

Essential Element I: Collecting Helpful Information about Urban Adolescents

Suggestions for working through this Essential Element:

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

What is the Purpose of this Essential Element?

From this Essential Element, you will:

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

Why is this Important?

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

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

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

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

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

What are the Key Steps?

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

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



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

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

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

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

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



Younger Adolescents

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

2. Use Primary and Secondary Research

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

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

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

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

Quantitative and Qualitative Research

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

Common quantitative methods

- Surveys
- Census
- Vital statistics
- “Counts” or record keeping
- Social media metrics
- Webpage analytics
- Media consumption studies

Common qualitative methods

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

Using Secondary Research

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

Definitions

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

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

Important Concepts

Using Country-Level Data

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

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



Resources

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



Reminder!

Collecting Secondary Research

- **Brainstorm with your team.** Work with co-workers to generate a list of all the organizations locally that might have collected data that could be helpful.
- **Take advantage of the benefits of the city.** Working in urban environments often means being close to national-level information repositories (i.e., Ministry of Health [MOH], research groups, NGOs) and Internet access.
- **Use the most recent data (within the last five years).** If you are not able to find recent data, use what you can find, update when possible and/or try to verify older data through your own research.
- **Similar studies can be helpful.** Consider research that might have been conducted elsewhere on a similar topic or the segment of urban adolescents that you are interested in. If your organization has a chapter in another place or nearby countries, don't forget to also reach out to them.
- **Use trusted sources of information.**
 - » Global organizations (e.g., UN agencies, international donor governments)
 - » International non-governmental health organizations
 - » National and community-based organizations
 - » Researchers
 - » Journals
 - » Private sector
 - » Government ministries
 - » Service delivery organizations

Conducting Primary Research

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



Resources

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

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

	YES	NO
• Is there anything else you need to know for your program about your audience’s behaviors?	<input type="checkbox"/>	<input type="checkbox"/>
• Is there anything else you need to know for your program about your audience’s attitudes, beliefs, values and perceptions?	<input type="checkbox"/>	<input type="checkbox"/>
• For your program, do you need to know more about the barriers and drivers of behavior for your audience?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you see any contradictory information in the research you have gathered so far?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you think that the research you have gathered may have been biased in any way?	<input type="checkbox"/>	<input type="checkbox"/>
• For your program, do you need to know more about the key influences on behavior in your audience?	<input type="checkbox"/>	<input type="checkbox"/>
• For your program, do you need to know more about the individuals who play an influential role in the lives of your audience?	<input type="checkbox"/>	<input type="checkbox"/>
• 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?	<input type="checkbox"/>	<input type="checkbox"/>

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

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



Reminder!

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

3. Make sense of the research you have collected

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

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



WORKSHEET #1: MAKING SENSE OF PRIMARY AND SECONDARY RESEARCH

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

Preparation:

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

- Relevant secondary research sources (e.g., DHS, health center statistics)
- Relevant primary research sources (e.g., research reports)

Directions:

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

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

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

(Information Source: _____)

WORKSHEET #1: MAKING SENSE OF PRIMARY AND SECONDARY RESEARCH (CONTINUED)

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

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

a. Age:

b. Gender:

c. Education level:

d. Other (specify: _____):

WORKSHEET #1: MAKING SENSE OF PRIMARY AND SECONDARY RESEARCH (CONTINUED)

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

a. Knowledge:

b. Attitudes:

c. Behaviors:

d. Other:

WORKSHEET #1: MAKING SENSE OF PRIMARY AND SECONDARY RESEARCH (CONTINUED)

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

Think of other things you would like to know about young people’s behaviors, beliefs, aspirations and values:

- Are there some groups of young people you would like to know more about? For example, younger adolescents or street children?
- Are there some issues you would like to know more about, for example, information on illegal abortion or on the taboos surrounding SRH?

Additional Questions:	Possible Ways to Find Answers:

WORKSHEET #1: MAKING SENSE OF PRIMARY AND SECONDARY RESEARCH (CONTINUED)

TIME TO REFLECT

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

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

1.

2.

3.

WORKSHEET #1: MAKING SENSE OF PRIMARY AND SECONDARY RESEARCH

Zanbe Example

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

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

Unintended pregnancy among urban adolescents, 15 to 19.

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

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

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

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

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

(Information Source: Tokona DHS 2011)

**WORKSHEET #1:
MAKING SENSE OF PRIMARY AND SECONDARY RESEARCH (CONTINUED)**

Zambe Example

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

a. Age:

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

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

b. Gender:

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

c. Education level:

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

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

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

d. Other (specify: _____):

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

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

WORKSHEET #1: MAKING SENSE OF PRIMARY AND SECONDARY RESEARCH (CONTINUED)

Zambe Example

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

a. Knowledge:

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

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

b. Attitudes:

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

c. Behaviors:

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

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

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

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

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

WORKSHEET #1: MAKING SENSE OF PRIMARY AND SECONDARY RESEARCH (CONTINUED)

Zambe Example

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

Think of other things you would like to know about young people's behaviors, beliefs, aspirations and values:

- Are there some groups of young people you would like to know more about? For example, younger adolescents or street children?
- Are there some issues you would like to know more about, for example, information on illegal abortion or on the taboos surrounding SRH?

Additional Questions:	Possible Ways to Find Answers:
<ul style="list-style-type: none"> • <i>What targets has our country set to reduce rates of unintended pregnancy?</i> 	<ul style="list-style-type: none"> • <i>Review government documents</i> • <i>Interview a family planning unit staff member at the MOH.</i>
<ul style="list-style-type: none"> • <i>The DHS data is for the country as a whole. Are the urban women in Zambe similar to the country data or are there differences?</i> • <i>Which 10 to 19 year olds are most likely to become pregnant or to make a girl pregnant?</i> • <i>What are the different SRH needs of those aged 10 to 14 compared to those 15 to 19 or 20 to 24 year olds?</i> 	<ul style="list-style-type: none"> • <i>Interview nurses or administrators in public and private Zambe family planning and antenatal clinics.</i> • <i>Review secondary research.</i> • <i>Conduct primary research with young women and men of different age groups.</i>
<ul style="list-style-type: none"> • <i>What are the gender norms that impact 10- to 19-year-old girls?</i> • <i>How are relationships between 15 to 19 year olds perceived in the city? By young people? Their influencers?</i> • <i>How do 15- to 19-year-old adolescents feel about contraception? Are there myths or barriers we need to address?</i> • <i>What do we know about the different barriers, facilitators and motivators to using contraceptives for in-school vs. out-of-school adolescents?</i> • <i>Where do urban adolescents access contraception and contraceptive services, and what is that experience like?</i> 	<ul style="list-style-type: none"> • <i>Conduct focus groups with a few different segments of urban 10 to 19 year olds, e.g., those not attending school, those with children, etc., to explore gender norms and these other questions.</i> • <i>Conduct in-depth interviews with parents and health care providers to explore these topics among others.</i>

**WORKSHEET #1:
MAKING SENSE OF PRIMARY AND SECONDARY RESEARCH (CONTINUED)**

Zambe Example

TIME TO REFLECT

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

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

- 1. We should consider segmenting our audience by age and focusing on delayed sexual debut for 10 to 14 year olds and contraceptive access for 15 to 19 year olds.*
- 2. We should consider using radio as a communication channel because it's so popular in the urban environment.*
- 3. Since early sexual debut is correlated with being out-of-school, we may want to focus on the out-of-school adolescent population.*

Resources for Essential Element 1



Resources for **Essential Element 1** include:

1. Questions to Help Understand the Sexual Reproductive Health Issue among Urban Youth
2. Reminders for Conducting Primary Research
3. Data from the Fictional Country of “Tokona”
4. Various Links and Suggestions for Data, Datasets and Formative Research

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

The SRH problem

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

Intended audience

Identifying appropriate intended audiences:

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



Segmenting the intended audience:

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

Behavior

Selecting a behavior

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

Understanding barriers and facilitators to behavior change for your intended audience

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

Benefits of the behavior

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

Barriers to the behavior

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



Intervention Strategy

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

Communication Channels

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



Reminders for Conducting Primary Research

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

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

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

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

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



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

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

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

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

Tokona DHS Tables

Table 1. Children's living arrangements and orphan hood

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

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

Table 3. Literacy: Women

Percent distribution of women age 15-19 by level of schooling attended, level of literacy and percentage literate, according to background characteristics, Tokona 2011

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

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

Table 4. Exposure to mass media: Women

Percent distribution of women age 15-19 who are exposed to specific media on a weekly basis, by background characteristics, Tokona 2011

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

Table 5. Teenage pregnancy and motherhood

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

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

Table 7. Current use of contraception by age

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

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

Table 13. Age at first sexual intercourse among young people

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

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

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

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

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

DATA

Demystifying Data: A Guide to Using Evidence to Improve Young People's Sexual and Reproductive Health (2013)

Guttmacher Institute and IPPF

This publication is designed to make accessible and contextualize a wealth of data on adolescent sexual health and rights in 30 countries, and to provide guidance on how to apply the data to advocacy, education and service provision efforts. The guide is designed to be a resource for youth advocates, sexuality educators and service providers, as well as others working to advance the sexual and reproductive health and rights of young people.

<http://www.guttmacher.org/pubs/demystifying-data.pdf>

Save the Children Resource Center

Save the Children

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

<http://resourcecentre.savethechildren.se/>

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

DHS

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

<http://dhsprogram.com/Data/>

DHS Youth Corner

DHS information about youth aged 15-24 with special focus on reproductive health, HIV/AIDS, gender issues and education.

<http://dhsprogram.com/topics/youth-corner/index.cfm>

HIV/AIDS Survey Indicators Database

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

<http://hivdata.dhsprogram.com>

Multiple Indicator Cluster Survey

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

http://www.unicef.org/statistics/index_24302.html

The World's Youth 2013 Data Sheet

Population Reference Bureau

Provides a comprehensive portrait of the well-being of youth ages 10 to 24 across the globe, including such indicators as the current and projected size of youth populations, educational enrollments, labor force participation, marriage and fertility, and health risks and behaviors.

<http://www.prb.org/Publications/Datasheets/2013/youth-datasheet-2013.aspx/>

Fondation Hironnelle

Fondation Hironnelle 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.hironnelle.org/index.php/en/>

FORMATIVE RESEARCH

Guide for Selecting a Formative Research Method

HC3 HealthCOMpass

This guide provides an algorithm to assist program managers and researchers in selecting the right formative research method. The guide helps managers decide between quantitative and qualitative methods, and then offers specific methods that match the needs of a program.

<http://www.thehealthcompass.org/sbcc-tools/guide-selecting-formative-research-method>

Measuring HIV SBCC Outcomes

HC3

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

<http://www.thehealthcompass.org/trending-topics-measuring-hiv-sbcc-outcomes>

Analyze the Situation

HC3 HealthCOMpass

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

<http://sbccimplementationkits.org/demandrmnch/fp-step1/>

Tips for Running Focus Groups with Youth

HC3 HealthCOMpass

This guide covers the three most common barriers to youth focus groups and suggestions for overcoming them. Some barriers include violations of privacy, capacity for commitment and lack of interest.

<http://www.thehealthcompass.org/sbcc-tools/tips-running-focus-groups-youth-guide>

Are you on the Right Track? Six Steps to Measure the Effects of your Programme Activities. (2009)

STOP AIDS NOW! and Rutgers World Population Foundation

This workbook has been developed specifically for programmers working in the area of young people's sexual health. The workbook is a hands-on instruction manual for developing an outcome M&E plan by proposing six key steps. The tool is helpful both to assess progress and to measure achievement of activities relating to sexual health interventions.

http://www.stopaidsnow.org/sites/stopaidsnow.org/files/PY_Are_you_on_the_Right_Track.pdf