Social and Behavior Change Communication: Guide to Designing Sexual and Reproductive Health Programs for Youth in Egypt

Acknowledgements

Cover Photo Credit
A newlywed couple in Minya, Egypt, during a Newlywed Initiative home visit, an outreach program of the USAID-funded Communication for Healthy Living project. © 2005 Amrita Gill-Bailey, Courtesy of Photoshare

Contact Information
Health Communication Capacity Collaborative
Johns Hopkins Center for Communication Programs
111 Market Place, Suite 310
Baltimore, MD 21202 USA
Telephone: +1-410-659-6300
Fax: +1-410-659-6266
www.healthcommcapacity.org

Table of Contents

PART 1
WHY THIS GUIDE?

ABOUT THE GUIDE

WHAT IS THE PURPOSE OF THE GUIDE?

The purpose of this Guide 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 youth aged 15 to 24. The Guide is designed to teach these essential SBCC elements and to help users apply the elements to their own work using a set of included worksheets.

The Essential Elements that form the structure of the Guide are:

1. **Collecting Helpful Information about Youth**
2. **Navigating the Environment for Youth**
3. **Segmenting Your Audience**
4. **Creating an Audience Profile**
5. **Establishing Behavioral Objectives and Indicators**
6. **Identifying Communication Channels in the Community**
7. **Developing Messages for Youth**

The guide is **not** a step-by-step guide about how to develop and implement a complete SBCC program. There are other resources that detail those steps, which are listed in the Resources section at the end of the guide.

Instead, this guide highlights the Essential Elements of SBCC programming, with particular focus on what is unique in the context of Egyptian youth. While we recommend using the guide as a whole, from start to finish, you may also choose to work only on the Essential Elements that are important for your program.

WHO IS THE AUDIENCE FOR THE GUIDE?

The guide is intended for a range of audiences, including:

➢ **SBCC professionals** like health communication program managers, designers and implementers who are already working with youth 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 to work with youth
➢ **Youth-led organizations or youth-focused professionals**, like program managers, designers and implementers who are already working on, or are interested in, incorporating SBCC elements into SRH work

WHAT DOES THE GUIDE INCLUDE?

The Guide includes:

1. **Context and Justification:** This section lays the foundation. It provides basic information about SBCC, youth health and development, and the elements for successful SBCC program design. This section also introduces a fictional group of characters and a non-governmental organization (NGO) in an imaginary Egyptian city called Tomay. These characters and their stories are used throughout the Guide to illustrate the Essential Elements and help you complete the Guide worksheets.

2. **Essential Elements and Worksheets:** These sections describe important themes and components of SBCC SRH programs for youth. 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 filling out the 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 GUIDE BE USED?

The purpose of the Guide is to help you understand the key components of the SBCC planning process, and how those specifically apply to SRH programs for youth. The Guide can be used as a **self-facilitated learning tool** or as **part of a training**; there is no need for any external training beforehand. Some organizations that have used the Guide found it useful for one or more facilitators to review the guide first, and then introduce it to the rest of the program design and implementation team.

We recommend you review the Guide from start to finish as each Essential Element builds on the previous one. Next, decide whether you will use the Guide as a whole, or if you will work only with selected 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 Guide 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 GUIDE

The Guide is designed to support SBCC programming for youth and highlights important elements of SRH SBCC interventions for youth in Egypt and other countries in the Middle East and North Africa (MENA) region. 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.

GUIDE ICONS AND MEANINGS KEY

Throughout the Guide, 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, this symbol indicates additional tools that will help you and your team build on the lessons in the Guide, your knowledge and project examples.

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 youth needs and be delivered in ways that make sense to them. Look out for this symbol throughout the Guide for places that are particularly important for **youth involvement**.

The Guide focuses on youth ages 15 to 24. However, limited programs specifically address or consider the needs of **adolescents**, between ages 15 and 19. 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 Guide, its contents and how to use it, it's time to get started!

YOUTH SRH

WHO ARE YOUTH?

Youth are individuals transitioning from childhood to adulthood. The term "youth" refers to those aged 15 to 24 years old[1], and includes older adolescents (ages 15 to 19) and emerging adults (ages 20 to 24). As life stages, both adolescence and youth are characterized by big developmental changes. These include changes in the way people look, think, feel and socialize. Throughout adolescence and youth, individuals go through different stages of development.

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 maturity, increased influence by peers and transition from dependence on others to experiments with independence and decision-making. In the MENA region there are gendered differences to the increased independence adolescent girls and boys have entering adulthood, which will also be discussed.

Figure 1 provides useful information about how adolescents and youth develop socially, cognitively, physically and sexually. Of course, no two young people are the same and every individual develops at different rates. As we will see in this Guide, the transition from one stage to the next may be abrupt, and may impact young men differently from young women. While in some societies, men largely remain in control of their own health decisions and behaviors throughout their lives, young women often have SRH decisions made for them. For example, a young woman who is still developmentally an adolescent may be married off and be suddenly expected to take on rather adult responsibilities, including being a wife, having children and becoming a family caretaker. This can be stressful physically, emotionally and socially.

> ⚠️ **Reminder!**
>
> **Think back to when you were younger. Does any of this sound familiar?**
>
> It is easy to think that youth "should" behave a certain way and make certain choices. But to create effective youth programs, it can be helpful to put ourselves in their shoes and remember what an exciting and challenging time adolescence and youth-hood is.

---

[1] United Nations, *Definition of Youth*: http://www.un.org/esa/socdev/documents/youth/fact-sheets/youth-definition.pdf

Figure 1. Adolescents and Youth Psychological Development Chart[2]

This chart outlines the stages of development, and describes the typical progression from being a "young adolescent" through to an "emerging adult." Some additional details have been added in blue to highlight how males and females might experience these changes differently in Egypt and MENA.

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. "Challenging authority" may be more accepted among boys than girls, according to social norms.	Move away from parents and toward peers. Begin to develop own value system. Some girls may marry, with or against their will, at this stage. Some will marry older men, and may not have much independence. Pressure to have children begins.	Begin work/higher education, enter adulthood and re-integrate with family. Young women may or may not continue schooling or be permitted to work outside the home, depending on social, family, structural norms.
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. At this age, girls may start wearing a veil.	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 the opposite sex. Some girls may experience female genital mutilation (FGM) at this age, which can have lasting emotional and physical impacts on a girl's life.	Show increased sexual interest, may struggle with sexual feelings. If married, male and female youth would experience their first sexual relationship.	Begin to develop serious intimate relationships that replace group relationships.

---

2 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 and youth; there are other aspects that influence who they are and what they do. These can include:

➢ Family dynamics – 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. [3]

➢ Religion/religious beliefs – a young person growing up in a religious household may be told different things and have different beliefs about sex and sexuality than a young person raised in a more liberal 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 YOUTH?

Choices made when a person is young may develop into repeated habits that continue into adulthood. These include both healthy and unhealthy behaviors.

Globally, nearly two-thirds of premature deaths are associated with behaviors and conditions that began in young age.[4] For example, tobacco use and poor eating and exercise habits can lead to illness or premature death later in life. In Egypt, 28 percent of males aged 13 to 35 years use tobacco products[5];16 percent of Egyptian men ages 15 to 19, and 41 percent of men ages 20 to 24 currently smoke tobacco – a rate which increases to nearly 60 percent by ages 50 to 54. While girls smoke much less, "shisha" smoking is somewhat prevalent among urban girls.

---

[3] 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

[4] 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

[5] Roushdy, Rania and Maia Sieverding. 2015. "Summary Report: Panel survey of young people in Egypt 2014—Generating evidence for policy, programs, and research." Cairo: Population Council.

Similarly, the proportion of overweight or obese women was 40 percent among women ages 15 to 19 and was more than 90 percent in women age 40 and older. Among men, more than half (56.7 percent) are overweight or obese by age 25, and this proportion approaches 80 percent in men 40 and older.[6] Limited physical activity and sedentary lifestyle especially among adolescent girls contributes to this high incidence of being overweight.

Between the ages of 15 and 24, young men and women also navigate major health, mental and emotional transitions, but health and social systems are not always able to respond to youth's unique needs. In 2012, the leading causes of death among adolescent boys and girls around the world included HIV, suicide and interpersonal violence; suicide and complications from pregnancy and childbirth were the two leading causes of death for girls ages 15 to 19.[7]

While HIV rates in MENA are among the lowest in the world, the region is one of only two regions where HIV is still on the rise.[8] In Egypt, approximately 10 percent fewer men and women of reproductive age had heard of HIV in 2015 compared to 2008, and only 4 percent of women and 7 percent of men ages 15 to 24 had comprehensive HIV knowledge in 2015; knowledge of HIV was lowest among men and women ages 15 to 19.[9] These rates are important to note as many young women marry and begin to have sex during adolescence, and may be starting their families with men their age, or with previously married men who have had prior relationships. If HIV or other STIs are contracted during these years, complications could follow the couple and their children throughout their lives.

Egypt's fertility rate has also increased overall by 17 percent between 2008 and 2015[10], and a 2014 Survey of Young People in Egypt (SYPE) showed that current use of family planning is lower among young couples than the national average. Today's youth also desire larger families. In 2009, never-married and married youth between 15 and 29 years old desired an average of 2.6 and 2.8 children, respectively. In 2014, youth of the same age hoped to have 2.9 and 3.1 children, respectively – this, despite decreased labor force participation and limited economic opportunities.[11] Because women marry young and often have children soon after, it is important that they have the skills and tools needed to develop healthy, violence-free relationships with their spouses, where they can safely discuss timing and spacing pregnancy to avoid health risks.

The Risk of Depression Among Adolescents in Egypt

A 2013 study examined mental health indicators among secondary school students in Menoufia Governorate in Egypt. The findings showed high levels of anxiety and depression among the students.

The prevalence of anxiety symptoms was 41.2 percent and that for anxiety disorders was 21 percent. The total prevalence of depressive symptoms was 28.6 percent, and the prevalence of depressive disorders was 11.3 percent. The prevalence of obsessive–compulsive symptoms was 15.8 percent and that of obsessive–compulsive disorder was 2.7 percent. Co-morbidities of mental disorders were common.

Such mental health disorders can negatively impact youth's overall development, including sexual and reproductive health and relationship forming. It is important to consider mental health as a component to youth overall and reproductive health.

Study: Al-Bahnasy, R.A. et al (2013): Menoufia Medical Journal :26 (1) 44-48

---

[6] The DHS Program (2015). Egypt Health Issues Survey: http://dhsprogram.com/pubs/pdf/FR313/FR313.pdf

[7] World Health Organization, The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030): http://origin.who.int/life-course/partners/global-strategy/globalstrategyreport2016-2030-lowres.pdf

[8] Population Reference Bureau (2014). HIV and AIDS in the Middle East and North Africa: http://www.prb.org/pdf14/mena-hiv-aids-report.pdf

[9] See Reference 6

[10] See Reference 6

[11] Roushdy, Rania and Maia Sieverding. 2015. "Summary Report: Panel survey of young people in Egypt 2014—Generating evidence for policy, programs, and research." Cairo: Population Council.

Finally, we must consider other events that might directly impact girls' and women's health in various MENA settings, including female genital mutilation (FGM) and other forms of violence against women, malnutrition, and the reduced opportunities for community participation. While this practice is declining in Egypt, in 2015 still 70 percent of women ages 15 to 19 were circumcised.[12] FGM is often performed when a girl is young, and can result in immediate and long-term health complications.

In view of the many changes that take place during youth and adolescence, it is essential to ensure a healthy, safe environment for youth that supports their positive development. Youth must be given the support they need to make healthy choices so they can lead healthy and successful lives in the future.

> **What Is FGM?**
>
> According to the World Health Organization, FGM "includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons." This includes partial or total removal of external female sex organs. It is most commonly carried out on girls between infancy and age 15, and is considered a human rights violation.
>
> To learn more, visit the WHO fact sheet: www.who.int/mediacentre/factsheets/fs241/en/

WHY ARE YOUTH IN CONSERVATIVE SOCIETIES UNIQUE?

Cultural norms in any society play a central role in shaping a person's identity, values, beliefs, behaviors and social roles. Often culture is driven by deeply rooted beliefs, traditions and heritage, which are not easily changed.

The MENA region still largely observes conservative societal and cultural norms and tradition. Although such conservative attitudes come from and follow religious practices, they are adopted and recognized by all sectors of the society regardless of their religion.

Rapid globalization, however, is bringing a new dimension into young people's lives. Youth must now navigate two often conflicting worlds; their local world and the global world simultaneously. Young Arabs may be flooded with contradictory messages from their parents, educational and religious institutions, as well as the media bringing along modernity and liberalization unprecedented in the region.

Cultural and traditional norms are usually protective factors for young people, but may occasionally be considered as challenges to their needs and expectations.

WHAT IS SEXUAL AND REPRODUCTIVE HEALTH?

The World Health Organization WHO defines health as, "a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity." Accordingly, "...**reproductive health** addresses the reproductive processes, functions and system at all stages of life".[13]

This definition requires a positive and respectful approach to sexuality and sexual relationships, and includes the possibility to have pleasurable and safe sexual experiences, free of coercion, discrimination and violence.[14]

---

[12] See Reference 6; also, note that this number reported in the DHS indicated cumulative prevalence, not incidence.

[13] WHO, Health Topics, Reproductive Health: http://www.who.int/topics/reproductive_health/en/; Although this definition of health has been agreed upon by WHO member states, it is recognized that in some cultures, spiritual well-being is also necessary for complete health.

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

Gender norms and roles greatly impact SRH, as do social expectations and power dynamics between men and women, the extent of activating equality between men and women. This must be understood within specific social, cultural, economic and political contexts. Within the socially conservative and religious contexts of the MENA region, SRH can be a delicate topic to discuss. However, youth's SRH is crucial to strong youth – and eventually adult – development, and should be a priority issue for communities, organizations and policymakers.

HOW DOES SRH AFFECT YOUTH DEVELOPMENT?

Healthy and happy young people are better equipped to contribute to their communities as young citizens and future parents. Healthy youth development means creating an environment where a young person is free to grow, learn and build skills to lead the life they wish. This requires that youth have access to a number of "protective factors," including: formal education, supportive family, social and spiritual networks, community activities, employment opportunities and health services.[15] Each of these factors also contributes to good SRH.

> *"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

As introduced in the section "Why Focus on Youth," young men and women undergo significant SRH events between the ages of 15 and 24. They start relationships, marry, start families and may consider family planning. In Egypt and some other countries in the region, childhood marriage is widespread among poorer and uneducated communities. Early marriage often means early childbearing, which is associated with profound health hazards to the mothers and the newborns. Girls who marry at a young age are more likely to drop out of school and be vulnerable to spousal violence. They usually do not use family planning and have high fertility rates. FGM is also common among girls in some countries in the region, including Egypt. FGM has multiple negative health, psychological and social effects, complications of which may lead to death. Particularly because the decision to be circumcised, marry, leave school, or have children very young is often the husband's or family's choice and not the young woman's, these forced conditions can be barriers to good SRH and healthy development.

Having culturally appropriate and safe relationships with the other sex is important for young people to prevent illness and harm. Sexually transmitted infections (STIs) are not infrequent among young people. STIs, such as HIV and Hepatitis B, have several negative health consequences and can result in death. They can also lead to many reproductive health disorders in both females and males including infertility and chronic pelvic infections.

Unhealthy lifestyle habits and resulting non-communicable diseases also impact SRH. Obesity, for example, is increasing in Egypt and other MENA countries and contributes to health complications, such as diabetes. Approximately 15 percent of adults in Egypt have diabetes, and the MENA region has some of the highest rates of the disease in the world.[16,17] Obesity can also lead to high blood pressure and high cholesterol; excess weight can disturb women's hormone levels and lead to irregular menstrual cycles, lack of ovulation and lower chances of getting pregnant. Obesity also increases a woman's risk of miscarriage and complications during pregnancy such as pre-term delivery, toxemia of pregnancy and gestational diabetes. Babies born to obese mothers are more likely to become obese children, and to have more health problems. Obese men, too, can suffer from reduced fertility due to lower level of the male hormone testosterone affecting their sperm quality.

---

15 Blum R. (1998) Healthy Youth Development as a Model for Youth Health Promotion: A Review. Journal of Adolescent Health. 22:368-375; WHO (1993) The Health of Young People: a challenge and a promise: http://apps.who.int/iris/handle/10665/37353; UNICEF (2005) Adolescent Development: Perspectives and Frameworks – A Discussion Paper: https://www.unicef.org/ADAP_series_1.pdf

16 International Diabetes Federation (2015). BRIDGES Project: www.idf.org/BRIDGES/map/egypt

17 International Diabetes Foundation (2015), Egypt Page: www.idf.org/membership/mena/egypt

Smoking, common in Egypt, is a major health hazard. Smoking causes respiratory problems and cancer, and can also reduce a woman's ability to become pregnant and increase her risk of miscarriage, stillbirth, and fetal congenital malformations. Those smoking while pregnant or taking the combined oral contraceptive pill are 20 times more likely to suffer blood clots, which may lead to heart attack or stroke, than non-smokers. For men, habitual smoking can lower sperm counts and otherwise damage sperm.[18]

Physical activity, by contrast, has many health benefits. Being active controls body weight, reduces the risk of heart disease and can protect against diabetes and some forms of cancer. It can reduce the risk of depression – to which youth are particularly vulnerable – and improve mood and sleep patterns. Sports and physical activity also increase self-esteem, enhance self-confidence, encourage healthy interactions with others, and improve academic performance.

Youth civic engagement, or youth being active in their community, is another protective factor that results in better health, development and well-being of young people. It is a major factor in empowering young people. By participating in local community initiatives, youth gain experience in team work, acquire new skills, develop a greater sense of confidence, and forge meaningful connections to other youth and adults. Young people involved in positive activities such as community service are also less likely to engage in high-risk behaviors such as smoking or drug use, violence and unprotected sex. They also demonstrate better academic performance. Civic engagement of young people leads to enhancing self-image better relationships and greater civic participation later in life.[19] This Guide, in fact, can be a tool by youth-led organizations and young program managers to design and implement SRH-focused social and behavior change projects in their own communities!

---

[18] Larsen TB, et al (2007): Maternal smoking, obesity, and risk of venous thromboembolism during pregnancy and the puerperium: Thromb Res. ;120:505-9

[19] Center for the Study of Social Policy (2011): Promoting Youth Civic Engagement. www.cssp.org/policy/papers/Promoting-Youth-Civic-Engagement.pdfwww.cssp.org/policy/papers/Promoting-Youth-Civic-Engagement.pdf

GENDER-BASED VIOLENCE

WHAT IS GENDER-BASED VIOLENCE?

Both women and men can be victims of gender-based violence (GBV). However, violence against women is far more frequent and the term is broadly used to refer to acts against women.

GBV is any act that "results in, or is likely to result in, physical, sexual or psychological harm or suffering to women," and includes "threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or in private life."[20] GBV is a structural problem that is deeply embedded in unequal power relationships between men and women.[21]

Violence against women takes many forms. Verbal and physical harassment of women and girls in public, in schools and in the workplace, for example, is highly prevalent in Egypt.[22] Intimate partner (domestic) violence and sexual violence is also a social problem. FGM and other harmful traditional practices, such as child marriage and forced marriages are other forms of GBV because they violate a woman's human rights, and directly limit a woman's ability to make decisions that impact her own health and life.

WHAT ARE THE CONSEQUENCES OF GENDER-BASED VIOLENCE?

Domestic violence is a serious cause of disability and death among women worldwide, and puts women at a higher risk for unintended pregnancy and sexually transmitted infections, including HIV/AIDS. Gender-based violence has also been linked to increased risk of gynecological disorders and pregnancy complications. Violence during pregnancy can cause serious harm to both the mother and fetus.[23] Because girls who marry early may have less mobility, education, media access and decision-making power compared to older married women, they are at a greater risk of GBV and may have less help coping with its effects. They are often more isolated from peers, as well.[24]

Women experiencing sexual harassment or assault may suffer debilitating after-effects, including anxiety, depression, headaches, sleep disorders, weight loss or gain, nausea, lowered self-esteem and sexual dysfunction. Girls tend to avoid schools more frequently and have lower academic performance.[25]
  It is necessary to provide psychological and social support for girls who are subjected to any form of violence or regular harassment to alleviate their suffering, and help them return to their regular social and academic life.

FGM, too, harms girls and women in many ways and can lead to death. Immediate complications include pain, bleeding, shock, infection and injury to other organs in the genital and urinary systems. The long-term consequences could be physical, psychological and social. Urination problems can occur along with vaginal infection. Scar tissue, cysts or keloids may develop. Circumcised girls complain more frequently from painful irregular menstruation. Sexual dysfunctions and marital problems are experienced by many women. There

---

[20] United Nations, General Assembly (1993): Declaration on the Elimination of Violence Against Women www.un.org/documents/ga/res/48/a48r104.htm

[21] WAVE and UNFPA (2014): Strengthening Health System Responses to GBV in Eastern Europe and Central Asia- A Resource Package. www.health-genderviolence.org/news/191

[22] United Nations (2014): Report of the United Nations Entity for Gender Equality. www.ohchr.org/EN/HRBodies/HRC/.../A_HRC_29_3_ENG.doc

[23] Monazea, EM and Abdel Khalek, E. (2010): Domestic Violence High in Egypt. Population Reference Bureau, Washington DC: www.prb.org/Publications/Articles/2010/domesticviolence-egypt.aspx

[24] Population Council and UNFPA (2005). The Adolescent Experience In-Depth: using data to identify and reach the most vulnerable young people – Egypt 2005.

[25] Advocates for Equal Rights in www.hrlibrary.umn.edu/svaw/harassment/explore/4effects.htm

is also an increased risk of childbirth complications to the mother and the newborns. The psychological problems following FGM are long-lasting and include depression, anxiety, post-traumatic stress disorder and low self-esteem.[26]

Childhood marriage (before the age of 18) constitutes another risky reproductive health practice. Early marriage presents unique challenges for young women. In Egypt, while the median age at a woman's first marriage was 21 in 2014, women in rural Upper Egypt on average married four years earlier than their urban counterparts.[27] In the Arab world, one in seven girls marries before her 18th birthday despite an overall trend toward later marriage. The highest rates of child marriage are seen in the poorest countries—Yemen, Sudan, Somalia, and South Sudan – while Egypt, being most populous, is home to the largest number of child brides in the region.[28] In societies where early marriage for girls is prevalent in Egypt, these young girls are at risk of violence and abuse, and experience constant pressure to get pregnant as soon as they marry to prove their fertility. Once married, only 8 percent of women in Egypt and 10 percent of men believe it is appropriate to use family planning before having their first child.[29] This leaves younger brides vulnerable to adolescent pregnancy, which carries elevated risks of pre-eclampsia, obstructed labor, abortion complications and iron deficiency anemia than older women.[30]

Young teenage girls are more likely to die due to complications in pregnancy and childbirth than women in their 20s; their infants are more likely to be stillborn or die in the first month of life. Even if the child survives, he or she is more likely to suffer from low birth weight, under-nutrition and late physical and cognitive development.[31]

RESOURCES

ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH

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. The tool can be used to analyze or plan a variety of SRHR interventions: school and non-school-based interventions; large and small; with a focus on HIV, STIs, and/or pregnancy; targeting older or young people; for orphans and vulnerable children (OVC); children who are at work; and/or other young people. Organizations can use the tool for the analysis of existing interventions to identify what is already going well and what needs improvement. The tool can

26 World Health Organization (2016): Female Genital Mutilation, Fact Sheet: www.who.int/mediacentre/factsheets/fs241/en/www.who.int/mediacentre/factsheets/fs241/en/

27 2014 Egypt Demographic and Health Survey: http://dhsprogram.com/pubs/pdf/FR302/FR302.pdf

28 Roudi-Fahimi, F. and El Feki, S. (2011): Facts of life, Youth sexuality and reproductive health in the Middle East and North Africa, PRB, Washington DC; Roudi-Fahimi, F. and Ibrahim, S. (2013). Ending Child Marriage in the Arab Region: www.prb.org/Publications/Reports/2013/child-marriage-mena.aspx

29 See Reference 6

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

31 UNICEF (2016): Child Marriage: http://data.unicef.org/child-protection/child-marriage

also be used for designing new interventions. It provides a framework for the design of SRHR projects.
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)

The review highlights promising program practices, synthesizes lessons learned and offers insight into the elements that may yield more positive results for SRH behavior change among urban youth. The report's findings are discussed from a social and ecological perspective at individual, family and peer network, community, and societal levels.
http://www.healthcommcapacity.org/hc3resources/influencing-sexual-reproductive-health-urban-youth-social-behavior-change-communication/

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

Advancing Egyptian Society by Ending Violence against Women (2015)
Population Reference Bureau
This policy brief provides overviews of violence against women, both in Egypt and worldwide, spotlighting recent national-level and grassroots efforts taking shape in Egypt
http://www.prb.org/pdf15/egypt-violence-against-women.pdf

Egypt, Violence against Women Study (2009)
USAID, Egypt
Literature review and multi-dimensional study of violence against women in Egypt, surveying available research and information from international, regional, and Egyptian sources.
https://www.unicef.org/sowc2011/fullreport.php

The State of the World's Children (2011)
UNICEF, New York
This report focuses on maternal and neonatal health worldwide and identifies the interventions and actions that must be scaled up to save lives.
https://www.unicef.org/sowc2011/fullreport.php

Facts of Life: Youth Sexuality and Reproductive Health in Middle East and North Africa (2011)
Population Reference Bureau, Washington
This report discusses young people across the Middle East and North Africa (MENA), and the challenges they face in their transition to adulthood, specifically their sexual and reproductive health, and its requirements, and how to meet its aspirations, and rights for education and services.
www.prb.org/pdf11/facts-of-life-youth-in-middle-east_arabic.pdf

The need for reproductive health education in schools in Egypt (2012)
Population Reference Bureau, Washington
This report explains the strong need for education on adolescent reproductive health issues in Egypt, and the importance of including such information in school curricula.
www.prb.org/Publications/Reports/2012/reproductivehealth-education-egypt.aspx

INTRODUCING A FICTIONAL CITY

This section introduces readers to the imagined city of "Tomay," five of its residents, the fictional "Hope Generation" NGO and the NGO's program "Hemayah."

The three young people presented here, Emad, Mariam and Nora, represent typical Egyptian young people, facing the same challenges and aspirations that many young people face in cities in Egypt and elsewhere in the MENA region. Magdy, an older man who has taken Mariam as his wife, shows the diversity of relationships and unique SRH situations in which young women may find themselves. Dr. Samir, a doctor providing health services at Tomay's youth-friendly clinic represents an older community member and stakeholder, who can shape and influence young people's SRH behaviors and development.

This context and characters appear throughout the Guide to show practical examples of youth SRH SBCC program design.

THE CITY OF TOMAY

Tomay is an ever-growing city in Egypt with a bustling tourism industry. It has a population of more than one million and is surrounded by agricultural and industrial suburbs. It is a flourishing city and many people move there in search of work, education or better life opportunities. Some young people are lucky to find work while others are unemployed.

HOPE GENERATION NGO

The city of Tomay has an active youth-led NGO called Hope Generation serving young people through their project entitled Hemayah ("protection"), which is funded by an international donor organization. The project aims to respond to and meet the reproductive health needs of young people aged 15 to 24 years. Hemayah's approach is holistic, and includes a direct SRH focus as well as a broader youth development view. This allows Hemayah activities to also address other health themes and lifestyle habits that can negatively impact youth development and SRH, such as smoking, alcohol use, and poor nutrition and obesity. The NGO carries out community mobilization and advocacy activities, provides SRH education, information and counseling and operates a youth-friendly clinic in Tomay. Hemayah has also developed a SBCC program to complement the clinic's package of services.

During the five years of its funding, Hemayah achieved the following results:

➢ Reached 20 percent of Tomay's in-school young people with accurate information and responded to their concerns

➢ An 18 percent reduction in inflicting FGM on young girls in Tomay and the surrounding areas

➢ A 15 percent reduction in childhood marriages among adolescent girls particularly among the girls in rural areas

➢ A 12 percent increase in use of family planning among young married women

➢ Improved communication about sexual and reproductive health matters among couples, and between young people and adults, including their parents

CAST OF CHARACTERS

Amid the hustle and bustle of Tomay and Hope Generation's catchment area are individuals with a wide range of backgrounds, interests, ambitions and needs. Let's meet a few of them:

- ➢ **Emad:** 22, married working in a tourist resort while his wife lives in a nearby agricultural village.
- ➢ **Mariam and Magdy:** Mariam, 16, moved to Tomay after being forced to leave school and to marry Magdy, 50.
- ➢ **Nora:** 17, living with her conservative parents and two brothers while attending a technical school.
- ➢ **Dr. Samir:** 33, a youth clinic physician dedicated to providing quality SRH care to young people in his community.

EMAD

Emad is 22 and works in a tourist resort as a waiter in the restaurant. He finished secondary school and speaks English well enough to communicate with his clients. He is always cheerful and has a good sense of humor. In his free time and on his breaks at work, Emad likes football, socializing – especially with women – and smoking shisha and tobacco with his friends. Emad lives in the resort with his colleagues most of the time but spends the days off with his young wife, mother, father and brothers in his small, hometown village 70 km away from the city center. Emad and his wife married when his wife was 18, and have been married for one year. They have been trying for pregnancy since marriage without success. They consulted Dr. Samir at the youth clinic and did few tests. The result of his semen analysis showed that he had lower-than-normal sperm count and his sperm were not as mobile or active as they should be, indicating fertility problems. Dr. Samir asked him to stop smoking and repeat the test after six months.

MARIAM AND MAGDY

Mariam is 16 and married last year in exchange for a dowry to her family. Her husband Magdy is 50, widowed with three children, and a successful merchant. Magdy spends most of his time in his shop downtown or socializing with his friends in cafes. When Magdy is home he barely talks to Mariam – they have so little in common – and when he does he sometimes shouts at her, which frightens Mariam. When Mariam was married off, she was forced to leave school and her village, and moved to Tomay with her new spouse, but she still dreams of going back to school and working as a teacher one day. Mariam stays alone most of the time cooking, cleaning and looking after Magdy's children. Mariam does not have many friends, but twice a week she goes with her neighbors to the market to do household shopping, which she enjoys. Her mother visits her infrequently to see that she is being a good wife and to advise her on how to keep Magdy happy, but stays only few days. Mariam knows from the television that pregnancy at such young age is dangerous for her. Mariam doesn't know much about family planning and fears using it would lead to illness or cause future fertility problems. Mariam's mother is unsure how to advise her daughter. She wants Mariam to have children soon according to traditions and customs which makes it imperative for wives to prove their fertility immediately after marriage, but remembers herself how hard it was to carry a child so young herself. She has convinced Magdy to take Mariam to the clinic in town for family planning advice.

NORA

Nora is 17 years old unmarried and lives in a middle class, busy and crowded neighborhood with her parents and one older and one younger brother. She attends a technical school in town and is doing well in her studies. The family holds very strict conservative attitudes towards girls' mobility and social life. Nora must be dressed the way her brothers prefer. This upsets Nora as she wants to dress like her peers in school and like the women she sees on TV. She is always being watched by all members of the family and is not allowed to go out alone or to have a mobile phone. Occasionally when she comes out of school, she finds young men standing at the corner of the street, who tease her with bad words. She gets terrified and runs home to her room while she

is crying. She never dares to tell anyone at the house what happened otherwise she would be the one blamed. Like any girl in her age, Nora has many questions about her body and her relations with others but cannot resort to her family. She can only ask her friends at school even if she is sure they do not have the right answer.

DR. SAMIR

Dr. Samir is 33, a physician who has lived all his life in Tomay. He is married and has a two-year old daughter. His wife is a midwife working in the Tomay Central Hospital. He specializes in Family Medicine and loves working with young people. His relationship with the Hemayah project started when he joined as a health educator six years ago and was selected and appointed to provide services in the youth clinic since its establishment. He received technical training on providing youth-friendly services including counseling and communication techniques for two weeks in the University Hospital. Dr. Samir has acquired excellent counseling skills and has excelled in putting these skills to use. He likes working with young people and is empathetic to youth problems and needs. Dr. Samir provides his clients with high quality care and young people in Tomay like him and trust his opinion.

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 Guide, 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.

THE P PROCESS

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.

Addressing SRH Problems with SBCC

Some problems that negatively affect youth SRH prevail in Egypt and in other countries in the region, as well. These problems must be dealt with, which can be done using SBCC approaches. SBCC can address:

➢ Lack of knowledge about reproductive health issues, and incomplete SRH information among youth. SBCC channels such as print media and call-in TV or radio shows can help respond to youth's need for a safe, scientific source to answer their questions and concerns.

➢ Female genital mutilation in Egypt, which continues to be a major health, and social problem. SBCC can be used to address beliefs among women and youth that this practice should continue, through street theater performances and other techniques to stimulate discussion around and challenge the values and norms that perpetuate this practice. This may help change individual behaviors and social norms around these practices.

➢ Early marriage for girls (before the age of 18) is high in the less affluent, and rural areas in Egypt, and is usually followed by pregnancy at an early age, and other negative health effects. SBCC discussion groups with parents can foster discussion around these harmful practices, and help parents identify alternatives to marrying their children early.

SBCC can similarly be used to encourage information dissemination, values reflection and behavior change around unsafe reproductive practices, such as the desire to have many children, and the poor use of family planning methods; and unhealthy lifestyles such as smoking, unhealthy dietary habits, lack of the physical activity and lack of the community participation.

See **Figure 2.³²**

The P Process has five steps:

➢ **Step 1: (Inquire)**

  o Understand all the problem's dimensions, and the characteristics of the priority audience, the obstacles that you may face, and the individuals or the organizations that can help you. If you will work with young people, you must engage them from the beginning.

➢ **Step 2: (Design Strategy)**

  o Bring together all stakeholders, and define your goals, audience segments, and the entry points you can use. Define the action plan, and how you will monitor and evaluate it.

➢ **Step 3: (Create and Test)**

  o Gather a "creative team" of artists, designers, writers, broadcasters, etc. Produce the messages and media or the necessary educational and training programs. You need here the art and the science together. Test how much your audience understands, and accepts the messages first.

Figure 2. P Process

➢ **Step 4: (Mobilize and Monitor)**

  o Implement the materials, messages and the programs in real life. Seek help from individuals and organizations that you have recognized in the first step, and make sure they understand their roles.

➢ **Step 5: (Evaluate and Evolve)**

  o It's time to evaluate: Have you achieved your goals? What are the factors of strength and success for your program and activities? What are the factors of weakness? Revise your ideas and activities according to your evaluation. Publish the results of your program and activities to the individuals and the organizations working in the same field.
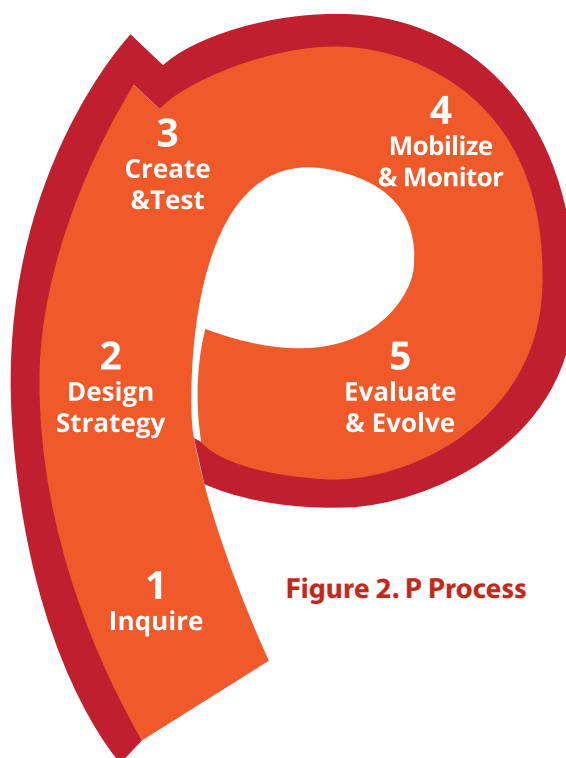
Three cross-cutting concepts are embedded in the P Process, which when integrated into the strategic process; ensure that SBCC approaches are most effective:

1. SBCC Theory
2. Stakeholder Participation
3. Continuous Capacity Strengthening

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

➢ **A mass media campaign** that provides accurate facts about the need to stop FGM through public service announcements and/or serial dramas on radio or TV.

---

³² http://healthcommcapacity.org/wp-content/uploads/2014/04/P-Process-Brochure.pdf.

- ➢ **A theater group** performing a play about sexual harassment 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 adopt healthy lifestyle.
- ➢ **A short message service (SMS) or hotline service** to provide information on reproductive health.

There are certain factors that can help reach youth with SBCC programs and other factors that may constitute challenges:

Helping Factors: Increased access to different media and technology options can be very helpful. Young people may prefer receiving and sending messages through mobile phones or the internet as this can offer more privacy. Most young people attend schools and universities. Staging SBCC activities here allows programs to reach large numbers of young people with age-specific health promoting messages.

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

SOCIAL MARKETING

Social marketing is different from SBCC, but its concepts are commonly used to design successful SBCC programs. Social marketing refers to the application of commercial marketing principles to influence behaviors of an intended audience for improved personal and/or social welfare. The goal of social marketing is to improve knowledge and awareness around an issue or product, and ultimately change behaviors.

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

- ➢ **Product:** can refer to a health product (such as a condom or another family planning method), a service (such as HIV testing and counseling) or a behavior (such as rejecting FGM). 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 or behavior may be direct or financial (such as the monetary cost of a condom), or it may be indirect (such as presenting the health troubles of contracting sexually transmitted diseases from having sex without a condom). **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 your specific audience to make sure they can access your product.
- ➢ **Place:** refers to where the product is promoted. For youth, 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 youth.

WHAT INFLUENCES PEOPLE'S BEHAVIOR?

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

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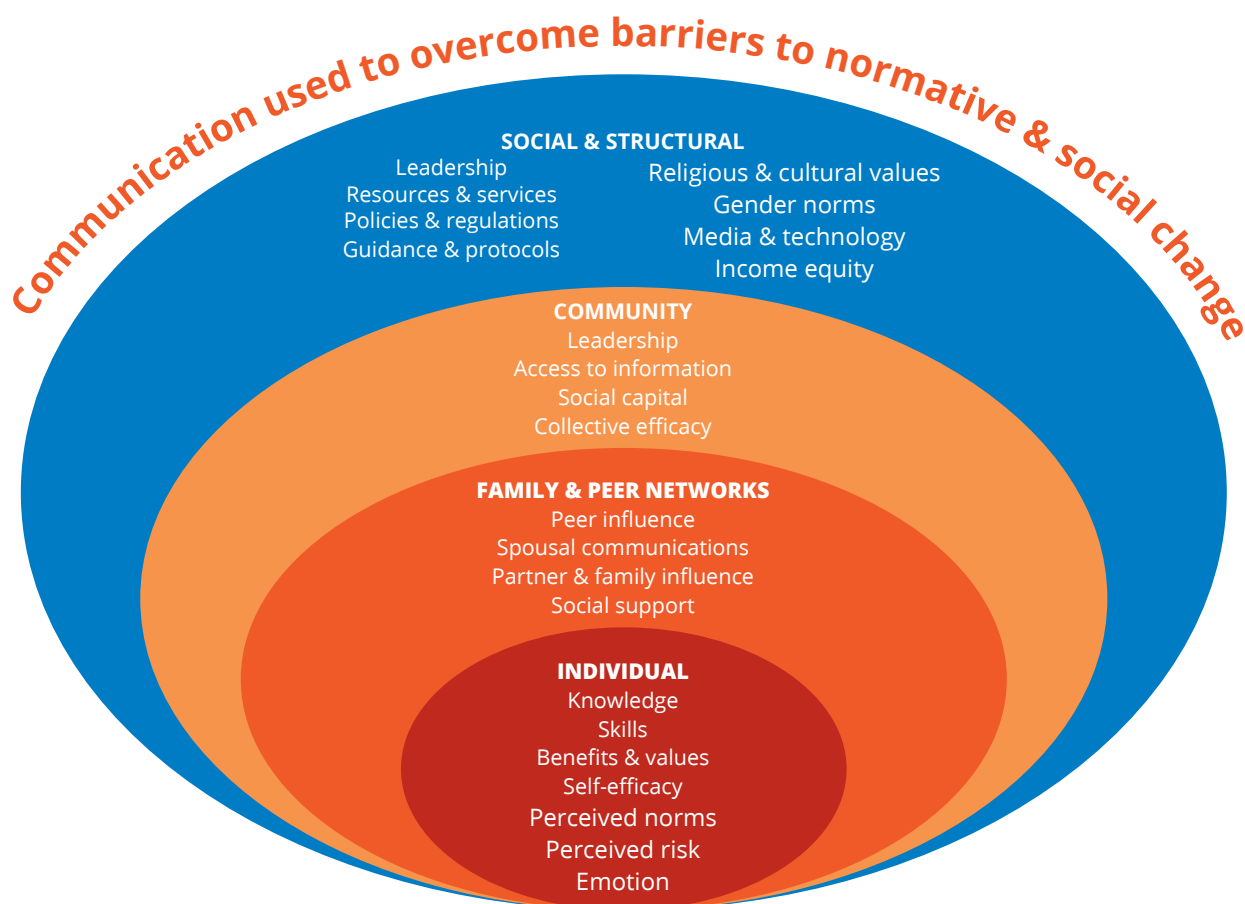
Figure 3: Socio-Ecological Approach

Let's take the example of a young adolescent girl, possibly someone like Nora, living in a conservative community, who is not currently married. Your program wants to support younger adolescent girls to gain appropriate and accurate reproductive health information. Let's think of all the factors at each level of the Socio-Ecological Approach that can influence these girls' ability to learn.

At the **individual** level, adolescent girls need information and skills related to puberty and human reproduction, what it means to be a girl, choosing friends, relationships with parents and the opposite sex, knowing where to get health information, knowing how to access services offering medical care and counseling.

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

In the **community**, adolescent girls need services that are available and accessible for information about human development, how to avoid disease and dangers, and reassurance that there will be no negative consequences from the community for accessing services.

At the **social/structural** level, adolescent girls need supportive norms around gender and relationships that allow for a young woman to get health information, policies that support school health education and availability of counseling at 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 Guide.

SBCC THEORIES

Behavior change theories help us understand why people act the way they do and why behaviors change. SBCC theories help 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
Individual	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.
	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

Here is a brief description of some of the most common theories used in SBCC programming. To help illustrate how each theory can be applied, we provide program examples using the city of Tomay and our cast of characters introduced earlier in the Guide.

HEALTH BELIEF MODEL

INDIVIDUAL PERCEPTIONS	MODIFYING FACTORS	LIKELIHOOD OF ACTION
	Age, sex ethnicity Personality Socio-economics Knowledge	Perceived benefits versus barriers to behavioral change
Perceived susceptibility of seriousness of disease	Perceived threat of disease	Likelihood of behavioral change
	Cues to action • education • symptoms • media information	
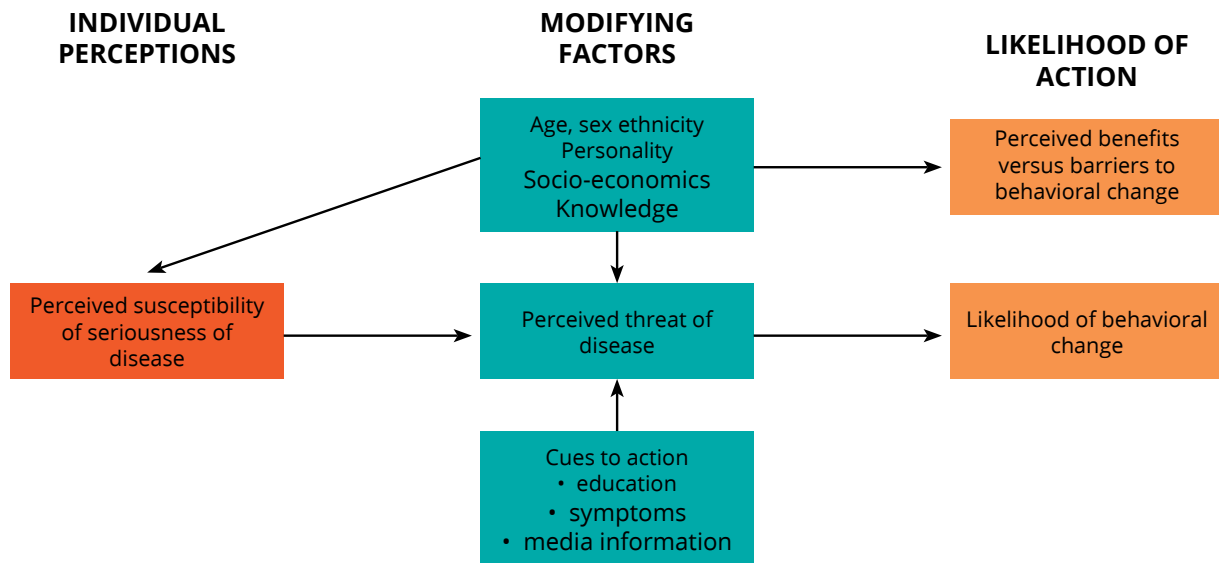
Figure 5: Health Belief Model

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.
➢ **Perceived benefits:** one believes that the behavior change will reduce risk.
➢ **Perceived barriers:** how one interprets the cost/barriers of the desired behavior.
➢ **Cues to action:** strategies to activate "readiness."
➢ **Self-efficacy**: confidence in one's ability to take action.

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.

Practical Example: Health Belief Model

Because of the high smoking rates among Tomay's young men, and because of smoking's impact on fertility and long-term health, the Hemayah project focuses in part on reducing tobacco use and smoking among young men. Because young men often make their own social and health decisions in Tomay (compared to young women, whose behaviors may be more influenced by husbands or family members), the Health Belief Model could be a good choice to guide the project design. Hope Generation is creating a Hemayah campaign that reaches out to youth like Emad.

Emad and young men like him may have low **perceived susceptibility** to the negative health or fertility impacts of smoking, so the campaign will incorporate awareness raising around these risks and create messages that describe the **benefits** of not smoking. These benefits will match Emad's priorities: saving money, better lung health for more energy on the soccer field, or protecting his family from the harm of second-hand smoke. These messages will be incorporated into billboards Emad would see at work or on the roadside during their commutes, and into TV or radio shows he will hear throughout the day. The messages would need to address any **perceived barriers** to quitting smoking, such as being pressured to smoke when hanging out with friends, by offering alternatives to smoking – perhaps eating fruits, or chewing gum, or simply explaining he's trying to quit for his health. Finally, the campaign will include **cues to action**, such as encouraging Emad to visit a Hemayah clinic to learn techniques to quit smoking, and increasing his **self-efficacy** to take action with a message like, "the power is in your hands – drop the cigarette!"

THEORY OF PLANNED BEHAVIOR
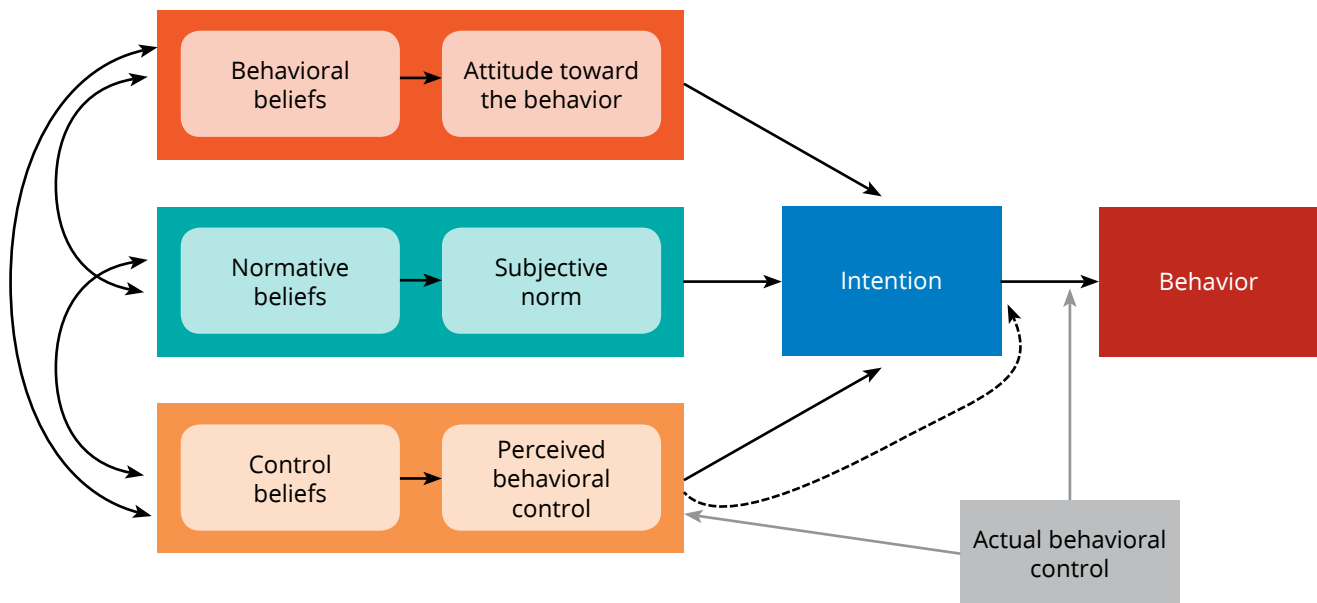
Figure 6. Theory of Planned Behavior

WHAT DOES THE THEORY OF PLANNED BEHAVIOR TELL US ABOUT BEHAVIOR?

According to the Theory of Planned Behavior, behavior is influenced by three elements:

➢ **Attitude:** that the behavior will be beneficial to the individual.

➢ **Subjective norms:** the belief that the behavior is accepted by others.

➢ **Perceived behavioral control:** (perceived ability) the belief that one has the skills and capability to change behavior.

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.

Practical Example: Theory of Planned Behavior

Because of high adolescent pregnancy rates, increasing fertility rates and low family planning use among newly married couples in Tomay, Hope Generation is implementing "Hemayah" project activities to increase youth family planning use. Close social networks, including family and household members, influence young, married women's behavior and childbearing patterns in Tomay. Hope Generation wants to reach newly married women – such as Mariam – to increase Tomay's family planning use. To do this, they will use the Theory of Planned Behavior to consider Mariam's influential relationships, including that with her husband, Magdy, and her mother.

Mariam has a generally positive **attitude** toward family planning to delay a first pregnancy, but believes the people in her household, family and community say family planning for new couples is inappropriate; these are **subjective norms**. The people around her instead encourage pregnancy soon after marriage, regardless of the woman's age. The Hemayah program might include outreach to Mariam and her husband as a <u>couple</u> to describe the benefits of delaying a pregnancy at least until Mariam is 18, namely to protect the woman's health, and that of the baby. Secondly, Hemayah may design activities for Mariam's mother that cause her to reflect on how difficult it was to carry an adolescent pregnancy and encourage her to help her daughter avoid this same fate in the short-term. With the support of her mother, Mariam will have more **perceived behavioral control** to visit a health clinic with her husband and potentially adopt a family planning method to prevent an early pregnancy.

STAGES OF CHANGE
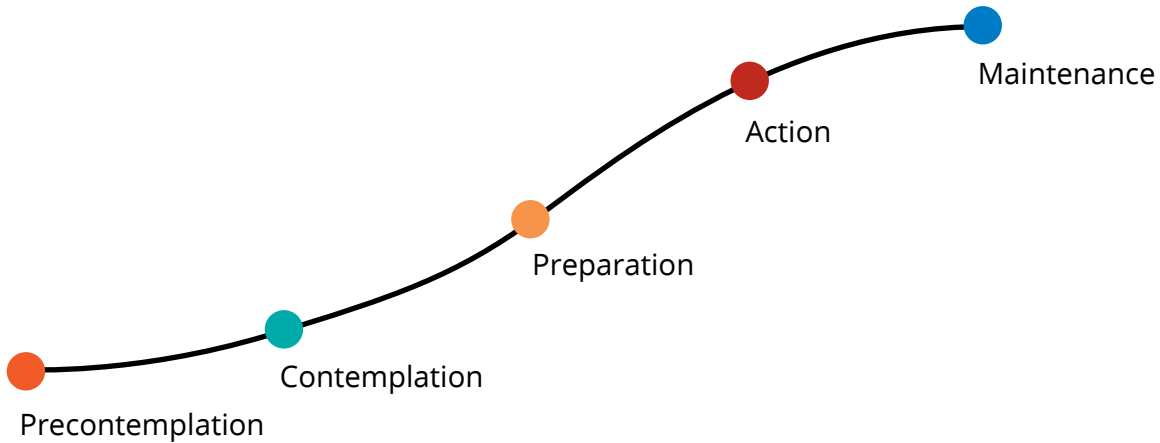
Figure 7: Stages of Change

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.
➢ **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.
➢ **Preparation:** an individual intends to take action immediately.
➢ **Action:** an individual begins performing the behavior.
➢ **Maintenance:** an individual continues the behavior and works to maintain it.

Some SBCC professionals have added a sixth stage to this model – **Advocacy**. Advocacy is the stage in which Mariam is maintaining her use of family planning, as well as promoting the benefits of family planning on 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, motivations 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.

Practical Example: Stages of Change

Hope Generation's Hemayah project has activities that aim to increase contraceptive use among newly married couples, such as Mariam and Magdy. The activities encourage couples to visit Hemayah clinics to discuss their contraceptive options with a health provider, like Dr. Samir. Hope Generation provides trainings and refresher courses for Dr. Samir and his peers to make sure they provide contraceptive counseling according to their client's unique **stage of change**. When counseling couples, the husband and wife may be at slightly different stages: Magdy might be between the **precontemplation** and **contemplation** phase. That is, he is not necessarily ready to practice family planning, but he may be aware of some adolescent pregnancy risks because of other Hemayah messages he's seen. Mariam, on the other hand, may be between **contemplation** and **preparation**; she is aware of the risks and is willing to adopt a contraceptive method. The Hemayah project created a counseling curriculum to help with just such situations – to focus on facts about adolescent pregnancy health risks with Magdy, and then counseling Magdy and Mariam as a couple on their contraceptive options, possibly prescribing a method that day. The Hemayah manual also includes counseling guidance for Dr. Samir and Magdy and Mariam's return visits, when the couple moves to the **action** phase of contraceptive use and then to **maintaining** use through using the chosen method consistently and correctly.

SOCIAL LEARNING THEORY

**Cognitive Factors
(also called
"Personal Factors")**
• Knowledge
• Expectations
• Attitudes

**Determines
Human Behavior**

Environmental Factors
• Social norms
• Access in community
• Influence on others
**(ability to change own
environment)**

Behavioral Factors
• Skills
• Practice
• Self-efficiency
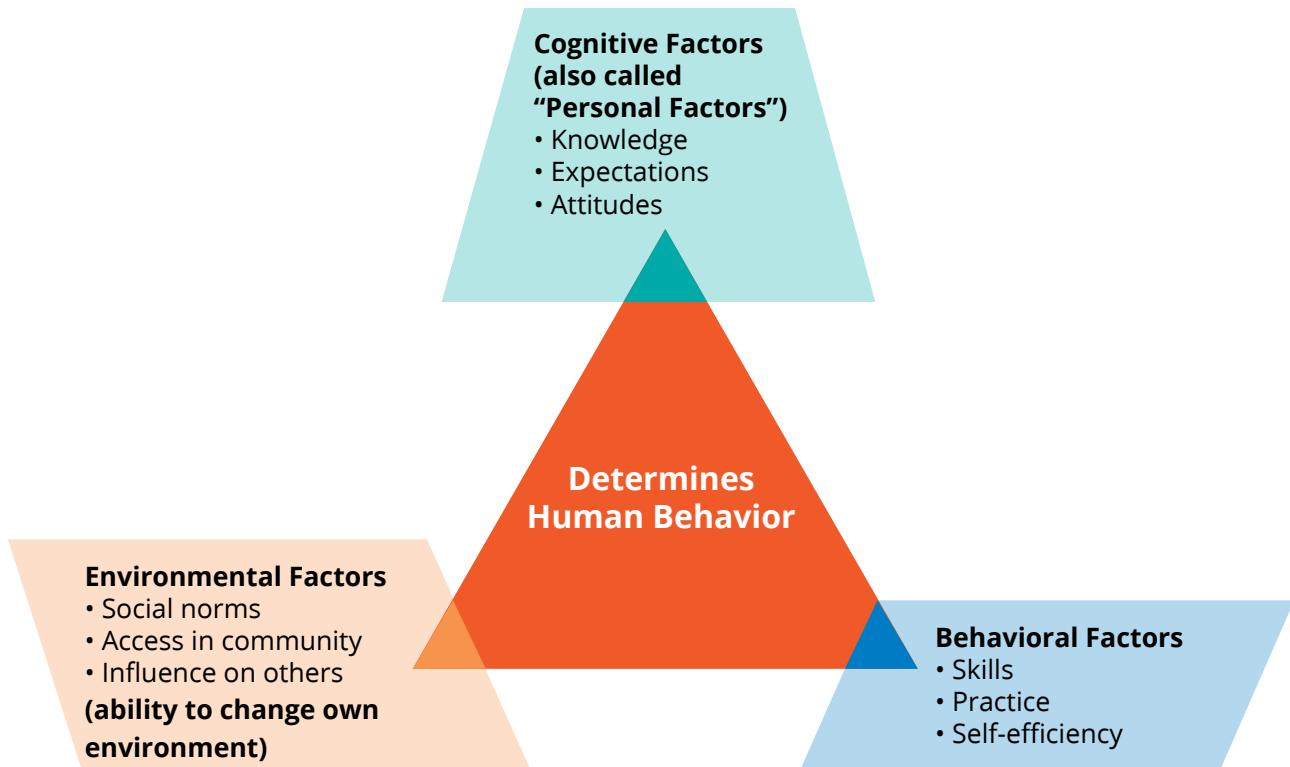
Figure 8: Social Learning Theory

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 performed or "modeled" by someone else, understand its consequences, and become motivated to repeat it and adopt the modeled behavior themselves. 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.
> ➢ See positive behaviors modeled and practiced.
> ➢ Increase his/her own capability and confidence to implement new skills.
> ➢ Gain positive attitudes about implementing those skills.
> ➢ Experience support from his/her environment to use those skills.

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.

Practical Example: Social Learning Theory

Under their Hemayah project, Hope Generation designed smoking cessation activities to reach youth like Emad and combat youth tobacco use in Tomay. Because smoking habits are particularly influenced by one's social environment, Hope Generation is expanding their anti-smoking activities using the Social Learning Theory to model the desired behavior.

To complement their TV and radio spots and billboards, the NGO recruited young men to engage in Hemayah outreach activities and to give testimonials on TV and radio – sometimes with their families – about how quitting smoking improved their life. They explain that without smoking, they feel healthy and strong, have more money to spend on their family and have seen their friends reduce their smoking – some even quitting themselves! Hope Generation also recruited a well-known local soccer star who is a former smoker to share his success story. Emad may hear these testimonials or perhaps encounter Hemayah spokespeople in Tomay at outreach events. Learning about others' successes will help Emad **observe and imitate** smoking cessation behaviors, and **see positive behavior** (quitting smoking) **modeled and practiced.** Encouraged by others' successes, Emad will feel **increased confidence and capability to implement new skills**, such as visiting a Hemayah clinic to learn about smoking cessation techniques. After interacting with youth-friendly providers at the Hemayah clinic and in continuing to hear the TV and radio spots, he will **gain positive attitudes about implementing the skills** and techniques to quit smoking and tell his friends what he's doing, just like his soccer hero. Because Emad's friends attend Hemayah outreach events with him, hear the TV and radio spots and understand Emad's goals, they provide **support and a positive environment** for Emad to continue using his new skills to quit smoking.

DIFFUSION OF INNOVATION

2.5% Innovators

13.5% Early Adopters

34% Early Majority

34% Late Majority

15% Laggards
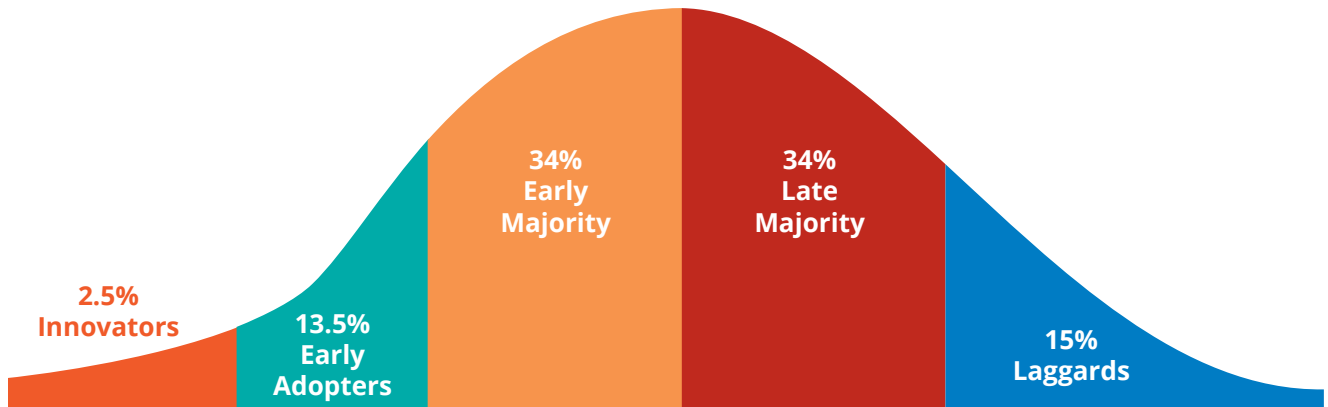
Figure 9: Diffusion of Innovation

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 likelihood 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.

> **Resources**
>
> **Not sure which theory to use?**
>
> Try the 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.

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?
➢ **Compatibility**: is the behavior compatible with prevailing social and cultural values?
➢ **Complexity:** how difficult is the new behavior to perform?
➢ **Triability:** can the behavior be tried out without too much risk?
➢ **Observability:** are there opportunities to see what happens to others who adopt the behavior?

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 **champions**, or **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. Involving opinion leaders, such as local leaders, influential individuals, peers and celebrities, can also accelerate the adoption of a new behavior.

Practical Example: Diffusion of Innovation

In Tomay, GBV is driven by community, cultural and social norms that give men increased decision-making power and limit women's. GBV is a prevalent in Tomay and prevents young women from growing up feeling safe and able to lead their lives as they wish. Hope Generation will design activities to address GBV under its Hemayah program, using the community-focused Diffusion of Innovation Theory. When designing the program, they thought of youth like Nora, who regularly feels socially alone, unsafe in her neighborhood because of harassment from men, and whose male family members completely control her life. Last year, Hope Generation recruited and trained Hemayah "model families." These families are influential in their communities, and many have good relationships with local religious leaders. These model families live in Tomay, and are **agents of change**.

With the NGO, they participate in outreach events, invite other families in their homes for meals and engage in Hemayah activities including newlywed marriage counseling and community-based anti-harassment campaigns. They are **early adopters** and model to others the benefits of addressing GBV. They speak against domestic violence, help break up harassment of young girls in the street, accompany girls to clinics, and perform peer SRH activities in and around schools. They discuss the **relative advantages** of treating women as equals, including how having a strong, educated daughter or wife helps the family and community, because it can mean more family members with good jobs, which means more income and healthier children and better quality of life. They remind men and women that the Quran promotes equality of men and women by citing relevant Quran verses, and that combatting GBV is **compatible** with their values. They address the **complexity** of the behavior – that it may not be easy at first for parents to allow their daughters more independence, or for men to confront their friends when they harass girls in the streets, but that it is right. They help present new behavior's **triability**, by starting small – for example offering to walk girls home so girls like Nora feel safe going to and from school alone, or being more lenient with daughters at home. Mostly, the model families' own behavior is **observable**; they live these principles every day, and other families are able to see how these behaviors have impacted them, their children and their status in the community. In this way, an enabling community environment to reduce GBV is started and sustained.

LESSONS LEARNED FROM SUCCESSFUL SBCC ADOLESCENT PROGRAMS

There are many examples of SBCC programs addressing the SRH of youth 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 youth, based on a 2013 review of such programs in developing countries. While the review found mostly literature from Sub-Saharan Africa, Asia and Latin America, all of the findings included below apply globally, including to the Egypt and MENA context. You can find the full literature review at: http://www.healthcommcapacity.org/hc3resources/influencing-sexual-reproductive-health-urban-youth-social-behavior-change-communication/

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 prioritizing young people should involve them from the ideation, and planning stage to implementation, and even monitoring, and evaluation. Only the young people's active participation and input will ensure activities, and messages be developed in a way that suits their needs, and appeals to them. Accordingly, they will support the interventions and the activities and engage in 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 affect sexual health behaviors of youth 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 and reminders to reinforce messaging and ensure that changes in knowledge, attitudes and behaviors (KAB) are sustained. This may involve repeating successful activities at regular intervals or using innovative technology such as mobile phones and SMS.

Reminder!

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 and 6).

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

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

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

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 youth.* Many young people have access to these types of communication channels and often prefer to receive health information through them.

➢ *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.

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.

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/wp-content/uploads/2016/10/Straight-to-the-Point_Identifying-and-Prioritizing-Behavior-Change-Needs.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. Central to this guide is its focus on working with excluded sub-groups of young people, and the importance of building partnerships between adults and youth in a culturally sensitive manner. While this resource does not have an Egypt or MENA focus, many of the discussed principles of working with youth are applicable to the region.
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 Health COMpass
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
HC3 Health COMpass

This tool helps organizations better understand the range and purpose of collaborations, examine past partnerships and strengthen existing ones. It serves as a discussion tool between agencies. 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/straight-to-the-point-assessing-partner-capacity-building-needs/

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. While not MENA-specific, its points are applicable in this region; the resource promotes strengthening youth participation at all levels through cooperation among various stakeholders, as well as highlighting the role of youth as agents of development.
https://social.un.org/youthyear/docs/PrivateSectorKit.pdf

SBCC THEORIES

TheoryPicker
U.S. Centers for Disease Control and Prevention
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/trending-topic-sbcc-basics-refresher

Tools for Behavior Change Communication
HC3 Health COMpass
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

Training of Trainers Manual
Y-PEER
This manual provides further reading and alternate explanations of some of the concepts described in Part 1 of this Guide. Available in hard copy only. For more information, contact Y-PEER (http://www.y-peer.org/) or Gehad Khalil at: gkhalil@unfpa.org.

PART 2

ESSENTIAL ELEMENTS OF SBCC PROGRAMS FOR YOUTH

The process of developing SBCC programs includes similar steps, regardless of the intended audience. However, in this Guide we focus on seven "Essential Elements" to strengthen SRH SBCC programs specifically for youth.

Blank worksheets are included in each Essential Element so you can practice what you learn. To help you complete the worksheets, example worksheets are provided using data from the fictional city of Tomay and the Hemayah program.

The following table lists the Guide's seven Essential Elements and corresponding worksheets:

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

Each Essential Element explains its main **purpose**, why it is **important**, and **key steps** and considerations for tailoring your program to a youth audience.

ESSENTIAL ELEMENT 1: COLLECTING HELPFUL INFORMATION ABOUT YOUTH

WHAT IS THE PURPOSE OF THIS ESSENTIAL ELEMENT?

In this Essential Element, you will:

- ➢ Learn about the types of research you can use to identify youth SRH problems and potential audiences.
- ➢ Use data to complete **Worksheet #1: Making Sense of Primary and Secondary Research**.
- ➢ Determine if any additional information is needed for your SBCC program planning.
- ➢ Identify the most important pieces of information that will drive your SBCC program design.

WHY IS THIS IMPORTANT?

Imagine a company is developing a new mobile phone. Before putting that phone on the market, the company conducts 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 youth with SRH information and services to modify their attitudes and behaviors. 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.

Programs that are developed with a complete understanding of an SRH problem, the people affected and the environment in which the SRH problem exists will likely have greater, positive impact. This understanding can be gained from existing sources of information or by conducting your own research.

> **DEFINITION**
>
> In SBCC programs, an ***intended audience*** is the group of people or a specific population you hope to reach. Examples might include young men, healthcare providers treating youth, young couples, or parents of young girls. Learn more about identifying your intended audience in this Element's **Resources** section, and in **Essential Element 3**.

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.

⚠️ Reminder!

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

1. DETERMINE THE SEXUAL AND REPRODUCTIVE HEALTH PROBLEM

In the MENA region, there are a number of common problems that impact the SRH of youth, including childhood marriage, early childbearing, lack of accurate SRH information, unintended pregnancy and rising fertility rates, STIs, maternal mortality, gender-based violence – including FGM – and even non-communicable diseases like diabetes and lifestyle habits like smoking.

The first step in designing your SBCC program is determining the SRH problem you want to address. In many cases, you may have already done this through your commitments to a donor or through a strategic planning process. If you have not, research can help.
You can start by seeking answers to the following questions:

➢ What are the SRH problems that the majority of youth in your community face?
➢ Of the SRH problems that youth 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?

You can find additional suggested research questions in the **Resources** section at the end of this Essential Element.

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, fertility rates and contraceptive use. 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 youth 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.

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. A great place to start is usually the Demographic and Health Survey, which has a special "youth corner" dedicated to information on youth ages 15 to 24. Other key resources include national youth strategies and government-led youth strategies.

Examples of and links to such information are provided in this section's **Resources** section. When reviewing such national-level reports, pay attention to regional and rural-urban differences. This might help clarify larger SRH problems facing youth in your own region and rural or urban community.

The advantage of secondary research is that it is already completed. The disadvantage is that you might not be able to find secondary research that answers your specific questions about your intended audience, or those who influence their health behaviors. If that is the case, you will probably need to collect the information yourself – that is, through primary research.

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

> Youth
> Friends and peers
> Parents/caregivers/ family members (aunts/uncles, siblings, spouses and in-laws)
> Health providers
> Teachers and youth workers
> Community members
> Community/religious leaders

Quantitative and Qualitative Research

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

Common quantitative methods are:

> Surveys, e.g. Survey of Young people in Egypt (http://www.popcouncil.org/research/survey-of-young-people-in-egypt)
> Census, e.g., Central Agency for Public Mobilization and Statistics (CAPMAS) in Egypt (http://www.capmas.gov.eg/)
> Vital statistics, e.g., Civil Registration and Vital Statistics System in Egypt (https://unstats.un.org/unsd/vitalstatkb/KnowledgebaseArticle50088.aspx)
> "Counts" or record keeping, e.g., birth registration
> Social media metrics, e.g., the indicators measured by Sprout Social (sproutsocial.com)
> Webpage analytics, e.g., metrics and measures offered by Google Analytics (analytics.google.com)
> Media consumption studies, e.g., Media Habits of MENA Youth, 2010 (https://www.aub.edu.lb/ifi/public_policy/arab_youth/Documents/working_paper_series/ifi_wps04_ay_Melki.pdf) or Media Use in the Middle East, 2016 (http://www.mideastmedia.org/survey/2016/)

⚠️ **Reminder!**

Conducting research with youth and vulnerable populations means following unique ethics and research protocols. You can find more information on this in this Element's **Resources** section.

DEFINITION

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" and "how" 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.

Common qualitative methods are:

    ➤   Focus group discussions

    ➤   In-depth interviews

    ➤   Photo narrative

    ➤   Content analysis

    ➤   Case studies

    ➤   Mapping exercises

    ➤   Observations

    ➤   Ethnographic techniques including participant observation

Resources

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

Using Secondary Research

Reading through secondary information is a good place to start understanding the SRH context for youth. If you already know which SRH problem you will address, and you have Internet access, try searching for articles on your topic of interest and using the websites of large-scale datasets.

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.

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.

- *Review similar studies.* Consider research that might have been conducted elsewhere on a similar topic or the segment of youth 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

Conducting your own research allows you to customize your questions and collect information truly specific to your intended audience.

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?	☐	☐
• Do you need more information on highly sensitive issues that is not included in the existing research?	☐	☐
• 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, conducting primary research will likely help you gather the information you need to develop a successful SBCC program.

If you choose to do primary research, there are a variety of research methods you could use to gather more information and the **Resources** 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*

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

Worksheet #1 on the next page 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 Tomay. You can use this example to help you in completing your own worksheet.
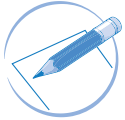
WORKSHEET #1: MAKING SENSE OF PRIMARY AND SECONDARY RESEARCH

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: Tomay Example** to help you complete this blank worksheet as needed.

---

1. What is the SRH problem that you plan to address for youth (e.g., unintended pregnancy, early marriage, HIV/AIDS, STIs, maternal mortality, unsafe abortion, high desired fertility rates, FGM/C etc.), and why did you choose to address this problem?

2. What is the percentage of youth affected by the SRH problem nationally and in communities like yours, and what might this mean for your program?

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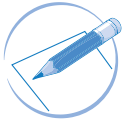
3. What are the demographics (age, gender, education level) of the youth that are affected by this SRH problem? The list below gives you an example of the type of information you need to answer this question.

> ➢ 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 married or unmarried 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: _____):
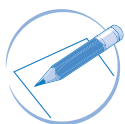
4. What KAB (Knowledge, Attitudes and Behaviors) are known for youth on this SRH problem?

➢ Indicate the percentage for each (e.g., the level of <u>knowledge</u>, favorable <u>attitudes</u>, and actual <u>behavior</u> performance).

➢ Note if you see large or small differences between groups (e.g., rural vs urban populations, between males and females, between age 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), and the date. **<u>Check:</u>** Is your data is older than 10 years, or does it precede any civil conflicts or political shifts? If so, the data may no longer reflect the current situation.

a. Knowledge (e.g., how much do youth know, and how accurate is that knowledge)

b. Attitudes (e.g., what do youth feel about/toward the SRH problem):

c. Behaviors (e.g., what do youth do that prevents or puts them at risk of the SRH problem):

d. Other (Specify: _____):

5. Based on the information you have reviewed, what other questions do you need answered to identify the youth most in need of your SBCC program? 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 groups of young people you would like to know more about? For example, out-of-school young people or those attending technical schools?
    ➢   Are there issues you would like to know more about? For example, information on the awareness of adolescent girls about the impact of early pregnancy or the incidence of spousal gender-based-violence among them?

Additional Questions:	Possible Ways to Find Answers:

TOMAY EXAMPLE

This example is based on the Tomay "Hemayah" program introduced in Part 1 of the Guide 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. Tomay's fictional DHS tables are included in this Element's **Resources** *section.*

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

   Child marriage and early pregnancy endanger the health of adolescent girls. We will address low family planning use among newly married couples and delaying first pregnancy until a woman is at least 18. This topic was selected after reviewing statistical data on maternal mortality and early marriage, conducting primary research, and consulting with our government's and donors' focus areas in SRH issues.

2. What is the percentage of youth affected by the SRH problem nationally and in communities like yours, and what might this mean for your program?

   In DHS Table 5, 12 percent of girls aged 15 to 19 in Tomay are married. Table 7 shows that 56 percent of married girls 15 to 19 are already mothers or pregnant with their first child. The poorest segment of the population (lowest wealth quintile) had the highest percentage of girls who had begun childbearing.

   Also in Table 7, the percentage of childbearing married adolescents is lower among the younger ages (.9 percent for 15 year olds) and higher among the older ages (25.3 percent for 19 year olds). This data might support **segmenting the audience** *to reach those who are at risk of a first pregnancy before age 18 with a prevention message and those who have already given birth with a child-spacing message.* (Information Source: DHS 2015)

   > For more on audience segmentation, see **Essential Element 3**

   > There was no DHS table for "early marriage and pregnancy" among adolescents between the ages of 15 and 18, so the age of mothers having their first child, and data for women ages 15 to 19 were used as a proxy for this question. The program would benefit by focusing on lower-income areas of the city.

3. What are the demographics (age, gender, education level) of the 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:

    Female adolescents aged approximately 15 to18 years. Husbands may be in the same age group or older.

    b. Gender:

    Female (young women), since they are the ones who would be pregnant following early marriage; and male (young and older men/husbands) as well, since they are seen as the family planning decision-makers.

    > The program might want to address contraceptive access for those 15 to 19 who were married at an early age.

    c. Education level:

    Little to no education. Young women with no schooling are more than three times as likely as those who go to secondary school to get married by age 15 (21.3 percent) compared with (6.2 percent) (DHS Table 7).

    Literacy levels are low among 15- to 19-year- old women who have no schooling or just completed primary school, with only 18.7 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 years old.

    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 watch TV (75 percent), listen to the radio (24 percent), or read a newspaper (23.3 percent), and urban adolescents have higher percentages than their rural peers for reading newspapers (DHS Table 4).

    > If the program decides to focus on young men vs. young women, they will need to look at which media channels each *sex* uses most frequently within this age group.
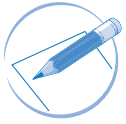
4. What KAB are known for youth on this SRH problem?

   a. Knowledge (e.g., how much do youth know, and how accurate is that knowledge):

   There are no available studies indicating the level of adolescent girls' awareness of the dangers of adolescent pregnancy. However, knowledge of any modern family planning method is high (98 percent) among all women (DHS Table 8, not shown here; there was no information specifically for 15 to 18 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 are aware of the dangers of early marriage and early pregnancy and details about different methods.

   b. Attitudes (e.g., what do youth feel about/toward the SRH problem):

   A recent qualitative report from the University of Tomay showed that married girls 15 to 18 year olds believed they must prove their fertility and become pregnant as soon as they marry.

   c. Behaviors (e.g., what do youth do that prevents or puts them at risk of the SRH problem):

   Among married adolescent women aged 15 to 19, the percentage using any modern method of contraception was only 12 percent (DHS Table 14).

   A research study from Tomay University showed that among married 15 to 18 year-old girls who were using contraception, oral contraception was the most used method. Male condom use was rare.

   Our primary research and the data stating that 12 percent of girls aged 15 to 19 are married and 43 percent are mothers leads us to wonder why young, married women and couples do not use contraception.

5. Based on the information you have reviewed, what other questions do you need answered to identify the youth most in need of your SBCC program? 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 groups of young people you would like to know more about? For example, out-of-school young people or those attending technical schools?

    ➢ Are there issues you would like to know more about, for example, information on the awareness of adolescent girls about the impact of early pregnancy or the incidence of spousal gender-based-violence among them?

Additional Questions:	Possible Ways to Find Answers:
➢ What targets has our country set to reduce rates of early (childhood) marriage and early pregnancy?	➢ Review government documents, including national youth, family planning, and family welfare policies and strategies. Search online or request these from the Statistical Departments at the Ministry of Health or Ministry of Education. ➢ According to IRB and ethics committee protocol, train researchers and interview a family planning unit staff member at the Ministry of Health and staff from National Population Council

➢ The DHS data is for the country as a whole. Are the women in Tomay similar to the data from other urban towns or are they different? ➢ Why do so few married adolescent women and couples use contraception? ➢ What are the unique SRH needs of newly married couples and women? ➢ What are the gender norms that impact 15- to 18-year-old women's family planning use? ➢ Under what circumstances do adolescent girls marry and have children? Who are the key influencers/decision-makers? ➢ Who do young women marry, and how much choice do they have in the decision (e.g., forced or arranged marriages, marrying peers or older men, for economic reasons, etc.)? ➢ Who are the contributing or protective influencers around early marriage and pregnancy? ➢ How is early marriage and immediate childbearing perceived in the country? In the city? By young people? Their influencers? ➢ How do 15- to 18-year-old adolescents feel about early marriage and contraception? Are there beliefs or barriers we need to address? ➢ What do we know about the different barriers, facilitators and motivators to raising awareness about this issue for in-school versus out-of-school adolescents? ➢ Where do adolescents access SRH related services and information, and what is that experience like? ➢ How frequently do newly married couples discuss contraception?	According to IRB and ethics committee protocol, train researchers and: ➢ Interview nurses or administrators in public and private Tomay family planning and antenatal clinics. ➢ Conduct primary research with young, married women (ages 15 and older) and men (married to women ages 15 and older). ➢ Conduct focus groups with a few different segments of married 15 to 18 year old women and their husbands, 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.

Pause and Reflect

*The Tomay example worksheets focus on creating Hemayah program activities that will reach youth. Imagine if the Hemayah programs wanted to reach youth's SRH "influencing audiences," which you will learn more about in **Element 3**. Dr. Samir, for example, could be an influencing audience as he is a healthcare provider who frequently interacts with youth.*

Think about what additional data sources might be included in the research-gathering phase if the Hope Generation NGO wanted to learn more about how health providers discussed contraception with young couples. What would be the same? What would be different?

Resources for Essential Element 1

The below resources for **Essential Element 1** include:

1. Questions to Help Understand the Sexual Reproductive Health Issue among Youth
2. Reminders for Conducting Primary Research
3. Fictional Data from Tomay City
4. Various Links and Suggestions for Data, Datasets and Formative Research

1. Questions to Help Understand the Sexual Reproductive Health Issue among Youth

The SRH problem

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

Intended audience

Identifying appropriate intended audiences:

- Who is the most affected by the SRH problem?
- Which audiences are your partners and stakeholders interested in reaching?
- Which audiences do you or your partners have access to?
- Which audiences fit in with your organization's priorities?
- Who is most likely and willing to change their behavior?

Segmenting the intended audience:

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

Behavior

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

Understanding barriers and facilitators to behavior change for your intended audience
- What might keep the audience from adopting the new behavior?
- Are there environmental factors that play a role? What are they?
- Are there policies or standards (for example, government laws or corporate policies) that either help or hinder the behavior change?
- What makes the audience's current behavior easy? What makes the desired behavior difficult?
- Is it a measurable behavior? Is it observable? How would you measure it?
- 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?
- What about days when your audience does not do the desired behavior? What happens on those days? What is different?
- Where does the audience have the opportunity to try the desired behavior? Where don't they?

Benefits of the behavior
- What does your intended audience like about the desired behavior?
- What is appealing about it?
- What benefits can you reasonably offer to your audience?
- What new behavior will be easiest for them to adopt?
- What could they fit into their lives?
- 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
- Does the audience believe they can perform the behavior?

Barriers to the behavior
- What does your audience not like about the desired behavior?
- What is unappealing about changing their behavior?
- What things keep them from doing the behavior? (costs/barriers)
- What costs/barriers do you have the ability to modify or reduce?
- What will the audience need to give up by adopting the desired behavior?

Intervention Strategy
- 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?
- Which strategies are promising?
- Which strategies have not worked in the past?
- Are there strategies that have been fully evaluated or draw on a base of evidence?

Communication Channels

- Where does the audience get information about the desired behavior?

- Where does the audience spend time?

- Who influences or could influence your audience to do the desired behavior? To start it? To maintain it?

- 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)

- Who would be a credible source of information for the audience about the health topic or about the behavior?

2. Reminders for Conducting Primary Research

Investigate Institutional Review Board review. Many countries require 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. Check with your local IRB/Ethics Committee -- in Egypt, this is the Egyptian Network of Research Ethics Committees (www.enrec.org). Additionally, check with the national entity for statistics and research in case you needed governmental approval to collect data.

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. For more information, see: http://www.who.int/rpc/research_ethics/informed_consent/en/ (English).

Gain parental consent. For youth younger than the age of majority (age of adult) (18 years in Egypt), 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.

Consider gender-specific challenges. Given the sensitive nature of SRH issues, young women and young men may react to these topics differently. The way you phrase your questions, the sex of the interviewer, and the sex of other participants in focus-group discussions matters. When conducting research, do so in a way that will make your participants as comfortable as possible.

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. For more information on using this approach with youth, see the (English) resource, "Young People Empowered to Change the World": http://yparhub.berkeley.edu/

Train your data collectors. 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.

3. Fictional DHS Data from Tomay (Used in Worksheet #1: Tomay Example)

Table 3. Literacy in Tomay: Women

Background characteristic	Secondary school or higher	No schooling or primary school (Percentage)			Percentage literate*
		Can read a whole sentence	Can read part of a sentence	Cannot read at all	
Age					
15 - 19	32.3	18.7	17.4	20.8	70.4
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. Adolescent Exposure to Mass Media in Tomay

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. Current Marital and Childbearing Status in Tomay, Women

Age	Percentage who are Married
15-19	12.2
20-24	58.6
25-29	85.4

Table 7. Married Women's Childbearing Status, According to Background Characteristic

Background characteristic	Percentage of women age 15-19 who:		Percentage who have begun childbearing
	Have had a live birth	Are pregnant with first child	
Age			
15	.6	.3	.9
16	2.0	1.4	3.3
17	6.3	2.9	9.3
18	12.3	5.2	17.5
19	19.7	5.6	25.3
TOTAL (15-19)			56.3
Wealth quintile			
Lowest	24.0	10.4	34.4
Second	24.9	7.9	32.8
Middle	20.0	4.3	24.3
Fourth	14.1	5.0	19.1
Highest	12.5	3.3	15.8
Education			
No education	16.3	5.0	21.3
Some primary	11.8	4.1	15.9
Primary through Secondary	4.4	1.8	6.2
Completed secondary/higher	2.5	2.3	4.8

Table 14. Married Women Currently Using Modern Method of Contraception**

**The DHS defines modern methods as the oral contraceptive pill, female and male sterilization, intra-uterine device (IUD), injectables, implants, male and female condom, diaphragm, and emergency contraception
(http://www.dhsprogram.com/topics/Family-Planning.cfm)

Age	Percent of Married Women Using Modern Methods of Contraception
15-19	11.9
20-24	37.5
25-29	55.4

4. 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/

Sexuality Education in Egypt: A Needs Assessment for a Comprehensive Program for Youth (2013)
Organization: Egyptian Initiatives for Personal Rights (EIPR)
In 2009, EIPR conducted research in Cairo to assess the need for comprehensive sexuality education programs among youth in Egypt, examine ongoing programs and identify challenges and limitations on the attainment of comprehensive sexuality education in Egypt. The research consisted of interviews with representatives of NGOs with practical experience in sexuality education. It also included the consultation of literature on comprehensive sexuality education worldwide as well as recent data on the situation of SRHR in Egypt. This report, published in 2013, is a compilation and analysis of research findings and a formulation of a set of policy recommendations and criteria for a comprehensive sexuality education program in Egypt.
http://www.academia.edu/6507309/Sexuality_Education_in_Egypt_A_Needs_Assessment_for_a_Comprehensive_Program_for_Youth

Survey of Young People in Egypt, SYPE Policy Brief 1: The reproductive health of young people in Egypt
Organization: Population Council, Ford Foundation
This link includes a policy brief on the Survey of Young People in Egypt (SYPE) on reproductive health.

The brief covers parental communication with their children about SRH topics, information on the prevalence of female circumcision, levels of knowledge about HIV/AIDS, marriage and childbearing statistics and policy recommendations to improve youth SRH. Other briefs in the series focus on education, women in the workforce and youth barriers to entrepreneurship and do not have a specific STH focus.
http://www.popcouncil.org/uploads/pdfs/2012PGY_SYPEPolicyBrief1.pdf

Reclaiming and Redefining Rights: ICPD+20: Status of SRHR in MENA Region 2014
Organization: Egyptian Initiative for Personal Rights
The report was published in 2014. It showcases development related to the 20th International Conference on Population and Development (ICPD+20): Status of Sexual and Reproductive Health and Rights in the Middle East and North Africa. The report is an informative document for a wide range of developmental workers as well as policy and decision makers. Some focus is giving to youth.
http://eipr.org/sites/default/files/pressreleases/pdf/report_-_reclaiming_and_redefining_rights.pdf

DATASETS (examples of large-scale datasets and links for 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 to 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

SDG Index & Dashboards
This website provides preliminary data summaries and results reports in multiple languages (including English, Arabic and French) around the Sustainable Development Goals (SDGs). The site also provides links to specific country reports and country and region "dashboards" that compile data according to geographic location.
http://www.sdgindex.org/download/ and http://www.sdgindex.org/download/#translations

Dashboard on Youth Sexual and Reproductive Health: Asia & Middle East (statistical data till 2011)
Organization: USAID Advancing Partners & Communities Project
The dashboard provides at-a-glance views of indicators related to the SRH of people ages 10 to 24 years in select countries in Asia, and the Middle East. The 19 countries covered are among USAID priority countries for reproductive health in regions where burgeoning youth populations represent

both challenges and opportunities. Data can be viewed for the Middle East specifically, which includes Egypt, Jordan, West Bank and Gaza, and Yemen.
https://www.advancingpartners.org/resources/dashboards-youth

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

Analyze the Situation
HC3 HealthCOMpass
This is step 1 in the HC3 Demand Generation Implementation 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/

Root Cause Analysis
HC3 HealthCOMpass
This guide explains how to get to the "root cause" of a specific health behavior to best understand how to address or improve it. The resource explains how and when to conduct a root cause analysis, and how it can improve your SBCC program.
http://www.thehealthcompass.org/how-to-guides/how-conduct-root-cause-analysis

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

ESSENTIAL ELEMENT 2: NAVIGATING THE ENVIRONMENT FOR YOUTH

WHAT IS THE PURPOSE OF THIS ESSENTIAL ELEMENT?

The purpose of this Essential Element is to:

➢ Learn more about the environment in which your audience lives, and how to apply this information to SBCC program design.

➢ Understand the factors that can affect your program—social, health, 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 youth in the context of their environment, this Element provides some activities to conduct with members of the intended audience and community.

An assessment of the environment where you will implement your program provides insights into trends or other factors that can affect your program's success, including:

➢ Social, health, economic, demographic or political factors (e.g., disease, unemployment, poverty, population size, armed conflict, displacement and natural disasters).

➢ Social or religious norms (including gender 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 reviewed can help you assess these factors. If you have not completed **Essential Element 1**, don't worry. Gather data relating to your program, your target group and the communities in which you will run your program. This data can come from your project or other organizations' and relevant ministries' documents, reports, surveys and studies.

WHAT ARE THE KEY STEPS?

When navigating the environment for youth, there are two key steps to follow:

1. **Conduct a Community Mapping or Youth Assessment**
2. **Identify Potential Priority Partners**

1. *CONDUCT A COMMUNITY MAPPING OR YOUTH ASSESSMENT*

A community mapping or youth assessment allows you to identify spaces where youth gather, community leaders and organizations to work with, and various factors (social, health, 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, effective and in line with community values. Use **Worksheet #2: Youth Assessment** and **Worksheet #3: Community Mapping** to learn more about this.

2. IDENTIFY POTENTIAL PRIORITY PARTNERS

SRH is just one of the many areas in which young people need support. Evidence shows that programs that address the different needs of young people – particularly general health, education and economic strengthening – are most effective. However, you do not need to do all this on your own! One of the most important outcomes of conducting an assessment is identifying other organizations and groups that also work with young people, and developing strategic partnerships with them to provide coordinated support and resources for young people in your location.

Resources

If you want to learn more about SRH programming for youth and cross-sectoral partnerships, see the **Resources** section at the end of this Essential Element.

Worksheet #2 gives you the opportunity to practice conducting a youth assessment for your audience and is followed by an example completed using fictional data from Tomay. You can use this example to help you in completing your own worksheet.

⚠ Reminder!

Reminders for partnerships across sectors. Be creative when identifying potential partnerships, and look beyond just SRH!

- ***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. Ideally, these providers will also be prepared to counsel youth about other healthy habits (proper nutrition, physical activity and avoiding smoking) that can prevent obesity and chronic illness such as diabetes, high blood pressure and heart diseases as well as depression. These conditions can also influence the SRH of young people. 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 or help shape your program.

- ***Partner with religious leaders.*** Religious leaders can be a reliable and trusted entry way into the community. They can also be key to community mobilization. Talk to local religious leaders individually or as a group, and see if you can identify leaders who are willing to work together on common priorities like family planning goal-setting, defining a healthy relationship, or even referring youth to health clinics for SRH information, premarital counseling and check-ups. In Egypt, identifying the appropriate leaders may mean asking national church administrative bodies or the Ministry of Endowment to nominate relevant local leaders. Read more about working with religious leaders in **Part 3, Challenges and Strategies for Implementing your Youth Program**.

- ***Partner with the corporate/private sector.*** If you are implementing an SMS platform to share information and interact with youth, ask a mobile phone company to partner with you, provide some resources (e.g., airtime) and lend additional technical support to local/ national media outlets in your city/ country to reach out for more young people.

- ***Partner for mentoring and employment opportunities.*** Economic opportunities may be limited for youth, 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 such as local employment fair.
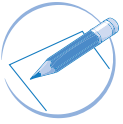
WORKSHEET #2: YOUTH ASSESSMENT

Purpose: To gain insight into the factors that can affect your program (social, health, 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 (including youth from your intended audience)
➢ 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**: Tomay 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. Health:

   c. Economic:

   d. Demographic:

   e. Political:

   f. Other:
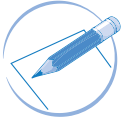
a. What are the social norms including gender inequality that may support or act as barriers to the intended behavior change for your intended audience?
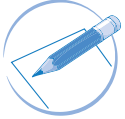
Supportive:

Barriers:

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

Supportive:

Barriers:

c. 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	Point Person & Contact Information	Activities	Audience	Geographic Area

d. 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 your audience.
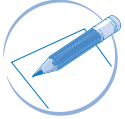
e. Which groups, community leaders or other individuals, if any, do you think might oppose your program? Examples of groups and organizations that may oppose your program include religious leaders, community leaders, parents, schools, government institutions or community-based organizations. List in 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

TOMAY EXAMPLE

This example is based on the Tomay "Hemayah" program, introduced in Part 1 of the Guide. The program managers conducted a two-day workshop and invited their staff, advisory group and selected youth 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 Tomay, an area that covers 100 km² and has a population of more than one 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:

        Tomay is well known for its tourist resorts. Many youth move to the city from surrounding and farther-away areas searching for job opportunities. These youth often live on their own without their family or spouses and traditional social structure and come to the city alone to search for work to support their family and build their future.

    b. Economic:

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

    c. Demographic:

        The population of the entire country is young—50 percent is 25 years old and younger.

    d. Political:

        The parliamentarian election will take place in nine months and the politicians are making promises to focus on youth empowerment to get young people to vote for them. During the last election, there were large demonstrations and violence that disrupted the city.

    e. Other:

        Groups of young people migrating to Tomay end up living together in one-room flats.

TOMAY EXAMPLE

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

   Supportive:
   Faith lies at the center of community life in Tomay, and while it does not discourage early marriage or pregnancy, child spacing is strongly supported. A focus on spacing could help prevent some adolescent pregnancies, and could help in conversations around contraception. The family is also the basic unit of social organization. Such conservative traditional and cultural norms can be supportive factors that increase solidarity and support between people living in Tomay.

   Barriers:
   Faith and religious beliefs sometimes make it difficult to discuss delaying pregnancy as it is seen as interfering with God's will. Gender inequality between males and females is also prevalent and results in lower school retention and scarce job opportunities for females. Such gender role differences contribute to gender-based violence, including early and forced marriage of girls at a young age, and expectations to have children immediately once married. Formative research and FGDs show that economic hardship is one reason for child marriage as well as relieving the parents from caring for their daughters. Families also want their daughters to have children early in the marriage, sometimes even when the daughter is not yet 18. Gender roles make men the decision-maker when it comes to reproductive choices affecting girls' health. Married couples should discuss family planning and contraception use together. Our program should specifically engage religious leaders, families and husbands in discussions about contraception.

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

   Supportive:
   The current laws do criminalize child marriage and say that married women should have access to family planning services.

   Barriers:
   Strict conservative attitudes of many policy-makers and parliamentarians constitute major barriers. Current laws do not outright guarantee that women can make their own family planning decisions, nor do they guarantee access to family planning services to women under age 18.

   Media channels also do not consider youth SRH as a priority. Their messages are frequently inaccurate, and promote negative stereotypes and prejudice, perpetuating gender inequality. For example: the emphasis that women should get pregnant once they are married and extended family pressure is prevalent in TV drama series and movies, which in return, affect the decision and lives of young married girls. Also, media and culture circulate the idea that a woman's worth is derived from her ability to give birth and raise children.

> 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 advocate for providing SRH information and services to youth.

TOMAY 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	Point Person & Contact Information	Activities	Audience	Geographic Area
Hope Generation	➢ Dr. Adel, Adel@hopegen.com	➢ SRH education and counseling, ➢ Youth-friendly SRH health services ➢ HIV/STI testing and counseling ➢ Family planning counseling and supplies ➢ Peer education program in clinics and in schools	15- to 24-year-old women and men	Two locations across the city of Tomay
Life NGO	➢ Ms. Hala Hala@lifengo.net	➢ Family planning counseling and supplies. ➢ Promoting healthy lifestyle to prevent NCDs ➢ Advertising on TV, radio and billboards ➢ Mental health counseling	Men and women aged 10 to 60 years	Four clinics across Tomay

> 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.

| Name of Organization	Point Person & Contact Information	Activities	Audience	Geographic Area
Reproductive Services International	➢ Mr. Yousef Yousef36@rsi.org	➢ Social marketing to promote SRH awareness and services ➢ Low-cost family planning methods ➢ Advertising on TV, radio ➢ Drama activities in markets. ➢ Youth community health workers promoting their products ➢ Youth SRH hotline	15- to 24-year- old men and women	Across the city of Tomay
Ministry of Health and Population	➢ Dr. Wessam DrWessam@mohp.gov	➢ Primary health clinics and one general hospital providing free modern family planning methods and antenatal services ➢ NCD prevention and management ➢ Sponsor a radio serial drama on the government radio featuring stories about all public health issues affecting the country ➢ Youth say they do not like going to government health clinics because they feel the providers are unfriendly, judgmental and much older than them, and the clinics are very busy.	All men and women, including youth	Across the city of Tomay

TOMAY EXAMPLE

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 your audience.

> ➢ *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 groups of young people who are proactive and working on gender inequality issues and empowering young girls with life skills and SRH information. They hold seminars in secondary and technical schools about SRH, early marriage and adolescent pregnancy.*

> ➢ *There are several religious leaders who support SRH information for youth as well as girls' empowerment. Those religious leaders are also involved in couples counseling that would engage men and women. They are influential and valued by the people of Tomay. There are also medical doctors who have influence on the people of Tomay due to their supportive attitudes.*

> ➢ *Several mobile phone network providers have worked with the MOH and other NGOs to assist with vaccination, TB and Hepatitis prevention programs. The same approach has also been utilized to prevent the practice of female genital mutilation.*
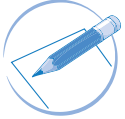
TOMAY EXAMPLE

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 are not aware of the dangers of adolescent pregnancy. Some of them oppose talking in public about the "sensitive" issues of sexuality and reproduction. It has also been observed recently that young religious leaders are very supportive of female genital cutting in Egypt. These challenging attitudes are mostly based on individual beliefs towards women and sexuality.*	*We will hold small discussion groups with Christian and Muslim religious leaders separately, and then with parents within the three priority neighborhoods to better understand their points of view and try to come to consensus on how to support young people's health and development in the community. We will share data to show the trends of childhood marriage and adolescent pregnancy in the community and the consequences, such as maternal mortality, economic impacts and reduced education rates. We will share data to show how individuals, families and the community can benefit when young women have access to education, economic opportunities and SRH information and services will be presented.*
Parents	*Some parents marry off their daughters at a young age to be relieved from the task of protecting their virginity and financial reasons such as receiving dowry.*	

Pause and Reflect

Think beyond SRH: The Hemayah program also focuses on lifestyle behaviors that can negatively impact youth well-being and SRH. This list focuses most strongly on other SRH groups, but could be expanded to include other groups with good networks that work with youth and youth development in general.
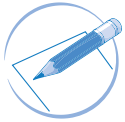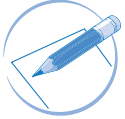

WORKSHEET #3: COMMUNITY MAPPING

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 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. I**nvite 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 young women who are out of school and another with young women who are in school so as to 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 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
   ➢ Restaurants, cafes
   ➢ Entertainment (movie theater or and video stalls)
   ➢ Youth clubs
   ➢ Internet cafes
   ➢ Shopping areas (market, mall, small shops)
   ➢ Parks, gardens
   ➢ Sports grounds
   ➢ Locations of meeting places for community leaders and other influential people
   ➢ Transportation hubs
   ➢ Communication channels, such as radio stations, mosques
   ➢ Any other areas that your team feels are important to have on the map – like areas youth – young women, especially – are not welcome, or tend to avoid, or where young men congregate compared to young women

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 and women listen to religious leaders, the mapping activity would identify the places where they meet and listen to them. If young girls are being sexually harassed, identify the places that witness this kind of act to implement a protection mechanism for the young girls.

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 Community Map. What are the three key pieces of information you learned from the experience?

1.

2.

3.

TOMAY EXAMPLE

This example is based on the Tomay "Hemayah" program, which is introduced in Part 1 of the Kit. The program managers conducted a two-day workshop and invited their staff, advisory group and selected 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 know where women and men gather separately, and together as couples socially, and where they go to get SRH information. We would also like to assess whether SRH information is accessible and available to young people and newly married couples.
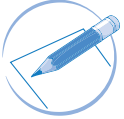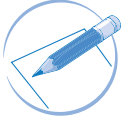
TOMAY EXAMPLE

TIME TO REFLECT

Before you move on, take a moment to reflect on your Community Map. What are the three key pieces of information you learned from the experience?
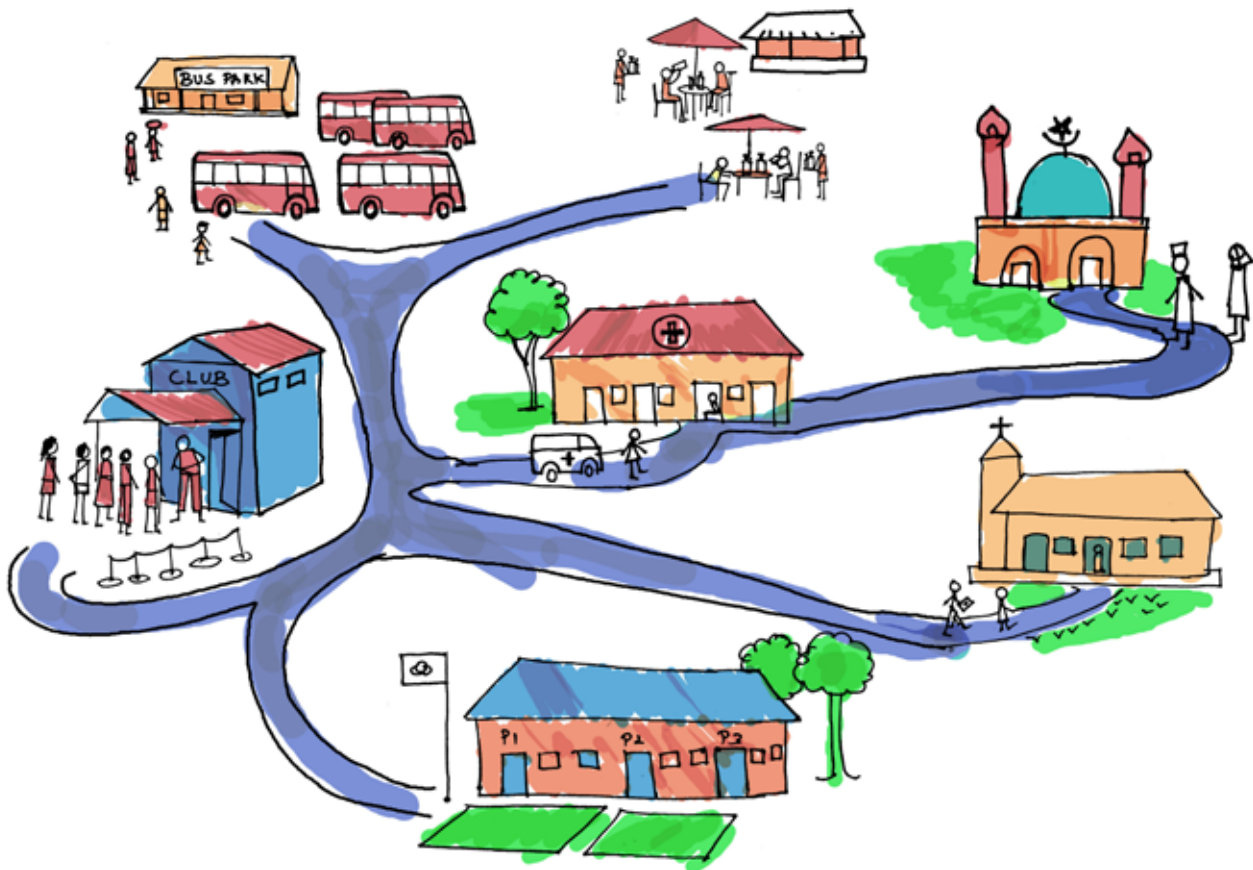
1. *There is only one SRH clinic in the area that has trained, youth-friendly providers. It is part of the Hemayah Project. Though there are two other health clinics in Tomay, our Hemayah clinic is where most young people visit.*

2. *Young couples gather sometimes in cafés in the evening, but mostly it is men who go to cafés to discuss and be together.*

3. *Young women most frequently go with one another to the market, and to mosque.*

Pause and Reflect

Think beyond SRH: The Hemayah program also focuses on lifestyle behaviors that can negatively impact youth well-being and SRH. This map focuses most strongly on SRH behaviors and information, but could be expanded to map social and leisure activities that contribute to harmful habits, including smoking and eating high-calorie foods that can lead to obesity and diabetes.

Resources for Essential Element 2

Resources for **Essential Element 2** include:

Teaching Adults How to Communicate with Young People from a Christian Perspective (Arabic title: Upbringing from Christian Perspective)
FHI 360, 2012
The manual presents a training agenda to develop the capacities of adults as well as young people on issues related to SRH, HIV and AIDS and how to bridge the gap in communication between generations.
http://www.fhi360.org/sites/default/files/media/documents/Teaching_adults_how_to_communicate_with_youth_christian_manual.pdf

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

Health Equity Through Intersectoral Action: An Analysis of 18 Country Case Studies
World Health Organization and the Public Health Agency of Canada, 2008
This document is a collection of 18 case studies of cross-sector solutions for health, ranging from community-based approaches to national initiatives. The resource features two case studies from projects focused on adolescents and youth, as well as an analysis of key themes and best practices for intersectoral partnerships.
http://www.who.int/social_determinants/resources/health_equity_isa_2008_en.pdf

The Partnering Toolbook: An Essential Guide to Cross-Sector Partnering
The Partnering Initiative, 2011
This tool provides interactive guidance on how to think through forming cross-sector partnerships. While not explicitly focused on health programming, this tool includes sections on identifying partners, mapping resources and managing partnerships that are helpful to a variety of projects working with youth. Please note that you must register with the Partnering Initiative website to access this resource.
http://thepartneringinitiative.org/wp-content/uploads/2014/08/Partnering-Toolbook- en-20113.pdf

Engaging Faith Leaders in Family Planning: A review of the Literature plus Resources
World Vision, 2014
This review provides an overview of the importance of engaging religious leaders in family planning programs in certain contexts, and provides a list of tools and resources for working with Christian and Muslim faith leaders to this end. While the resource is not specific to youth SRH, approaches described in the recommended resources can be adapted for this purpose.
http://www.ccih.org/WV-Engaging-Faith-Leaders-in-Family-Planning.pdf

ESSENTIAL ELEMENT 3: SEGMENTING YOUR AUDIENCE

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? What about your friend next door? Are you the same as the classmate sitting next to you in school? The young person next to you on the bus? In line at the market or shop?

Most likely, you will answer that while some of these people may be like you, none are the same as you. Consider just some of these many different groups that fall within the category "youth" (see **Figure 10** below)

Figure 10: Different Groups of Youth
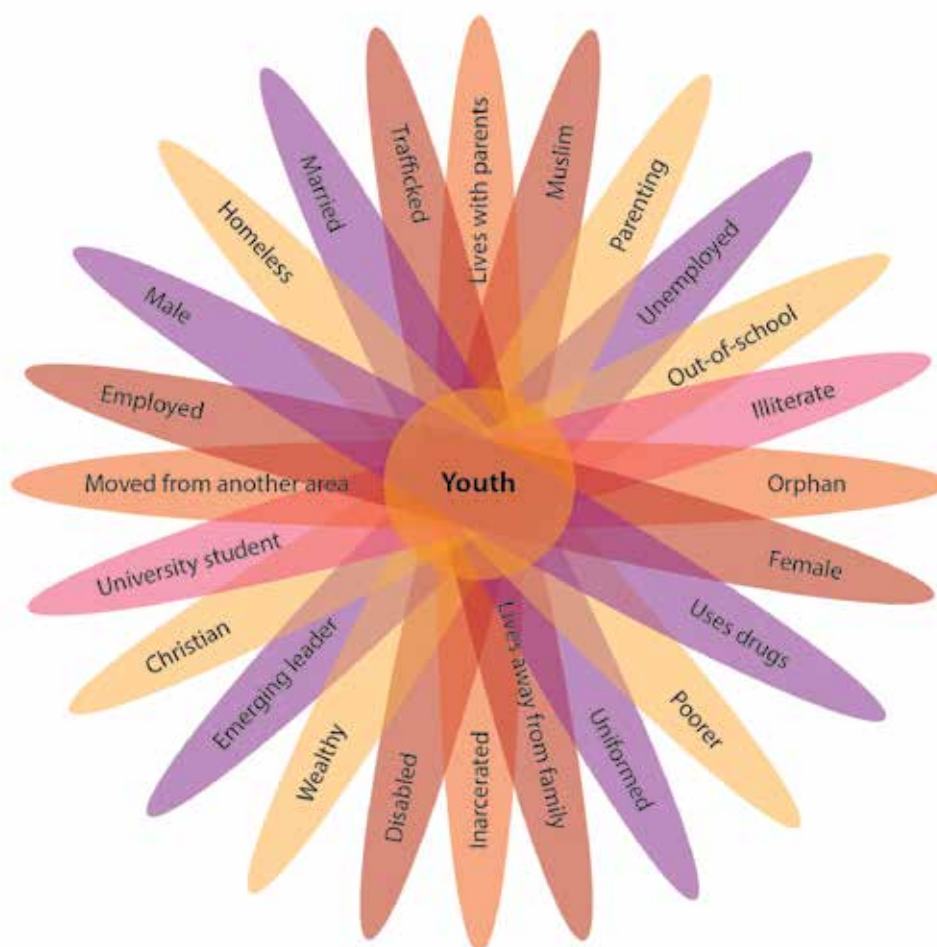
The young people that make up each of these groups have very different lives, needs and responses to SRH information and messages.

Segmentation is important because:

➢ **Different youth audiences have different SRH needs.** Look at the list of different young people groups outlined in the "Who are Youth" section in Part 1. 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 newly married adolescent has different needs from an older married adult who already has two children. A 15 year old will have different needs from a 24 year old. An employed young woman has different needs from a woman who has no job outside the home.

➢ **You can better target your messaging and have more impact.** When we just concentrate on one audience (for example, married young girls that are likely to face unsafe pregnancy), the programs and messages that we design are far more likely to resonate with our audience and have an impact than if we tried to reach the entire youth population.

Look at the poster[33] below addressing the problem of sexual harassment in Egypt.

This poster, placed in a main Cairo metro station, shows a young woman's struggle with public sexual harassment. The tagline reads, "This woman can be anyone in your life. Sexual harassment doesn't hurt her alone. Sexual harassment hurts us all."
Source: Imprint Movement

---

[33] Imprint Movement: https://www.facebook.com/Imprint.Movement.eg/; note that this poster was originally designed as a comic strip booklet, hence the smaller print and multiple images. Ideally, posters and billboards have one or two striking images, and one key message for easy visibility and readability.
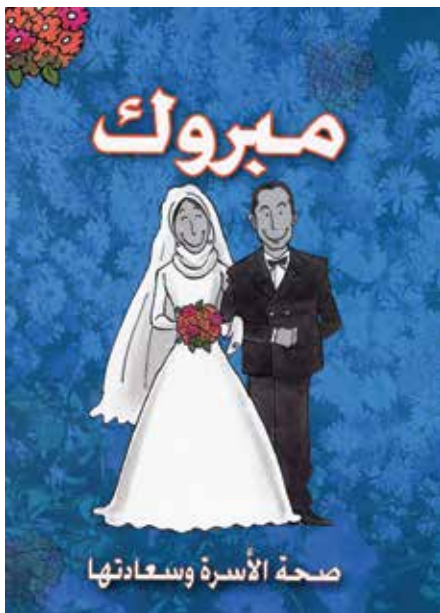
Who would you say is the audience for this poster?

> You probably thought something like this:
> *Young women and girls specially those who walk regularly in the streets or use public transport, and men who commit or witness public harassment.*

> Who among our cast of characters would this poster most speak to?
> *Probably Nora, who experiences frequent public harassment, but also perhaps Emad, Magdy and Dr. Samir as men who might witness such behavior.*

Now look at the family planning and health pamphlet on the left[34]. Who would you say is the audience for this pamphlet?

This pamphlet describes aspects of family planning, pregnancy and childbirth, and reads, "Congratulations-The health of the family and its happiness. Source: Johns Hopkins Center for Communication Programs.

You might say something like this:
Newly married couples that might be thinking about starting or expanding their family or managing their family's health.

Who among our cast of characters would this poster most speak to?
Most likely Mariam and Magdy. Could you see Nora (unmarried) seeing this poster and being influenced by it? Probably not.

- **Segmenting your audience will help you choose appropriate communication channels.** Just like different young people 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 such as billboards and different local radio stations broadcasted in different cities.

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 want to reach. Maybe you chose the intended audience during the project 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 youth 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 youth you want to work.

---

[34] http://www.thehealthcompass.org/project-examples/communication-healthy-living-chl-mabrouk-initiative-family-health-pamphlet

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 at least some information about.

  - ➢ 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 in-school adolescents. You may decide that given the capacity of your organization or your partners, reaching in-school adolescents is easiest. However, you may also discover you can run some informal focus groups with out-of-school adolescents, especially young women, to find out more about their needs and then tailor an intervention for them.*

- **With which youth groups will your program have the most impact?** Consider the following:

  - ➢ Does the data show that youth in school or out of school are most at risk for your SRH problem?
  - ➢ What about youth from key populations, such as injecting drug users or homeless youth?
  - ➢ Do you have a significant number of married young girls 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 youth 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 youth right now, but you do have a great program for married women. Your research tells you that there is a large population of married adolescents in your community 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 an 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 youth 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: Tomay 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:
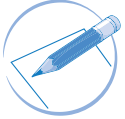
5. What questions would you still like to answer about your intended audience?

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

TOMAY EXAMPLE

This example is based on the Tomay "Hemayah" program, which is introduced in Part 1 of the Kit. The program managers reviewed all of the information they collected and the input from the workshop with their advisory group and youth, 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?

   Newly married couples, including young wives, 15 to 18 years old, who are at risk of pregnancy.

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

TOMAY EXAMPLE

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:
The majority of married girls from 15 to 18 years old wish to have an education and get good jobs. Most families are not helping or encouraging the girls to realize their dreams. Once married, husbands want their wives to stay home to have children, care for the house and family.	Focus group discussions with members of the intended audience and the report from a city-wide study on the aspirations of young people in Tomay.
Family pressure (from parents, in-laws and husband for example) and economic hardship influence the future of the girls and decisions related to their SRH issues. Newly married couples rarely discuss contraception because it is assumed that after marriage, they will have a child.	Focus group discussions with audience and key informant interviews with family planning providers.
Both newly married men and women have incomplete SRH knowledge, and unfavorable attitudes about contraception. Discussing contraception is difficult, because neither the husband nor wife feels comfortable bringing it up.	Conversations with young men and women from our priority groups.

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

> *What influential groups (e.g., parents and husbands) affect the timing for pregnancy?*
> *Who are the people that most influence the reproductive health decisions of the intended audience and whether SRH decisions are discussed within the family?*
> *What information, beliefs and attitudes does the intended audience have about early marriage and SRH?*

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

> *Focus group discussions with parents and 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.

Pause and Reflect

Imagine if the activity focus was on unmarried girls, like Nora, and preventing early marriage. How different would this worksheet look? What information would you know about the audience from the research? What more would you like to find out, and how would you get those questions answered?

---

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, 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
Newly married couples and young, married girls, middle or low socioeconomic status, out-of-school Think of: Mariam & Magdy	• Religious leaders and community health workers • Influential adults, like mother, mother-in-law and health service providers like Dr. Samir • Friends and peers
Teenage females, low socio-economic status, still in-school Think of: Nora	• Household and family members, like Nora's mother • Young males like brothers of Nora • Friends and peers, who might disseminate false knowledge about SRH
Young, educated, employed men living alone away from their wives. Think of: Emad	• Friends and colleagues • The wife • Clients he meets at the resort • Health service providers, like Dr. Samir

DEFINITION

The **primary intended audience** is the population whose behavior you want to change.

The **secondary intended audience** is the population that interacts with and influences the primary audience.

⚠ **Reminder!**

Even when you are trying to improve the health of youth, they themselves may not be the primary audience.

For example, an SBCC program might want to increase communication between parents and their children. In this case, the primary audience would be parents and the secondary audience would be the children.

For a program to prevent FGM practice by doctors and involve decision makers like parents of daughters doctors might be the primary audience and families are the secondary audience.

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 Implementation 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

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 will help you develop effective SBCC activities and messages
➢ 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: 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 Mariam and Magdy, Emad and Nora from the Tomay community introduced in Part 1.

You will need information about both your primary and secondary audiences so you truly understand each. Existing data may be available on your secondary audience, but you may also need to conduct your own research.

> *For example:* We know that Nora has influential adults in her life. Her father and her two brothers control her social and personal life. For young girls like Nora, it might be useful to look for existing research, or to conduct some qualitative research yourself with fathers, mothers and brothers of adolescent girls to find out if and how they are supporting their daughters and sisters with knowledge on SRH, and what messages and programs might help them do that. It would also be useful to talk to young girls about their family members and the role that they would like them to have in their lives.

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, the people who are most dear to you, and what 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.

The same goes for designing an SBCC program for youth. 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 Mariam talk to about her marital relationship and reproductive health concerns?
➢ Would Nora 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 Mariam or Nora feel comfortable accessing SRH services?
➢ What TV and radio station would Emad watch or listen to?
➢ Does the message use language that Nora would use or that would appeal to Nora?

- How would Emad react to the message in a poster?
- Which of Nora's determinants of behavior can we most effectively address? Determinants of behavior such as economic, social or environmental events and reasons that make her vulnerable and susceptible to early marriage and early pregnancy?

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

IMPORTANT CONCEPTS

What is an Audience Profile?
Remember our cast of characters from the beginning of the Guide? 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. That way, as you design your program, you aren't thinking about "newly married couples," but instead are thinking directly about Mariam and Magdy. 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 15 to 18 years old and got early married, one for a young girl who is 17 years old, and one for a working young man who is 22 years old and trying to develop his career and improve his economic conditions.

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 changes in young people's** bodies, minds and emotions. In particular, the 15 to 18 age group is likely to have very different life situations and needs from 19 to 24 year olds. However, biological age can also be very different from developmental age – a 16 year old who is married with a child will be at a different developmental stage from a 16 year old who lives with her family and is still in school. 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 your priority audience. It will also help you draw insights about behaviors and help you think through the best messages for your program. For example, if you want young married women to use family planning methods correctly and consistently, you would need to take into account what is culturally acceptable for them and how they can get access to information and support.
- **Marital and/or Parity status:** As noted earlier, married and parenting youth have very different needs from unmarried and non-parenting youth. Once married, young women are often expected

or 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 mindset and actions 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 Nora values what her friends say and think, you may consider developing messages that focus on the peer group and not just on Nora 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 Emad likes socializing with female clients, smoking shisha and tobacco and being with friends.*

> **What does your data tell you about your intended audience's aspirations?**
> *Example: We know Mariam wants to go back to school and be a teacher, though perhaps Magdy does not know about this dream. It seems his priority is being a successful businessman.*

> **What does your data tell you about your intended audience's values?**
> *Example: We know that Dr. Samir enjoys counseling young people and thinks it is important to provide high quality SRH care to youth.*

> **What does your research tell you about your intended audience's lifestyle?**
> *Example: We know that Nora goes to school, but does not have much freedom to pursue her interests outside of the home because she is so closely watched by her father and brothers, and is harassed on the street alone.*

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 married women don't use contraceptives because you once heard that they are lazy or carless. However, you might find through your research that, in fact, they don't use contraceptives because they don't know where to find them or how to use them, or because their family or husband forbids it. 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.**

Young Women in Conservative and Male-dominant Societies

If developing a profile for a young women in conservative and male dominant societies, 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 and married, young women are less likely to have independence

➢ Young women living in the home may have specific demands on their time linked to household chores

➢ They may experience forms of violence based on their gender like domestic violence; married young women might experience sexual violence

➢ They are less likely to have developed negotiation and decision-making skills.

➢ They are generally more vulnerable due to their younger age and having less knowledge, awareness and skills necessary to manage their lives

➢ They lack information about their SRH and life skills, and may experience sexual harassment in public settings and marginalization

➢ Living in a conservative and isolated environment may shift young married girls to adulthood without formally progressing through the adolescent stage of their lives

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 comes alive. Although you will be using a name for your audience, you will not be describing a single person. Rather, that person will *represent* 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 agree on the name and find 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 worksheet that follows, **Worksheet #5: Audience Profile**, will help you identify the important information about your audience to use to develop effective messages and activities for them.

Figure 11: Audience Profile

DETERMINANTS OF BEHAVIOR
  ➢ Beliefs
  ➢ Risk perception
  ➢ Social norms

CURRENT BEHAVIORS
  ➢ Contraceptive use
  ➢ Smoking
  ➢ Communication

PERCEIVED BARRIERS & BENEFITS OF DESIRED BEHAVIORS

FAMILY & SOCIAL NETWORKS
  ➢ Living situation
  ➢ Relationship with family
  ➢ Friendships
  ➢ Marital life

PSYCHOGRAPHICS
  ➢ Beliefs
  ➢ Values
  ➢ Attitudes
  ➢ Aspirations

DEMIGRAPHICS
  ➢ 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 access

WORKSHEET #5: 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.

- ➢ The Adolescent and Young Adult development chart from Part 1 for reference.
- ➢ 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.

   - ➢ 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: Tomay 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 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:

TOMAY EXAMPLE

This example is based on the Tomay "Hemayah" program, which is introduced in Part 1 of the Kit. Its focus is on promoting family planning use to prevent adolescent pregnancy among young couples.

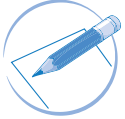| Explanation	Audience Profile
Name: Naming the audience is a simple and effective way to remind us that they are real people.	*Mariam and Magdy*
Summary: It is useful to write a short summary of your audience profile to capture the overarching idea. You can write this summary after you have completed the rest of this worksheet.	*Mariam is 16 and married last year in exchange for a dowry to her family. Her husband Magdy is 50, widowed with three children, and a successful merchant. Magdy spends most of his time in his shop downtown or socializing with his friends in cafes. When Magdy is home he barely talks to Mariam – they have so little in common – and when he does he sometimes shouts at her, which frightens Mariam. When Mariam was married off, she was forced to leave school and her village, and moved to Tomay with her new spouse, but she still dreams of going back to school and working as a teacher one day. Mariam stays alone most of the time cooking, cleaning and looking after Magdy's children. Mariam does not have many friends, but twice a week she goes with her neighbors to the market to do household shopping, which she enjoys. Her mother visits her infrequently to see that she is being a good wife and to advise her on how to keep Magdy happy, but stays only few days. Mariam knows from the television that pregnancy at such young age is dangerous for her. Mariam doesn't know much about contraception and fears using it would be harmful. Mariam's mother is unsure how to advise her daughter, and convinced Magdy to take Mariam to the youth clinic in town for family planning advice.*

TOMAY EXAMPLE

Demographics: Age, sex, marital status, ethnicity, education level, socio economic status (SES), employment and residence. For 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.	➢ *Mariam is 16, Magdy is 50; they are newly married* ➢ *Mariam was married off, forced to leave school and her village* ➢ *Magdy has some education, and is a well-off merchant* ➢ *The couple live together in Tomay with Magdy's three children* ➢ *They are a middle-class family and have a nice, safe home*
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 the couple does not use or discuss contraception, though they are in a sexual relationship* ➢ *The couple rarely speaks to one another, but they do fight*
Media Habits: List the types of media used and frequency. Suggested data sources: Media consumption studies.	➢ *Watches TV, specifically drama series; TV watching is highest during holidays, including Ramadan* ➢ *Chats with her mother and her neighbors*

TOMAY 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: Mariam doesn't know much about contraception and fears using it would be harmful. She thinks that having children is God's will.* ➤ *Social support: Mariam discusses having children with her mother and sometimes her neighbors. The couple sometimes discusses having children with their in-laws.* ➤ *Sense of control: Mariam doesn't feel control over her life and social life; Magdy feels in complete control of his life and Mariam's, and is glad to again have someone to help care for his three children.* ➤ *Perception of the health sector: The couple is aware that there are health personals that can provide correct information about SRH and family planning use to married couples.* ➤ *Social norms: Mariam and Magdy each believe that a wife should obey her husband, although Mariam doesn't feel well about losing her sense of control..* ➤ *Risk perception: Mariam's risk perception and awareness about early pregnancy is high, though it is not clear that Magdy has considered the danger of adolescent pregnancy.* ➤ *Perceived availability: The couple is aware of the health care clinic that her mother convinced her and her husband to visit to gain knowledge about family planning use.*
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: ➤ *Mariam fears upsetting Magdy, and domestic violence* ➤ *Lack of communication between Mariam and Magdy.* ➤ *Embarrassment to discuss sensitive subjects, like sex and contraception* Benefits: ➤ *Preventing pregnancy will protect Mariam's health and role in the household* ➤ *Speaking openly about such matters will improve their relationship*

TOMAY EXAMPLE

Psychographics: People's personality, values, attitudes, interests and lifestyles. Suggested data sources: Primary research and program data.	Daily Routine: ➢ *Mariam: Cooking and cleaning and shopping for household needs and caring for the children of her husband. She watches TV and listens to songs on radio. She meets her neighbors while shopping for household.* ➢ *Magdy: Goes to work at his shop, socializes with friends, comes home in the evening to eat with his family.* Lifestyle, Needs, Fears and Values: ➢ *Qualities: Both Mariam and Magdy are hard working, determined, and value family. Developmentally, Mariam is between an adolescent and a young adult – thought she is still a teenager, she is now a wife and a caretaker of children, living away from her family. Magdy, on the other hand, is well-established and an older adult.* ➢ *Needs: Protection from early pregnancy and better communication and understanding of one another.* ➢ *Aspirations: Mariam wants to finish school, find a job as a teacher* ➢ *Lifestyle: family life – housewife and working husband* ➢ *Worries: Mariam worries about getting pregnant at young age; Magdy worries more about having a caretaker for his house and children.*

Pause and Reflect

Imagine if this worksheet were completed for someone like Emad for a Hemayah youth lifestyle project. How different would Emad's profile look? How different would Nora's profile look if it were completed for an anti-GBV campaign? What about for Dr. Samir for a provider youth-friendly capacity building campaign?

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 youth 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 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

How to Develop a Communication Strategy
HC3
This resource gives step-by-step guidance on how to develop an SBCC program's communication strategy – a written plan that details how a program will reach its vision and encourage sustainable social and behavior change.
http://www.thehealthcompass.org/how-to-guides/how-develop-communication-strategy

ESSENTIAL ELEMENT 5: ESTABLISHING BEHAVIORAL OBJECTIVES AND INDICATORS

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 #6: Behavioral Objectives**.
- ➢ Identify behavioral indicators to measure for each of your behavioral objectives using **Worksheet #7: Behavioral Indicators**.

*Note: 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**.*

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. Behavioral indicators help track and measure whether your program objectives and goals are being met.

The program goal is the outcome that you wish to see as a result of your program. Please refer to the worksheets of this element for an example of how the program goal is conceptualized and written.

Behavioral objectives refer to the changes in the audiences' behavior as a result of your SBCC program (i.e., observe the increase in family planning use by young girls who are already married and attending primary health care units for premarital counseling). Each behavioral objective should contribute directly to achieving the program goal.

Behavioral indicators measure any change and progress toward your behavioral objectives as a result of the SBCC program activities. They measure both changes in a priority audience's behavior, and the extent to which these changes can be tied to your specific program.

WHAT ARE THE KEY STEPS?

When developing behavioral objectives and indicators, there are a few 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. When you develop your objectives, consider the following questions:

> ➢ Who is the intended audience?
> ➢ What is the action to be taken by the intended audience by the end of the program?
> ➢ 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

Another way of thinking through these questions is considering the SMART acronym. Make sure each objective is:.

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) as well as responding to the needs and expectations of the target population.

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

When you're ready to write out your objectives, you can use this "formula":

[Time range] + [Desired behavior] + [Degree of change] + [Audience] + [Location]

For example, if a program's goal is:

Reduce the rate of adolescent pregnancy among 15- to 18-year-old girls in Tomay,

...the program managers would consider the steps needed to reach this goal, using the questions listed in Key Step 1. Following the proposed formula, one behavioral objective might be:

*Within two years [**time range**], increase the proportion of modern family planning method use [**desired behavior**] from 15 percent to 25 percent [**degree of change**] of young married women ages 15 to 18 [**audience**] in Tomay [**location**].*

> ⚠️ **Reminder!**
>
> **Creating SMART behavioral objectives:**
>
> 1. ***Be specific about your target population and your issue.*** For example, if you want to increase modern contraceptive use, you should focus on married young women and men rather than unmarried youth, who may not yet be sexually active.
>
> 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 youth.*** 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? Are there competing demands for the time and actions of youth?
>
> 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 #6: 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 #6: Behavioral Objectives**, the rest of this Essential Element will look at how to develop program indicators and give you the opportunity to create similar indicators for your program using **Worksheet #7: Behavioral Indicators**.
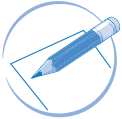
WORKSHEET #6: BEHAVIORAL OBJECTIVES – **PART 1**

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: Tomay 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 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**

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: _____

_____

TOMAY EXAMPLE

This example is based on the "Hemayah" program, introduced in Part 1 of the 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:

Question	Answer	
Who is the intended audience?	*Young married women, aged 15 to 18, living in Tomay*	
What is the action to be taken by the intended audience?	*Use a modern family planning method if they get married*	
How will this action contribute to the program goal?	*It will reduce the number of pregnancies among married adolescent girls*	
How will this action meet the needs of the audience?	*By using modern family planning methods, young women and couples will take a step towards protecting the woman's health and well-being by preventing risky adolescent pregnancy*	
In what timeframe with the behavior change occur? (state beginning and end date)	*January 2018 to December 2020*	
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 family planning use: 15 percent	*Modern family planning use: 45 percent*

TOMAY EXAMPLE

Summarized Behavioral Objective: *Increase the proportion of modern family planning method use from 15 percent to 45 percent, among young women ages 15 to 18 in Tomay between January 2017 and December 2019*

Is it....?	Yes	No	Suggested Improvement
Specific?		√	*Among young married couples/young women*
Measurable?	√		
Achievable?		√	*From 15 percent to 25 percent*
Relevant?	√		
Time-bound?	√		*Two-year time period*

> Need to be more specific about who is going to use modern contraceptives, and who makes the decision to use contraceptives.

> A 30 percent change might not be possible within two years.

Improved behavioral objective: *Increase the proportion of modern family planning method use from 15 percent to 25 percent among young married couples/women ages 15 to 18 in Tomay between January 2018 and December 2020.*

For the following examples for **Tomay**, 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 #6**, Part 2 to record your responses.

1. I*ncrease the proportion of young married couples who report talking about Family planning matters with health care services providers.*

2. *Decrease the proportion of early pregnancies among young married couples.*

3. *Increase the proportion of young married couple who access family planning services at the "Hope Generation" Clinics from 20 percent to 60 percent.*

> *Pause and Reflect*
>
> *These worksheets can be applied to multiple health areas and audience segments. How different would this worksheet look if it were adapted to a non-smoking campaign for youth like Emad? An anti GBV campaign for youth like Nora? A campaign that focuses on increasing FP use through the "supply side" – that is, training and encouraging service providers that "supply" services, like Dr. Samir, to counsel on and offer young married couples longer-lasting modern FP?*

3. ESTABLISH BEHAVIORAL INDICATORS

Indicators are the specific measures used to track progress toward 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. Please, refer to worksheet 7 for examples on behavioral indicators from Tomay example.

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., a youth-friendly clinic is 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 clients, 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 soon after marriage 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.

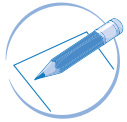
WORKSHEET #7: BEHAVIORAL INDICATORS

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 #7: Tomay 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.
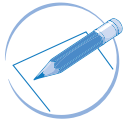
Category	Possible Indicators
OPPORTUNITY	
➢ Availability of the product or service	
➢ Quality of care	
➢ Social norm	
ABILITY	
➢ Knowledge	
➢ Self-efficacy	
➢ Social support	
MOTIVATION	
➢ Attitude	
➢ Belief	
➢ Intention	
➢ Locus of control	
➢ Outcome expectation	
➢ Subjective norm	
➢ Threat	

How can they be measured?

TOMAY EXAMPLE

This example is based on the "Hemayah" program located in Tomay, introduced in Part 1 of the 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.
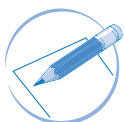
Behavioral Objective:
Increase the proportion of modern family planning use from 15 percent to 25 percent among young married couples/ women ages 15 to 18 in Tomay between January 2017 and December 2019.

> 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	*Number of health clinics under "Hemayah" program that offer **affordable** friendly services to young, married couples.*
➢ Quality of care	*Percentage of clinics where young couples claim feeling comfortable.*
➢ Social norm	*Percentage of audience who believe that young married peers need to use modern contraception.*
ABILITY	
➢ Knowledge	*Percentage of young married couples who know common risks of adolescent pregnancy and how to use family planning methods to prevent them.*
➢ Self-efficacy	*Percentage of young married couple**s** who feel they can talk to their partner about contraception, and can use contraception effectively to prevent adolescent pregnancy.*
➢ Social support	*Percentage of young married girls who report that their husbands and parents encourage them to use family planning methods.*

TOMAY EXAMPLE

This example is based on the "Hemayah" program located in Tomay, introduced in Part 1 of the 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.

MOTIVATION	
➢ Attitude	*Percentage of young girls and married couples who agree with the statement that using modern contraception is one way to ensure a healthy future.*
➢ Belief	*Percentage of young married couples who agree with the statement that using modern contraception is safe.*
➢ Intention	*Percentage of young married couples who report planning to use a modern family planning method consistently and correctly in the next six months.*
➢ Locus of control	*Percentage of young married girls and couples who feel informed about how to use a family planning or not.*
➢ Outcome expectation	*Percentage of married couples who agree with the statement that using modern contraception correctly is an effective way to prevent an unintended and early pregnancy.*
➢ Subjective norm	*Percentage of young married girls who report that their best friend believes that young couples should use modern contraception to prevent risky pregnancy.*
➢ Threat	*Percentage of youth who report feeling at risk of being forced to have children at too young an age / under the age of 18.*

How can they be measured?

A KAB survey can be conducted with the intended audience prior to implementation in order to identify 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.

Pause and Reflect
How different would these indicators be if you were measuring an anti-smoking campaign? What about an early marriage prevention campaign? What about a campaign meant to address public harassment of young women?

Resources for Essential Element 5

Resources for **Essential Element 5** include:

How to Develop a Monitoring and Evaluation Plan
HC3
This guide explains why a monitoring and evaluation plan is crucial to an SBCC project's success, and walks users through everything from how to develop project goals and objectives, when this should be done and by whom.
http://www.thehealthcompass.org/how-to-guides/how-develop-monitoring-and-evaluation-plan

How to Develop Indicators
HC3
The resource is a step-by-step guide to develop indicators that will track your progress toward project goals and objectives.
http://www.thehealthcompass.org/how-to-guides/how-develop-indicators

The DELTA Companion: Marketing Planning Made Easy
PSI
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 APPROPRIATE FOR YOUTH

WHAT IS THE PURPOSE OF THIS ESSENTIAL ELEMENT?

The purpose of this Essential Element is to:

- ➢ Learn the pros and cons of different communication channels for youth and identify which ones best fit your SBCC program.
- ➢ Identify opportunities for possible communication channels and opportunities for your intended audience by using **Worksheet #8: 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 #9: Reviewing Available Communication Channels**.
- ➢ Review and select communication channels to use in your SBCC program by using **Worksheet #10: Selecting Communication Channels**.
- ➢ Learn that using multiple channels to reach your audience with consistent messaging is an important principle in SBCC programming.

Note: *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.*

WHY IS THIS IMPORTANT?

Take a moment and close your eyes. Imagine a day in the life of a young person in your community. 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., television, 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.

If you want to reach youth 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, there are a number of key steps to follow:

1. Consider Communication Channel Pros and Cons for 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 Youth

Different communication 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. Based on which media channels are most used by men and women, a print or newspaper-based intervention might be more appropriate for Egyptian men, and a television talk-show program might be more effective for reaching women.

The following pages describe the most common communication channels, including pros and cons, a few suggestions for how to use each channel, considerations for using channels and examples of how they have been used.
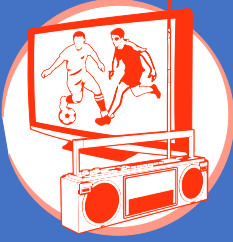
We will now look at some of the most common categories of communication channels. You may be familiar with some terms, while others may be new to you. Each type of communication channel is described, however, if you feel you want to find out more about it, you can refer to the **Resources** section at the end of this Essential Element.

> **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 reasons why they think or do what they do.

Mass Media

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

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.
- 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 youth (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: Sehetak ya Shabab (Your health, Youth) (Egypt) was a weekly television talk show program that addressed reproductive health issues of young people. It was shown on Channel 2 of the national TV. Groups of young people interacted and discussed relevant RH matters with experts. Information was provided in a simple language and cheerful environment. www.youtube.com/playlist?list=PL3A9349495B6B3BE6

Example: The movie "Asmaa" portrays the life story of a woman living with HIV, and explores the challenges facing people living with the virus. https://www.youtube.com/watch?v=GxZ9iBG-Ytw

Considerations for Using Mass Media approaches

- Youth in commercial centers may have more access to mass media than peers in more remote villages.
- Youth might prefer television to radio
- Youth often refer more interactive forms of media. Youth can interact with radio or television shows via text message or by calling in with questions, which can then be immediately answered.

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., STIs 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.

Examples: In 2013, Noon Creative Enterprise boarded Cairo's crowded subway cars and put on skits about the public harassment girls face in Egypt. They and involved riders in discussion afterward: http://english.ahram.org.eg/NewsContent/5/0/64829/Arts--Culture/0/Interactive-play-on-sexual-harassment-rides-Cairos.aspx
The group has also organized theater events on FGM throughout Egypt.

Another example is the student-created BuSSy Project. Started in 2006, BuSSy lets youth tell their own stories about social and gender issues through theater performances on stages, at festivals and otherwise throughout Egypt. http://www.bussy.co/en/

Considerations for Using Community-based Approaches

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 Media

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: The Egyptian Family Health Society (EFHS) developed several booklets around reproductive health issues. The topics included puberty and growing up, anatomy and function of genital systems, nutrition, relations with others and personal hygiene. The booklets have been used as handouts for school students attending the seminars conducted by EFHS in their national health education project.

Considerations for Using Print Materials

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

➢ Print materials can be placed in locations where only youth can see them.

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 close in age to the intended audience, speak similarly and are easy to relate to, **but** 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; avoid lectures and one-way communication.

➢ Adapt existing materials or develop new materials, including:
  o A curriculum or guide for facilitators, role- play scripts, games, photos, other visuals and tools to train facilitators.
  o 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 how many sessions participants must attend and find ways to ensure participation.

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

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

Example

Example: The youth-health hotline (Egypt) which was operational from 2004 till 2015 provided youth with their needs for information and counseling about several health issues including SRH. Trained young physicians; both males and females responded to calls from youth (and others) from all-over the country. (16021) is an SRH counseling line run by National council for Childhood and Motherhood. Trained physicians give tips for mothers on contraception and nutrition.

Considerations for Using IPC

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

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

➢ High youth unemployment levels can mean many youth are 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** 70 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. There may also be costs associated for the program manager and the mobile phone user.

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

Example: The Ma3looma project in Egypt started in 2010. It is an SMS platform that responds to young people's texted messages. Young trained physicians and young people respond to the incoming messages through short answers.

The app is an extension of services offered from the project's website: http://ma3looma.net/

Considerations for Using Mobile Phones

➢ Youth have better access to mobile phones, quality services and connection.

➢ 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 for your program; 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, which may not be available in some communities.

➢ **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; if not, simplify.

Example: Operating across 52 countries, including in MENA, Y-PEER (http://www.y-peer.org/about/index. php) is a youth peer education and advocacy network that provides technical assistance to local partners and promotes youth participation in SRH, GBV prevention and other population topics. In addition to advocacy events, theater performances (see: Community-Based Approaches table) and other entertainment education activities, Y-PEER uses social media to update followers on their events, post information and interact.

➢ Egypt Facebook: www.facebook.com/YPeerEgypt/
➢ International Facebook: www.facebook.com/YPEER.Network/
➢ Instagram: www.instagram.com/p/BPXFFmEAt5k/
➢ Twitter: twitter.com/YPEER_EG?s=07

Considerations for Using Social Media

➢ Even if they do not own a computer, Youth 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 youth, 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 out the channels that are reaching your intended audience by asking them to describe a typical day in their life. The **Worksheet #8: 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 they go, 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 #9: 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 married, pregnant or facing FGM.

WORKSHEET #8: 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 (i.e., female, 14 to 25 years old, married).

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 #8**.

4. Refer to the **Worksheet #8: Tomay 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 #9 Reviewing Available Communication Channels**.

Intended Audience:

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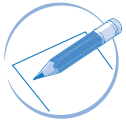
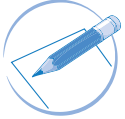| Time of Day	Activities	Locations for Each Activity	Potential Ways to Deliver Messages
Early Morning			
Mid-morning			
Midday			
Early Afternoon			
Late Afternoon			
Early Evening			

Dinner			
Late Evening			
Special Events or weekends (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://www.thehealthcompass.org/sbcc-tools/field-guide-designing-health-communication-strategy. The example for this exercise is found on page 145.

TOMAY EXAMPLE

This example is based on the Tomay "Hemayah" project, introduced in Part 1 of the Guide.

The "Hemayah" project focuses on lifestyle habits that can impact youth SRH and healthy development, including smoking. This sheet is completed for the healthy lifestyle activity, and focuses on Emad to demonstrate how the worksheets apply to multiple youth audience segments and multiple health areas.

Intended Audience: *Men, 19 to 24, married*

Name: *Emad*

Time of Day	Activities	Locations for Each Activity	Potential Ways to Deliver Messages
Early Morning	o *5:00 a.m., wakes up and turns on Radio* o *100.6 FM.* o *Have breakfast at the resort and smoke cigarettes with his colleagues* o *Start his working in the resort kitchen at 7 a.m.*	o *Resort* o *Resort Kitchen*	o *Radio 100.6 FM through a public service announcement (PSA) or a radio spot dedicated to SRH* o *Messages on cigarette box about the link between smoking and SRH-related risks*
Midday	o *Very busy with guests to serve lunch.*	o *Resort Kitchen*	o *Not a good time*
Early Afternoon	o *Take two hours break before serving dinner* o *Have lunch with his colleagues and watch TV to follow his favorite drama series.*	o *Resort*	o *TV PSA, talk-show, call-in show or serial drama* o *SMS via mobile phone*
Early Evening	o *Busy with serving dinner to guests*	o *Resort Kitchen*	o *Not a good time*
Late Evening	o *Usually hangs out with his friends in the cafe shop nearby the resort; usually, smoking cigarettes or shisha on and off.*	o *Café shop*	o *Wall signs or billboards near café* o *TV talk shows* o *Messages on cigarette box about the link between smoking and SRH-related risks*
Special Events or weekends (List day, week or month)	o *Friday he goes to village to spend time with his wife.*	o *Bus station/bus* o *Road* o *Village*	o *Billboards at bus station or on the roadways* o *Signs on busses*

Seasonal Opportunities (Harvest time, holidays, rainy/ dry or cold/hot seasons, etc.)	o He takes two weeks off during winter when the resort has few guests	o Village	o Community engagement during Winter (participatory theater, large-group IPC)

Pause and Reflect

Audience segment matters! Imagine completing this worksheet for Nora for a sexual education campaign, for example. What would her daily routine look like? How would the locations and message delivery methods differ?
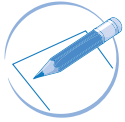
WORKSHEET #9: REVIEWING AVAILABLE COMMUNICATION CHANNELS

Purpose: To review communication channels 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 #5** 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 #9: Tomay 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 #10: Selecting Communication Channels**.

Intended Audience:

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

(Information Source: _____)
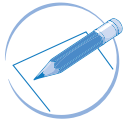
2. Who does your intended audience listen to about the desired behavior? Who is a credible source of information? Who is most motivating?

    (Information Source: _____)
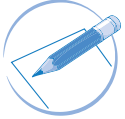
WORKSHEET #9: REVIEWING AVAILABLE COMMUNICATION CHANNELS

TOMAY EXAMPLE

This example is based on Tomay "Hemayah" program introduced in Part 1 of the Guide 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.

The "Hemayah" project focuses on lifestyle habits that can impact youth SRH and healthy development, including smoking. This sheet is completed for the healthy lifestyle activity, and focuses on Emad to demonstrate how the worksheets apply to multiple youth audience segments and multiple health areas.

Intended Audience: ___*Men, 19 to 24, married*___

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 youth (ages 19 to 24) and found that the most used communication channel was TV (95 percent).

> This data would suggest TV and IPC channels might be good to pursue. However, this data does not provide information specific to Tomay, married, men, 19 to 24, or the specific stations they watch.

While fewer youth owned a computer with internet access (19 percent), a higher percentage (33 percent) said they can access internet and were more likely to report using internet in public places (16 percent) or at someone else's house (19 percent). Youth were also more likely to use a Radio (23 percent) and read the newspaper (35 percent).

Mobile phones are used for making calls (58 percent), text messaging (42 percent) and access internet (19 percent).

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

TOMAY EXAMPLE

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

Young people (19 to 24 year olds) prefer to get SRH information from friends or, health care workers and the TV; TV was slightly less preferred because the lack of interaction.

There is a shortage in formal health education channels for different levels and ages. Information received from friends are not always right and can be misleading and result in misconceptions.

Young women reported having more access to SRH information through informal channels (e.g., family and friends) than young men peers.

(Information Source: *Youth Sexual and Reproductive Health Report: National report 2014*)

> Since TV is the most used channel, it could still be considered if additional "interaction" elements were included, like a 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.

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.

Supporting channels are other communication channels used in the intervention. The aim of supporting channels is to reinforce messages by increasing the likelihood that audiences will hear them more often, 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 to the themes discussed by the drama (community-based approach).

- ➢ Posters and billboards that depict characters from the serial drama with key messages relating to 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).

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.

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?

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 #10: Selecting Communication Channels** will help you apply this to your program.

Figure 12: Choosing Communication Channels[35]

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 mobile health (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.thensmc.com/resources/vfm.

---

[35] Adapted from McKee, N., Bertrand, J., & Becker-Benton, A. (2004). Strategic Communication in the HIV/AIDS Epidemic. SAGE Publication.
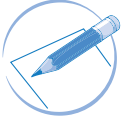
Purpose: To review and select communication channels to use in your SBCC program.

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

➢ **Worksheets #6, #8 and #9** filled out with your data.

Directions:

1. Answer the questions in this worksheet using your data.
2. Refer to the **Worksheet #10: Tomay Example** to help you complete this blank worksheet with the information relating to your program.
3. Continue reading the text after the worksheets as it provides important insights for channel selection.

Intended Audience:

Behavioral Objective:

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

    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.

2. 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.

3. 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).

4. 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 #3, 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:

WORKSHEET #10: SELECTING COMMUNICATION CHANNELS (CONTINUED)

TOMAY EXAMPLE

This example is based on the Tomay "Hemaya" program introduced in Part 1 of the Guide. The Hemayah project focuses on lifestyle habits that can impact youth SRH and healthy development, including smoking. This sheet is completed for the healthy lifestyle activity, and focuses on Emad to demonstrate how the worksheets apply to multiple youth audience segments and multiple health areas.

Hemayah program managers used information (both quantitative and qualitative) to prioritize the communication channels to use for married men, 19 to 24 years old. Additional insights are provided in text bubbles.

Intended Audience:

Men, 19 to 24 years old, married

Behavioral objective:

Decrease the proportion of smoking among young men ages 19 to 24 in Tomay between January 2017 and December 2018, from 35 percent to 15 percent.

TOMAY EXAMPLE

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

    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.

    ➢ *TV*

    ➢ *Radio*

    ➢ *Messages on cigarette box*

    ➢ *Mobile phones*

    ➢ *Billboards*

2. 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.

    ➢ *TV and Radio (serial drama, talk shows and discussion groups): We learned from the media research that young people do not prefer TV because it is only one-way communication and they wanted to be able to interact more. Adding call-in talk shows and discussion groups would complement a serial drama. Since men who are busy at work may be hard to find for IPC activities, TV has the potential to reach these men wherever they are, and a call-in format could allow even busy men to take a few moments to call in with a question.*

    ➢ *Messages on cigarette box: Cigarette boxes could be good, but many young people smoke cigarettes imported from Eastern countries because they are cheaper. It would not be possible to have health messages, in Arabic, printed on these boxes.*

    ➢ *Mobile phone messaging: Having a phone hotline, where someone instantly 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.*

TOMAY EXAMPLE

> ➤ *Billboards: Billboards alone will not be enough to change a behavior, but would be great for reminders or to reinforce messages shared through other channels. Renting billboard space might be expensive depending on where we post the signs, but placing them strategically – including near where young men buy cigarettes – could ensure many youth see them.*

3. 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).

> ➤ *IPC sessions with peer educators, parents or other adults*
> ➤ *Influencing young people*
> ➤ *Messages on cigarette boxes addressing smokers*
> ➤ *Peer outreach activities (e.g., street theater in market place)*
> ➤ *TV and Radio: serial drama, talk shows and discussion groups*
> ➤ *Mobile phone messaging*
> ➤ *Religious leaders outreach*
> ➤ *Outdoor billboards and transit ads*

TOMAY EXAMPLE

4.   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:
TV	➢ *TV is the most accessible channel in Tomay and youth watch it frequently.* ➢ *Creating a call-in show could be a way to allow youth to call in with their questions.* ➢ *If budget allows, a TV serial drama can be created and entertaining and educational at the same time. It can include a variety of characters that are dealing with similar challenges as Emad, 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 #3, 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	An SMS platform could be used to engage the audience to text the answer to questions posed in the TV call-in show. In addition, SRH information could be sent to subscribers.
Radio Show	Radio is a popular communication channel with youth, and can serve as a way to share lifestyle information and advertise Hemayah clinic locations.
Outdoor billboards and transit ads	Ads on outdoor billboards and taxis and buses can be used to remind youth about the dangers of smoking, Hemayah clinic locations and also to tune in and call in for the TV show to discuss.
IPC	Peer educators can reach out to youth and elaborate on the topics covered in the call-in show.
Community-based approaches	Drama groups can perform scenes from the serial drama in areas where youth gather (e.g., market place) and engage in discussions with youth on the topics raised.
Religious leaders	Can allocate few minutes in Khotba and religious lessons to transfer messages to youth

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 Emad hears on the TV 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 Emad during a typical week in his life and the various channels through which he receives consistent messaging as part of the Hemayah program:

> *Emad wakes up early on Sunday to hear his favorite radio show host chatting about how to have a healthy lifestyle and avoid smoking problems. Radio mentions that the Hemayah Clinics are places where youth-friendly providers are available to counsel young people who want to quit smoking.*

> *During lunch breaks, Emad watches a talk show and the guest was a physician talking about new researches released that link smoking and obesity to fertility problems.*

> *When Emad finishes his work and goes to the market, his journey takes him through small trading centers with small shops. He often sees a poster in the window of his favorite clothes store with a picture of a healthy man standing with his wife and carrying a baby and a tagline that says:" stop smoking now. Your health is for yourself and your family." It reminds him of the similar billboards he sees on the roadways when he travels back to see his family in the village.*

> *In the café, Emad met a friend who recently gave up smoking after attending peer education group with the Hemayah program. Emad listened to his friend's experience after a few weeks of stopping smoking and how he feels it was the greatest decision he has ever made and how much better he feels.*

> *Emad and his friend watched an episode of drama series talks about one of the young athletic champions. Emad likes this series and see himself very similar to its hero. Emad feels he can be healthier if he quits smoking and eats more nutritious food.*

> *On Fridays, Emad goes to see his family in the village. He goes to the mosque and listens to khotba. Last Friday, the Imam emphasized that all religions encourage everyone to take care of their health. The Imam described smoking as "burning" of health and money.*

As you can see from Emad's week, he was exposed to positive messages about quitting smoking and practicing a healthy life style through different channels:

- ➢ His favorite radio program discussed how to have a healthy lifestyle and avoid smoking problems and mentioned that the Hemayah Clinics are places where youth-friendly providers are available to counsel young people who want to quit smoking.
- ➢ Going to cafés, he sees posters and billboards about smoking, which remind him of the billboards he sees on the roadside.
- ➢ His friend is becoming a peer educator and shares information about giving up smoking with Emad
- ➢ At mosque, the Imam mentioned the importance of protecting good health.

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
- ➢ IPC
- ➢ Mobile phones
- ➢ Social media

Communication Channels

How to Develop a Channel Mix Plan
HC3
This resource gives step-by-step instruction on developing a strategic planning document to help SBCC program implementers select the most appropriate communication channels to reach their audiences to achieve the highest impact. It shows users how to match communication channels with intended audience characteristics, a project setting's communication landscape and a project's objectives and message content.
http://www.thehealthcompass.org/how-to-guides/how-develop-channel-mix-plan

BBC Country Profiles
BBC 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

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.
https://www.k4health.org/toolkits/pc-bcc/how-write-radio-serial-drama-social-development-script-writers-manual

Community-based Approaches

Peer Education Toolkit -Y-PEER
Organization: UNFPA and Family Health International
The Peer Education Toolkit is a group of evidence based resources designed to help program managers and master trainers of peer educators. The toolkit consists of five parts and was developed by Y-Peer in a joint project between UNFPA and FHI360. The toolkit includes:

- The Training of Trainers Manual

- Standards for Peer Education Programs

- Interactive Theater-Based Techniques for Youth Peer Education: A Training Manual

- Performance Quality Improvement: A Tool for Youth Peer Education Projects and Managers

- Assessment Tool for Youth Peer Education Programs
  http://www.unfpa.org/resources/peer-education-toolkit#sthash.fUccG2sE.dpuf

Children and Adolescents Sexual and Reproductive Health Rights: User Guide Toolkit
Organization: Save the Children
The Toolkit User Guide is for trainers working on children and adolescent sexual and reproductive health through a rights-based approach. The toolkit includes five application guides: (1) The Information Guide, aimed to aid the facilitator; The Activities Guide for (2) Children age 10-13; (3) Adolescents age 14-17; (4) Parents; and (5) Service providers. Every guide is divided into four interdependent units: (1) an Introduction to Sexual and Reproductive Health Rights; (2) Puberty – Our Growing Bodies, (3) Personal Hygiene; and (4) Puberty – Psychosocial changes and life skills.
http://resourcecentre.savethechildren.se/library/toolkit-children-and-adolescents-sexual-and-reproductive-health-rights-user-guide-arabic

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.psi.org/publication/ipc-toolkit/

Y-PEER Training Manual on using Peer Education Techniques on combating FGM (Arabic)

Organization: UNFPA and UNICEF Egypt Country offices
The manual addresses facilitators, community workers, project managers as well as peer educators who work on combating FGM. The manual describes in detail a workshop and its agenda to develop the capacities of addressed audience on the topic of FGM and its multidimensional aspects.

Hard Copies are available from UNFPA and UNICEF Egypt Country offices:
https://www.unicef.org/egypt/overview_11494.html
http://egypt.unfpa.org/

Teaching Adults How to Communicate with Young People from a Christian Perspective (Arabic title: Upbringing from Christian Perspective)
Organization: Translated and adapted by FHI 360, 2012
The manual presents a training agenda to develop the capacities of adults as well as young people on issues related to SRH, HIV and AIDS and how to bridge the gap in communication between generations.
http://www.fhi360.org/sites/default/files/media/documents/Teaching_adults_how_to_communicate_with_youth_christian_manual.pdf

Mobile Phones

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.
https://www.k4health.org/toolkits/mhealth-planning-guide/sms-4-srh-using-mobile-phones-reduce-barriers-youth-access-sexual

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/

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 YOUTH

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 #11 and #12** using data from your program and your audience. Examples of each worksheet are included to show how the program in Tomay 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 #11: Creative Brief.**
- ➢ Collect the terminology that your intended audience uses with **Worksheet #12: 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 Guide.

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 Youth

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, "eat healthy food," "call the helpline" or "go to the Hemayah 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 married girl using family planning could be to "stay healthy and achieve your dreams." Telling them, however, that using family planning will solve the population problem is not enough of a motivation for a young person.

Worksheet #11: 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 #11: 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 #5**) from **Essential Element 4**.
- ➢ Key channels (**Worksheet #9**) from **Essential Element 6**.

Directions:

1. Answer the questions in this worksheet using your data.
2. Refer to the **Worksheet #11: Tomay 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 and your audience.

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.

TOMAY EXAMPLE

This example is based on the Hemayah program in Tomay, introduced in Part 1 of the Guide. The program managers wrote this creative brief for the development of the mass media campaign to increase usage of modern family planning methods and services at youth clinics in Tomay. They used Mariam and Magdy 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.

    ➢   *Married young couples/women, 15 to 18 years old, who are:*

        o   *Living in Tomay*

        o   *Low- or middle-income*

        o   *Out of school (may just be the wife who is out of school)*

        o   *Planning their family*

        o   *Not regular users of a modern family planning method*

2. Call to Action. What do you want your target audiences to do after they hear, watch or experience this communication?

    Visit a Hemayah clinic to talk to a counselor about the benefits of family planning methods, especially for preventing adolescent pregnancy

3. Barriers. What beliefs, cultural practices, pressure and misinformation stand between your audience and the call to action?

    Mariam is worried modern methods are harmful, and that Magdy will refuse contraception and expect her to have a child right away since they are newly married. Magdy thinks contraception is a woman's issue and not his problem.

4. Benefits. What the intended audience perceives as the benefit of the behavior.

    Contraception will help Mariam avoid a risky pregnancy before age 18. Avoiding a risky pregnancy means she will be healthy enough to mind the home and Magdy's children, and possibly return to school one day.

Pause and Reflect

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.

Consider how Mariam and Magdy perceive the barriers to contraception, not how you do. It is important to understand their perspective so you can design messages that make sense to them.

TOMAY EXAMPLE

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.

    Delaying pregnancy until a woman is 18 means less risk, and a healthy family. Make the right choice together. Visit a Hemayah clinic today to talk to a counselor about the family planning method that is right for you.

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 and supportive

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 and your audience.

    > *Television: 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 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 TV. 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. Husbands like Magdy spend time at work during the day, and in cafes after work and on breaks. Ads and outreach activities aimed at husbands that could be mobilized in cafes and on television might be a good choice to reach them separately. Families watch TV and listen to the radio together in the evenings, so messages aimed specifically at couples might be best broadcast during that time.

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: Arabic*
> ➤ *Middle 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 discouraging having children).*
> ➤ *All materials need to have the Hemayah Clinic name or logo.*
> ➤ *There is a cultural taboo about discussing SRH and contraception and this needs to be considered when developing messages and choosing appropriate language.*

Pause and Reflect

How different would this creative brief, including the call to action and message delivery, if it were applied to the Hemayah healthy lifestyle and anti-smoking activities?

### 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, youth 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 still 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 "contraception," but many young people do not like to discuss this issue because of social concerns. Instead, "prevent pregnancy" or "use a method" are more comfortable phrases for discussing family planning in Egypt and the MENA region.

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 #12: What Youth Say**.

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.
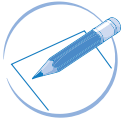
WORKSHEET #12: WHAT YOUTH SAY

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 #12: Tomay 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.

	What youth say…	
Terminology	**…with peers**	**…with adults**

TOMAY EXAMPLE

This example is based on the Tomay "Hemayah" Program introduced in Part 1 of the Guide. 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
الختان *Female Genital Mutilation*	ï الطهارة = *Act that makes a person pure*	ï الطهارة = *Act that makes a person pure*
أقراص تنظيم الأسرة *Contraception*	ï حبوب منع الحمل =*Pills to prevent pregnancy* ï برشام=*Pills*	ï حبوب منع الحمل=*Pills to prevent pregnancy*
الواقى الذكرى *Condom*	ï الكوندم = *"Condom" in Arabic letters* ï الصباع-=*Finger* ï التوبس-=*"Tops" in Arabic letters* ï الكبوت - =*Cover*	ï الواقى الذكرى = *Condom*
اللولب *IUD*	ï الجهاز = *Device* ï الشريط-= *Strip*	ï الجهاز = *Device* ï الشريط-=*Strip*
التعاطى *Addiction*	ï الضرب- = *something that hits* ï الدماغ-=*Brain* ï الكيف = *Something makes a person high*	ï المخدرات = *Drugs*
الطمث أو الحيض *Menstruation*	ï البريود = *"Period" in Arabic letters* الأكس = *"X" something you don't want to name* اللى بالى بالك= *The thing you know about*	ï الدورة = *Period*

3. PRETEST TO GET THE LANGUAGE AND VISUALS RIGHT FOR YOUTH

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. It is usually 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 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.

⚠ Reminder!

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

How to Design Key Messages
HC3
This resource shows readers how to create key messages that align insights about your intended audience with information you want your SBCC program to convey, and behaviors you are hoping to impact.
http://www.thehealthcompass.org/how-to-guides/how-design-sbcc-messages

Select Key Messages
HC3
This is Step 4 in the HC3 Demand Generation Guide 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 family planning implants, emergency contraception and the female condoms.
http://sbccimplementationkits.org/demandrmnch/fp-step4/

PART 3

CHALLENGES AND STRATEGIES FOR IMPLEMENTING YOUR YOUTH PROGRAM

By working through each of the Essential Elements, you have practiced some of the most effective concepts for designing an SBCC program specifically targeted to improve youth SRH. Now you may be asking, "What next?"

It is time to put your design into action. The first step is to create an implementation plan, which outlines the "who," "what," "when," "where" and "how much" of your SBCC program. The plan covers 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 youth and other intended audiences at the right time.

The Essential Elements that form the structure of the Guide are:

  ➢ What are the activities that need to be planned and implemented?
  ➢ 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?
  ➢ Which stakeholders do you need to involve for each activity?
  ➢ How will you involve them?
  ➢ 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 youth can be challenging. Here are some common challenges you might face and suggested strategies for dealing with them.

CHALLENGE:	STRATEGY:
Many Egypt/MENA policy-makers and community leaders do not consider SRH programs a priority for young people.	➤ Use statistics from sources that local decision makers trust to advocate for and explain the importance of youth SRH and your program. For example, present research around early marriage, adolescent pregnancy risks and supporting adolescent or youth maternal morbidity and mortality statistics to show why preventing pregnancy before the mother is 18, and increasing access to contraception programs for young couples is important. ➤ Use case studies and testimonials from similar local environments where having good SRH and access to related services made a real difference in people's lives. Testimonials can be from youth themselves, parents, and other community members.
Conservative social and cultural traditions might interfere with discussing youth SRH issues. Some parents and community members may be resistant to a youth SRH program.	➤ Use culturally appropriate terms. The term "sexuality" and "sexual health" could be unacceptable and intimidating. The term "reproductive health" is usually acceptable. ➤ Work with key community and religious leaders and parents early in your program and explain what you hope to accomplish together. Partner with supportive community members as advocates for your program to organize community dialogues with those who are resistant. ➤ Start your initiatives by tackling the issues that are considered a priority by the community (e.g., sexual harassment, early marriage, female genital cutting or unhealthy behavior such as smoking, inactivity, and health problems such as diabetes, or hepatitis). ➤ If directly discussing SRH is uncomfortable at first, start with less controversial topics such as smoking or nutrition until you gain leaders' trust, and then proceed to more sensitive topics such as FGM or contraception. ➤ Building trust with communities takes time. Respect people's pace, try to build rapport, and focus on the community's and your program's shared goals. ➤ Engage supportive religious leaders who could explain to communities that religion taught people SRH concepts, so we should talk about sex as an important rather than taboo issue.

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 reproductive health if they wish to support them in making healthy decisions.	➢ Organize parents' groups where parents can share their concerns, challenges and possible solutions. Consider having mothers' and fathers' groups separately, if you feel this will help parents express themselves more freely. ➢ Develop educational materials that can help parents discuss reproductive health with their children. ➢ Organize sessions between parents and their children to start having a dialogue about the topic. Consider having mother/daughter or father/son sessions, or other combinations, if this will make discussing the topics easier for participants. If there is an appropriate radio show discussing SRH, run listening groups with parents and children where questions from the show are discussed.
For school-based programs, 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 reproductive health with their students. Some are not prepared and some may even find it immoral.	➢ Try and find ways to "mainstream," or integrate the program activities into existing systems (e.g., work with Ministry of Education to develop trainings for biology teachers) 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, physicians, adolescent psychologists and parents to design curricula that teachers are equipped and comfortable to teach or bring outside educators into schools to deliver this information. ➢ Lobby with the Ministry of Education and partner with education institutions to develop training of trainers on how to teach SRH. ➢ Set up an inter-ministerial committee where all relevant parties discuss how best to incorporate SRH in the school curriculum. ➢ Engage teachers from the beginning when you are designing your program.

CHALLENGE:	STRATEGY:
Particularly vulnerable youth can be very hard to reach. In some communities, reaching female youth can be harder than reaching male youth. You may go to a youth center and find it is frequented mostly by male youth as female youth have less time to spend on leisure activities and have less freedom for socialization. Youth that are marginalized, such as homeless youth, are very hard to find.	➢ Collaborate with 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 schools or the market for example. ➢ Invite members of vulnerable groups in your team of peer educators. ➢ Talk to vulnerable groups and ask 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, youth living on the street or in informal settlements. ➢ Attract some of the vulnerable youth through income generating activities or by organizing activities that appeal to them.
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 from participating.	➢ Ask both male and female out-of-school youth what activities they would like to attend and where. ➢ Organize activities for both male and female youth (e.g., 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.

CHALLENGE:	STRATEGY:
Transportation can be a barrier. Some young people may not be able to access your program if they live or work far from your project's activities. In major cities like Cairo, for example, 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.	➢ 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. ➢ Run meetings and activities from youth centers where young people already attend and ask young people to suggest solutions to the transport challenges. ➢ If possible, provide transport reimbursement. ➢ 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.
Some young people are very mobile and trying to access them more than once can be difficult. Highly mobile populations, particularly around big cities or those migrating for work at tourist sites, 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. ➢ Consider broad-reaching channels to reinforce your messages, such as TV or mobile phone interventions, which may be more accessible to mobile youth and not reliant on personal contact at set times and places. For examples, see the communication channel charts in **Essential Element 6.** ➢ 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 for young people to trust project staff. Developing instantaneous trust between you and young people is not always possible. Youth – especially young women whose SRH decisions are often made for them – may feel alone or isolated as they grow and develop. Developing a relationship with them will take particular effort and care.	➢ Try IPC activities to help build trust and provide social support for youth and make them more comfortable talking about personal issues; be sensitive to the needs of young women vs young men when designing these activities. ➢ Tailor your community and peer outreach activities to meet youth where they are, rather than asking them to come to you. ➢ Make sure you use trusted peer educators to help build the confidence of other youth. ➢ Consider female facilitators/peer educators to communicate SRH information to female youth and provide private settings that encourage them to have open discussions and ask questions. ➢ Create a "youth-friendly" section across services, including health services, the police and the city council. ➢ Develop social activities to attract youth and build rapport. Again, consider gender when designing activities. For example, football tournaments might be interesting for young men, but young women might not be able to join. Or women can be encouraged to participate in teams for women. ➢ Develop activities in partnership with young people and in places where youth and adults work together. Engage them in your programs and activities.
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 their role and affiliated organization, 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:
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 need to be properly trained and feel confident to discuss sexual health matters with their peers; keep in mind that peer education programs are more effective when they are integrated with larger communication strategies that use multiple communication channels. ➢ Put in place a support system for referral should 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." ➢ Develop clear criteria to guide your selection of peer educators and share these criteria with the educators themselves. ➢ Develop a list of expectations for the peer educators and a list of what they can expect from your program.
Funds are limited and evaluation is too expensive to conduct.	➢ 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 paying all the costs. ➢ 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. ➢ Lobby relevant institutions and ministries to allocate funds for evaluation.
Program staff is 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.	➢ 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 (e.g., the one presented here: www.authorstream.com/Presentation/kamalnaser-2471775/)

CHALLENGE:	STRATEGY:

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 masturbation, are not observable by researchers so surveys rely on self- reported behaviors to determine if the program has achieved its objectives, Such behaviors might not be reported due to social sensitivity and fear of judgment.	➢ 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. The best you can do to encourage accurate responses is:
	
	   ○ Ask for their honest answers and assure them that their responses will be kept confidential and anonymous.
	
	   ○ Make sure female team members survey female participants, and male team members work with male participants to make participants more comfortable discussing sensitive information
	
	   ○ Build rapport with young participants before/during the survey to make them more comfortable, and consider training individuals youth know in the community to help collect data
	
	   ○ Seek out appropriate, private locations when conducting surveys with young participants

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, involve national stakeholders and partners, as well as building or joining community, regional or other national networks. 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.

PART 4
SHARING WHAT YOU HAVE LEARNED

Congratulations! By working through the Essential Elements outlined in this Guide, you are on your way to having a solid, strategic plan that can guide SBCC program planning and implementation, addressing the unique needs of Youth. The Guide has highlighted the unique aspects of each element and provided worksheets for skills-building opportunities for each Essential Element.

As you plan and implement your youth SRH SBCC program, sharing your experiences can provide valuable lessons for others doing similar work. A useful forum for this is the Springboard for Health Communication Professionals—a platform for sharing health communication knowledge, experiences and resources. Springboard connects 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 for free, visit Springboard at http://www.healthcomspringboard.org.

Egypt has its own Springboard page here: https://healthcomspringboard.org/groups/egypt/. Springboard works similarly to Facebook – just register, sign in, create your profile and post a comment on the Egypt page or any other discussion groups. Or, simply read what other SBCC professionals from your region are saying. Share resources, make connections and get connected!

Please also share your thoughts about this Guide 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/.

Resources

For (English) videos and instructions on joining and using Springboard, visit:

http://healthcomspringboard.org/help/

GLOSSARY

Note: All words included here are defined within the context of SBCC programming, and explain a term's meaning and use within this Guide.

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. See the definition of "Young Person / Young People" included in this section for more information.

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 to alter 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. Strictly speaking, BCC does not explicitly incorporate the **social** aspects of behavior change (e.g., cultural and social norms, those who influence an individual's or community's behavior, etc.) into its model. 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 or 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.

Female Genital Mutilation (FGM)
FGM refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for cultural or other non-medical reasons. See more at:
http://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions#whatisfgm

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.

Gender Based Violence (GBV)
A term to describe any action or event that results in physical, sexual or psychological harm, and that is executed based on the victim's gender. This includes incidents in public and private settings, and may be one-time occurrences or may occur repeatedly over a period of time. The term usually refers to acts against women, including domestic violence, public harassment, FGM and childhood marriage.

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 valid and measure what they intend to measure, reliable 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.

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 family planning methods 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 family planning methods 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 Harassment
Any unwelcomed verbal or physical conduct of a sexual nature, such as sexual advances or requests for sexual favors, performed without the consent of the other party.

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. This approach is distinguished from BCC by addressing social determinants, social norms, 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.

Young Person / Young People

The World Health Organization defines young people as those aged between 10 and 24 for years. Within this age range, there are smaller, overlapping age groups, each with their own specific needs to consider when designing interventions. These smaller segments include: very young adolescents (ages 10 to 14), adolescents (ages 10 to 19) and youth (ages 15 to 24).

Youth

According to the World Health Organization, youth refers to a smaller group of "young people," specifically those aged 15 to 24 years. See the definition of "Young Person / Young People" included in this section for more information.