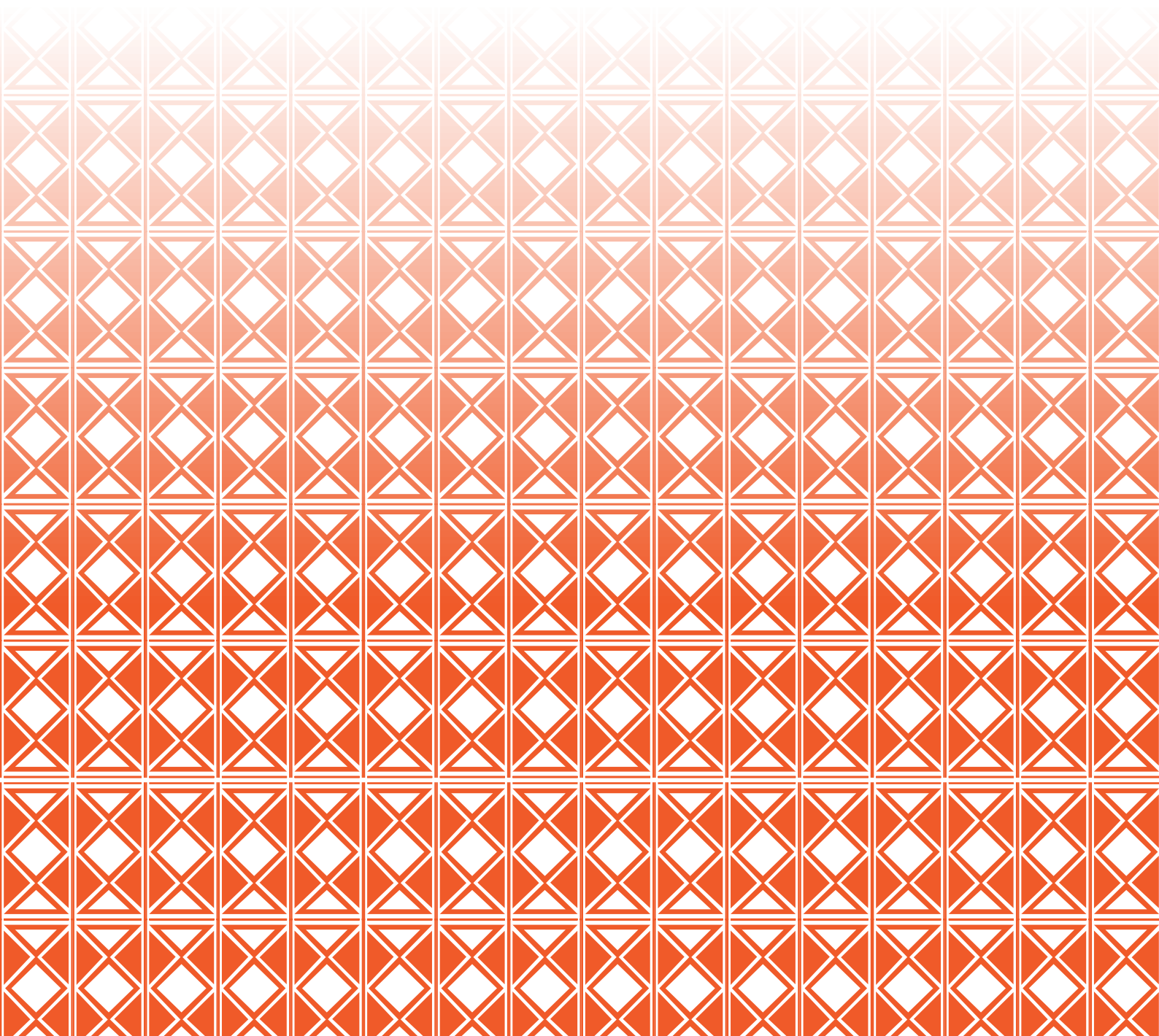# PART 1
CONTEXT AND JUSTIFICATION

About the Implementation Kit

What is the Purpose of the Implementation Kit?

The purpose of the Urban Adolescent Social and Behavior Change Communication Implementation Kit (I-Kit) 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 urban adolescents aged 10 to 19. The I-Kit is designed to teach these essential SBCC elements and includes worksheets to illustrate each element and facilitate practical application**.**

The seven Essential Elements that form the structure of the I-Kit are:
1. **Collecting Helpful Information about Urban Adolescents**
2. **Navigating the Urban Environment for Youth**
3. **Segmenting Your Audience**
4. **Creating an Audience Profile**
5. **Establishing Behavioral Objectives and Indicators**
6. **Identifying Communication Channels in the Urban Environment**
7. **Developing Messages for Urban Adolescents**

The I-Kit is **not** a step-by-step guide on how to develop and implement a complete SBCC program because there are other resources that detail those steps. If you would like more information on how to develop a complete SBCC program step-by-step, you can refer to the Resources section at the end of the I-Kit. There you will find a selection of tools that can guide you through the development of an SBCC program from start to finish.

Instead, this I-Kit highlights the Essential Elements of SBCC programming, with particular focus on what is unique in the context of urban adolescents. The I-Kit can be used as a whole, from start to finish, or you may also just work on the Essential Elements that are important for your program.

Who is the Audience for the Implementation Kit?

The I-Kit is intended for a range of audiences, including:
- **SBCC professionals**, like program managers, designers and implementers who are already working with adolescents 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.
- **Youth-led organizations or youth-focused professionals**, like program managers, designers and implementers who are already working on, or interested in, incorporating SBCC elements into their SRH work.

What Does the Implementation Kit Include?

The I-Kit includes:

1. **Context and Justification:** This section lays the foundation. It provides basic definitions of SBCC and urban adolescents, and provides an overview of elements for successful SBCC program design. The I-Kit uses a fictional group of characters and a non-governmental organization (NGO) in an imaginary city called Zanbe. These characters and their stories are used throughout the I-Kit to illustrate the Essential Elements and Worksheets.

2. **Essential Elements and Worksheets:** These sections describe important themes and components of SBCC SRH programs for urban adolescents. 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 the completion of 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 Implementation Kit be Used?

The purpose of the I-Kit is to help you understand the key components of the SBCC planning process and how those specifically apply to SRH programs targeting urban adolescents. The I-Kit can be used as a **self-facilitated learning tool** or **part of training**.

Use the I-Kit from start to finish as each Essential Element builds on the previous one. However, it is also possible to work with individual 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 I-Kit 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 Implementation Kit

The I-Kit is designed to support SBCC programming for urban youth and highlights important elements of SRH SBCC interventions for youth in urban settings. 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.

Implementation Kit Icons and Meanings "Key"

Throughout the I-Kit, 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, you will find additional tools that will help you and your team build on the lessons in the I-Kit, your knowledge and project examples. Look for the symbol shown here throughout the I-Kit to help point you to those resources.

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 adolescents' needs and be delivered in ways that make sense to adolescents. Look out for this symbol throughout the I-Kit for places that are particularly important for **youth involvement**.

The I-Kit focuses on adolescents ages 10 to 19. However, limited programs specifically address or consider the needs of **younger adolescents**, between ages 10 and 14. 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 I-Kit, its contents and how to use it, it's time to get started!

Focus on Adolescent Sexual and Reproductive Health

Who are Adolescents?

Adolescents are young people transitioning from childhood to adulthood. Adolescence is commonly defined by age (10 to 19 years old), and as a life stage characterized by important developmental changes. These include changes in the way people look, think, feel and socialize. Throughout adolescence and young adulthood, individuals go through different stages of development. While there is no set age for when these changes occur, it can be helpful to break down the age group into two smaller groupings:

- **Younger adolescents: 10 to 14 years old**
- **Older adolescents: 15 to 19 years old**

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 growth, increased influence by peers and transition from dependence on others to experiments with independence and decision-making.

The following chart (Figure 1) provides useful information about how adolescents develop socially, cognitively, physically and sexually. Of course, no two young people are the same and every individual develops at different rates. Use this chart as an illustration of the development process.

> ⚠️ **Reminder!**
>
> **Think back to when you were an adolescent. Does any of this sound familiar?**
>
> The focus of the I-Kit is on those aged 10 to 19, whom we will call "adolescents" or "young people." However, what you learn from the I-Kit can be adapted for emerging adults, such as those aged 20 to 24, as well as others outside this age range.

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.	Move away from parents and toward peers. Begin to develop own value system.	Begin work/higher education, enter adulthood and re-integrate with family.
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.	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 others, may masturbate/experiment with sex play.	Show increased sexual interest, may struggle with sexual identity, may initiate sex.	Begin to develop serious intimate relationships that replace group relationships.

Figure 1: Adolescent Psychological Development Chart[1]

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[1] 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; there are other aspects of their lives that influence who they are and what they do. These can include:

- **Family life status** – 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.[2]
- **Religion/religious beliefs** – a young person growing up in a religious Christian household may be told different things and have different beliefs about sex and sexuality than a young person raised in a secular Muslim 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 Adolescents?

Choices made during adolescence can develop into repeated habits that continue into adulthood, including both healthy and unhealthy behaviors.

Globally, nearly two-thirds of premature deaths are associated with behaviors and conditions that began in adolescence.[3] For example, risky sexual behavior, tobacco use, poor eating and exercise habits can lead to illness or premature death later in life.

Of particular concern is the high prevalence of sexually transmitted infections (STIs) affecting young people, including human immunodeficiency virus (HIV). In 2007, 45 percent of all new HIV infections worldwide happened in youth aged 15 to 24 years old,[4] while a third of all new STIs each year occur in people below the age of 25.[5] Moreover, pregnancies and childbearing during the teenage years are associated with significant health risks for adolescent women, especially in low- and middle-income countries where related complications are the leading cause of death among girls aged 15 to 19.[6]

"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

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[2] 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

[3] 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

[4] World Health Organization (2008). 10 Facts About Adolescent Health. http://www.who.int/topics/adolescent_health/en/

[5] Blum RW and Nelson-Mmari K. (2004) The health of young people in a global context. *Journal of Adolescent Health*.35:402-418

[6] World Health Organization. (2012) *Preventing Early Pregnancy and Poor Reproductive Outcomes among Adolescents in Developing Countries: What the Evidence Says.* Geneva, Switzerland: World Health Organization

In Sub-Saharan Africa (SSA), AIDS is the leading cause of death among 15 to 19 year olds,[7] and the HIV prevalence among this age group is higher in SSA than in other parts of the world.[8] Further, women who become pregnant in SSA face a risk of death 600 times higher than women in industrialized countries. For adolescents, the risk is even higher as they are more likely to be affected by pre-eclampsia, obstructed labor, abortion complications and iron deficiency anemia than older women.[9]

In view of these greater risks among the younger population, it is essential to ensure that adolescents are given the tools to make healthy choices so they can lead healthy and successful lives in the future.

What is Unique about *Urban* Adolescents?

Another strong influence on a young person's development is where they live. The urban environment can have both advantages and disadvantages for adolescent SRH.

Advantages: Urban areas have more infrastructure and services, such as health clinics, than rural areas. Adolescents are more likely to be enrolled in school and have more knowledge of SRH matters. They also have more exposure to media outlets, like radio and television, which can communicate important SRH information.

Disadvantages: While urban adolescents have more exposure to a variety of media, some media sources may provide unreliable information that can expose youth to greater risk. Urban areas have a higher concentration of meeting venues, such as bars and discos, giving adolescents more sexual freedom and more opportunities to take risks. Traditional family structures—for example, a child living with one or both parents—may be less common for urban adolescents, particularly those who travel to the cities from rural areas. Poor urban adolescents are especially vulnerable as they may have less access to the services offered by cities and may live in poor, inadequate housing with limited resources or support.

What is Sexual and Reproductive Health?

Health itself is a state of physical, mental and social well-being.[10] SRH applies specifically to sexuality and the reproductive processes, functions and systems at all stages of life. This definition requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility to have pleasurable and safe sexual experiences, free of coercion, discrimination and violence.[11]

SRH is heavily influenced by gender norms and roles, as well as by social expectations and power dynamics, and must be understood within specific social, cultural, economic and political contexts. SRH also looks at the individual holistically, addressing the social, emotional, cognitive and physical aspects of a person's life.

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[7] World Health Organization. (2001) The World Health Report 2001: Mental Health. New Understanding and New Hope. Geneva, Switzerland: World Health Organization

[8] Blum RW. (2007) Youth in Sub-Saharan Africa. *Journal of Adolescent Health*, 41:230-238

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

[10] Although this definition of health has been agreed upon by WHO member states, there is recognition that in some cultures, spiritual well-being is also necessary for complete health.

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

Resources

Adolescent Sexual and Reproductive Health

Facts on the Sexual and Reproductive Health of Adolescent Women in the Developing World (2010)
Guttmacher Institute and IPPF
http://www.guttmacher.org/pubs/FB-Adolescents-SRH.pdf

How to Reach Young Adolescents: A toolkit for educating 10-14 year olds on sexual and reproductive health (2011)
DSW
The toolkit presents several overlapping approaches to increase young adolescents' SRH knowledge and improve their sexual behaviors. It is based on DSW's own experience piloting the Young Adolescents Project in Uganda from 2009 to 2011.
http://www.dsw.org/uploads/tx_aedswpublication/YAP_Toolkit.pdf

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.
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)
http://www.healthcommcapacity.org/hc3resources/influencing-sexual-reproductive-health-urban-youth-social-behavior-change-communication/

The Time is Now: Invest in Sexual and Reproductive Health for Young People. (2012)
Population Reference Bureau
This fact sheet provides an overview of key messages about the SRH of young people in developing countries and why it is important to invest in it.
www.prb.org/pdf12/engage-youth-key-messages.pdf

Young People Today. Time to Act Now (2013)
UNESCO
This report provides insights into the state of SRH education in Sub-Saharan African schools as well as data to indicate the importance of improving sexual education in schools. English:
http://unesdoc.unesco.org/images/0022/002234/223447E.pdf

Adolescence: An age of Opportunity (2011)
UNICEF
This report on the state of the world's children focuses on adolescence and with particular focus on the challenges facing youth in developing countries. It also highlights how globalization, migration and technology affects the way youth are growing up in these evolving contexts.
http://www.unicef.org/adolescence/files/SOWC_2011_Main_Report_EN_02092011.pdf

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

Introducing a Fictional Setting

To help demonstrate program planning processes and considerations in the urban context, the I-Kit uses an imaginary program from the fictional city of Zanbe, including the fictional NGO, "Bright Star," and a fictional cast of urban youth characters. The example of Zanbe, three of its young inhabitants and the Bright Star NGO with its "Let's Talk About It!" program will be used throughout this I-Kit to show practical examples of how the Essential Elements can be applied.

The three young people presented here, Etienne, Awa and Nadia, represent typical young people, facing the same challenges and aspirations that many young people face in cities elsewhere. We hope that by providing these examples it will help you think about the different aspects when designing SBCC programs addressing urban youth.

The City of "Zanbe"

Zanbe is a growing metropolis in the heart of Tokona, a large African nation. A peaceful country, Tokona's economy and lifestyle are based mostly on agriculture and farming. However, Zanbe has been attracting foreign investments for several years, thanks to its active commerce industry and foreign workers. As a result, adults and youth from all over the country are moving to Zanbe in search of work, education and better life opportunities.

"Bright Star" NGO

Bright Star is an NGO in Zanbe, funded by an international donor. Its most recent program, from 2006 to 2011, aims to address the growing problem of unintended pregnancies and STIs among young women 10 to 19 years old. Across Zanbe, Bright Star has three youth-friendly clinics, which also run activities in the community. With the funding, Bright Star targeted out-of-school girls, who they noticed were particularly vulnerable, and developed an SBCC program called Let's Talk About It! to complement the clinic's work.

In the five years of its funding, Let's Talk About It! achieved the following results:

- A 17 percent reduction in STIs among the target group.
- A reduction of 21 percent in unintended pregnancies among the target group.
- A 26 percent increase in use of modern contraceptives among the target group.
- Improved communication about sexual health matters among young people and between young people and adults (including their parents).

Bright Star and its Let's Talk About It! program will be used throughout the I-Kit to illustrate how each Essential Element can be applied for successful programming. Please note that data and information used relating to Zanbe and the Let's Talk About It! program is fictional, and is presented as a sample scenario only.

Cast of Characters

Amid the hustle and bustle of Zanbe are individuals representing typical urban youth with a range of backgrounds, interests, ambitions and needs. Let's meet a few of them:

- **Etienne**: 16, student and an excellent football player living in a well-to-do neighborhood.
- **Awa**: 11, a market vendor who has recently returned to school and dreams of getting a "proper job."
- **Nadia:** 18, who dropped out of school when her daughter was born, currently unemployed and living with her sister.

Etienne

Etienne is 16 and lives with his family in a middle-class neighborhood in Zanbe. Other than going to school, he loves football and dreams of becoming a professional player one day. He plays football after school and on weekends with his club team, which his father, Thomas, coaches. Etienne is the captain of his team and his friends call him "Strike" because he plays striker, but also because he is "fast" with girls. Sometimes Etienne and his friends go to see movies, or go to bars or clubs to listen to hip-hop music and meet girls. Etienne has had two girlfriends and he has had sex with both. Etienne has used condoms on and off, but almost never uses them if he has been drinking. He knows that condoms prevent pregnancy and STIs, but his friends always say that "condoms kill pleasure."

Awa

Awa is 11 and lives in a two-room house with her mother in a crowded, poor neighborhood on the outskirts of Zanbe. Awa dropped out of school for two years when she was 9. Recently, she managed to go back to school, but often misses classes because her mother does not always have the money to pay for the school fees. Awa sells clothes in the Central Market after school to contribute to the small household income. After work, Awa loves hanging out with friends at the night market or around cafes instead of going home, where her mother sells homemade alcohol. The men coming through her living room buying the alcohol are often drunk and try to touch and talk to her, which she hates. Awa has been getting more attention lately from men as her body is developing. She hears others around her talking about sex, but she is not interested. She dreams of finishing school so she can get a better job in one of the city's tall buildings.

Nadia

Nadia is 18 years old and lives in a good neighborhood with her daughter, her older sister, her sister's husband and their two children. When she was 15, Nadia's boyfriend told her she could not get pregnant the first time they had sex, but she got pregnant and had to quit school when her daughter was born. Her parents were not supportive, so she came to Zanbe to live with her sister. Nadia takes care of her daughter and her niece and nephew, cleans the house and prepares food for the family. She does not have much free time and misses her friends back home, but hangs out with a few friends in the city. She has not heard from the father of her child since she told him she was pregnant, but has recently started dating a man she met at the nightclub. After the birth of her daughter, the nurses told her about the injectable and she uses this method so she can plan her next pregnancy, but knows that she should also use condoms to prevent STIs.

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 I-Kit, 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.

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.

See Figure 2. http://healthcommcapacity.org/wp-content/uploads/2014/04/P-Process-Brochure.pdf.

The P Process has five steps:
>   Step 1: Inquire
>   Step 2: Design your Strategy
>   Step 3: Create and Test
>   Step 4: Mobilize and Monitor
>   Step 5: Evaluate and Evolve

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
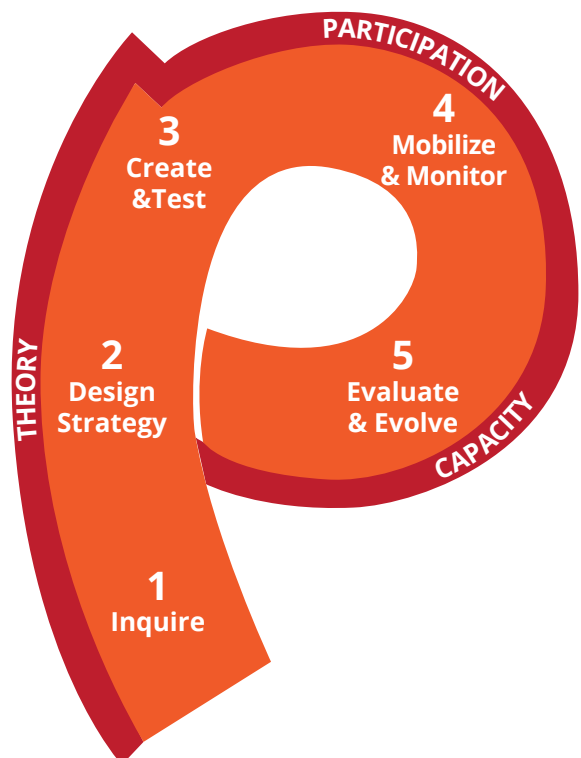>   3. Continuous Capacity Strengthening

Figure 2: P Process

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

- **A mass media campaign** that promotes condom use to prevent HIV and other STIs through public service announcements and/or serial dramas on radio or TV.
- **A theater group** performing a play about gender-based violence 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 delay sexual debut.
- **A short message service (SMS) or hotline service** to provide information on family planning or HIV.

Reaching youth with SBCC programs in urban environments has specific advantages and disadvantages.

Advantages: urban adolescents have increased access to different media and technology options, as well as greater availability and diversity of health care services. High population density also means that many more adolescents can be reached at once.

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

Social Marketing

Social marketing concepts are also commonly used to design successful SBCC programs. Social marketing refers to the application of commercial marketing principles to influence behaviors of the intended audience for improved personal and/or social welfare. Ultimately, the goal of social marketing is to change behaviors, not just raise knowledge and awareness.

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

- **Product:** can refer to a health product (such as a condom or another contraceptive method), a service (such as HIV testing and counseling) or a behavior (such as reduced concurrent partnerships). 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 may be direct or financial (such as the cost of a condom to the consumer), or it may be indirect (such as the cost of missing a day's work to go to the clinic). **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 urban adolescents to ensure they can access your product.

- **Place:** refers to where the product is promoted. For urban adolescents, 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 urban adolescents.

What Influences People's Behavior?

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

This approach recognizes that behavior change can be achieved through activities that target four levels: individual, interpersonal (family/peer), community and social/structural.
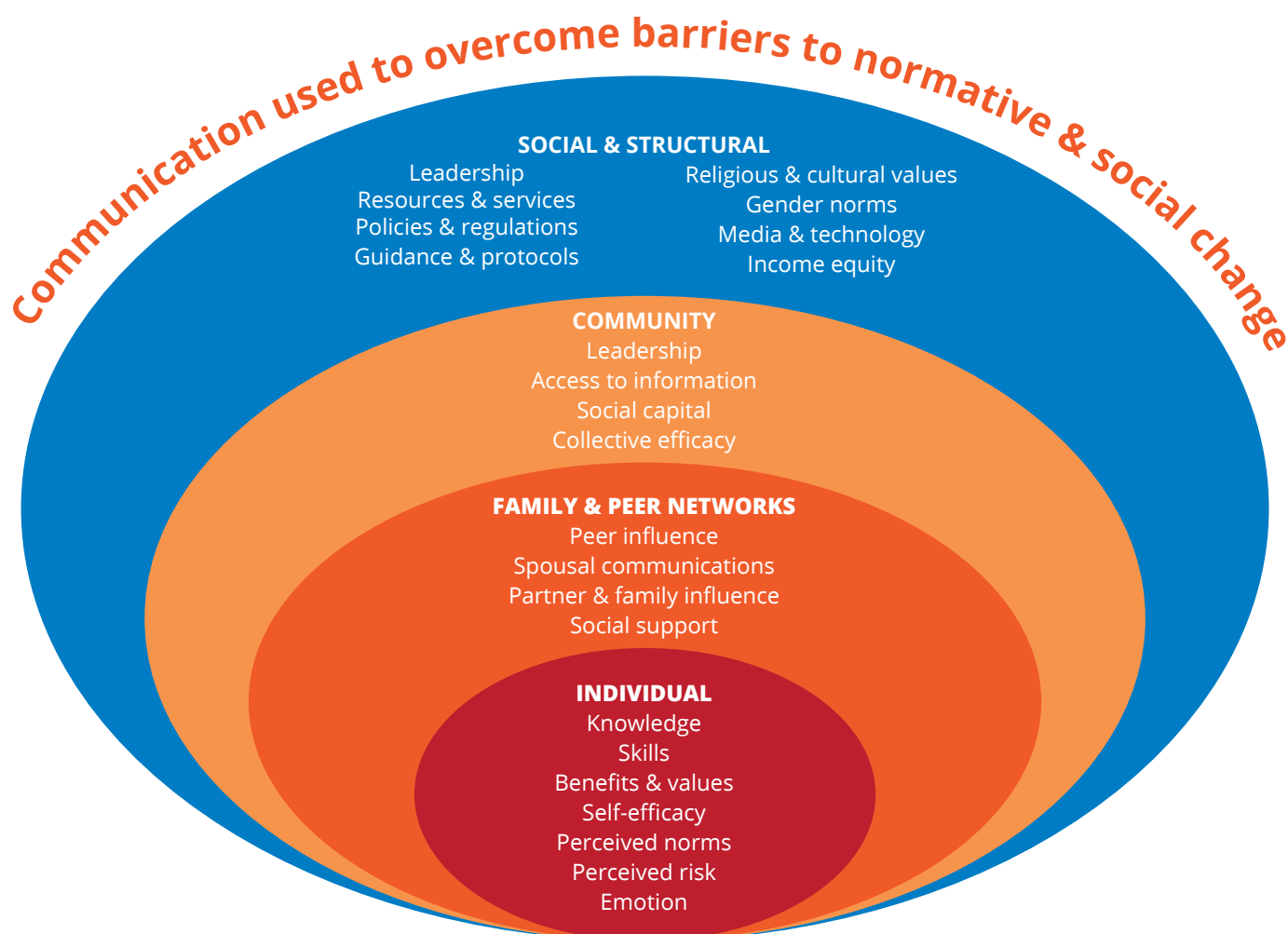

Communication used to overcome barriers to normative & social change

SOCIAL & STRUCTURAL
Leadership
Resources & services
Policies & regulations
Guidance & protocols
Religious & cultural values
Gender norms
Media & technology
Income equity

COMMUNITY
Leadership
Access to information
Social capital
Collective efficacy

FAMILY & PEER NETWORKS
Peer influence
Spousal communications
Partner & family influence
Social support

INDIVIDUAL
Knowledge
Skills
Benefits & values
Self-efficacy
Perceived norms
Perceived risk
Emotion

Figure 3: Socio-Ecological Approach

Let's take the example of a younger adolescent girl, possibly someone like Awa, living in an urban informal settlement, who is not currently sexually active. Your program wants to support younger adolescent girls to prevent unintended pregnancies. Let's think of all the factors at each level of the Socio-Ecological Approach that can influence these girls' ability to make healthy decisions.

At the **individual** level, younger adolescent girls need information and skills related to puberty and human reproduction, what it means to start sexual activity, choosing whether and when to engage in sex, the risks of unprotected sex, knowing where to get information, knowing how to access services offering contraception and counseling, and negotiating use of, or using, the contraception she chooses.

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

In the **community**, younger adolescent girls need services that are available and accessible for information about human development, how to avoid pregnancy and STIs, and reassurance that there will be no negative consequences from the community for accessing services, using contraception or choosing whether and when to have sex.

At the **social/structural** level, younger adolescent girls need supportive norms around gender and relationships that allow for a young woman to access and use contraception if she chooses to become sexually active, policies that support affordable contraception for everyone and availability of 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 I-Kit.

SBCC Theories

Behavior change theories can help understand why people act the way they do and why behaviors change. SBCC theories can be helpful to 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
	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.
Individual	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

You will get a chance to apply behavior change theories to your own program when filling in **Worksheet #5** in **Essential Element 4**.

Here is a brief description of some of the most common theories used in SBCC programming. When possible, we will refer to Awa, the young woman from Zanbe, to help illustrate how they can be applied.
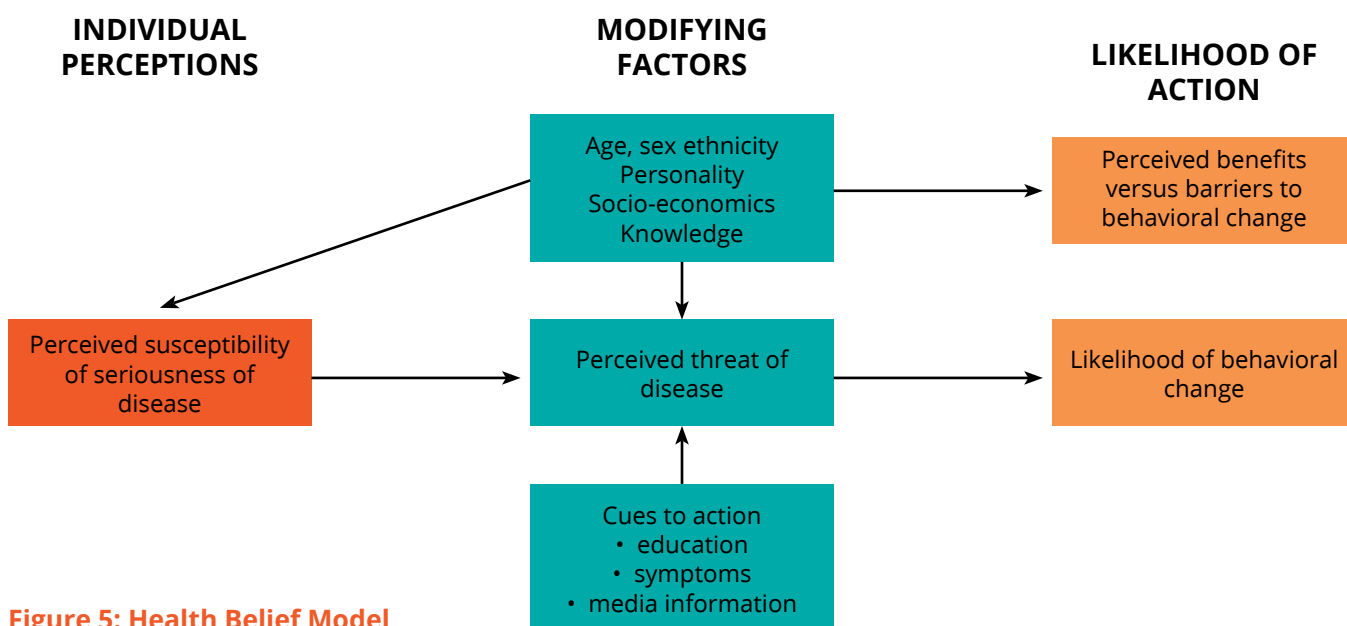
Health Belief Model

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.
  (For example, Awa believes she is at risk of becoming pregnant.)

- **Perceived benefits:** one believes that the behavior change will reduce risk.
  (For example, Awa believes that using contraception will reduce her risk of unintended pregnancy.)

- **Perceived barriers:** how one interprets the cost/barriers of the desired behavior.
  (For example, Awa believes that her partner would not want her to use contraception, but, for her, the benefits of using contraception outweigh his reaction.)

- **Cues to action:** strategies to activate "readiness."
  (For example, Awa receives education about contraception and the different options available to her.)

- **Self-efficacy:** confidence in one's ability to take action.
  (For example, Awa feels confident that she can access contraception and that she can use it correctly to avoid unintended pregnancy.)

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.
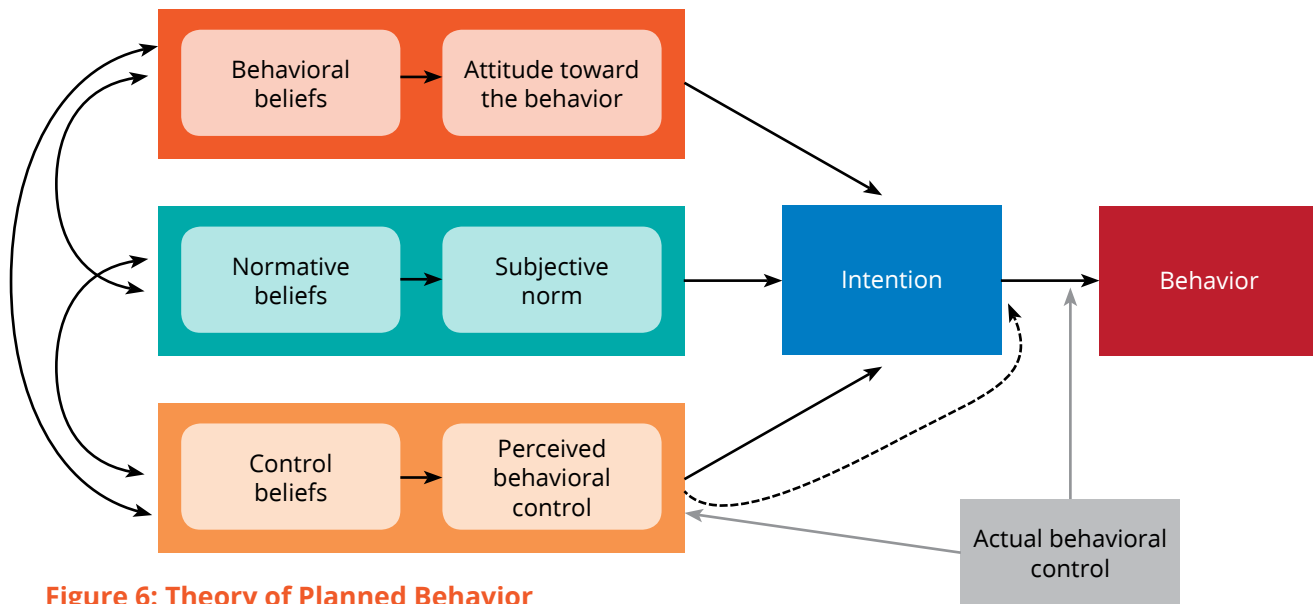
Theory of Planned Behavior

Figure 6: Theory of Planned Behavior

What does the Theory of Planned Behavior tell us about behavior?

According to the Theory of Planned Behavior (the original insight of Theory of Reasoned Action), behavior is influenced by three elements:

- **Attitude:** that the behavior will be beneficial to the individual.
  (For example, Awa feels that using contraception is a good way for her to prevent pregnancy.)

- **Subjective norms:** the belief that other people think that the behavior is acceptable.
  (For example, Awa believes her partner, friends and family would support her using contraception.)

- **Perceived ability:** the belief that one has the skills and capability to change behavior.
  (For example, Awa believes she is able to access and use contraception successfully to prevent unintended pregnancy.)

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.
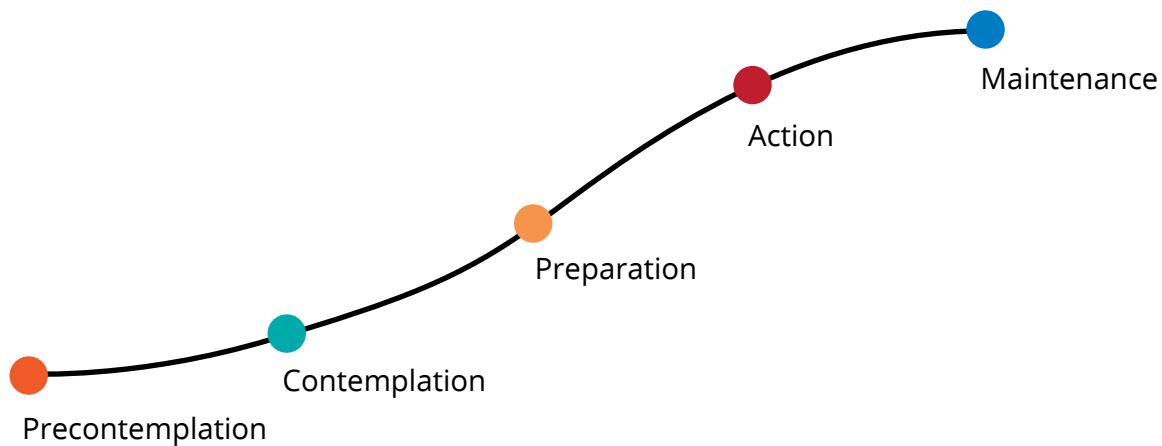
Stages of Change

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.
  (For example, Awa is not thinking about using contraception to avoid unintended pregnancy.)

- **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.
  (For example, Awa has learned about contraception and is thinking about starting to use it.)

- **Preparation**: an individual intends to take action immediately.
  (For example, Awa is planning to go to the health facility this month to start using contraception.)

- **Action:** an individual begins performing the behavior.
  (For example, Awa starts using contraception to avoid unintended pregnancy.)

- **Maintenance:** an individual continues the behavior and works to maintain it.
  (For example, Awa continues using the contraception of her choice consistently and correctly.)

Some SBCC professionals have added a sixth stage to this model – **Advocacy**. Advocacy is the stage in which Awa is maintaining her use of contraception, as well as promoting the benefits of contraception 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 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.
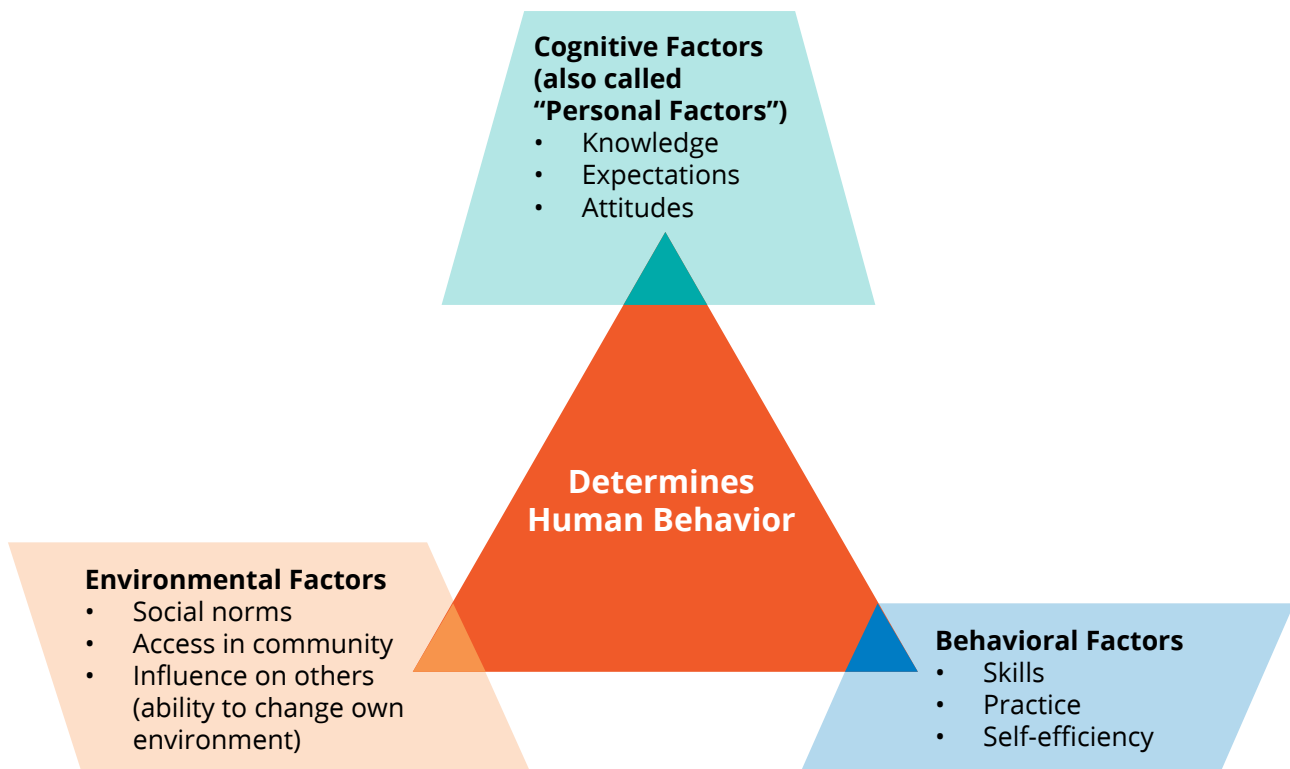
Social Learning Theory

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, understand its consequences, and become motivated to repeat it and adopt it. 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.**
  (For example, Awa may observe her friend Nadia using contraception and therefore decide that she wants to use contraception, too.)

- **See positive behaviors modeled and practiced.**
  (For example, Awa sees that her friend Nadia is happy with the contraception method she has chosen. This makes her want to copy and model the same behavior.)

- **Increase his/her own capability and confidence to implement new skills.**
  (For example, when Awa's community becomes more supportive of and vocal about access to contraception for adolescent girls her age, she gains the confidence to talk to her mother about getting contraception.)

- **Gain positive attitudes about implementing those skills.**
  (For example, after learning about how to use her contraceptive method, Awa feels confident that she can maintain use and keep on track to achieving her dreams.)

- **Experience support from his/her environment to use those skills.**
   (For example, Awa learns that her health clinic stays open late and on weekends to support youth like her that work or go to school during the day, meaning she has better access to her counselor and to SRH services.)

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.

Resources

Not sure which theory to use?

See the Resources section at the end of this section for further information on specific theories. You can also use 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.
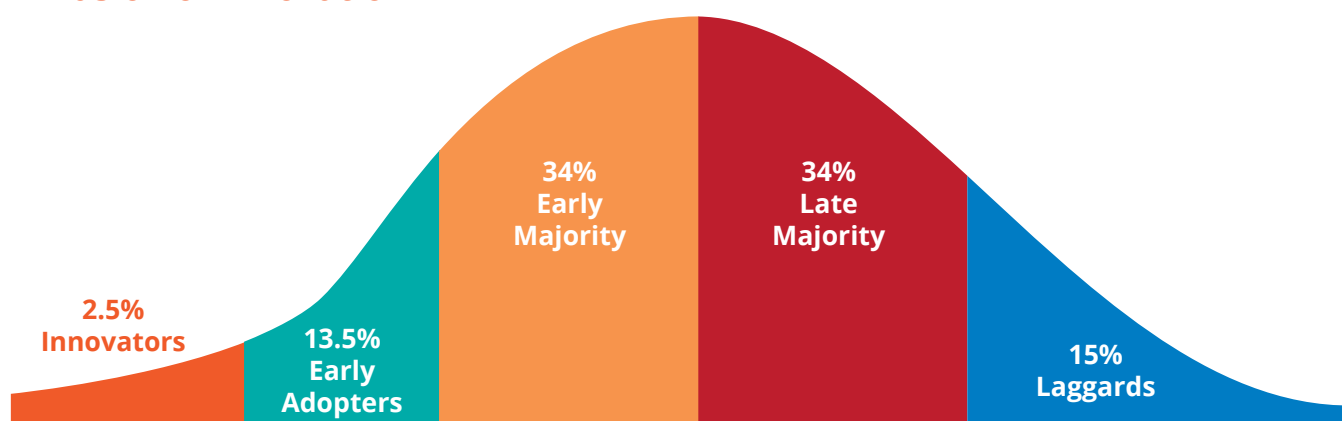
Diffusion of Innovation

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 propensity 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.

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?
  (For example, does using contraception offer Awa a benefit (e.g., peace of mind) she currently doesn't have?)

- **Compatibility:** is the behavior compatible with prevailing social and cultural values?
  (For example, is it culturally acceptable for a girl like Awa to use contraception?)

- **Complexity:** how difficult is the new behavior to perform?
  (For example, would Awa be able to manage maintaining her contraceptive method?)

- **Triability:** can the behavior be tried out without too much risk?
  (For example, is it possible for Awa to try out a contraceptive method and see what it's like?)

- **Observability:** are there opportunities to see what happens to others who adopt the behavior?
  (For example, does Awa have access to friends who are using contraception that can talk to her about it?)

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 **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. Targeting effective agents of change, such as local leaders, influential individuals, peers and celebrities, can accelerate the adoption of a new behavior.

Lessons Learned from Successful SBCC Urban Adolescent Programs

There are many examples of SBCC programs addressing the SRH of urban adolescents 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 urban adolescents, based on a 2013 review of such programs in developing countries. You can find the full literature review at: http://www.healthcommcapacity.org/hc3resources/influencing-sexual-reproductive-health-urban-youth-social-behavior-change-communication/.

Where possible, references will be made to the specific Essential Element that will be described later.

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 targeting young people should involve them from the ideation stage to implementation, and even evaluation. Only with young people's active participation and input will activities and messages be developed in a way that appeals to them and engages 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.
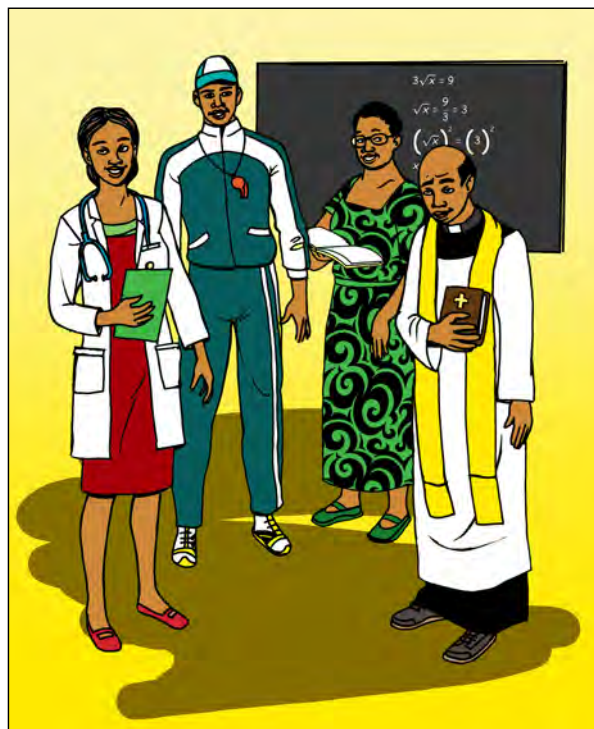
- *Adapt the program to the local cultural context in relation to sexual behaviors.* SRH is influenced by gender norms, roles, expectations and power dynamics. An awareness of these cultural dimensions that govern sexual behaviors is important to understand how to frame activities and ensure that they are well received.

- *Consider the broader aspects that affect youth sexual behaviors.* Poverty and alcohol and drug abuse have been affecting sexual health behaviors of urban adolescents 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 to reinforce messaging and ensure that changes in knowledge, attitudes and behaviors (KAB) are sustained. This may involve repeating successful activities at regular intervals.

Reminder!

SRH relies on access to good information. Out-of-school and younger adolescents might not speak French, Portuguese or official national languages as well as their locally spoken languages. Make sure your project's activities and materials deliver the messages your audience needs in a language that they best understand by using local language where appropriate.

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**).

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

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

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

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 urban adolescents.*** Many urban adolescents have access to these types of communication channels and often prefer to receive health information through them.

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.

- ***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.

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/publications-tools/straight-to-the-point-identifying-and-prioritizing-behavior-change-needs.html

What Works in Youth Participation: Case Studies from Around the World (2002)
International Youth Foundation
http://www.iyfnet.org/sites/default/files/WW_Youth_Participation.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.
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 HealthCOMpass
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
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-tools/straight-to-the-point-assessing-partner-capacity-building-needs.html

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.
http://restlessdevelopment.org/file/privatesectorkit-pdf

SBCC Theories

TheoryPicker
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/healthcompass?decision_tree=sbcc_tools

Tools for Behavior Change Communication
HC3 HealthCOMpass
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