

Social and Behavior Change Impacts Youth Contraceptive Behavior

Segmentation is key

Family Planning (FP) interventions prioritize specific youth populations according to marital, school, parenting/pregnancy, HIV and employment status, as well as by age, sex and sexual activity.



Highlights from youth-focused FP interventions

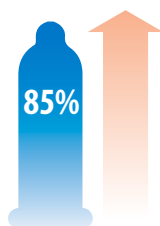
With tailored FP/HIV pamphlets, posters, counseling, videos and hotlines, the **Young Labor Migrant (YOLAMI) program** in China increased male condom use **3 times**, and reduced unintended pregnancy.¹



The **African Youth Alliance** focused on HIV prevention and adolescent sexual and reproductive health. The initiative **increased condom use at first sex, consistent condom use with current partner, and modern contraceptive use at first and last sex** among female youth ages 17 to 22 in Ghana, Uganda and Tanzania.²



Among sexually active, in-school adolescents who participated in a multi-channel health education program in Nigeria, consistent condom use increased from **49% to 85%**.³



In Brazil, adolescents participating in the **Integral Support Program for the Pregnant Teen**

increased contraceptive use from **35% to 77%** pre-pregnancy and one year postpartum, respectively. Correct contraceptive use increased from **28%** pre-pregnancy **to 99%** one year after giving birth.⁴



In rural Ethiopia, young married women and their husbands who participated in the peer support and mentoring **Meseret Hiwott program** were nearly twice as likely to have ever used FP and **18 times more likely** to have undergone HIV testing and counseling (HTC) compared to non-participants.⁵



These and more articles on FP SBC youth interventions are available in the HC3 FP Evidence Database: <https://healthcommcapacity.org/family-planning-evidence-database/>

References:

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- 3 Aderibigbe, S. A., Araoye, M. O.. Effect of health education on sexual behaviour of students of public secondary schools in Ilorin, Nigeria. *European Journal of Scientific Research*. 2008. 24:33-41
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