HEALTH COMMUNICATION CAPACITY COLLABORATIVE

Influencing the Sexual and Reproductive Health of Urban Youth Through Social and Behavior Change Communication

A Literature Review: Executive Summary (April 2014)

Young people represent the world of tomorrow. They are the future actors on the political, social and economic stage, and account for approximately 20 percent of the world's population (Blum and Nelson-Mmari, 2004). The majority of these adolescents live in developing countries, with a continuously increasing number residing in cities, where unique challenges and opportunities exist for pursuing healthy, fulfilled lives. Although young people share some similarities in their development and transition from adolescence to adulthood, the place where they live can have a significant impact on their lives.

While urban areas may have more infrastructure and services than rural areas, being geographically surrounded by such resources does not guarantee access to them, particularly for poor and marginalized young people. The social and cultural context surrounding young people growing up in urban areas is also different, in both positive and negative ways. Consequently, health behaviors and outcomes are affected.

Given that adolescence is a critical period in life, during which behaviors are formed that can impact on current and future health (Springer et al, 2006; Foulger et al, 2013), efforts are needed to find effective ways of supporting young people in making healthy choices and ensuring they grow into adulthood with the capacity to contribute to the health, productivity and development of future generations. Social and behavior change communication (SBCC) is a means of achieving such change through the strategic use of tested communication principles and methods to promote healthy patterns of decision-making and behavior tailored to audience needs.

The Health Communication Capacity Collaborative (HC3) conducted a review and program scan of peer-reviewed and grey literature on sexual and reproductive health (SRH) of adolescents and youth in urban areas to explore the behavioral drivers, barriers and contextual factors and identify SBCC interventions targeting the sexual health of urban youth. The findings highlight promising practices and synthesize lessons learned, and offer insight into the elements that may yield more positive results for behavior change among urban youth.

Key Findings

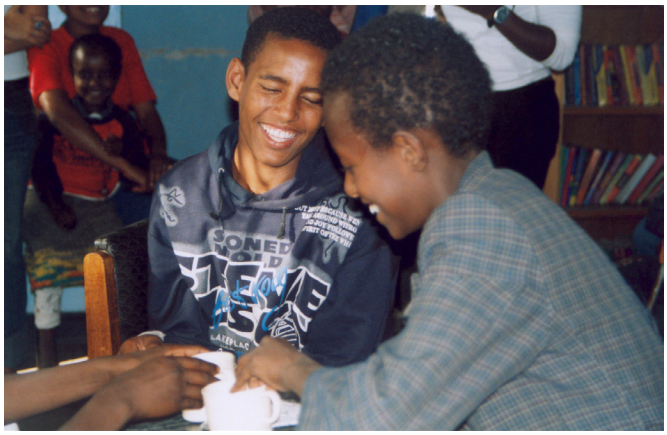
The SRH behaviors of young people are influenced by the context in which they live and by a range of protective and risk factors operating and interacting at multiple levels:

At the **individual level,** protective factors include education, ability to resist peer pressure, a strong desire to avoid pregnancy, fear of contracting a sexually transmitted infection (STI) and good knowledge of SRH matters. Counteracting these protective factors, the risks include alcohol and drug consumption, poor negotiating skills and little or no knowledge of SRH.

At the **family and peer network level,** factors that can protect urban youth from unhealthy sexual behaviors include living with at least one parent and open communication about sexual health with peers, family or partner(s). Common risk factors are living alone, having a sibling with a premarital pregnancy and poor communication on SRH matters with parents, peers or partner(s).

At the **community level,** access to reliable information on SRH and social connectedness has been proved to be protective, while access to misinformation, negative attitudes of service providers and social isolation has all been found to place youth at greater risk of unhealthy sexual behaviors.

At the **societal level,** supportive policies can help create an enabling environment for healthy choices. Although the review found little information about this, examples of supportive policies include youth-friendly services and easy access to contraception. Risks presented at the societal level relate to unequal gender roles, which affect young women's ability to negotiate safe sexual relations, and poverty, which marginalizes many young people and excludes them from the advantages afforded by cities.



In total, the review identified 29 SBCC interventions targeting behavior change for urban youth SRH, spanning across three continents: Africa, Asia and Latin America. The majority of the interventions were implemented in school and community settings, while four were set in informal settlements. There was little variation in the target groups, with most interventions limiting their audience segmentation to a specific age bracket, or to whether the youth were in or out of school. Four interventions specified they only targeted vulnerable young women.

The programs used a variety of approaches, including scripted sessions, peer education, use of positive role-models, a curriculum providing decision-making skills and a holistic approach addressing the broader factors that affect the sexual health of urban adolescents, such as poverty or excessive alcohol consumption.

Most of the interventions also provided evaluations and an assessment of the results, which helped identify the more promising approaches. However, intervention and evaluation methodologies varied considerably, making direct comparisons difficult.

Recommendations

Despite differences in program design and evaluation methodologies, a number of approaches in program design and implementation showed particular success in achieving positive behavior change. Based on these findings, key recommendations for program design and specific SBCC activities include:

Create an enabling environment: Evidence in the literature and in the interventions examined show that behavior change is more likely to occur in an enabling environment where protective factors are promoted and barriers removed. To achieve this, a multi-component approach is necessary and SBCC programmers should consider:

• Dedicating time to informal discussions and exchange, which can fuel reflection on dominant norms and lead to improved attitudes relating to SRH;

• Working with service providers, including health care staff, pharmacies and laboratories to improve their attitudes and communication skills towards youth on SRH topics, and to ensure their respect of patient confidentiality; and

• Engaging parents and leaders to change the dominant norms and support positive attitudes around youth sexual health.

Involve young people: Engaging youth from the design stage of an intervention through to implementation can ensure that the needs of the target group are addressed adequately.

Segment and diversify audiences: Young people are a diverse group with differing needs. The review revealed significant gaps in terms of audience segmentation, with the majority of interventions either targeting youth in school settings or grouping young people into one single category. The diversity of this audience is underestimated and a large number of young people are excluded from, or not specifically addressed by, current SBCC SRH programming. Efforts should be made to include frequently forgotten groups and their particular needs, such as youth out of school, married youth, youth with children, youth with disabilities and, where culturally (and legally) appropriate, youth who identify themselves as lesbian, gay, bisexual or transgender (LGBT).

Engage secondary audiences: Secondary audiences such as parents, community leaders, influential people in the community and admired community members can be effective in promoting social and behavior change. Interventions should recognize the

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

Address the broader aspects of the intended audience's lives that affect SRH determinants and behavior change: Framing SRH in the context of broader youth needs and including information and activities on SRH as part of more holistic programs, such as income generation and livelihoods interventions, can have positive outcomes. Poverty and substance abuse can also be risk factors for youth SRH and holistic interventions are needed to equip young people with the skills and knowledge to mitigate these negative forces.

Develop multi-component interventions that use a range of channels and activities to reinforce messages: Common features of successful multi-component interventions include community-based activities, the creation of enabling environments by working with service providers, and the engagement of community leaders and other influential community members.

Adapt interventions to the local cultural context: Cultural respect and contextual intervention adaptation is essential for program acceptability. Particularly when an intervention addresses SRH, the broader dimensions of culture that govern sexual behaviors also need to be examined.

Message development: Well-developed messages and communication activities can play a critical role in affecting behavior change in adolescents, particularly in three key areas:

• Provide clear, accurate information: Clear, accurate and accessible information should be at the core of any SBCC intervention where knowledge levels need to be improved. Pre-testing messages with the audience group is important to ensure that information is received as intended.

• Emphasize the dangers associated with risky sexual behaviors: During adolescence, when behaviors are often motivated by curiosity and a sense of invulnerability, the need for protection becomes secondary, placing the young person at risk. There is scope, therefore, for SBCC programming to increase threat perception of certain behaviors among young people, in conjunction with messages and activities that increase individual self-efficacy and self-confidence to engage in protective behaviors.

• Create a positive image of condoms: Negative images frequently associated with condoms (e.g. that they demonstrate mistrust and infidelity) can lead to embarrassment and stigma, thus reducing the likelihood of young people using them for protection. SBCC interventions can create more positive images of condoms as representing feelings of love, care and protection.

Use TV, the Internet and social media for reaching youth: Young people cite mass media as a key source of information and access to television, mobile phone technology and the Internet is rapidly increasing, especially in urban areas. These communication media should be considered as important channels for reaching urban youth.

Make activities and messages fun and appealing for youth: Including entertainment and fun aspects in SBCC programming on SRH is an effective way of attracting young people and engaging their attention.

Use popular role models: The power of popular public figures, such as sports stars and singers, can have positive effects on behavior change. Interventions should seek ways of involving admired personalities who deliver activities directly to the young people or promote positive practices through their appearance in the media.

Ensure that peer education is a component of a wider behavior change strategy rather than a stand-alone intervention: Considerable evidence suggests that peer education alone does not succeed in the objective of achieving behavior change, but can be an important approach for sharing information, stimulating discussion and promoting attitudinal change. Avenues for improving peer education should be explored, such as the use of near-peers (those of similar, but slightly older ages than the target audience) or complementing peer education with other behavior change activities. Addressing skill-building, decision-making, the ability to deal with peer pressure, communication skills and an understanding of the cultural values around sexuality are all needed to support positive SRH behavior change.

Build sustainability into program design: Find ways of integrating program activities in existing systems to increase the likelihood that activities will be delivered and sustained. Opportunities for mainstreaming can be found in the school curriculum, in community events and in other significant occasions that mark community or family life. Interventions should also plan follow-up phases whereby successful activities are delivered at regular intervals post-intervention to reinforce positive outcomes.

References

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