

Essential Element 5: Establishing Behavioral Objectives and Indicators

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

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

What is the Purpose of this Essential Element?

The purpose of this Essential Element is to:

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

Why is this Important?

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

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

For example:

Reduce the number of unintended teen pregnancies among 15- to 19-year-old girls in Zanbe.

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

For example:

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

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

What are the Key Steps?

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

- 1: Consider and Set Behavioral Objectives
- 2: Make Behavioral Objectives SMART
- 3: Establish Behavioral Indicators

1. Consider and Set Behavioral Objectives

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

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

2. Make Behavioral Objectives SMART

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

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

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

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

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

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



Reminder!

Creating SMART behavioral objectives:

1. **Be specific about your target population and your issue.** For example, if you are aiming to increase use of modern contraceptives, you should focus on “sexually active young women” rather than “all women.”
2. **Give a numerical or percentage change expected.** State the existing baseline measure, as well as an expected measure. Review available data and consult research experts to determine a realistic goal for the expected change.
3. **Keep in mind the barriers to change that affect urban adolescents.** How difficult will it be to get their attention? Are others actively trying to convince them to adopt behaviors different from those that your SBCC program is promoting (e.g., abstinence vs. contraception)? Are there competing demands for the time and actions of urban adolescents?
4. **Learn from similar programs.** Review the literature and data of similar SBCC programs. What were their behavior change objectives? What changes were achieved? Their experience might help to make your objectives realistic.
5. **Consider the availability and accessibility of products and services needed to practice the desired behavior.** Will the communication about this behavior create more demand than your program can provide? Will service providers be able to keep up with the demand for supplies or services?
6. **Consider what is manageable within the constraints of your program.** Can the objectives be accomplished with the resources available? Are there appropriate communication channels to reach the intended audience? Do you have enough time?
7. **Use timeframes that give people enough time to change.** Use timeframes in terms of months or years.

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

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



WORKSHEET #7: BEHAVIORAL OBJECTIVES

PART 1

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

Preparation:

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

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

Directions:

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

Program goal: _____

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



WORKSHEET #7: BEHAVIORAL OBJECTIVES

PART 2

Instructions:

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

Summarized behavioral objective: _____

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

Improved behavioral objective: _____

TIME TO REFLECT

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

1.

2.

3.

WORKSHEET #7: BEHAVIORAL OBJECTIVES PART 1

Zambe Example

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

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

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

WORKSHEET #7: BEHAVIORAL OBJECTIVES PART 2

Zambe Example

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

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

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

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

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

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

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

WORKSHEET #7: BEHAVIORAL OBJECTIVES PART 2

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. Our program implementation period is quite short. How can we be realistic about what we can achieve?*
- 2. Being specific about our objectives will help us to track progress toward meeting them.*
- 3. We have to make sure that ALL of our objectives are SMART before we move onto the next stage.*

3. Establish Behavioral Indicators

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

Good indicators are:

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

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

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

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

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

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

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

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

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

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



Reminder!

Measuring your Success

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



WORKSHEET #8: BEHAVIORAL INDICATORS

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

Preparation:

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

- **Worksheet #6** completed with your data.

Directions:

1. Answer the questions in this Worksheet using your data.
2. Refer to the **Worksheet #8: Zanze 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.

WORKSHEET #8: BEHAVIORAL INDICATORS (CONTINUED)

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?

WORKSHEET #8: BEHAVIORAL INDICATORS (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 #8: BEHAVIORAL INDICATORS

Zanbe Example

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

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

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

Behavioral Indicators:

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

WORKSHEET #8: BEHAVIORAL INDICATORS (CONTINUED)

Zambe Example

How can they be measured?

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

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

TIME TO REFLECT

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

- 1. We need to make sure that we choose indicators that a) match the behavioral objective that we chose and b) are measurable and achievable within the timeframe of our program.*
- 2. For this program, we will just choose three indicators to measure.*
- 3. Need to think about what methodologies we will use to get data on these indicators.*

Resources for Essential Element 5



Resources for **Essential Element 5** include:

The DELTA Companion: Marketing Planning Made Easy

Population Services International

DELTA is PSI's strategic planning, management and alignment tool for social marketing and behavior change communication programs.

http://www.thehealthcompass.org/sites/default/files/strengthening_tools/DELTA-Companion-Social-Marketing.pdf

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

STOP AIDS NOW! and Rutgers World Population Foundation

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

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