

3. Consider potential challenges using these channels, as well as other channels or a combination of channels that could be used, although reach or effectiveness may be reduced. List the channels and explain your decision.

   · *Radio (serial drama, talk shows and discussion groups): In the media research, we learned that young women did not like radio because it was only one-way communication and they wanted to be able to interact more. Adding radio call-in talk shows and discussion groups would complement a radio serial drama. Since out-of-school young women may be hard to find for IPC activities, radio has the potential to reach these women wherever they are.*

   · *Mobile phone messaging: Having a phone hotline, where someone answers calls and talks with the caller would be great; however, if resources do not allow for this, SMS could be used to send out messages, as well as allow someone to text in a question and receive a text response.*

   · *Outdoor billboards and transit ads: Can direct young women to listen to the radio drama, call-in during the talk show with questions or promote Bright Star City Clinics with directionals.*

4. List communication channels that you consider appropriate for your audience and would like to explore further (i.e., ask intended audience if channel is appealing, collect costs from relevant media channels and mobile phone providers, etc.).

   · *IPC sessions with peer educators, parents or other adults influencing young women*
   · *Peer outreach activities (e.g., street theater in nightclubs and market place)*
   · *Radio: serial drama, talk shows and discussion groups*
   · *Mobile phone messaging*
   · *Outdoor billboards and transit ads*

5. Lead and Supporting Channels. From the list in question #4, is there one channel that would be most effective and efficient for reaching your intended audience? If so, this would be your "lead channel." Write down your lead channel and provide an explanation for why you chose it.

My lead communication channel is:	Chosen because:
Radio	· Radio is the most accessible channel in Zanbe and youth listen to it. · A radio serial drama can be entertaining and educational and include a variety of characters that are dealing with similar challenges as Awa, and model the intended behavior. · There are no other serial dramas that target youth so this would get their attention.

From the list in question #4, what other channels could provide additional support to the lead channel to reach your intended audience? These are your "supporting channels." Write down your supporting channels and provide an explanation for why you chose them. List at least two to three supporting channels to consider.

Supportive communication channels are:	Chosen because:
Mobile phone	· A SMS platform could be used to engage the audience to text the answer to questions posed in the serial drama. In addition, SRH information could be sent to subscribers.
Outdoor billboards and transit ads	· Ads on outdoor billboards and taxis and buses can be used to remind youth to tune in for the radio serial drama and call in to discuss.
IPC	· Peer educators can reach out to youth and elaborate on the topics covered in the serial drama
Community-based approaches	· Drama groups can perform scenes from the serial drama in areas where youth gather (e.g., market place, bars) and engage discussions with youth on the topics raised.

Zanbe Example

TIME TO REFLECT

Before you move on, take a moment to reflect on your experience with this Worksheet.
What are the three key pieces of information you learned from filling out this Worksheet?

1. *Need to make sure that our lead channel (radio) is accompanied by interactive communication tools, such as social media or call-in options for the serial drama.*

2. *Make sure members of our intended audience are part of the script development for the radio drama.*

3. *Check on literacy levels of our audience—think about an alternative to SMS if levels are low (e.g., voice messages).*

Zanbe Example

Creating Surround Sound and Message Reinforcement

Creating "surround sound"—using multiple channels to reach your audience with consistent messaging—is an important principle in SBCC programming. When the intended audience receives messages in fresh and different ways from different channels the message is more likely to be heard.

When planning your SBCC intervention, make sure that the same messages are passed through different channels. In this way, the messages reinforce each other and they are more likely to lead to behavior change.

This means that messages Awa hears on the radio are the same as or complementary to the messages that are delivered by peer educators and displayed on posters and fliers. Make sure your messages have common branding (images, name, logo and slogan) as this will help the audience make the associations between messages and reinforce them.

To get a picture of "surround sound," think of Awa during a typical week in her life and the various channels through which she receives consistent messaging as part of the *Let's Talk About It!* program:

Awa wakes up early on Monday to hear her favorite radio DJ chatting about how to have a healthy relationship and he mentions that the Bright Star City Clinics are places where youth-friendly providers are available to counsel young people on contraception.

As she listens to the radio, she hears the promotional spot reminding her to tune in at 4:00 p.m. every Wednesday for the latest episode of "Zanbe Love," the serial drama about the love lives of urban adolescents that is funded by the Lets Talk About It! program. Once her mom is awake, she turns off Awa's radio program to listen to the news.

As Awa walks to school, her journey takes her through small trading centers with small shops. She often sees a poster in the window of her favorite clothes store with a picture of a young girl on her way to university and a tagline that says she avoided an unintended pregnancy by using contraceptives and is pursuing her dreams. She continues walking along the main road as mini-busses pass by, several with posters of the different characters in "Zanbe Love" on the side of their vans.

After school, Awa often looks for her friend Léonore, who sells grains and spices in the city market. On Wednesdays, Léonore usually talks to her about what she has learned at her peer education training. This week, she shares what she learned about how to have a healthy relationship and tells Awa about the risks of having unprotected sex. She answers Awa's questions as best she can, but also suggests that she go to a Bright Star City Clinic to get accurate information from a health care provider.

On Wednesday, Awa listens for 30 minutes to "Zanbe Love." This week, she finds out that her favorite character, Maria, may have to drop out of school because her parents can't pay the fees. An older man Maria knows hints that he could give her the school fees if they have a sexual relationship, but she remains strong and refuses. This makes Awa think about the boys that are starting to suggest things to her when her mother doesn't have money for her school fees. She texts a question she has to the Zanbe Love number, since they always respond quickly and the information is private.

On Fridays, Awa often works in the Central Market selling clothes, and, after closing up her stall for the day at sundown, she heads out to meet some friends at a café and notices the neon star sign for Bright Star City Clinic. Though most businesses are closed, this one seems to still be open...

As you can see from Awa's week, she was exposed to positive messages about contraception and sexual health through different channels:

- Her favorite radio program discusses SRH and reminds listeners of the Bright Star Clinics and their services.

- Radio spots remind her of the Zanbe Love serial drama, where SRH is discussed.

- Going to school she sees posters and billboards on busses about SRH and Zanbe Love.

- Her friend is becoming a peer educator and shares information about SRH with Awa

Ensuring that your SBCC programs use similar messages across different channels will increase the likelihood that your intended audience will hear them, think about them and eventually take action!

Resources for Essential Element 6

Resources for **Essential Element 6** include:
- Communication channels (including TV, radio, print, websites)
- Community-based approaches
- IPC
- Mobile phones
- Social media

Communication Channels

AudienceScapes – The InterMedia Knowledge Center
Outlines information, communication and the media environment for 15 countries and plans to add more. http://www.audiencescapes.org/

BBC Country Profiles
Has a media section which describes common media channels used, popular print media, television and radio stations. http://news.bbc.co.uk/2/hi/country_profiles/default.stm

The DELTA Companion: Marketing Planning Made Easy
PSI
DELTA is PSI's strategic planning, management and alignment tool for social marketing and BCC programs.
http://www.thehealthcompass.org/sites/default/files/strengthening_tools/DELTA-Companion-Social-Marketing.pdf

Mass Media

How to Write a Radio Serial Drama for Social Development: A Script Writer's Manual (1996)
Johns Hopkins Center for Communication Programs
This book is a practical manual for script writers preparing radio serial dramas for development projects. The manual largely concentrates on the practical aspects of script writing.
http://ccp.jhu.edu/documents/How%20to%20Write%20Radio%20Serial%20Drama%20for%20Soc%20Develop%20.pdf

Examples using TV:
HEART (Zambia)
- http://www.aidstar-one.com/promising_practices_database/g3ps/helping_each_other_act_responsibly_together_heart
- http://www.c-hubonline.org/resources/heart-helping-each-other-act-responsibly-together

Examples using radio:
Let's Talk about Sex (Liberia), http://ltalkaboutsex.blogspot.com
http://ccp.jhu.edu/jongo-love-sweeps-the-airwaves-tupange-brings-family-planning-to-urban-poor-in-kenya/

Jongo Love (Kenya), http://ccp.jhu.edu/jongo-love-sweeps-the-airwaves-tupange-brings-family-planning-to-urban-poor-in-kenya/

Get it together (Nigeria), http://www.nurhitoolkit.org/program-areas/demand-generation/radio-drama
Health Radio (2005)
This webpage created by The Soul Beat provides a list of examples from around Africa of how community radio has been used to address health issues. Case studies are described from Ghana, South Africa, Zimbabwe, Zambia, Rwanda, the Ivory Coast, Mali, Burkina Faso, Kenya, Ethiopia, Uganda and Tanzania.
http://www.comminit.com/global/content/health-radio

Examples using print:
Straight Talk SRH program (Uganda) has successfully used the newspaper as one of its channels to reach young people with SRH information and messages. Each month, one of the leading national newspapers publishes "Straight Talk," a four-page printed insert that covers SRH topics and a page of answers to letters from youth. The print run is 150,000 copies per issue and is inserted into the newspaper for general distribution, reaching out-of-school youth, and delivered to secondary schools for distribution to in-school youth. Many schools in Uganda have started Straight Talk Clubs, which bring young people together to read the articles and talk about SRH together. The clubs are then linked to youth-friendly services in the local community. To find out more about Straight Talk, click here: http://straighttalkfoundation.org/?page_id=2250)

Examples using websites:
TeenWeb (Kenya) http://www.cpc.unc.edu/projects/teenweb/TeenWeb_Nairobi_survey_report-1.pdf

Scrutinize (South Africa) http://www.scrutinize.org.za/about-scrutinize.html

Community-based Approaches

Entertainment-Education for Better Health (2013)
Johns Hopkins Bloomberg School of Public Health
Managers of family planning/reproductive health programs and policy makers can use this report to become more knowledgeable advocates for entertainment education and better prepared to oversee entertainment education projects. Also, this report can help entertainment education managers with choosing formats and producing products.
http://www.thehealthcompass.org/sites/default/files/strengthening_tools/entertainment%20education.pdf

Theatre-Based Techniques for Youth Peer Education: A Training Manual (2005)
Youth Peer Education Network
This manual is intended for program managers and youth peer educators who are interested

in adding a theatre component to their reproductive health and HIV prevention activities or in strengthening a theatre component that is already part of a program.
https://www.iywg.org/sites/iywg/files/theatre_based_techniques.pdf

Participatory Theater for Conflict Transformation: Training Manual
Searching for Common Ground
This is a manual developed in the Democratic Republic of Congo that brings together Forum Theater techniques and a 'common ground' approach aimed at seeking collaborative rather than adversarial solutions to conflict. While this resource is not focused on youth SRH, it may be useful for teaching basic elements of participatory theater.
http://www.dmeforpeace.org/sites/default/files/Participatory-Theatre-Manual-EN.pdf

Feel! Think! Act! A Guide to Interactive Drama for Sexual and Reproductive Health with Young People (2008)
International HIV/AIDS Alliance
This toolkit provides guidance on how interactive drama can be used in work with young people to encourage them to think about and take action to improve SRH. The guide contains ideas for drama and discussion activities designed to help youth learn about sexual health issues and gain skills in facilitating and using interactive drama techniques.
http://www.aidsalliance.org/resources/318-feel-think-act

Young 4 Real: Young People's Sexual and Reproductive Health Information and Services Advocacy Training Handbook (2013)
SAfAIDS
The handbook provides trainers with a comprehensive tool to train young people as sexual and reproductive health and rights champions in their communities. It is also a useful reference book for parents, service providers, teachers and carers on the integration of sexual reproductive health and rights and HIV services.
http://catalogue.safaids.net/sites/default/files/publications/Young4Real_Information_Services_Advocacy_Training_Handbook.pdf

Young People's Information and Services Advocacy Sexual Reproductive Health and Rights

Champions Flipchart for Community Sessions (2012)
SAfAIDS
This flipchart forms part of SAfAIDS' Young People's Sexual and Reproductive Health Information and Services Advocacy (YPISA) resource kit. YPISA is a set of initiatives designed to train and empower young people on sexual and reproductive health and rights and HIV services and to become champions, for adolescent SRH rights in their communities. The YPISA Resource Kit consists of a training manual for training young people, caregivers and service providers, and a flipchart for use by the sexual and reproductive health and rights champions to train their peers.
http://catalogue.safaids.net/sites/default/files/publications/YPISA-SRHR-Flipchart-Community-Sessions.pdf

Act 2015 Advocacy Strategy Toolkit
UNAIDS
A practical toolkit for young people who are passionate about advancing HIV and sexual and reproductive health and rights through national advocacy in the post-2015 agenda. This toolkit is designed for advocates planning to take action in the post-2015 development process, with a particular focus on the window of opportunity between April and October 2014. However, the resources in the toolkit maybe applicable to your program, regardless of whether you are taking part in the post-2015 advocacy process.
http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2014/advocacy_toolkit_en.pdf

The Power to Lead: A Leadership Model for Adolescent Girls (2009)
CARE
This paper outlines the process for engaging and empowering young girls in the community.
http://www.care.org/sites/default/files/documents/GE-2009-PW_Leadership.pdf

How to Reach Young Adolescents. A Toolkit for Educating 10 – 14 year olds on Sexual and Reproductive Health (2011)
DSW
This toolkit is designed to guide implementation of SRH projects targeting 10 to 14 year olds who are enrolled in schools. The activities proposed in the toolkit, therefore, rely on programmers creating strong partnerships with local schools.
http://www.dsw.org/publications-and-media/publications.html

TRAIL Behavior Change Video Series (2014)
Pathfinder International
These three videos, each approximately 20 minutes long, belong to a series from Pathfinder aimed at demonstrating the community mobilization method of "Tailored Reflection and Integrated Learning," or TRAIL. The methodology is used to engage communities by involving small groups and moving them through the process of problem identification and solution. The videos are available with English and French subtitles.
http://www.pathfinder.org/publications-tools/publication-series/trail-behavior-change-videos.html

Interpersonal Communication

IPC Toolkit (2011)
PSI
This is a compilation of examples, lessons learned and best practices in IPC programs based on the IPC Deep Dive conducted in 2011.
http://www.thehealthcompass.org/sites/default/files/strengthening_tools/PSI_IPC%20toolkit%20English.pdf

An Interpersonal Communication and Counseling Skills Training Manual for Health Facility Support Staff: Facilitator's Guide (2008)
Johns Hopkins Center for Communication Programs
The manual is meant for support staff at health facilities that interact with clients and providers. The manual is organized by lessons to help guide the trainer to gain confidence and skills to conduct an interpersonal communication and counseling training workshop for health facility support staff.
http://ccp.jhu.edu/documents/IPC%20Skills%20Training%20Manual%20For%20Health%20Facility%20Support%20Staff.pdf

The accompanying trainer's guide can be found here.
http://ccp.jhu.edu/documents/Final_Copy_IPC_Manual_For%20Production_17_01_2007.pdf

Pathways to Change Game (2013)
Pathfinder International
The Pathways to Change game is designed to make the concept of behavior change more understandable. When outreach workers use the game with their communities, it stimulates thinking that can motivate individuals and communities to change. Playing Pathways to Change can also help community health workers and peer educators understand the target population's perceptions of barriers to change and facilitators of change. When the game is used in this way, it functions as an informal data collection tool that can be helpful for designing and tailoring interventions.
http://www.pathfinder.org/publications-tools/pathways-to-change-game.html

Cue Cards for Counseling Adolescents on Contraception (Multiple Languages) (2014)
Pathfinder International
The set of cue cards is designed to help a range of community- and facility-based providers to counsel adolescents and young people on their contraceptive options. The cue cards address combined oral contraceptives, progestin-only pills, emergency contraception, male and female condoms, injectables, implants, intrauterine devices and the lactational amenorrhea method. The provider can use the front side of the cards to give information about all available options and, after the adolescent chooses a method, turn to the back side to give specific instruction on use.
http://www.pathfinder.org/publications-tools/cue-cards-for-counseling-myanmar.html

GREAT Scalable Toolkit
Institute of Reproductive Health, Pathfinder International, Save the Children
The Scalable Toolkit is a set of tools created to bring fun and engaging activities that transform gender and reproductive health outcomes through a three-stage process: review of relevant programs, extensive formative research with adolescents and the people who influence them, and a pretest of draft materials followed by revisions.
http://www.pathfinder.org/publications-tools/great-scalable-toolkit.html

Manuel de Formation Santé de la Reproduction des Adolescents (2006)
DSW
This interactive manual emphasizes the participatory aspects of learning and addresses key sexual and reproductive health issues that concern young people, including: the reproductive anatomy, gender, adolescent sexuality, life skills for developing healthy sexual behaviors, STIs and contraception. It has been conceived as a manual for peer educators but contains helpful and creative activities for anyone to address SRH with young people. Versions are available in English and French.
http://www.dsw.org/fileadmin/content/Docs/SRH_manual/merged_smallpdf.com___2_.pdf

Mobile Phones

M4RH (Rwanda, Kenya, Tanzania)
This online tool includes background information and practical tools for using mobile phones to reach a wide audience with information about SRH.
http://m4rh.fhi360.org

Text to Change (Uganda)
Text to Change sends and receives information via mobile telephony in emerging countries, customizing mobile-based solutions to enable partners, such as USAID and UNICEF, to interact with people.
http://www.texttochange.org

SMS 4 SRH: Using Mobile Phones to Reduce Barriers to Youth Access to Sexual and Reproductive Health Services and Information
Marie Stopes International
This summary report provides an overview of how mHealth programming may be used to improve youth access to SRH services and information.
http://www.mariestopes-us.org/sites/www.msi-us.org/files/SMS%204%20SRH%20%282013%2011%2013%29.pdf

mBCC Field Guide: A Resource for Developing Mobile Behavior Change Communication Programs
Abt Associates
A tool that helps users guide the design of mobile applications for health and provides insights about what works in mobile BCC.
http://mbccfieldguide.com

The mHealth Planning Guide: Key Considerations for Integrating Mobile Technology into Health Programs
k4health
The guide helps individuals and organizations appropriately plan for mHealth deployments. It's intended primarily for global health technical experts, program managers and staff working to implement mHealth solutions in low-resource settings.
https://www.k4health.org/toolkits/mhealth-planning-guide

RapidSMS
RapidSMS is a toolset for rapidly building text message services for data collection and group coordination using basic mobile phones. It can be used both to impart and collect information as it allows interaction with the user. RapidSMS was initially created by UNICEF's Innovations Unit in 2007 to support UNICEF's data collection of youth engagement activities. It has since been customized and deployed with diverse functionalities, including remote health diagnostics, nutrition surveillance, supply train tracking, registering children in public health campaigns, information sharing and community discussion. A list of projects using this technology to reach target populations with key information can be found at:
https://www.rapidsms.org/projects/

Social Media

Internet and Facebook statistics by country
http://www.internetworldstats.com/stats1.htm

Socialbakers
Provides monitoring and tracking tools for analysis of social networks (Facebook, Twitter, YouTube and Google+) by country.
http://www.socialbakers.com/facebook-statistics/

oAfrica
oAfrica covers information on how people in each African country are using the Internet.
http://www.oafrica.com/uncategorized/african-social-networks/

Reaching Them Where They Are: A guide for using online and social media to conduct sexual health outreach with youth (2011)
This guide, developed for a U.S. audience, provides information about how to use popular social media channels to reach hard-to-reach young people, develop effective messages and overcome common barriers.
http://hpcpsdi.rutgers.edu/training/YouthSocialMediaGuidance.pdf

The Health Communicator's Social Media Toolkit (2011)
Centers for Disease Control and Prevention
This toolkit was designed to provide guidance and share lessons learned in more than three years of integrating social media into the Centers for Disease Control and Prevention's (CDC) health communication campaigns, activities and emergency response efforts. The information includes how to get started with using social media—from developing governance to determining which channels are best and to creating a social media strategy. It was developed for a U.S. audience.
http://www.cdc.gov/socialmedia/tools/guidelines/pdf/socialmediatoolkit_bm.pdf

CDC's Guide to Writing for Social Media
Centers for Disease Control and Prevention
This guide aims to assist you in translating your messages so they resonate and are relevant to social media audiences and encourage action, engagement and interaction. It is largely tactical, giving you specific ways to write for social media channels. Although a wide variety of social media tools exist, this guide will focus on three specific channels: Facebook, Twitter and text messages (SMS).
http://www.cdc.gov/socialmedia/tools/guidelines/pdf/guidetowritingforsocialmedia.pdf

Family Planning Goes Social: **Using social media to create, connect and come together (2013)**
John Snow, Inc.
This toolkit aims to help people working in the field of family planning better understand the major social media tools and networks available and how they can be used to strategically advance program goals and increase visibility among target audiences.
http://www.jsi.com/JSIInternet/Inc/Common/_download_pub.cfm?id=14050&lid=3

Essential Element 7:
Developing Messages for Urban Adolescents

This Essential Element will help you learn more about developing effective messages for your audience in the appropriate language. Here are some suggestions for working through this element:

- *Read the text from beginning to end.*
- *Complete **Worksheets #12 and #13** using data from your program and your audience. Examples of each Worksheet are included to show how the program in Zanbe answered the questions.*
- *Having completed **Essential Element 1 and Essential Element 4** will provide you with the information you need for **Essential Element 7**. If you have not worked through **Essential Element 1 and Essential Element 4**, make sure you have reliable information about your intended audience. This information can come from reports, documents and statistics from government ministries, international and local NGOs or research institutes. You may also look at media consumption studies and other research done about your intended audience in your city or in your country.*
- *Refer to the resources the end of this Essential Element as needed.*

What is the Purpose of this Essential Element?

The purpose of this Essential Element is to:
- Develop a creative brief that summarizes the key information for the creative developers using **Worksheet #12: Creative Brief**.
- Collect the terminology that your intended audience uses with **Worksheet #13: What Youth Say**.
- Learn about the importance of pretesting.

Why is this Important?

Key message points outline the core information that will be conveyed in all messages and activities. Message design cuts across all strategic approaches. Messages must thus reinforce each other across these approaches. When all approaches communicate the same key message points, effectiveness increases.

The process of developing good messages and materials starts with research and data, determining what you want to achieve (objectives), with whom (audience segmentation) and where (channels). If you are not clear about any of these steps, you can refer to **Essential Element 1, Essential Element 3, Essential Element 5 and Essential Element 6** in this I-Kit.

All of this information is necessary to develop concepts or draft materials to review with your intended audience to make sure messages will be understood.

What are the Key Steps?

When developing messages for urban adolescents, there are a number of key steps to follow:
1. Develop a Creative Brief
2. Understand the Language Used by the Intended Audience
3. Pretest to Get the Language and Visuals Right for Urban Adolescents

1. Develop a Creative Brief

A creative brief is a tool that provides the creative developers (i.e., advertising agency, script writers and graphic designers) with guidance on *what* the message needs to say to help them determine *how* the messages will be written and disseminated through mass media, community-based approaches, interpersonal or electronic channels. A clearly written creative brief will be better understood and lead to more effective messages than a vaguely written creative brief, which leads to confusion and poorly designed messages.

The creative brief summarizes the key information for the creative developers regarding the:
- Intended audience
- Desired behavior
- Barriers preventing the behavior change
- Benefits that outweigh the obstacles
- Tone of the message and the media channels to use
- Other creative considerations the team should know about

It is called a creative *brief*, so it should be brief. Creative developers are not interested in reading a 20-page document. Keep it to one page, or two at maximum. If you want to provide more background information about your SRH issue, you can provide a supplemental background document.

An important component of a creative brief is that it must highlight two important aspects:
1. Call to action: this is what you want your intended audience to do. For example "use condoms every time," "call the helpline" or "go to the Bright Star Clinic for more information."

2. Key benefit: this is the benefit that your intended audience will get from doing what you want them to do. It needs to resonate with your key audience, not with you, your program or the community leaders where your program is running.

   An example of a key benefit for a young person using condoms could be to "stay healthy and achieve your dreams." Telling them, however, that using a condom every time will keep their community healthy is not enough of a motivation for a young person.

Worksheet #12: Creative Brief will help highlight the important components of a creative brief and look for the call to action and key benefit for your intended audience.

WORKSHEET #12: CREATIVE BRIEF

Purpose: To develop a creative brief that summarizes the key information for the creative developers.

Preparation:
Gather the following data to help you fill out this Worksheet for your program:
- Primary and secondary research findings (**Worksheet #1**) from **Essential Element 1**.
- Audience profiles (**Worksheet #6**) from **Essential Element 4**.
- Key channels (**Worksheet #10**) from **Essential Element 6**.

Directions:
1. Answer the questions in this Worksheet using your data.
2. Refer to the *Worksheet #12: Zanbe Example* to help you complete this blank Worksheet with the information relating to your program.

1. **Intended Audience.** Describe who you want to reach with your communication message and be as specific as possible.

2. **Call to Action.** What do you want your target audiences to do after they hear, watch or experience this communication?

3. **Barriers.** What beliefs, cultural practices, pressure and misinformation stand between your audience and the call to action?

4. **Benefits.** What the intended audience perceives as the benefit of the behavior.

5. **Key Messages.** These are the reasons why the benefits outweigh the barriers–that what you're "promising" or promoting is beneficial to the intended audience.

6. **Tone.** What *feeling* or *personality* should your communication have? Should it be authoritative, light or emotional? Pick a tone or tones that would be appropriate.

7. **Media.** What channel(s) or form will the communications take? For example, television, radio, newspaper, poster or flyer, or all of these? Others? Choose the channels that are more appropriate to your program

8. **Openings.** What opportunities (times and places) exist for reaching your audience?

9. **Creative Considerations.** Anything else the creative team should know? Will the material be in more than one language? Should they make sure that all nationalities are represented? Etc.

NOTE: All creative briefs should also be accompanied by a page summarizing the background.

TIME TO REFLECT

Before you move on, take a moment to reflect on your experience with this Worksheet. What are the three key pieces of information you learned from filling out this Worksheet?

1.

2.

3.

WORKSHEET #12: CREATIVE BRIEF

Zanbe Example

This example is based on the Zanbe Let's Talk About It! program introduced in Part 1 of the I-Kit. The program managers wrote this creative brief for the development of the mass media campaign to increase usage of modern contraceptive methods and services at the Bright Star City Clinics in Zanbe. They used Nadia as their primary audience to help them develop the brief. Additional insights are provided in the text bubbles.

1. Intended Audience. Describe who you want to reach with your communication message and be as specific as possible.

   Young women, 10 to 19 years old, who are:
   · Living in Zanbe.
   · Low-income.
   · Out of school.
   · Sexually active, seeking to prevent or delay first or second pregnancy.
   · Not regular users of a modern contraceptive method.
   · Interested in getting FREE or low-cost contraception and SRH services within the next six months, possibly without partner/family knowing.

2. Call to Action. What do you want your target audiences to do after they hear, watch or experience this communication?

   Go to the Bright Star clinic to talk to a counselor about the contraceptive methods available.

   > All of your SBCC messaging should include a call to action and that action must be feasible for the intended audience. Telling the audience to visit a local health service is a very tangible and important call to action.

3. Barriers. What beliefs, cultural practices, pressure and misinformation stand between your audience and the call to action?

   Nadia is worried about side effects because her friends say that contraceptives can make you fat or infertile, or give you cancer.

   > Here, consider how Nadia perceives the barriers to contraception, not how you do. It is important to understand her thinking and mentality, so that you can design messages that will make sense to her.

4. Benefits. What the intended audience perceives as the benefit of the behavior.

   Avoiding a pregnancy will help her to return to school so she can get a better job and provide for her daughter.

   > Here, it is important to consider how Nadia perceives the benefits of contraception (not how you do). Nadia values school and wants to get a good job someday. The benefit of contraception for her is the ability to achieve those dreams.

Zanbe Example

5. **Key Messages.** A key message is a statement that ties together the benefit of the behavior (in the audience's eyes) and the call to action.

> Benefit

Preventing an unintended pregnancy now by using a modern contraceptive method will guarantee that you can fulfill your dreams. Go to the Bright Star clinic to talk to a counselor about the contracepitve method that is right for you.

> Call to action

6. **Tone.** What *feeling* or *personality* should your communication have? Should it be authoritative, light or emotional? Pick a tone or tones that would be appropriate.

Friendly, informative, entertaining, contemporary and supportive

7. **Media.** What channel(s) or form could the communications take? For example, television, radio, newspaper, poster or flyer, or all of these? Others? Choose the channels that are more appropriate to your program.

- *Radio: serial drama, talk shows and discussion groups*
- *IPC sessions with peer educators*
- *Outreach to influencing adults*
- *Community-based activities (e.g., street theater in market place)*
- *Mobile phone messaging*
- *Outdoor billboards and transit ads*

8. **Openings.** What opportunities (times and places) exist for reaching your audience?

Out-of-school young women may work at home or be employed as maids, barmaids and food vendors in low-income jobs, so we need to identify appropriate ways of reaching them, such as door-to-door outreach, peer-to-peer communication or radio. Their work hours may be early in the morning and later at night, so they may have more time free in the middle of the day.

9. **Creative Considerations.** Anything else the creative team should know? Will the material be in more than one language? Should they make sure that all nationalities are represented? Etc.

- Language: English, Tokonan
- Low literacy levels
- Messages should appeal to the intended audience and be sensitive to conservative values in the larger community (i.e., do not appear to be promoting sex).
- All materials need to have the Bright Star City Clinic name or logo.
- There is a cultural taboo about discussing SRH and this needs to be considered when developing messages and choosing appropriate language.

TIME TO REFLECT

Before you move on, take a moment to reflect on your experience with this Worksheet.
What are the three key pieces of information you learned from filling out this Worksheet?

1. If Nadia is worried about side effects, should the messages be focused on that or focus on the benefits of what she can accomplish if she delays pregnancy with contraception?

2. How can we address the cultural taboo against discussing SRH with young people?

3. Reaching out-of-school young women is challenging. Radio seems promising for reaching both in and out-of-school youth.

2. Understand the Language used by the Intended Audience

Language is a key element for any group of individuals and is often the best way that we express ourselves. Individuals may express themselves differently depending on with whom they are talking. For example, urban adolescents may talk a certain way and use certain words when they are with their peers, another way when they are with their health care provider and another way with their parents or relatives.

When talking about SRH issues, it is important to know what words resonate most with your intended audience. For instance, we often use the term "family planning" when talking about contraception, but many young people are not thinking about their future families just yet. "Contraception" is often a more appropriate term for youth than family planning.

Youth often prefer to use terminology among their peer group that is unknown among adults or outsiders. Sometimes this is referred to as "slang." It is helpful to know how your intended audience communicates, the language they use and the meaning behind it so that you can find ways to incorporate this language into your messages. You can find out this information by listening carefully during focus group discussions or interviews with your intended audience. Depending on the focus of the SBCC program, you may have a specific list of terminology to discover. Try this using **Worksheet #13: What Youth Say.**

WORKSHEET #13: WHAT YOUTH SAY

Purpose: To collect the terminology that your intended audience uses.

Preparation:
- Review primary and secondary research findings to identify initial ideas for appropriate language.
- Assemble a small group, such as four to six people, that represents your intended audience. You will need to conduct separate groups for each segment of your primary and secondary intended audiences.

Directions:
1. Write down key terminology relevant to your program in the left-hand column.
2. For each term listed in the left-hand column, ask the group of people to list the words and phrases they use with "peers" in the second column and with "adults" in the third column.
3. Refer to the *Worksheet #13: Zanbe Example* to help you complete this Worksheet with the information relating to your program.
4. When you have completed the Worksheet, continue reading the rest of this Essential Element as it contains important information about messaging.

Make sure that the terminology you choose makes sense to and connects with your audience. Young people may want to hear their own slang when talking about sexual health or they may not. You can confirm what they want by pretesting your materials with your intended audience.

Terminology	What youth say . . .	
	with peers	with adults

TIME TO REFLECT

Before you move on, take a moment to reflect on your experience with this Worksheet. What are the three key pieces of information you learned from filling out this Worksheet?

1.

2.

3.

WORKSHEET #13: WHAT YOUTH SAY

Zanbe Example

This example is based on the Zanbe "Let's Talk About It!" Program introduced in Part 1 of the I-Kit. During focus group discussions, the primary and secondary audiences were asked for the words they used for the SRH terms listed when they are with their peers and when they are with adults. Additional insights are provided in the text bubbles.

Terminology	What youth say . . .	
	with peers	with adults
Have sex	· get laid · hook up · get it on	· have sex
Have sex with someone in a steady relationship	· sleep with	· sleep with · lie with
Someone who has sex with multiple partners	· player · hustler · big man · careless woman	· player · promiscuous woman
Having unprotected sex	· bareback · raw dog	· unprotected sex
Sexual partner: main boyfriend/girlfriend	· wifey · boo	· boyfriend · girlfriend
Sexual partner: casual	· friend with benefits	· casual sex partner
Sexual partner: one-time sex partner	· one night stand	· one night stand
Condom (male)	· wrapper · raincoat · rubber	· condom
The pill	· birth control	· birth control
Depo Provera (injection)	· shot, jab	· jab
IUD	· IUD · loop	· IUD
Implant	· implant	· implant

Zanbe Example

TIME TO REFLECT

Before you move on, take a moment to reflect on your experience with this Worksheet.
What are the three key pieces of information you learned from filling out this Worksheet?

1. *The terms used with peers will be helpful for peer educators to use when talking about sex and contraception among youth.*

2. *The terms used with peers will also be helpful for providers to know, so they can understand if youth use the terms during counseling sessions.*

3. *Terminology changes constantly, so any terms we use will be outdated soon and need to be revised to stay current.*

3. Pretest to get the Language and Visuals right for Urban Adolescents

Pretesting is an essential part of developing effective SBCC materials. Pretesting measures the reaction of your intended audience to questions about messages or draft materials before they are produced.

Ideally, you would test concepts and potential messages with your intended audience to determine which concept to develop further. After the concepts have been developed into draft materials (e.g., posters, slogans, comic books, serial drama scripts and theme songs), you would conduct a pretest with your intended audience to make sure the materials are understood, attractive, accepted, engaging and motivating.

It is similar to cooking a special dish for guests. You would taste your dish as you are making it to see if the seasoning is correct and make adjustments to add more salt or spices if needed, instead of serving the meal to your guests and realizing it is not quite right. The same is true with pretesting. By reviewing your communication messages and materials before they are finalized, it allows you to make adjustments and avoid mistakes.

Resources!

Sample questions and additional tools on pretesting can be found in the **Resources** section at the end of this Essential Element.

You may be able to re-contact youth who have participated in your previous research studies or your advisory group may be able to help recruit participants in the places where youth live or socialize. The city makes it easy to find people since they are traveling to and from work, eating out and socializing in public places. Sample questions for pretesting can be found in in the **Resources** section at the end of this Essential Element.

Pretesting can be done a number of different ways, although focus group discussions or one-on-one interviews with the intended audience are the most common.

Reminders for Pretesting

- Even if time and resources are limited, make sure to do some kind of pretesting with your intended audience. Spending a little time and resources up front to confirm the direction before producing your materials will be less time-consuming and more cost-effective than having to redesign, reprint and record if you realize later that your materials are not understood.

- Conduct pretesting with representatives of the intended audience and conduct in a location that is convenient and comfortable.

- Reassure participants that they are not being "tested," but that the materials are being tested to see if the messages are clear.

- Let them know there are no right or wrong answers and you are very interested in what they think. Welcome their honest feedback and suggestions to make the materials better.

- Hire experienced researchers to conduct the pretest. If resources are limited, work with your local university to have students assist with the pretesting and gain field experience.

- Present the materials objectively allowing the participants to interpret the messages and materials for themselves.

- Ask exploratory, open-ended questions to allow the participants to explain what they see and hear and avoid close-ended (yes or no) questions. Sample questions for pretesting can be found in the **Resources** section at the end of this Essential Element.

Resources for Essential Element 7

Resources for **Essential Element 7** include:
- Pretest questions
- Websites and other sources

Pretest Questions

Pretesting Element	Recommendation	Sample Questions
Attractiveness	Allow participants to compare alternative versions of materials.	• What do you think about the pictures? • What was the first thing that caught your attention?
Comprehension	Try to focus participant on the main idea of the message.	• What do you think this material is telling you to do? • What words/sentences are difficult to read/understand?
Acceptance	Explore issues that could potentially be overlooked.	• Is there anything about the material that you find offensive? • Is there anything about the material that you find annoying?
Relevance	Have participants confirm whether the material is appropriate for them.	• What type of people should read/watch this? • In what ways are people in the material like/different from you?
Motivation/ Persuasion	Explore the effect on behavior and desires.	• What does this material make you want to do? • How likely are you to do that?
Improvement	Find out ways to enhance the material.	• What new information did you learn? • What do you think is missing?

Websites and other sources

Select Key Messages

HC3

This is Step 4 in the HC3 Demand Generation I-Kit for Underutilized, Lifesaving Commodities in Reproductive, Maternal, Newborn and Child Health. The page includes setting communication objectives, positioning and developing key messages. Examples are provided for contraceptive implants, emergency contraception and the female condoms.

http://sbccimplementationkits.org/demandrmnch/fp-step4/

PART 3

CHALLENGES AND STRATEGIES FOR IMPLEMENTING YOUR PROGRAM FOR URBAN ADOLESCENTS

By working through each of the Essential Elements, you have been able to focus on some of the most essential and effective strategies for designing an SBCC program specifically targeted at improving the SRH of urban adolescents. It is in this design process that many of the unique challenges and opportunities of working with urban adolescents are important to address. Now you may be asking, "What next?"

Once you have explored all of the Essential Elements, it is time to put your design into action. The first step is to create an implementation plan, which details the *"who," "what," "when," "where"* and *"how much"* of your SBCC program. The plan covers partner roles and responsibilities, activities, timeline, budget and management considerations. The implementation plan should include input and commitments from team members who helped with program research and design, and who will help implement moving forward.

In SBCC programs, an important consideration for your implementation plan is making sure that your key message points are integrated into your selected channels in a way that will ensure you reach urban adolescents and other intended audiences at the right time.

Key questions to consider include:

- What are the activities that need to be planned and implemented?
- Which stakeholders' involvement do you need to implement?
- Where will you implement them?
- What are the intermediate steps necessary for each activity?
- What is the necessary sequence of activities? How are they linked?
- When will each activity be implemented? Will staff, resources and intended audiences all be available then?
- How will you measure project performance against your behavioral indicators and program goal? At what stages of the project?
- Who will be responsible for activity design? Funding? Roll-out? Monitoring?
- Does everyone know their roles?
- What if something goes wrong? Are you allowing room for delays in funding, implementation, approvals, etc.? Make your implementation plan SMART, too!

> ⚠️ **Reminder!**
>
> If your efforts are tied to service delivery or training, be sure to consider this in your timeline. For example, demand creation activities for SRH services may need to wait until the capacity of service providers to provide youth-friendly counseling is strengthened.

Challenges and Strategies for Implementation

Implementing SRH SBCC programs for urban adolescents can be challenging. Here are some common challenges that you might face and suggested strategies for dealing with them.

CHALLENGE:	STRATEGY:
Resistance from parents/adults to your SRH SBCC program with urban adolescents. SRH programs for young people are not always welcome by parents and other adults. Some believe that talking about SRH with youth or making contraceptives available encourages youth to have sex.	There are several approaches that you could try to address any resistance, such as: • Including parents and other adults in interviews or focus groups to learn more about their perspective from the beginning. • Assuring them that your program is protecting and empowering young people to take control of their health and make responsible decisions. • Presenting the facts and research to support your strategy, including evidence that talking to youth about SRH does not increase their sexual activity. • Involving these adults in the development of your messages and programs. • Reaching adults during community engagement, so that accurate information about the program is presented and supportive parents can be recruited to your advisory group. Advisory group parents can become credible spokespeople and discuss with concerned parents and/or adults. • Integrating a component of your program that specifically targets parents and/or other supportive adults. Messages may focus on being a supportive adult by talking about sexual health with your child. • Training parent peer-educators to work with resistant parents. • Organizing community dialogue to discuss openly with adults, leaders and parents about the program and resistant behaviors. • Partnering with responsive leaders to promote messages and to talk with resistant parents.

CHALLENGE:	STRATEGY:
Particularly vulnerable youth can be very hard to reach. In some communities, reaching girls can be harder than reaching boys. You may go to a youth center and find that it is frequented mostly by boys as girls have less time to spend in leisure activities. Youth that are marginalized, such as LGBTQ youth and homeless youth, are very hard to find.	If you are finding it hard to reach youth on your own, there may be other organizations that are already reaching them for another program (e.g., immunizations for their children, faith-based groups, income generation programs) and it might be possible to combine efforts. Consider ways to access young women. Though they may not attend leisure activities, they may have places where they gather regularly, perhaps water points or the market for example. **Other strategies to try and include particularly vulnerable youth include:** • Invite members of vulnerable groups in your team of peer educators. • Talk to vulnerable groups and asking them how they would like to be approached and engaged. • Work through existing youth structures such as local and national youth associations or committees. • Partner with psychologists and social workers who have the expertise of working with very vulnerable youth. • Create a network of particular vulnerable groups, for example, LGBTQ youth. • Attract some of the vulnerable youth through income generating activities or by organizing activities that appeal to them.

CHALLENGE:	STRATEGY:
Teachers often do not have the time or the interest in delivering your program. Teachers are often busy enough with their mandated curriculum and may not see SRH information as important or relevant to what they teach. Equally, many teachers do not feel comfortable talking about sex and sexuality with their students. Some may even find it immoral.	If teachers are unable or unwilling to execute the activities required due to competing demands on their time or resistance to talking about sex, try and find ways to integrate the program activities into existing systems and lessons to increase the likelihood that activities will be delivered and contribute to the sustainability of the intervention. Opportunities for mainstreaming can be found by working with school administrators, health workers, teachers and parents to design curricula that teachers are equipped and comfortable to teach or bring outside educators into schools to deliver this information. **Other actions that you can take to obtain more teach engagement include:** • Lobbying with the Ministry of Education and partnering with education institutions to develop training of trainers on how to teach SRH. • Setting up an inter-ministerial committee where all relevant parties discuss how best to incorporate SRH in the school curriculum. • Engaging teachers from the beginning when you are designing your program.
Young people, particularly in urban environments, are very mobile. Trying to access them more than once can be difficult.	Highly mobile populations in urban areas may be difficult to keep track of if the program requires repeated interaction (i.e., multiple IPC sessions and follow-up on whether implementing skills learned) and evaluation. If there is a chance that you will only have one chance to reach an individual, then structure the activity differently for one-time sessions verses multiple sessions. If using a pre-/post-survey for activities, consider a format for collecting data before and after each session. For mass media evaluations reaching larger populations, a representative sample is fine and it is not necessary to match the pre- and post-surveys to the same individual. Also consider other channels to reinforce your messages, such as radio or mobile phone interventions, which may be more accessible to mobile youth and not reliant on personal contact at set times and places. Develop brochures and flyers with key information that can be distributed during sessions so that mobile youth can take with them.

| CHALLENGE:	STRATEGY:
It can be difficult to get young people to trust you.	Developing instantaneous trust between you and young people is not always possible. Given the vastness of the neighborhoods, workplaces and urban environment, IPC activities can be beneficial if they allow for building trust and rapport among the participants and increasing their comfort in talking about personal issues with one another and with adults, before beginning the SRH messaging. Urban youth may feel alone in the big city in more ways than one, however, social support can come through SBCC activities. Adults who are supportive can find ways to let urban adolescents know that they are available for them. Peer support is also a very important opportunity that your program can encourage and promote. **Other strategies to increase the trust youth have in you and your program could include:** • Making sure you use trusted peer educators to help build the confidence of other youth. • Creating a "youth-friendly" section across services, including health services, the police and the city council. • Developing social activities to attract youth and gain their trust. • Developing activities in partnership with young people and in places where youth and adults work together.
Transportation can be a barrier. Some young people may not be able to get to your program if they live or work in a different part of the city. In many major cities, traffic is a huge problem. It can take hours to move just a few kilometers. Equally challenging, at times, is finding money to pay for transport to attend your program.	If the geographic area is large and transportation limited, consider conducting IPC activities in several areas of the city where your intended audience lives instead of requiring that they travel to a central location. Consider providing transport reimbursement. Also consider other communication channels, such as radio or SMS, which may be more accessible for young people that cannot travel to you, or to whom you cannot travel. To limit travel and transportation costs, you can rely on focal points to act as a link between youth in the community and the program. Make sure you run meetings and activities from youth centers where young people already attend and ask young people to suggest solutions to the transport challenges.

CHALLENGE:	STRATEGY:
Urban youth peer educators can be difficult to manage. It may be unrealistic to expect young people who are going through physical, emotional and sexual changes to guide and inform others on such a private, sensitive and often taboo topic. These are youth, as well, and they have their own needs.	Peer educators should be part of a more comprehensive behavior change strategy and need to be properly trained and feel confident to discuss sexual health matters with their peers. A support system should also be in place for referral should the peer or near peer educators be unable to answer specific questions or demands. Peer educators need to be carefully selected, since their efforts may be rejected if the intended audience does not see them as true "peers." When selecting peer educators refer to the selection criteria described in national reference documents if these are available. Alternatively, develop clear criteria to guide your selection of peer educators and share this criteria with the educators themselves. Developing a list of expectations for the peer educators and a list of what they can expect from your program can also help.
Motivating peer educators or IPC facilitators can be challenging. Some IPC and peer education programs compensate their facilitators with salaries or stipends; other programs rely on volunteer support.	If you rely on volunteers, consider ways to motivate and reward them without relying on monetary compensation. Paying volunteers may be expensive and may attract helpers for the wrong reasons. Sometimes certificates, ID cards displaying the volunteers' roles, regular meetings to celebrate their good work, t-shirts and/or regular training can all motivate volunteers and make them feel valued. **Other strategies that can keep volunteers motivated include:** • Reimbursing travel expenses. • Organizing competitions between groups of volunteers to motivate them to succeed in their activities. • Asking volunteers what would motivate them.

CHALLENGE:	STRATEGY:
Funds are limited and evaluation is too expensive to conduct.	There are some low-cost options to consider. One would be to combine resources with other organizations working on the same topic. Several organizations may be able to share the expenses, expertise and staff time to conduct an evaluation that covers all programs without the paying all the costs. Another low-cost option would be to approach a university in your city. Universities can provide a wealth of evaluation expertise, as well as potential free or low-cost labor from professors and/or graduate students who are interested in the topic and opportunity. Alternatively, if you want to address the root causes of limited funding, you could lobby relevant institutions and ministries to allocate funds for evaluation.
Program staff are not trained in M&E.	Many organizations do not have staff trained to design evaluations, conduct qualitative and quantitative studies, analyze data or write reports. For some, you could hire local consultants to manage the evaluation tasks. The added advantage is that hiring outsiders to evaluate removes the potential bias from those working on the program also evaluating. For others, this could be an opportunity to strengthen staff skills with local or online M&E trainings.
Inaccuracies of self-reported data among youth. Self-reported data is always challenging. Some youth have difficulty remembering their behaviors, some underreport and others exaggerate their behaviors. Private behaviors, such as sexual behaviors, are not observable by researchers so surveys rely on self-reported behaviors to determine if the program has achieved its objectives, such as increased condom use or decreased sexual activity.	Some studies have tried to determine if youth are more honest reporting their intimate behaviors by talking with a researcher, writing responses in a survey or entering responses using a computer or personal digital assistant. The results are inconclusive on whether one is better than another. At this point, the best you can do is ask for their honest answers and assure them that their responses will be kept confidential and anonymous. Remember also to ensure that when you are collecting data with young people to seek out appropriate, private locations.
Lack of sustainability of your program. Funding cycles often mean that projects have a limited lifespan. We need to make sure that our SBCC program continues in some way even once the funding has stopped.	From the design phase of your program, ensure that you involve national stakeholders and partners. These organizations are likely to be there even after your funding has finished. Develop capacity building activities so that they can continue to implement some activities and highlight the importance of your work so that funds may be allocated to the same activities, even if it is not your organization that will implement them.

CHALLENGE:	STRATEGY:
Taboos linked to parent-child communication around SRH. Often parents want to help their children lead healthier sexual lives, however, they may find it difficult to talk to them about this topic. The taboo linked to communication about SRH can be a barrier to behavior change in some people, who may have incorrect knowledge and engage in unhealthy practices. It's important to support parents to talk to their children about sexual health if they wish to support them in making healthy decisions.	Organize parents groups where parents can share their concerns and challenges, as well as possible solutions. **Develop educational materials that can help parents discuss sexual health with their children.** Organize sessions between parents and their children to start having a dialogue about the topic. If there is an appropriate radio show discussing SRH, run listening groups with parents and children where questions from the show are discussed.
Difficulties in finding leisure activities that attract out-of school youth. Many of the activities offered by SBCC programs rely on accessing youth through the school network. Further, having activities that are mostly attended by youth who are in school may discourage out-of-school youth to participate.	Some strategies to encourage participation by out-of-school youth in your activities include: • Ask out-of-school youth what activities they would like to attend and where. • Organize activities, for example, community engagement activities, such as mobile cinema, participatory theater, concerts or sport events, in locations where out-of-school youth tend to go. Run these activities when out-of-school youth are available. • Train some out-of-school youth to be peer educators.

PART 4

SHARING WHAT YOU'VE LEARNED
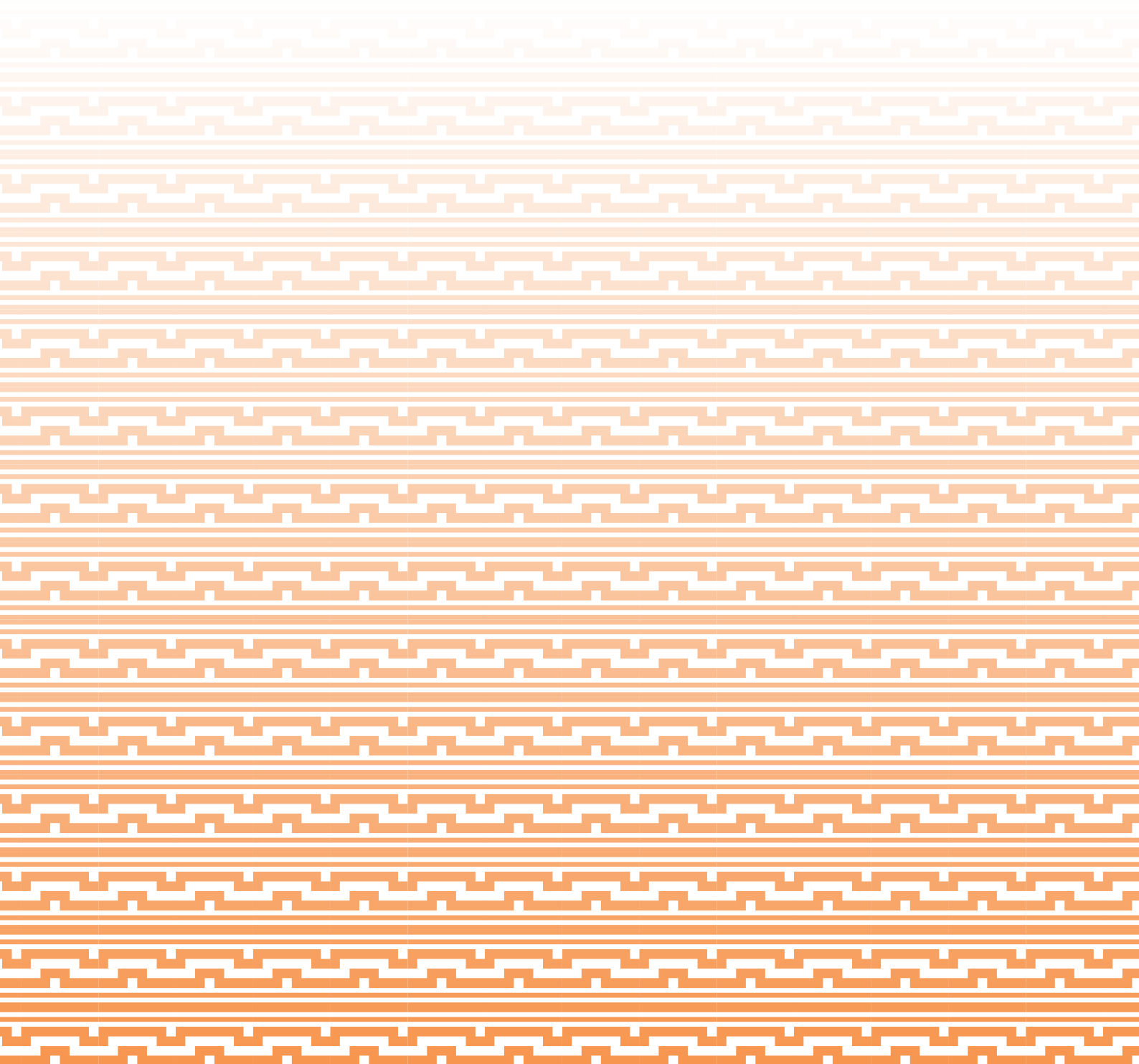
Congratulations! By working through the Essential Elements outlined in this I-Kit, you are on your way to having a solid, strategic plan that can guide SBCC program planning and implementation, addressing the unique needs of adolescents in the urban environment. The I-Kit has highlighted the unique aspects of each element in the context of urban adolescents and provided Worksheets for skills-building opportunities for each Essential Element.

As you go forward and implement your SBCC program for urban adolescents, sharing your experiences can provide valuable lessons for others who are implementing urban adolescent programs. A useful forum for this is the Springboard for Health Communication Professionals—a platform for sharing health communication knowledge, experiences and resources. The Springboard supports and nurtures regional communities of health communication practitioners, scholars and policymakers, and facilitates in-person, face-to-face networking events at the country or regional level, as well as online communities of practice, discussion forums and webinars. To register, visit Springboard at http://www.healthcomspringboard.org.

Please also share your thoughts about this I-Kit and any other topics that you would like to learn more about by sending a message to HC3 at http://www.healthcommcapacity.org/about/contact/.

Glossary

Note: All words included here are defined within the context of SBCC programming, and explain a term's meaning and use within this I-Kit.

Adolescence

The stage of life occurring between the ages of 10 and 19 years of age, when a male or female becomes an adolescent. During this life phase, adolescents undergo a number of biological, psychological and social changes. It is a stage of experimentation with decision-making, risk-taking and independence, particularly regarding sexual and romantic relationships. During this experimental life stage, adolescents start to develop their identity and may try out behaviors that may become lifelong habits.

Adolescent

According to the World Health Organization, adolescents are those aged between 10 and 19 years. Males and females are sometimes referred to as "younger adolescents" between the ages of 10 and 14, and "older adolescents" between the ages of 15 and 19.

Attitude

In SBCC programming, this generally refers to the way people think or feel about the behavior being addressed. See also the definition for KAB.

Audience

The population or group of people who will receive an intervention. See also "intended audience," "primary audience" and "secondary audience."

Behavior

In SBCC, this refers to actions someone makes repeatedly enough to form a habit, a disposition and a behavior toward a person or thing. See also the definition for KAB.

Behavior Change Communication (BCC)

The use of a range of tested communication principles and methods for altering unhealthy patterns of behavior and promote healthy ones. It originates in the field of public health and the methods and theories guiding its practice are borrowed from a range of disciplines, such as psychology, sociology, management, consumer behavior and marketing. The terms, BCC and SBCC, are often used interchangeably as they refer to similar or the same approaches. Also see definition of SBCC.

Call to Action

What you want your intended audience to do. Often, this will identify an action your audience can take in order to start changing their behavior. For example, "use condoms every time you have sex," "talk to your health care provider," or "go to the Bright Star Clinic for more information."

Creative Brief

A one- or two-page document that provides creative developers (i.e., advertising agencies, script writers and graphic designers) with a clear, concise understanding of your project and their role within it. The brief should include guidance on your project's intended audience, desired behavior, barriers to engaging in the desired behavior, desired key messages, the message(s) tone and desired communication channels. This will help with message dissemination. A creative brief should also include a call to action and a key benefit.

Communication Channel

The method or medium used to transmit a message to an intended audience. Examples of communication channels include radio, television, print media, electronic media, word of mouth, interpersonal communication, and visual arts and entertainment.

Community-based Approaches

A communication channel category that focuses on reaching people within a certain geographic area, or people with common interests or characteristics. Community-based approaches are often interactive. They involve gathering large numbers of people and mobilizing a prioritized community to participate. Examples include street theater, puppet shows, games, concerts (music, art, dance) and mobile video events.

Demographics

Studies of and information about a population based on factors, such as age, race, sex, marital status, parity, economic status, education level, income level and employment among others.

Focus Group

A planned discussion typically comprised of 7 to 12 people who may be unfamiliar with each other, but who are selected because they have certain interests, experiences or characteristics in common.

Focus Group Discussion

A form of qualitative research in which a focus group is brought together by a moderator to explore one or more topical questions. The moderator leads the discussion in order to gain information about a specific issue.

Goal

The goal of a program, or "program goal," is the expected outcome resulting from an intervention or program. Usually, goals are reached by achieving specific objectives (see definition of objective).

In-depth Interview

A qualitative research technique that involves conducting intensive individual interviews with a small number of respondents to explore their perspectives on a particular issue, idea, program or situation. In-depth interviews are useful to obtain detailed information about a person's thoughts and behaviors, and they are generally used to provide context and complement data obtained from other sources.

Indicator

*A variable used to measure a current situation and any change or progress toward objectives over time. Indicators should be <u>valid</u> and measure what they intend to measure, <u>reliable</u> and produce accurate results when used more than once, and **sensitive** by reflecting changes as they occur during your study.*

Intended Audience

Refers to the group of people or population segment you hope to reach with an intervention. This may include members of primary and secondary audiences.

Interpersonal Communication

A communication channel category that focuses on relaying messages to an intended audience through personal interactions. Interpersonal communication activities may be done one-on-one, in small groups, large groups, or as a forum. They may be delivered in-person, over the phone or via social media. They may be carried out by health providers, peers and near-peers, community health workers, pharmacists, teachers or anyone seen as a reliable, relevant and approachable reference person.

Key Benefit

An important positive outcome your intended audience will get from engaging in a desired behavior their behavior. The key benefit should make sense to your intended audience. For example, a key benefit for a young person to use condoms could be to stay healthy and achieve his/her dreams. Telling a young person that using a condom every time will keep their community healthy is not enough of a motivation for a young person.

Key Message

Important information that you want to convey to an intended audience. This message should be clear and carefully worded to make sense to your priority audience. It should include a key benefit and a call to action. One program might have more than one key message, and key messages within one program may differ between primary and secondary audiences.

Knowledge

In SBCC programs, this often means what someone knows about a given subject or object. This knowledge may impact a person's attitudes or behaviors. Education activities are aimed exclusively at increasing a person's or group's information about a given thing or topic. See also the definition for "knowledge, attitudes and behaviors" (KAB).

Knowledge, Attitudes and Behaviors (KAB)

*In SBCC programs, **knowledge** is defined as what your priority audience knows, or information your audience uses to make their own informed decisions. **Attitudes** may be defined as opinions or feelings toward something, and are often influenced by social and cultural norms. Knowledge and attitudes together impact or result in **behaviors**, or actions taken by an individual. For example, an individual may have the knowledge that condoms are important in preventing unplanned pregnancies and the spread of HIV and other STIs. He or she may know where to get condoms and how to use them. However, his/her attitude toward condoms might be unfavorable because they personally feel that condoms make sex unpleasurable and signify a lack of trust in a relationship. Therefore, the individual's behavior may be to not use condoms with his/her regular sexual partner, despite knowing their benefits.*

Lead channel

The main channel used in your intervention. Most of the information is passed through the lead channel, which is likely to have the greatest reach.

LGBTQ

An acronym standing for Lesbian, Gay, Bisexual, Transgender and Questioning. It refers to people who do not define themselves as heterosexual (Lesbian, Gay), are attracted to both men and women (Bisexual), do not identify with their biological sex (Transgender) or who are still questioning their sexuality (Questioning).

Mainstream

*Describes something that is accepted as very familiar or normal. **Mainstreaming** is the process of making something new or taboo become more widely discussed, accepted and normal.*

Mass Media

A category of communication channels that reaches a large audience at once. Examples include television, radio, newspaper, magazine and outdoor/transit related placements (such as billboards or ads on busses or taxis).

Media Consumption

The sum of information and entertainment media taken in by an individual or group of individuals. It includes activities, such as reading books, magazines and other print media, watching television, listening to the radio and even interacting with new media (websites, blogs, social media, etc.). **Media consumption studies** *include research and statistics that measure the interaction with different types of media among a defined population.*

Message

Information to be conveyed to or shared with an intended audience. A message should be clear, positive, concise and make sense to its audience. See also the definition for "key message."

(Use of) Mobile Phones

Using mobile phones is a health communication channel category. This includes relaying messages to, or having conversations, with an intended audience via SMS technology. Using mobile phones allows information to reach large audiences (e.g., anyone using a specific mobile service carrier) or highly specific audiences (e.g., female who recently visited a clinic for family planning services). Mobile phones with Internet access can also be used for social media outreach.

Near-peer

People who are close to the priority group's social and professional level, and who are respected and admired by the target groups. They are not necessarily of the same age and can be effective in communication with the target group to promote behavior change.

Objective

The expected result following a specific action. When applied to programming, an objective is the expected result of a specific activity. Clear project objectives employ the SMART *acronym –* Specific *about the result to be achieved, complete with* Measurable *indicators. The projected change should be realistically* Achievable *for the intended audience,* Relevant *to your program's goal(s), your organization and its resources. The objective should also be* Time-bound *and include a timeline for achievement of the objective.*

Primary Audience

Refers to the population or group of people whose behaviors will be changed through the intervention.

Print Materials

A category of communication channels that reaches intended audiences through written words or illustrations. Examples of print materials include paper-based materials such as fliers, pamphlets/brochures, fact sheets, posters and cards.

Psychographics

The study of or information relating the psychological variable of population groups, such as personality, values, opinions, attitudes, interests, lifestyle, tastes and aspirations.

Qualitative Research

Explorative research that aims to understand the underlying reasons, opinions and motivations of a particular group around a given subject. It provides insight into a problem and helps detail and explain the point of view of a selected group. This research approach relies on words rather than numbers. Common qualitative data collection methods include interviews, focus group discussions and observations. For example, qualitative research would be used to discover **why** *adolescents use injectable contraceptives and condoms instead of implants or IUDs.*

Quantitative Research
*Quantitative research provides numbers and figures to quantify a problem, such as attitudes, behaviors, beliefs or other defined variables. It is generally conducted with large groups of people to make sure that results are statistically representative. Common quantitative research methods include surveys and censuses. For example, quantitative research would be used to discover **how many** adolescents use injectable contraceptives and condoms, compared to implants or IUDs.*

Secondary Audience
Refers to the population or group of people that interacts with and influences a primary audience. Interventions involve secondary audiences to promote the desired behavior change in the primary audience and to help create a supportive environment for the primary audiences to make this desired change(s).

Segmentation
The process of dividing a large population into smaller sub-groups in order to design more effective programs and messages.

Sexual and Reproductive Health (SRH)
A state of physical, mental and social well-being in all matters relating to human reproduction and the reproductive system. It implies that people are able to have a satisfying and safe sex life, and have the right, the capability and the freedom to decide if, when and how often to reproduce. It requires a positive and respectful approach to sexuality and sexual relationships.

Social and Behavior Change Communication (SBCC)
Like BCC, SBCC is the strategic use of a combination of tested communication principles and methods to promote healthy patters of decision making and behavior. The word "social" in the term indicates that this approach also addresses social norms and the social and cultural context to facilitate change. The terms, SBCC and BCC, are often used interchangeably as they refer to similar or the same approaches. Also see definition of BCC.

Social Media
A category of communication channels that uses Internet-based application to encourage social interaction among individuals and groups of people. Social media allows people to create, share or exchange information and ideas in virtual communities and networks. Examples of social media include technology that lets people publish, converse or share content online, such as blogs or microblogs (e.g., Twitter), photographs or pictures (e.g., Instagram), social networks (e.g., Facebook, MXit, Badoo) and video (e.g., YouTube).

Social Media Metrics
The science of measuring the use of social media to determine the impact it is having.

Social Marketing
The application of commercial marketing principles to influence voluntary behaviors of the target audience and improve personal and societal welfare.

Supporting channels
Other channels of communication that are used in an intervention in addition to a lead communication channel. The aim of supporting channels is to reinforce messages by increasing the likelihood that audiences will hear them more often and through a variety of channels.

Urban

A classification of a city-based living environment. Individuals living in a city are also referred to as "urban" (e.g., urban adolescents). Urban environments generally have more infrastructure and services, bring together people from a variety of experiences, ethnicities and backgrounds and have larger populations than non-urban or rural areas.

Young Person / Young People

The World Health Organization defines young people as those aged between 10 and 24 for years.

Youth

According to the World Health Organization, youth refers to those aged 15 to 24 years.

References

Blum RW and Nelson-Mmari K. (2004) The health of young people in a global context. *Journal of Adolescent Health*.35:402-418

Blum RW. (2007) Youth in Sub-saharan Africa. *Journal of Adolescent Health*, 41:230-238

Campbell C, Foulis CA, Maimane S, and Sibya Z. (2005) The impact of social environments on the effectiveness of youth HIV prevention: a South African case study. *AIDS Care*, 17(5):471-478

Fraser A, Brockert J, Ward R. (1995) Association of young maternal age with adverse reproductive outcomes. New England Medical Journal. 332:1113-7

Gore F, Bloem P, Patton GC, Ferguson, J, Joseph V, Coffey C, Swayer SM, and Mathers CD (2011) Global burden of disease in young people aged 10-24 years: a systematic analysis. *Lancet*. 2011; 377:2093-102

Kaufman CE, Clark S, Manzini N, May J. (2004) Communities, opportunities and adolescents' sexual behavior in KwaZulu-Natal, South Africa. *Studies in Family Planning*, 35(4):261-274

McKee, N., Bertrand, J., & Becker-Benton, A. (2004). Strategic Communication in the HIV/AIDS Epidemic. SAGE Publication

Montgomery MR and Hewett PC. (2005) Urban poverty and health in developing countries: household and neighborhood effects. *Demography*, 42(3):397-425

WHO (2006a). *Defining sexual health: Report of a technical consultation on sexual health*, 28–31 January 2002. Geneva, World Health Organization

World Health Organization (2008). *10 Facts About Adolescent Health*. http://www.who.int/topics/adolescent_health/en/
World Health Organization. (2001) The World Health Report 2001: Mental Health. New Understanding and New Hope. Geneva,Switerland: World Health Organization

World Health Organization. (2012) *Preventing Early Pregnancy and Poor Reproductive Outcomes among Adolescents in Developing Countries: What the Evidence Says*. Geneva, Switzerland: World Health Organization