COMMUNICATION STRATEGY FOR THE REDUCTION OF TEENAGE PREGNANCY

SIERRA LEONE

2015 –2019

Government of Sierra Leone
National Secretariat for the Reduction of Teenage Pregnancy

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- Johns Hopkins University, Center for Communication Programs for leading the development of this communication strategy

It is our hope that this communication strategy will provide helpful guidance to all Implementing Partners and stakeholders committed to the reduction of teenage pregnancy to develop tailored and successful communication interventions and to enhance the effectiveness of their valuable work.

Foreword

In May 2013, the Government of Sierra Leone demonstrated its commitment to adolescents and young people by launching a National Strategy for the Reduction of Teenage Pregnancy. With more than one third of all pregnancies involving teenage girls, and up to 40% of maternal deaths occurring among this group, urgent action was required to reverse the situation.

The National Strategy for the Reduction of Teenage Pregnancy adopts a multi-sectoral approach, mobilizing all concerned partners and engaging all sectors of the population in a nation-wide effort to target adolescents and young people. Considering that early child bearing and teenage pregnancy are complex issues, with diverse causes and consequences, the President of Sierra Leone called for all concerned Ministries and stakeholders, including UN-agencies, NGOs, and civil society organizations, to join forces in addressing teenage pregnancy. The comprehensive strategy covers issues related to social protection, health, education, gender and poverty, aiming to bring a holistic solution to the problem.

In its first year of implementation, the strategy already counts many successes. Among others, legal documents that hinder pregnancy prevention have been reviewed, community leaders have been supported in enforcing existing bye-laws, and service providers have been trained country-wide. Furthermore, an allocation has been made for Adolescent Health and Teenage Pregnancy in the 2014 budget.

Despite these exceptional results, much of the efforts promoting social change have occurred in a haphazard way. Strategies have mostly focused on top-down sensitization and raising awareness through a variety of channels, using messages developed by individual organizations. Sensitization messages have been diverse and to some extent have conflicted from organization to organization. Moreover, communication has been general and has often neglected the heterogeneity of stakeholders.

To harmonize disparate communication strategies and approaches, the National Secretariat for the Reduction of Teenage Pregnancy commissioned Johns Hopkins University, Center for Communication Programs, to develop a national communication strategy. This communication strategy is intended to provide implementing partners and stakeholders guidance on all communication related endeavours. It represents the communication arm or the National Strategy for the Reduction of Teenage Pregnancy, and proposes communication specific activities to enhance its effectiveness.

This communication strategy has been developed in consultation with key stakeholders and it aims to appreciate local contexts and norms. It aims to empower communities and promote meaningful engagement for the adoption of sustainable social and behaviour change. It strengthens the National Strategy for the Reduction of Teenage Pregnancy and represents yet another commitment to the future of Sierra Leonean youths.

Acronyms

AIDS	Acquired Immunodeficiency Syndrome
BCC	Behaviour Change Communication
DHS	Demographic Health Survey
FGD	Focus Group Discussion
FGM/C	Female Genital Mutilation/Cutting
FSU	Family Support Unit
GOSL	Government of Sierra Leone
HIV	Human Immunodeficiency Virus
IEC	Information Education Communication
IP	Implementing Partner
IPC	Interpersonal Communication
JHU·CCP	Johns Hopkins University, Center for Communication Programs
MICS	Multi Indicator Cluster Survey
MOHS	Ministry of Health and Sanitation
MRC	Medical Research Council
MSI	Marie Stopes International
NGO	Non-Government Organization
PHU	Peripheral Health Unit
PSA	Public Service Announcement
SBCC	Social and Behaviour Change Communication
SLDHS	Sierra Leone Demographic Health Survey
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund

Executive Summary

Sierra Leone has a young population. Almost half of its inhabitants are under the age of 18 years, and 23% are between the ages of 15 and 19 (SLDHS, 2014). Youth represent an asset for any country, and investing in their health and wellbeing is important for the development of Sierra Leone.

The rate of teenage pregnancy however, estimated at 34% (SLDHS, 2008), can compromise the ability of young Sierra Leoneans to contribute effectively to the welfare of their nation. Twenty-five percent of females aged 15 to 19 years have had first sex before the age of 15 (SLDHS, 2008), and the national adolescent fertility rate is calculated at 122 per 1000 women (MICS, 2010). Furthermore, 50 percent of Sierra Leonean girls are married before the age of 18 (MICS, 2010).

Recognising the health and social implications of teenage pregnancy, including maternal mortality for girls and sexually transmitted infections and school drop-out for both boys and girls, the Government of Sierra Leone decided to partner with United Nations agencies, implementing partners and civil society to develop a country-wide strategy aimed at reducing the incidence of teenage pregnancy.

In May 2013, the National Strategy for the Reduction of Teenage Pregnancy was launched. The strategy spans from 2013 to 2015 and adopts a multi-sectoral approach addressing teenage pregnancy in a holistic manner. Interventions are proposed across the sectors of health, education, protection, gender and empowerment.

Despite unifying stakeholders in terms of implementation approaches and activities, the National Strategy for the Reduction of Teenage Pregnancy does not provide guidance around communication and messaging. Previous communication efforts have focused mostly on didactic awareness-raising through meetings, radio programmes, theatre, jingles and interpersonal communication using messages developed by individual organizations. Due to little coordination, sensitization messages have been wide-ranging and, at times, have conflicted from organization to organization.

To strengthen the National Strategy for the Reduction of Teenage Pregnancy, the need for a harmonised communication approach was identified. With support from UNICEF, the National Secretariat, which was set up to coordinate all activities under the strategy, commissioned Johns Hopkins University, Center for Communication Programs to develop a communication strategy.

The communication strategy was developed over the course of fifty days between February and April 2014. Forty days were spent in Sierra Leone to do in-country research and identify the main issues relating to teenage pregnancy, key stakeholders, and challenges and opportunities for communication activities. The methodology involved three phases and endeavoured to engage as many relevant stakeholders as possible. In the first phase, a review and program scan was conducted of available literature. This was followed by focus group discussions and key informant interviews. These were held with young people,

both in and out of school, parents of adolescents, leaders, media companies, government ministries and implementing partners. In the final phase, a workshop was held with stakeholders to share a preliminary draft of the communication strategy, gather feedback and identify key messages and implementation activities.

This strategy presents the results of the process and proposes communication activities to guide and support all organisations working in the area of teenage pregnancy. It aims to unify messages and approaches across the country so that the selected audiences are reached with the same messages. In this way the National Strategy for the Reduction of Teenage Pregnancy will be strengthened and social and behaviour change will be enhanced.

The situation analysis used to inform this communication strategy confirmed that young people's sexual behaviours are influenced by a variety of complex, interacting factors. In particular, peer pressure, the desire to acquire material things through transactional sex, and the lower status of women in boy-girl relationships came across as especially significant. At the relational level, young people have little access to sources of information regarding sexual health, and the subject is not discussed easily with parents or other adult community members.

Despite these barriers, enabling factors that can be capitalised on were also identified. Namely, most teenagers across the country are motivated by aspirations of completing school, having a job and improving the quality of their life. Further, adult community members recognise the implications of teenage pregnancy and are keen to find ways of supporting their youth in making healthier choices.

Based on these findings, this communication strategy intends to focus on the potential of young people and proposes activities that are guided by the following approaches:

- A youth-led approach
- A focus on both young men and women
- The creation of a supportive environment for youth by enabling supporting parents and community
- An increase in collective efficacy
- The provision of positive, aspirational role models
- An increase in risk perception

As youth behaviours are affected by a range of factors that go beyond the individual, this strategy also addresses significant others who have an influence on young people. Specifically, the strategy targets one primary audience and two supporting audiences. The primary audience, young people themselves, is divided by sex and into two age groups (10 to 14 years and 15 to 19 years). The two supporting audiences are parent/caretakers of teenagers and community/traditional leaders. Community/traditional leaders are further

segmented to include Soweis[1] and other women leaders as these require more tailored messaging.

Following a barrier and facilitator analysis for each audience group, this strategy proposes communication objectives, key information and illustrative messages for each audience segment. These have been developed in partnership with stakeholders during a participatory workshop and, despite drawing on the participants' extensive experience and expertise, they need to be pretested with the intended audiences and amended accordingly. Messages will need to convey key benefits of practicing new behaviours – benefits that the audience can relate to.

The messages suggested can be disseminated through a variety of channels and activities. Essentially, they must reinforce each other, and audiences must be able to recognise them as part of one programme through a common branding.

Some chosen communication channels are effective in reaching most audience segments, while others are appropriate for specific groups. This communication strategy proposes a multi-channel approach (ranging from interpersonal communication to social media) to increase reach and reinforce messages. Diverse communication activities are proposed that are guided by five strategies:

- **Strategy 1:** Formative research to inform an evidence-based approach to activities and messages.
- **Strategy 2:** Youth programme positioning – Youth Transforming Sierra Leone
- **Strategy 3:** Promotion of dialogue in the community, and inter-generationally between parents/carers and their children
- **Strategy 4:** Provision of information through mass media using multiple communication channels for greater reach and message reinforcement.
- **Strategy 5:** Linking key messages to community life events

The communication strategy is accompanied by an implementation plan and a monitoring and evaluation plan to assess progress. The strategy can be used by implementing partners and any other actor addressing teenage pregnancy. The focus is on communication related activities only, and other broader social and behaviour change approaches such as advocacy, social marketing and service provision are not addressed. This is because these important activities are already being implemented under the National Strategy for the Reduction of Teenage Pregnancy. The objective of this communication strategy is to guide users specifically in developing communication activities and to ensure that, across the country, the same audience groups are targeted with the same messages. By promoting a unified approach and harmonized messaging, this communication strategy complements the National Strategy for the Reduction of Teenage Pregnancy and contributes to sustainable behaviour change.

[1]Soweis are women leaders from the traditional Bondo society. Soweis play a key role in girls' initiation rites into traditional society and can be very influential.

1. Background

Sierra Leone has a young population. Out of its 6.1 million people, 48% are under the age of 18 (UNFPA, 2012), and 23% are between the ages of 15 and 19 years (SLDHS, 2014).

Representing the next generation of actors on the social and economic stage, young people can constitute a powerful resource for the success of many public health agendas (Sawyer et al, 2012). Investing in their health and wellbeing is therefore key to promoting growth and development in Sierra Leone.

The high rate of teenage pregnancy however, estimated at 34% in 2008 (SLDHS, 2008), can compromise the wellbeing of young people. For girls, the health consequences of early pregnancy include hypertension, complications during labour and a three-fold increase in the likelihood of maternal mortality (Blum and Nelson-Mmari, 2004). For both boys and girls, unprotected sex can lead to sexually transmitted infections (STI), including HIV. The social consequences of teenage pregnancy involve early school drop-out and stigmatisation in the community, amongst others.

To address these concerns, the Government of Sierra Leone (GOSL) launched a National Strategy for the Reduction of Teenage Pregnancy in May 2013.

By 2015, the National Strategy aims to reduce adolescent fertility rate from 122 per 1000 women, to 110 per 1000 women. The prevalence of teenage pregnancy would thus decrease from 34% to 30% (National Strategy for the Reduction of Teenage Pregnancy, 2013).To achieve this outcome, the National Strategy aims to build young people's health, educational, social, economic and cognitive assets to enable them to prevent and mitigate the effect of, and/or leave underage, unchosen and unsafe sexual relationships.

The strategy adopts a multi-sectoral approach, promoting collaboration between relevant actors, including government ministries, development partners, NGOs, civil society and young people themselves. The strategy proposes interventions across five pillars (Table 1) to tackle teenage pregnancy in a holistic manner. It addresses health, education, protection, gender and youth empowerment. To ensure technical support and proper coordination and implementation, a National Secretariat for the strategy has been established.

National Strategy for the Reduction of Teenage Pregnancy	
Pillar 1	Improved policy and legal environment to protect adolescents' and young people's rights.
Pillar 2	Improved access to quality SRH, protection and education services for adolescents and young people.
Pillar 3	Comprehensive age-appropriate information and education for adolescents and young people.
Pillar 4	Communities, adolescents and young people empowered to prevent and respond to teenage pregnancy.
Pillar 5	Coordination, monitoring and evaluation mechanism in place and allowing proper management of the strategy.

Table 1: Pillars of the National Strategy for the Reduction of Teenage Pregnancy

As can be seen in Table 1, the National Strategy for the Reduction of Teenage Pregnancy proposes interventions at multiple levels to promote behaviour change. Pillars 1 and 2 address the structural environment by looking at policy, laws, and service provision and access. Pillars 3 and 4 target individuals and communities through strategies such as social mobilization, information, interpersonal communication, education, and skills building. Through these multiple approaches, the National Strategy aims to create sustainable social and behaviour change.

a. Purpose of the Communication Strategy

While the National Strategy for the Reduction of Teenage Pregnancy is very comprehensive and addresses behaviour change in a holistic manner, there is a need for a parallel strategy to guide communication related activities.

Previous strategies have focused mostly on top-down sensitization and awareness-raising through workshops, meetings, radio discussions, drama, jingles and IEC using messages developed by the organization with little coordination, minimal consultation with the target audience, and limited feedback.

Sensitization messages have been varied and, to some extent, have conflicted from organization to organization. Messages have been mostly general and have neglected the heterogeneity of stakeholders. Moreover, they have been developed with little regard for cultural appropriateness and delivered in a didactic manner.

To contribute to the efforts of promoting the social environment necessary for a reduction in teenage pregnancy, the present strategy aims to harmonise disparate communication approaches and messages. Being an important component of four of the five pillars of the National Strategy, communication can enhance the activities proposed by the National Strategy and promote sustainable behaviour change (Table 2).

National Strategy for the Reduction of Teenage Pregnancy		
Pillar 1:	Improved policy and legal environment to protect adolescents' and young people's rights.	↑ Communication ↓
Pillar 2:	Improved access to quality SRH, protection and education services for adolescents and young people.	
Pillar 3:	Comprehensive age-appropriate information and education for adolescents and young people.	
Pillar 4:	Communities, adolescents and young people empowered to prevent and respond to teenage pregnancy.	
Pillar 5:	Coordination, monitoring and evaluation mechanism in place and allowing proper management of the strategy.	M&E for Communication Activities

Table 2: The Role of Communication in the National Strategy for the Reduction of Teenage Pregnancy

UNICEF, a partner to the National Secretariat, supported the Teenage Pregnancy Secretariat and signed an agreement with Johns Hopkins University, Center for Communication Programs (JHU·CCP) to develop this communication strategy and contribute to the achievement of the objectives and outcomes of the National Strategy. UNFPA provided technical and operational support to this process. This communication strategy is intended to provide guidance to all implementing partners on communication related efforts, audience segmentation and message development. It represents the communication arm of the National Strategy, proposing communication specific activities to enhance its effectiveness.

This strategy identifies key audiences, communication objectives, message concepts and illustrative activities to promote behaviour change and reinforce the National Strategy. It does not provide recommendations around other behaviour change activities such as social marketing, advocacy and service provision, as these areas are already being addressed by the National Strategy. This strategy offers guidance to harmonize and reinforce all intervention areas of the National Strategy through communication. Further, this strategy does not address the education and health sectors. These sectors are targeted separately by the National Strategy with the development of a curriculum for schools, and the delivery of youth friendly services training for health providers.

To avoid confusion, the National Strategy for the Reduction of Teenage Pregnancy, which was launched in May 2013, will be referred to as the National Strategy in this document. The present strategy will be referred to as the communication strategy.

It is hoped that this communication strategy will provide clear guidance on harmonized and coordinated communication approaches that strengthen the National Strategy across its five pillars.

b. Implementation Principles

The communication activities proposed by this strategy are grounded in the following principles:

- A strategy that is **based on the most current evidence**, designed to achieve behavioural impact, and implemented according to state-of-the-art best practices of the communication industry.
- A communication campaign that employs unified **images, messages, and approaches** to achieve widespread public recognition and recall.
- A communication campaign that maintains **credibility and trust**.
- A communication strategy that **includes a gender lens,** given that the incidence of teenage pregnancy is influenced by gender norms.
- A communication strategy that establishes and maintains an appropriate level of **risk perception**, balancing the reality that teenage pregnancy can have a severe impact on a young person's health, lifestyle and education opportunities, and that it can be prevented through simple, doable actions.

- A communication strategy that takes advantage of **both traditional and new media channels** (mobile technology, internet and social media) to complement other channels used by implementing partners – community mobilization, interpersonal communication, service provision – to ensure wide reach and the reinforcement of messages across channels.
- A communication campaign that promotes a **positive image of youth, emphasises collective efficacy and capitalises on youth aspirations** to create a shared vision and foster collective action to prevent teenage pregnancy.

2. Current Context

Teenage pregnancy is driven by a range of issues - social, economic, educational and health - that go beyond a vertical, biomedical response. Poverty, desire for material things, traditional cultural practices, norms around gender, relationships and sexuality, are drivers for teenage pregnancy. These are compounded by limited or incorrect knowledge on sexual and reproductive health (SRH) and by inadequate accessibility to education and health services. This indicates the importance of a national, inter-sectoral and community-wide approach that addresses knowledge, attitudes and behaviours around SRH, service provision and the social norms that shape relationships.

The National Strategy for the Reduction of Teenage Pregnancy acknowledges that many factors contribute to the problem. It proposes a different approach to previous efforts by addressing societal and structural factors that lead to teenage pregnancy rather than targeting primarily girls and their behaviours.

Since its launch in May 2013, the National Strategy already counts numerous achievements. It has attempted to develop sustainable structures of coordination and of collaboration between the different stakeholders and institutions in order to contribute to a durable reduction of Teenage Pregnancy. More specifically, the Strategy has assured a specific allocation to Adolescent Health and Teenage Pregnancy in the 2014 budget, reviewed legal documents that hinder teenage pregnancy prevention, and supported community leaders in enforcing existing laws and bye-laws. Health workers, social workers and Family Support Unit (FSU) Officers from the Sierra Leone Police, as well as teachers have been trained through the National Strategy to improve service provision. Furthermore, outreach activities and peer education programs have supported youth behaviour change. This are some of the many achievements made under the National Strategy in its first year.

Examples exist in-country of successful interventions implemented by partners of the National Strategy. Promising activities include the effective use of peer educator networks, strategic marketing of services, a free 24-hour phone-line, outreach activities, and life-skills building for young vulnerable women. –

These efforts contribute to creating an enabling environment for positive behaviours. This communication strategy aims to complement these efforts and provides guidance on communication specific activities that reinforce behaviour change. Important behaviour change interventions such as advocacy and service provision are already being addressed by the National Strategy. This strategy therefore focuses on communication only.

This communication strategy will span five years, from **2014 to 2019** to address the behavioural issues that contribute to the realisation of the overall program goal of the National Strategy to reduce the prevalence of teenage pregnancy from 34% to 30% by 2015. The longer time frame accorded to the communication strategy allows it to address longer term changes in cultural and social norms that contribute to teenage pregnancy.

Like the National Strategy, this communication strategy targets 10 to 19 year olds across Sierra Leone.

Furthermore, a national Child Welfare Communication Strategy is also being developed in the country. As teenage pregnancy is a child welfare issue too, it is important that the present communication strategy be aligned to the child welfare one, and that the two strategies be mutually reinforcing of each other. For this reason, child welfare/protection messages linked to teenage pregnancy are also proposed in this strategy.

This communication strategy developed by JHU·CCP is designed to:

- Outline a strategic communication approach to complement the activities envisaged by the National Strategy for the Reduction of Teenage Pregnancy.
- Secure buy-in from all partners on the suggested communication approach and on the importance of robust and strategic monitoring and evaluation (M&E) techniques to measure change and better understand the social and structural determinants that need to be addressed for the reduction of teenage pregnancy.
- Reinforce the Child Welfare Communication Strategy that is currently being developed in Sierra Leone.

3. Methodology

This communication strategy was developed over 50 days, between February and April 2014. Forty of those days were spent in-country to consult with partners, young people and community members. The aim was to gain a better understanding of the pertinent issues relating to teenage pregnancy, the key actors and the challenges and opportunities for behaviour change efforts.

A three-tiered approach was used as depicted in the table below.

Approach		Description	Objective
1	**Desk review**	Review of published and unpublished documentation specific to Sierra Leone on teenage pregnancy, adolescent behaviours, sexual behaviours, national demographics, harmful traditional practices, media habits, and program evaluation reports.	To gain an overview of the current situation of teenage pregnancy in Sierra Leone and related issues. To identify actors addressing teenage pregnancy.
2	**Consultations and Focus Group Discussion (FGD)**	Consultations with partners, stakeholders, community leaders and health centre staff. FGDs with youth (in and out-of-school and okada/motorbike riders), parents of teenagers and community leaders, including Soweis.	Consultations aimed at obtaining insight into national priorities, existing interventions, and challenges and opportunities experienced on the ground, while the FGDs aimed to unveil perceptions, attitudes and norms relating to relationships, sex and teenage pregnancy.
3	**Participatory Workshop**	Two-day workshop with stakeholders.	To discuss key elements of the strategy, obtain feedback and suggestions for improvements, and to develop communication objectives and messages.

Table 3: Three-tiered Methodology

The information gathered was used to inform the situation analysis and the subsequent steps in the development of this communication strategy. Throughout the process, regular consultations were held with the National Secretariat with support from UNICEF.

4. The Situation of Teenage Pregnancy in Sierra Leone

An initial step to determining the most appropriate communication messages and approaches is to assess the **current situation**. An analysis of available quantitative and qualitative data, complemented by the consultations and FGDs, highlight key areas where there are challenges.

According to the 2008 Sierra Leone Demographic and Health Survey (SLDHS), almost 70% of young women and half of young men had sex by age 18 (SLDHS, 2008). Multiple, concurrent partnerships are common (Lai, 2014; Koning de t al, 2013; Coinco, 2010), and 26% of women aged 15 to 19 years had a birth (MICS, 2010).

Almost 85% of 15 to 24 year old females report that their first sexual partner was 10 or more years their senior (Population Council, 2010), however according to the 2008 SLDHS, only 11% of 15 to 19 year old women reported having sex with a non-married, non-cohabiting partner who was 10 or more years older in the 12 months prior to the survey (SLDHS, 2008). This indicates that a significant portion of cross-generational sex may be linked to child marriage. In fact, approximately one in three women aged 15-19 and aged 20-24 is married to a man who is older by ten years or more (MICS, 2010).

More recent qualitative studies suggest that the prevalence of age disparate relationships is decreasing (UNFPA, 2010; Coinco, 2010) and it is not clear whether it is predominantly older men who make teenage girls pregnant. Although relationships with older men are common, in-country focus group discussions and consultations, indicated that young women are as likely to get pregnant from their peers as they are from older men.

Norms around sexual relationships are compounding the problems related to teenage pregnancy, with an increasing number of youth engaging in transactional sex (Koning de et al, 2013) to fulfil a desire for material goods (Lai, 2013). Transactional and intergenerational sex is seen as acceptable and, in some cases, even desirable by young people as this can help cater for their basic and material needs (Lai, 2013). On top of material desires, young people have similar aspirations across Sierra Leone. Most aspire to educational achievement, career advancement, becoming somebody, poverty reduction and a brighter future (Shepherd, 2013).

Risk perception among young people remains low, with adolescents engaging in risky sexual behaviours despite demonstrating knowledge of the associated consequences (Shepherd, 2013). Only 3% of adolescent girls and 7% of adolescent boys used a condom at first sex (NAS, 2011). Condom use among youths who have two or more sexual partners is low (10% for girls and 23.5% for boys) (SLDHS, 2013), and the latest available data indicate that the prevalence of HIV among 15 to 19 year olds is 1.3% for women and 0 for young men (SLDHS, 2008).

Qualitative research (Coinco, 2010) and FGDs highlighted that peer pressure plays a key role in determining young people's engagement in sexual activity.

Peer pressure was linked to early sexual debut, no condom use, the desire to have a child for both girls and boys, and the desire of obtaining material things through sex.

Cultural and traditional practices around women's initiation rites, gender norms and unequal power dynamics in relationships perpetuate the lower status of women. This compromises their ability to make informed decisions and engage in protective sexual behaviours, including abstinence. In particular, undergoing Bondo initiation for girls is associated with being ready for sexual intercourse and child bearing (Coinco, 2010). Bondo is a traditional practice that includes female genital cutting (FGC), whereby the female external genitalia are partially or totally removed, or other intentional injury is exercised on the female genital organs (MICS, 2010). Eighty-eight percent of women in Sierra Leone have undergone FGC (MICS, 2010) and the percentage of cut women who have initiated sex before the age of 16 is higher than among those who have not been cut (Thomas, 2011). Further, women who have undergone FGC are more likely to have had a first sexual partner who is 10 or more years their senior (Thomas, 2011).

The graph below illustrates how FGC seems to affect several reproductive health factors that can lead to teenage pregnancy.

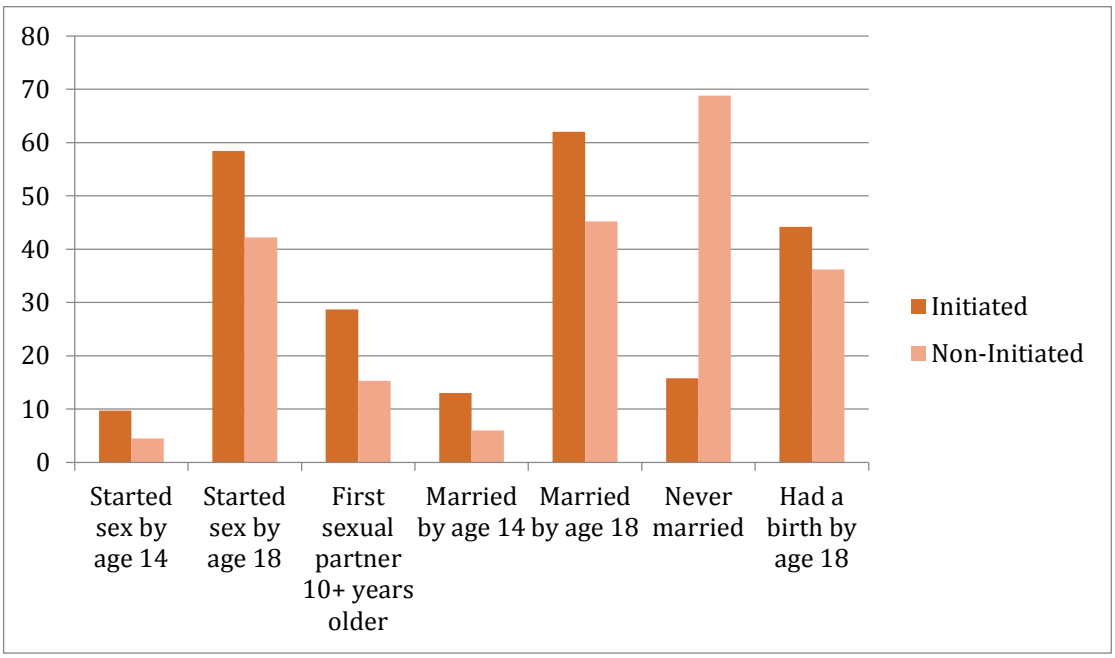


Figure 1: Percentage of Initiated versus Non-Initiated Women per Reproductive Health Factors Associated with Teenage Pregnancy[2]

[2] Data obtained from: Thomas AC (2011) *Impact of female genital mutilation on sexual and reproductive rights and practices of women in Sierra Leone*. A Consultancy Report for Statistics Sierra Leone, January 2011

In the community, discussion about sexual health matters tends to relate to the negative consequences of sexual activity, emphasising the links between teenage pregnancy and death (Koning de et al, 2013). Focus group discussions revealed that adults feel ill prepared to talk to their children about sex and they expressed a sense of powerlessness in supporting their children to make healthy choices (FGD with parents, Feb/Mar 2014). Further, some studies and in-country consultations also identified the role that mothers can play in encouraging their daughters to have a boyfriend for the extra income that this may generate (Koning de et al, 2013; Shepherd, 2013).

Young people claim not feeling comfortable accessing sexual health services due to fear of stigmatisation and breach of confidentiality (Koning et al, 2013; data from FGDs, Mar/Apr 2014). Only 24.3% of girls and 35.2% boys aged 15 to 19 know where to get a condom (SLDHS, 2008).

The most common information sources around sex and SRH matters for young people include informative films, pornographic materials, TV soap operas and observations of siblings and parents (Koning de et al, 2013). In general, the most popular source of information in Sierra Leone, for both youth and adults, is the radio, closely followed by face-to-face communication (Mytton, 2010).

Finally, geographical disparities are also present, with higher fertility rates and incidence of sexual abuse witnessed in rural areas compared to urban centres (SLDHS, 2008; Coinco, 2010).

Table 4 below provides a summary of the main issues identified through the situation analysis categorised along key behavioural determinants, namely: knowledge, attitudes and beliefs, risk perception, self-efficacy, values, norms, culture, behaviours.

Notwithstanding the many challenges presented by the Sierra Leonean reality, there are also opportunities that can be capitalized on. National policy postulates that all contraceptive methods should be free of charge for all those requesting them, and young women are increasingly accessing long-term methods such as the implant (data from consultation with MIS, March 2014), indicating a reduction in barriers relating to misconceptions. Moreover, youth across the country are motivated by strong aspirations of completing education, embarking on a career and building a brighter future for themselves and their communities.

Table 4: Summary of the situation of teenage pregnancy in Sierra Leone (data in the table has been taken from the 2008 SLDHS unless otherwise stated)

Knowledge	• Adolescents have limited knowledge of the consequences of engaging in sexual activity and contraception (Coinco, 2010 and Koning de et al, 2013). • 64% of girls and 71% of boys know that using a condom every time and being faithful to one, non-infected partner are ways of preventing infection from HIV (SLDHS, 2013).
Attitudes & Beliefs	• It is a common belief that if a girl is not in school, she is expected to have a child (Coinco, 2010; Koning de et al, 2013). • A higher proportion of out-of-school girls want a pregnancy than their school-going counterparts (Coinco, 2010). • Boys associate condoms with reduced pleasure and do not want to use them (data from FGDs with boys, Feb/Mar 2014).
Risk Perception	• 10% of 15-19 year old girls who had two or more partners in the 12 months prior to the survey used a condom at last sex (SLDHS, 2013). • 23.5% of 15-19 year old boys who had two or more partners in the 12 months prior to the survey used a condom at last sex (SLDHS, 2013).
Self-Efficacy	• Many girls feel shame in going to health facilities and asking for contraception (Koning et al, 2013). Boys also feel embarrassed and seek to access condoms where they feel they are not seen (data from FGDs, Feb/Mar 2014). • 24.3% of girls and 35.2% of boys aged 15 to 19 years know where to get a condom. • Adolescent girls and boys feel that peer pressure is a significant factor in influencing their decisions around engaging in sexual activity, using condoms or contraceptives, and having children (data from FGDs, Feb/Mar 2014).
Values	***Relationships*** • It is a common expectation that men and boys have to convince a woman to have sex, and this is generally done through material or financial incentives (Koning de et al 2013; Shepherd, 2013). • Transactional sex is increasingly seen as a means of accessing material things by girls who specifically target wealthier men (Lai, 2014). ***Aspirations*** • Having a child has become a social desire for some girls, while boys are proud of having made a girl pregnant (Koning et al, 2013; data from FGDs, Feb/Mar, 2014). • Young people are frequently preoccupied with the desire for material things (Koning de, 2013; Lai 2013). • High value is placed on education, and girls who have dropped out of school express a desire to return (Koning de et al, 2013; Shepherd, 2013; data from FGDs, Mar/Feb 2014). • Adolescent's aspirations are the same across the country, namely: educational achievement, career advancement, becoming somebody, community development, poverty reduction, and a brighter future (Shepherd, 2013; data from FGDs, Feb/Mar 2014).
Norms	***Norms around Relationships*** • Only 8% of teenage mothers had a first sexual partner that was either younger or approximately the same age (UNFPA, 2010). • Young people have multiple, concurrent partners and this is frequently viewed by girls as a way of ensuring that their material needs are catered for (Lai, 2014; Koning de et al, 2013; Coinco, 2010; data from FGDs with youth, Feb/Mar 2014). ***Norms around Communication*** • Discussions in the community around sex mostly relate to the negative consequences of sexual activity, associating pregnancy with death (Koning de et al, 2013). ***Gender Norms*** • Manhood is associated with having the ability to reproduce and commanding respect from family, friends and community (Koning de et al, 2013). • Children are socialized along traditional gender roles from an early age, (Shepherd, 2013) and emphasis is placed on girls pleasing and obeying their man (Koning de et al, 2013).

Culture	• 88.3% of women have undergone Bondo initiation (MICS, 2010). • Women who have undergone FGC are more likely to have partners who are 10 years their senior (20.6%) than non-initiated women (15.3%) (Thomas, 2011). • FGC is associated with the girl being ready for marriage and child bearing (Coinco, 2010), and initiated women are more likely to start having sex, marry and bear children at a younger age than non-initiated women (Thomas, 2011).
Behaviours	***Sexual Intercourse*** • 25% of young women and 11% of young men had their first sex before the age of 15. Approximately 7 in 10 (69%) young women and half (48%) of young men had sex by age 18. • Half of all never-married women and men age 15-24 had sexual intercourse in the 12 months preceding the survey. • 25.3% of men and 6% of women report having had two or more sexual partners in the previous 12 months (SLDHS, 2013). • The median age at first marriage among women aged 20-49 is 17.2 years. ***Contraception*** • 3% of girls and 7% of boys aged 15 to 24 used a condom at first sex (NAS, 2011). • 26.2% of sexually active 15 to 19 year old boys have ever used a condom. • 31.4% of sexually active unmarried 15 to 19 year old women are currently using any form of contraception. • Only 7.8% of married 15 to 19 year olds use modern contraceptives (SLDHS, 2013). ***Sexual Coercion & Abuse*** • An estimated 20% of sexually active adolescent girls have a history of being forced into sex against their will (Coinco, 2010). ***Service Utilisation*** • Female adolescents are more likely to access services than males (Shepherd, 2013). • Young people do not access health services for SRH matters because they perceive staff to be judgemental and likely to breach confidentiality (Koning de et al, 2013; data from FGDs with young people, Feb 2014).
Information Sources	• 44.5% of 15-19 year old females are illiterate, 65.4% of whom live in rural areas. • The most commonly accessed sources by young people to gain information about love and sex are informative films, pornographic materials, TV soaps and observations of siblings and parents (Koning de et al, 2013). • Information about contraception is obtained from schools and NGOs working in the communities (Koning de et al, 2013), however relatively few communities benefit from these services. • 45.1% of girls and 42.8% of boys aged 15 to 19 years recall being exposed to family planning messages on the radio. • Most information provided to young people focuses on what they should not do, and includes little information on how to prevent pregnancy and STIs (Koning et al 2013). • The most important source of information in Sierra Leone is the radio, closely followed by face-to-face communication (Mytton, 2010). • Youth aged 15 to 29 make up 26% of radio listeners (Mytton, 2010). • 64% of Internet users are under the age of 35 years (Mytton, 2010). • Mobile phones are widely spread (Mytton, 2010), with the mobile phone network covering 50% of the population (UNICEF, 2013[b])
Geographical Disparities	• There is a disparity in fertility rates between rural and urban teenagers aged 15-19 years, with 44% of girls having had a birth in 2008 living in rural areas compared to 23% living in urban areas. • There is a higher incidence of sexual abuse in urban areas than rural areas (Coinco, 2010).

5. Emerging Picture

The data described above highlights the complexity and multiplicity of factors that can lead to teenage pregnancy. In order to achieve effective and sustainable behaviour change, we need to consider both the individual behaviours of young people, and the broader factors affecting their behaviours. The latter must also be addressed to create an enabling environment for healthy decisions and behaviours.

The interplay between personal, situational and social-cultural elements that combine to influence behaviour can be understood through an ecological framework. The Ecological Framework (Figure 2) identifies four interconnected domains that blend to affect behaviour:

Individual: this includes biological and personal history attributes, such as knowledge, skills, beliefs and values, emotions, perceived norms, and notions of perceived risk and self-efficacy.

Family and Peer Networks: this refers to the individual's close social circle and the relationships in his or her life. It includes peer influence, communication, partner and family influences, and social support.

Community: this relates to the context in which an individual lives and in which social and amorous relationships are nested. The characteristics of the setting can affect behaviours both positively and negatively, and these include access to information and services, and collective efficacy.

Societal and Structural: this includes the larger, macro-level environment that can promote or deter desired behaviours, such as leadership, resources and services, policies, guidance and protocols, religious and cultural values, gender norms, media and technology, and income inequality.

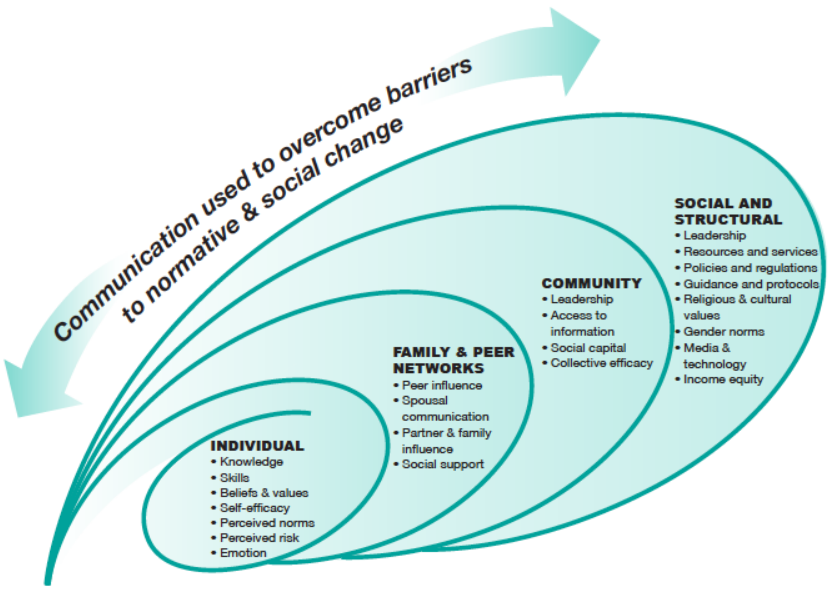


Figure 2: Ecological Framework

Based on the Ecological Framework, data from the situation analysis can be categorised along its four levels for both young people and parents/caretakers of young people, who play a key role in influencing their children's behaviours.

Using data from the situation analysis, Tables 5 and 6 outline the barriers and opportunities for healthy sexual behaviours for young people and for the supportive role of parents/caretakers along the four domains of the Ecological Framework.

Table 5: Barriers & Opportunities for Youth's Improved Reproductive Health

Youths (10 – 19 year olds)	
Barriers	
Individual	• Low knowledge of protective behaviours and services available. • Limited knowledge of risks associated with unprotected sex (pregnancy, STIs, HIV). • Misconceptions about some modern contraceptives and belief in traditional methods. • Low risk perception • Belief that condoms reduce pleasure, meaning that boys do not like using them.
Interpersonal (family and peer networks)	• Unequal power dynamics leave girls less able to refuse sex or negotiate safe sex. • Peer pressure to engage in sexual activity and to have a child. • Association of love with sex. • Desire for material things drives transactional sex and is commonly accepted as a way for girls to cater for their material needs. • Discomfort/lack of knowledge on the part of parents to discuss SRH
Social	• Transactional sex is frequently viewed as acceptable by young people and adult community members alike – a means to an end. • Girls who are not in school are expected to have children. • One way for boys to prove their manhood is by fathering a child. • Female initiation rites are associated with a girl being ready for childbirth, regardless of her age. • Perceived lack of choices for non-school goers who believe that their only option is to have a child.
Structural	• Sexual health services and products are inaccessible to many young people, either through lack of information, geographical distance or perception that health care staff are unfriendly, judgemental and breach confidentiality. • The national law whereby sex under the age of 18 is illegal can compromise availability and accessibility of services and information to young people. • Few locations exist where youth can obtain confidential, interactive information on SRH, and no structured sex education curriculum is available in most schools.
Opportunities	
• Young people are characterised by a common ambition (albeit with varying degrees of conviction) to attend and complete school, have a career, and improve their future. • Some young women have overcome common barriers associated with contraception and are opting for long-term methods such as the implant. • Increased awareness of the availability and benefits of SHR related services. • According to national policy, contraception is freely available to all those who request it, including young people. • Young women who have resisted pressures, avoided untimely pregnancy and made successes of their lives exist – these positive deviants' stories can provide inspiration. • Over 50% of Sierra Leoneans own a mobile phone (Assey, 2013). Although the market penetration among youth is unknown, it is likely to increase in the coming years providing an interesting communication channel to reach youth in a confidential way.	

Table 6: Barriers & Opportunities for Parent/Carer's Contribution to Youths' Improved Reproductive Health

Parents / Carers of Teenagers	
Barriers	
Individual	• Low knowledge of contraception. • Sense of powerlessness regarding how to ensure their children do not engage in sexual activity and become involved in a pregnancy.
Interpersonal (Family and Peer Networks)	• Few good communication channels are open in the relationship between parents and their children. • Little discussion around sexual matters between parents and their children.
Social	• Trans-generational relationships and transactional sex are viewed as acceptable, sometimes even encouraged by family members, if families are in need of money. • Communication around sex in the community is limited to the negative consequences of sexual activity. • Lack of vision especially for girls who do not go to school. • Pressure from Soweis to initiate women
Structural	• No support available for parents on how to engage their children in healthier sexual behaviours.
Opportunities	
• Parents and leaders recognise the gravity of the situation relating to teenage pregnancy in their communities. They acknowledge the health, educational and social problems associated with it. • Parents and leaders are keen to find ways to address this problem in their community.	

6. Analysing the Problem

In order to know how to address the issues highlighted in the situation analysis, we have to look at our **shared vision** (where we would ideally like things to be), and compare this to the **current situation** (where we are now). Understanding and answering questions as to why there is a difference between the shared vision and the current situation will help us identify the key barriers and constraints, and accordingly strategize on appropriate approaches and areas of focus for the communication strategy.

The vision of the National Strategy for the Reduction of Teenage Pregnancy is:

By 2015, the adolescent fertility rate will have reduced from 122/1000 to 110/1000. The number of girls who had a birth before age 19 will be reduced from 34% to 30%.

Although this vision sets a clear goal that can be monitored and measured, it is one that community members and those who need to change their behaviours to achieve the vision, may find difficult to relate to. This same vision can be communicated strategically in a way that it can be understood and shared by all stakeholders. The vision is one that young people, parents, government ministries, communities, leaders and implementing partners can all understand, buy into and commit to realising. It does not represent the current reality, but rather the reality we wish to see and in which young people are able and supported to protect themselves from unintended pregnancies.

Strategic Shared Vision

By 2019 young people aged 10 to 19 years in Sierra Leone feel positive and optimistic about their future. They understand that protecting themselves from early pregnancy can help them reach their goals, and they have the necessary knowledge and skills to do so. They know where to go for information and support on sexual health issues, and they access such services as needed. They feel comfortable discussing related issues with health providers, their peers, family members and leaders in the community. Girls and boys feel self-reliant and empowered to protect their bodies, choose healthy relationships and build positive future for themselves.*

Young couples have respectful relationships, talk to each other and make decisions about sex and contraception together. They feel empowered to delay the choice of having children and know the risks of unprotected sex. They know where to access contraceptive methods, and they use them correctly and consistently to protect themselves. Some young people choose to abstain from sex till they older and ready.

Young people realise that giving unprotected sex in exchange for things they want (like clothes, money, phones etc.) may also result in getting things they do not want (like a pregnancy or STI/ HIV). They value their health and their future, and they are willing to sacrifice short-term gain (material goods) for long-term goals. They believe in their collective efficacy of refusing unprotected sex for a healthy future.

Non-school goers have options other than early pregnancy and marriage, and experience the benefits of delaying pregnancy.

Parents/caretakers and adult community members support young people in making healthy choices regarding their sex lives, they listen to their concerns and are able to provide helpful advice including directing them to Youth Friendly Services. Parents feel empowered and supported, and know that they play a valuable role in building their children's future.

* Although the National Strategy for the Reduction of Teenage Pregnancy is till 2015, this communication strategy spans from 2014 to 2019.

Above is the shared vision on which the communication activities will be developed. It helps us identify the broader aspects that need to be addressed to reduce teenage pregnancy, such as communication, respectful relationships, a supportive environment, self-esteem and collective efficacy.

To better understand how the vision and the current situation relate to real life and the strategy, below are the stories of two young couples, one living in the shared vision, and the other living in the current situation. These stories are fictional (but based on what we have heard and seen in the situation analysis) and help us see in practice how the current reality differs from the shared vision. They help us see how individual young people behave today (Current Situation), and how we would like them to behave in the future (Shared Vision). Using this approach is an effective way of identifying the focus for communication related activities.

Strategic Shared Vision: Ismail & Mariama's Story

Ismail is 17 years old and lives with his family. He goes to secondary school, and in his spare time helps his parents on the farm, meets with his friends at the stream and plays football. Ismail's girlfriend, Mariama, is 16 years old and goes to his same school. They met in the schoolyard and have been seeing each other for almost one year. They like spending time together, talking about what they have learnt in class, and they help each other with their homework. Ismail regularly walks Mariama home after school to make sure she is safe. They both dream about finishing school and going to college, where Mariama hopes to study engineering and Ismail medicine.

Ismail's friends talk a lot about sex and keep teasing him for not having yet had sex with Mariama. Mariama's friends also tell her Ismail will leave her if she does not have sex with him. Mariama and Ismail are bothered by what their friends say, but want to be sure they are ready. Before starting to have sex, they spoke about it, and Mariama felt comfortable sharing her fears with Ismail. Ismail respected her concerns and waited till she was ready. Both he and Mariama know the risks of unprotected sex and know what to do to prevent pregnancy and STIs. They learnt this in school and they have both spoken about it with their parents, who give them supportive advice.

Mariama sees her friends with new mobile phones and nicer clothes than she has. She thinks they look smart and wishes she could have those things too but she and Ismail are still studying and don't have the jobs that could buy them these nice things. Abdul is a twenty-six year old businessman who passes through the village on work trips. He runs into Mariama often when she goes to the store to do the shopping for her family. She knows he is interested in her. He asks her to go with him for a drive and offers to bring her a new mobile phone when he comes next time. Mariama has seen her friends have two or three boyfriends so they can get them what they want. She is not going to fall for Abdul's tricks even though he is handsome and rich. She can wait to buy that phone herself when she has a good job!

When Mariama felt ready to have sex, she and Ismail went together to Youth Friendly Centre for counselling on STIs and contraception. Neither of them wants to have a child now because they know this would ruin their dream of having a career and becoming someone. Mariama and Ismail choose to use both the implant and condoms every time they have sex, for dual protection. They are faithful to each other because they feel that together they can achieve a better future. Their friends admire them and they think they are a beautiful, happy couple because of this.

Current Situation

Ramata is 17 years old and goes to Secondary School. She lives with her aunt and is committed to her studies because she wants to become a lawyer. He boyfriend, Sori, is 23 years old and lives with his parents and five siblings. Sori dropped out of school and started trading goods at the market. In his spare time he watches football or Nigerian movies with his friends, hangs out in bars or listens to the radio.

Ramata and Sori see each other twice a week in Sori's friend's house to have sex. At the beginning Ramata didn't want to have sex with Sori because she didn't feel ready. She was also scared that her aunt would kill her if she found out, and that she could get pregnant and have to drop out of school and forget about her dream of becoming a lawyer. But Sori helps her with her school fees and sometimes gives her money for lunch, so she feels obliged to sleep with him. Plus, her friends had been teasing her because she was a virgin. Ramata has another boyfriend her own age who goes to her same school and whom she loves, but she doesn't sleep with him. Sometimes she will have sex with a big man from Freetown who occasionally comes to her town for work. She doesn't really like him, but he gives her money with which she can buy trendy things – she recently bought herself a smart-phone, just like her friends.

Ramata suspects that Sori has another girlfriend whom he sees during the day at the market, but doesn't dare ask him about it. Ramata's friends advise her that if she has a baby then she will get respect from Sori and will also be able to "keep" him. Sori does not worry about pregnancy because he believes that if they don't have sex every day, Ramata can't get pregnant. He also feels that sex with a condom is no fun, so refuses to wear one. Ramata would prefer to use a condom, but she doesn't insist in case Sori gets angry and leaves her – besides, she would not mind if she got pregnant.

Ramata has heard that the health centre has things to prevent pregnancy, but isn't sure they really work. She is not sure whether she should have a baby or not. She feels embarrassed to go and ask about it and doesn't know where else to go for advice. She wishes she could talk to her aunt, but her aunt would just get angry.

A week later she finds out she's pregnant.

Data from the situation analysis can help us understand the reasons (key constraints) for the difference in behaviours between Mariama and Ismail (shared vision), and Ramata and Sori (current situation). Through a problem tree analysis we can identify the root cause or causes of the problem and highlight key areas that play an important role in bringing about negative patterns of behaviour. Addressing these will help create effective, sustainable behaviour change.

A problem tree analysis involves asking why the difference between the shared strategic vision and the current situation exists, and continue asking why, till no more whys can be asked. The aim is to dig deeper to find the root causes of the problem being addressed. It is likely that some factors can be addressed more quickly than others, and that some may be beyond the scope of behaviour change communication. Nevertheless, a problem tree analysis can bring to light the key factors on which to focus interventions and, in the case of this strategy, communication messages.

The diagrams below (Figures 3 and 4) show the problem tree analysis stemming from the question "Why do adolescent girls get pregnant?" The analysis is done separately for boys and for girls.

Figure 3: Why do adolescent girls get pregnant?
GIRLS

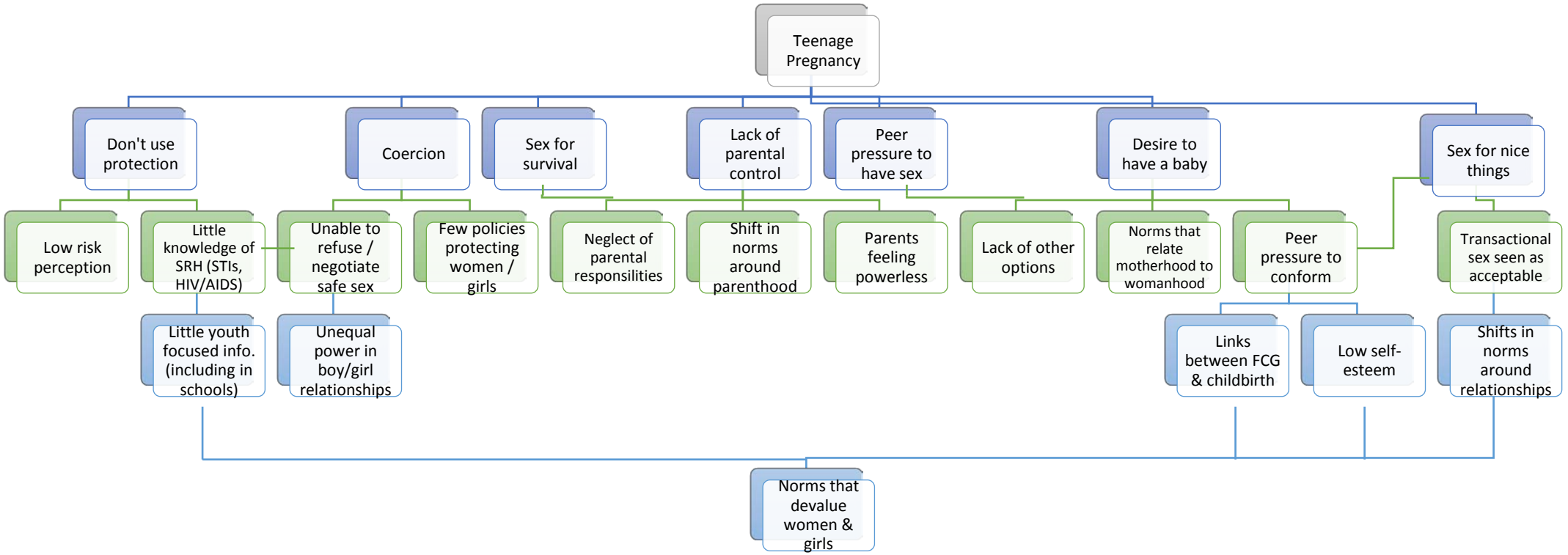
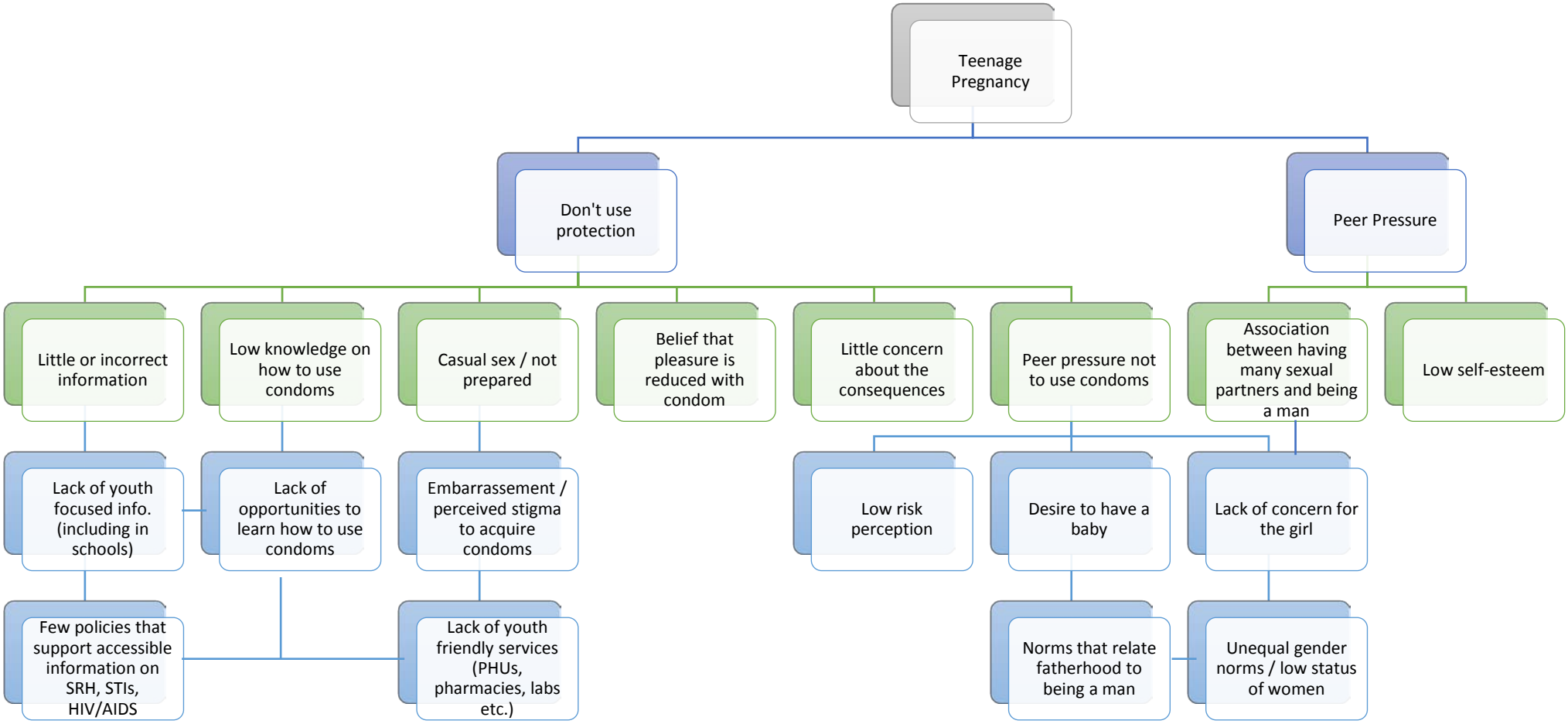


Figure 4: Why do adolescent girls get pregnant?
BOYS



7. Theoretical Frameworks

A review of the problem tree analysis highlights the issues that appear to be more instrumental in influencing negative behaviours as follows:

Most pertinent issues for girls	Most pertinent issues for boys
• Little information / accessible service provision • Peer pressure to engage in sexual activity • Peer pressure to engage in transactional sex for material things • Low self-esteem • Norms around gender and relationships	• Little information / accessible service provision • Peer pressure to engage in sexual activity and not to use condoms • Norms around fatherhood • Norms around gender and relationships

Young people do not live in isolation and their behavioural choices are influenced by the context in which they live, their family, their peers and the norms around them.

In particular, social norms around relationships and gender seem to contribute to unhealthy sexual practices that lead to teenage pregnancy. Norms that view transactional and intergenerational sex as acceptable, and norms that disempower women, affect the context in which relationships are formed, and affect young people's ability to protect themselves against unintended pregnancy and STIs .Norms also contribute to the creation of peer pressure, as young people are increasingly expected to behave in specific ways.

a. The Ecological Framework

The situation analysis highlighted the complex interaction of factors that contribute to teenage pregnancy. This calls for a multi-layered approach to behaviour change like the one proposed by the Ecological Framework described in Section 5. The National Strategy for the Reduction of Teenage Pregnancy already addresses all four dimensions of the ecological framework through its intervention pillars. This communication strategy will complement efforts across those four areas by recommending communication specific activities. In particular, it acknowledges the influential role of parents and other key adult community members. Indeed, it would be a disservice, and possibly detrimental to family relationships, to empower youth to make what may be perceived as radical changes without educating and engaging parents and other key influencers.

The communication strategy proposes audiences, approaches and messages that IPs can use to reinforce the communication component of their interventions and ensure harmonized strategies country-wide.

b. Social Learning Theory

Considering the pressures that young people experience to engage in sexual activity, and the brighter future that most youth aspire to, peers and community members can play a supportive role by modelling positive behaviours.

Social Learning Theory (Bandura, 1977), like the Ecological Framework, is built on an understanding of the interaction that occurs between individuals and their environment. It acknowledges that this interaction is subtle and complex, and can be influenced by both structural and social factors. Social norms in particular, represent an important element for the promotion of behaviour change. Behaviour is seen to be affected by personal cognitive factors, which are themselves influenced by the environment. Three cognitive factors are especially significant: observational learning, expectations, and self-efficacy.

Observational learning refers to the ability to learn by observing others and the rewards received from engaging in different patterns of behaviour. This concept highlights the importance of role models, as they present alternative behaviours and the rewards they receive for engaging in those different behaviours.

Expectations indicate the capacity of an individual to anticipate and value the outcome that will result from engaging in a different behaviour. Again, role models can act as influencers by experiencing the positive outcomes of their different behaviours.

Self-efficacy is the individual's perception of his or her ability to make the desired change. It is important that behaviour change activities support audiences in increasing their belief that they are able to engage in the desired action or actions.

The approaches and activities suggested by this strategy draw from both Social Learning Theory and the Ecological Framework.

8. Suggested Approaches to Reduce Teenage Pregnancy through Communication Activities

Based on the issues arising from the situation and problem tree analyses, and informed by the theoretical frameworks described above, this communication strategy proposes six approaches to address social norms and empower young people to make healthy choices. These approaches underlie audience selection, messages and communication activities which are proposed later in Sections 9 and 11. They have been developed in consultation with stakeholders including the National Secretariat, and have been refined following a participatory workshop with implementing partners to ensure their appropriateness to the Sierra Leonean context.

1. **Adopt a youth-led approach**
   It is essential that the communication activities appeal to young people. Youth themselves need to be involved in the development of the campaign and have a say with regards to what they want to see and hear, so that messages resonate with the intended audience. The campaign should be unified under one name, logo and slogan informed by young people.

2. **Focus on both young men and young women**
   Young people make up a large segment of the population of Sierra Leone. They are the ones who are directly affected by unintended pregnancies, and they are the ones who can engage in preventative behaviours. The lower status of girls means they are more vulnerable and less able to assert themselves in sexual relationships with boys. It is important that girls are not targeted alone, but that boys are also engaged as partners in the fight against teenage pregnancy.

3. **Create a supportive environment for youth by enabling supportive parents and community**
   Research and FGDs with parents and community leaders highlighted the sense of powerlessness that parents feel with regards to their children engaging in risky sexual behaviours. They lack the skills and knowledge to talk about sex with their children, and discussions in the community are limited to sanctioning such behaviours. The strategy should promote communication on sexual health, STIs and HIV/AIDS between parents, and between parents and their children. The communication should be supported by community leaders, to create an environment in which sex can be discussed openly, the silence around harmful traditional practices linked to teenage pregnancy is broken, and youth feel comfortable seeking advice and support.

4. **Increase collective efficacy**
   Teenage pregnancy is a problem that affects entire communities. Although young women and their families tend to be most affected, the impact of teenage pregnancy on boys, their families and other community members is not negligible. Encouraging boys, girls, parents, and leaders to

stand united against teenage pregnancy will increase collective efficacy and empower communities and individuals to take preventative action. One girl alone does not have the power to stand for positive behaviours, such as refusing sex or insisting on condom use. However, if every girl said "no" to early sex or insisted on condom use, this would give young women collective power to protect themselves.

5. **Provide positive, aspirational role models**
   The information from the situation analysis reveals how young Sierra Leoneans continue to aspire to a better life, even if having dropped out of school. In most cases, a "better life" involves continuing education and having a career that gives access to improved standards of living (Koning de et al. 2013; Shepherd, 2013; data from FGDs, Feb/Mar 2014). Based on social learning theory, communication activities should present positive, aspirational role models, and highlight the anticipated rewards for engaging in the positive behaviours.

6. **Increase risk perception**
   Statistics on condom use and contraception indicate that young people, especially boys, have a low risk perception of causing a pregnancy or becoming infected with an STI. Qualitative research and the FGDs conducted confirm this. Communication activities will therefore need to find a balance between enhancing risk perception and increasing young people's self-efficacy to engage in protective behaviours.

9. Communication Objectives and Key Messages by Audience

Social and behaviour change is a process, not a one-off event. Individuals have varying degrees of motivation and readiness to change, and they move through different stages when changing behaviours. The Stages of Change Model (Figure 5) identifies five steps to behaviour change:

1. **Pre-knowledge–** this describes people who are unaware and not considering changing behaviour, either consciously or unconsciously.
2. **Knowledge–**this is when the individual becomes aware of the possibility of changing and acquires knowledge related to current and desired behaviours.
3. **Approval–**at this stage the individual understands the benefits of engaging in a new behaviour.
4. **Intention–**this indicates the point at which an individual starts considering making a change and makes a commitment to change, for example by developing strategies to adopt the new behaviour.
5. **Practice–** this is when the behaviour is sustained. At this fifth stage, relapse may occur and the individual may go back to any of the previous stages.

A sixth stage, **advocacy** relates to when the behaviour is maintained and the individual becomes an advocate for that new behaviour.

The model can be represented in the following way:

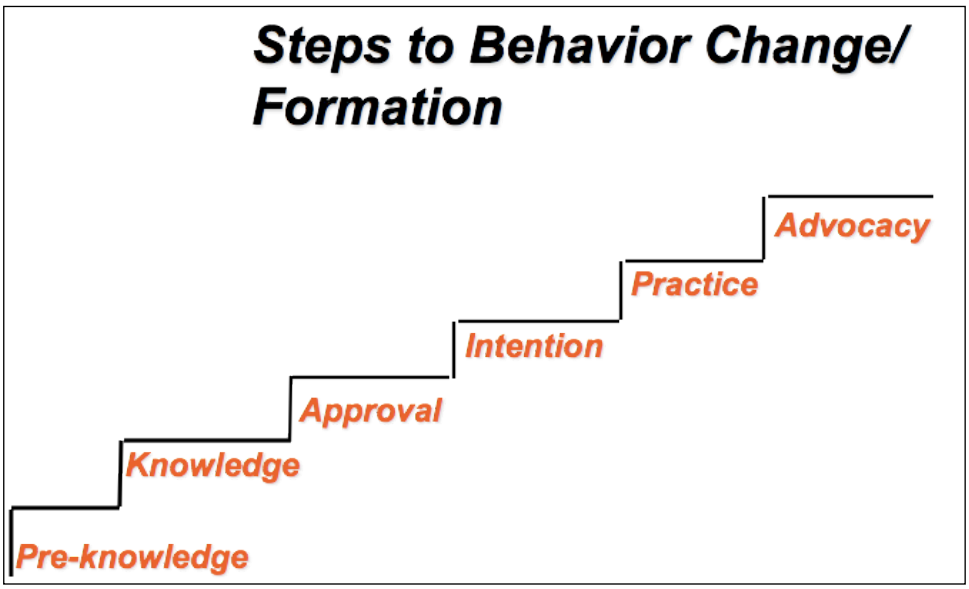


Figure 5: Stages of Change Model

People appear to move in a predictable way through the above stages, although some may move fast, and others may get stuck at particular stages or regress to a previous stage.

From a programme perspective, the Stages of Change Model highlights the importance of audience segmentation and researching the characteristics of the target audience, because not all people will be at the same stage. Communication objectives and key messages therefore need to be developed according to the stage of change at which the target audience sits.

a. Audience Segmentation

Based on the strategic shared vision and the behaviour change approaches proposed, this communication strategy identifies seven audience groups. The **priority audience of course,** is young people themselves. For effective messaging, this priority audience is divided into girls and boys and into two separate age groups. As the strategy addresses youth aged 10 to 19 years, messaging is proposed for the age groups of 10 to 14 years and of 15 to 19 years.

Two **supporting audience groups** are recommended, namely parents/carers of teenagers and community leaders. Community leaders are further segmented to include a sub-category of Soweis and other women leaders, who require more tailored messaging.

Priority Audience	Supporting Audiences
1. Girls (10 to 14 years) 2. Boys (10 to 14 years) 3. Young women (15 to 19 years) 4. Young men (15 to 19 years)	5. Parents/carers of teenagers 6. Community Leaders (including religious leaders) 7. Soweis and other women leaders

As mentioned at the start of this strategy, other important players for behaviour change, such as health providers, teachers and social workers, are not targeted here. This is because the National Strategy is already implementing activities aimed at these groups. However, partners of the National Strategy will ensure that activities undertaken with these specific players will be developed in line with this Communication Strategy to align messages and avoid confusing audiences.

b. Messaging

Based on the situation analysis and the approaches described above, the following section proposes key information and messages for each of the audience groups identified. The tables presented highlight the barriers and facilitators to behaviour change. That is, what currently exists that can either deter (barrier) or promote (facilitator) the desired behaviours. Knowing the barriers and facilitators can help find a focus for communication efforts for each audience group.

The information portrayed has been developed in partnership with stakeholders during a participative workshop held on 19th and 20th March 2014. During the workshop, participants contributed to determining the behavioural

communication objectives, barriers and facilitators to change, key benefits and messages for each audience category. This was done using available qualitative and quantitative data, and the participants' valuable experiences on the ground.

The principles adopted to develop messages include conveying a benefit and a sense of identity for the primary audience (young people). Notwithstanding the expertise and experience of those involved in creating the messages, they remain illustrative and will need to be tested with the intended audience. It is important to test whether the messages have the desired effect, whether they are understood as desired and, importantly, whether they offend or stigmatise anyone.

The information presented in the Tables 7 to 13 is an initial proposition, and specific messages and use of language will have to be refined following pre-testing.

Table 7: Girls 10 to 14 years The communication focus for this group needs to be around puberty, self, esteem, growing up and **abstinence and delaying the start of sexual intercourse.** Nevertheless, considering that the 25% of Sierra Leonean women engage in sexual activity before age 15 (SLDHS, 2008), messages around healthy sexual behaviours and protection also need to be included. Understanding of SRH and the risks associated with early pregnancy needs to start with this age group. To increase girl's self-esteem and collective efficacy, messaging should highlighting girls' self-worth and personal strength. Moreover, girls at this age also need to learn they have full rights over their bodies and nobody should touch them against their will. Messages around appropriate and inappropriate touching should be introduced, including what to do in case a girl feels violated.

Audience	**Girls: 10 to 14 years**				
Behavioural Communication Objective	**Key Information**	**Barriers**	**Facilitators**	**Key Benefit**	**Key Messages**
By 2019, girls aged 10 to 14 years will: **Feel confident** about postponing sexual debut and refusing sex till older and ready. **Understand that** nobody has the right to touch them against their will and **know what to do** should they feel violated. **Feel confident** about their potential as successful women and **be empowered** by their personal and collective strength to say no to sex or sex without a condom. **Have the skills** to make informed decisions about not engaging in sexual activity until older and ready.	Pregnancy at a young age is harmful and dangerous to a girl's growing body. Even if she has gone through Bondo/FGC, she should wait till she is more than 18 years and be a healthy, happy mother. You have the right to refuse sex, and nobody should touch you against your will. If someone does, you should tell a caregiver of trust, call 777[3] or go to the FSU or the child welfare committee. If someone starts touching you in a way you don't like, stop them immediately, even if they tell you they mean no harm or it's a joke. Do so every time. Be firm. Every girl is beautiful. Strong inside equals beauty outside. Be strong and say no to sex till you're older and ready. Abstaining from sex until you are older and ready will help you focus on your dreams and goals, and will spare you a lot of worry. Abstaining from sex is the safest way to avoid pregnancy, and dangerous diseases like HIV.	Little accessible information on sexual health and rights. Information/materials not tailored to younger adolescents. GBV referral protocol is not well implemented Conflicting policies, with sex under 18 being criminalized. Poor adult-child communication. Culture of silence around sexual violence. Limited communication channels available, especially in rural areas. Sex often motivated by material or financial gain, at times to cater for basic needs.	NGOs/ CBOs and implementing partners are addressing youth SRH. A GBV referral protocol is in place, though not well implemented. Most young girls below the age of 15 have not started having sex yet. A child help line (777) is due to be put in place by Plan and other actors in the field of child protection.	Communicating "no" to a boy demands respect by a boy, This helps you distinguish who is worth dating. Health benefits of not becoming pregnant and not engaging in sexual activity at a young age. More time to work towards your goals. Stay in school and have a career. Stay young and beautiful longer	Illustrative campaign slogan: "The future belongs to us!" Suggested tagline: "We are/ I am proud to wait" Girl saying "I am not ready in my body and mind to be a mother. I still want my childhood! I am proud to wait till after I am 18" How do you want to spend your mornings? Abstain from sex (image of girl going to school and pregnant girl vomiting with morning sickness). Our bodies are for us. We are not ready for sex. Being strong inside makes you beautiful outside. Say no to sex. It's cool to wait. Delay sex for a brighter future. We are still girls so let us be. No sex till we are older and ready

[3]The Ministry of Social Welfare, Gender and Children's Affaires is planning to run a free phone-line for GBV and child protection issues through Plan. Discussions regarding the phone-line have begun in early 2014 under the leadership of Plan.

Audience	Girls: 10 to 14 years (CONTINUED)				
Behavioural Communication Objective	**Key Information**	**Barriers**	**Facilitators**	**Key Benefit**	**Key Messages**
Know that going through Bondo is not a reason to become sexually active. **Have information and skills** to abstain from sex and avoid risky behaviours and seek help when needed should they choose to engage in sexual activity.	No one can force you to have sex. Only YOU can decide. If you choose to have sex, you can get pregnant or infected with a disease, even if it is the first time. The only protection is abstaining from sexual activities, and if not using a condom every time you have sex. Go to the nearest health facility or call 3535[4]to learn how to protect yourself. Having a baby at your age will bring further problems in your life. It will prevent you from fully enjoying your youth and fulfilling your potential.	Lower status of girls makes younger adolescent females particularly vulnerable. Social pressure to conform to a certain way of dress, own a mobile phone, etc. Links between Bondo initiation and readiness for sex and child bearing.	Parents and elders do support the idea of young girls being abstinent.		Short-term gain (cell phone, shoes, clothes) can bring long term responsibility (pregnancy or an STI). Avoid this by abstaining or calling 3535 for information on how to protect yourself. Even first time sex can bring you pregnancy or a disease. Safest sex is no sex. Wait till you are older. Girl 1 (around 15yrs): "I got this smart-phone from my boyfriend who works in the city" Girl 2 (Around 20 yrs): I bought this smart-phone myself with my first salary at my new job!" Be proud to wait.

[4]Marie Stopes International has a free phone-line for SHR related matters.

Table 8: Boys 10 to 14 years Like with girls in this age group, we want 10 to 14 year old boys to be informed on puberty, self, esteem, growing up and **abstinence and delaying the start of sexual activity**. Messages should therefore focus on abstinence. Recognising that some boys below the age of 15 will start engaging in sexual activity, messages around condom use will also need to be introduced. Further, boys of this age should learn that they do not have the right to engage in any sexual activity with a non-consenting girl, and emphasis should be placed on respecting girls' decisions and self-worth. This should also be linked to values around manhood.

Audience	**Boys :10 to 14 years**				
Behavioural Communication Objective	**Key Information**	**Barriers**	**Facilitators**	**Key Benefit**	**Key Messages**
By 2019, boys aged 10 to 14 years will: **Feel confident** about postponing sexual debut and refusing to engage in sex till they are older and ready **Understand** that abstinence will help them focus on their aspirations. They can enjoy a respectful, mutually consenting relationship with a girl when they are older **Value** girls as their equal and know that touching a girl against her will, or forcing her to have sex is wrong, not allowed and illegal. **Be empowered and have the skills** to make informed decision about whether to engage in sexual activity **Have information and skills** to avoid risky behaviours and seek help when needed should they choose to engage in sexual activity.	Abstaining from sex until you are older and ready will help you focus on dreams and goals. Abstaining from sex is the safest way to avoid getting a girl pregnant, and getting dangerous diseases such as HIV. Touching a girl against her will is wrong and not allowed. Boys and girls are stronger when they make decisions together. Only YOU can decide if you want to have sex. If choose to have sex, you can become a father or get a disease, even if the girl is a virgin. You can avoid both by using a condom every time you have sex. Go to the nearest health centre or call 3535 to learn how to protect yourself. If you make a girl pregnant, you and your family will suffer from it and you will not be able to enjoy your youth.	Little accessible information on sexual health. Information/materials not tailored to younger adolescents. Little supervision and monitoring of boys on the part of parents and carers. Desire to experiment and peer pressure is strong among boys this age. Prevailing gender norms can lead to power imbalances in boy-girl relationships. Limited communication channels available, especially in rural areas.	NGOs/ CBOs and implementing partners are addressing youth SRH. Government and implementing partners see teenage pregnancy as a priority. Many young boys in this age category want to see themselves as role models and can therefore be motivated to change.	Staying healthy. Becoming role models among peers. Gaining respect among peers.	Illustrative campaign slogan: "The future belongs to us!" Suggested tagline: "We are/ I am proud to wait" Boy saying "I respect her because she knows what she wants. We are waiting to have sex. Only when we are older and ready. It's cool to wait. Delay sex till you are older and ready. Sex comes with responsibilities that can affect you future. Go for your dream of a bright future. Giving respect gets you respect. Treating girls respectfully will make you grow up to be a respected man. A successful man is a respected man. Becoming a young dad can stand in the way of your success. I'm proud to wait!

Table 9: Young women 15 to 19 Considering that the median age of sexual debut for girls is 17.2 years (SLDHS, 2008), a large section of this audience group is likely to be sexually active. Girls who have already initiated sex will need to be equipped with information on contraception, and know where and how to access it. Those who are not yet sexually active will need messages to reinforce their choice to abstain. Given the lower status of women in Sierra Leone, the power imbalances between men and women, and the fact that sex is often a means for material gain, messages to inform girls of their rights over their bodies and on how to respond to unwanted touching will be included. Messages should enhance self-worth and empower girls by promoting a sense of unity and collective efficacy.

Audience	**Young Women: 15 to 19 years**				
Behavioural Communication Objective	**Key Information**	**Barriers**	**Facilitators**	**Key Benefit**	**Key Messages**
By 2019, girls aged 15 to 19years will: **Feel confident** about abstaining and postponing sexual debut till older and ready, **be able to** communicate this decision effectively and **manage** relationships positively. **Understand** the consequences of sexual activity and pregnancy on their life. **Know their rights** over their bodies and **have the skills** to stop unwanted touching or sexual advances immediately. **Feel confident** about their potential as fulfilled adults. **Be empowered** by knowing their self-worth and their personal and collective strength. **Know** how to prevent unplanned pregnancies by improving their self-esteem, decision-making skills, and understanding of the importance of contraceptive use.	Nobody has the right to touch you or have sex with you against your will, even if you have gone through Bondo/FGC. Should this happen, talk to a trusted caregiver, call 777, or go to your nearest child welfare committee or FSU. If someone touches you against your will, stop him immediately each time.. Always be firm and serious in doing so, even if the person tells you it's a joke. You are strong and you are beautiful. Beauty comes from inner strength. You are worth more than your clothes and the accessories you carry. Inner strength and inner beauty is what matters most. Girls standing together for their hopes and dreams can build a better future for themselves. Getting married before 18 years is against the law even if you have gone through Bondo. You have the right to decide when and whom to marry. Unplanned pregnancy can affect your life aspirations and dreams. Sex can lead to pregnancy and you will have to take responsibility for the baby. You will no longer be able to focus on your dreams.	Little accessible information on health and rights. Information materials not tailored to youth. Limited youth friendly services and perceived stigma from health providers. Despite national policy whereby contraception should be free, some service providers charge for it. Few accessible condom outlets. Limited communication channels available, especially in rural areas. Sex is often motivated by material or financial gain. Religious and traditional beliefs against contraception. Peer pressure to have sex	NGOS/CBOs and implementing partners are addressing youth SRH. Marie Stopes International has a free phone-line. Some youth friendly health services do exist. Young girls are increasingly choosing to opt for long-term contraceptive methods, with a preference for the implant. There is a national policy that all forms of contraception should be free. Government and implementing partners see teenage pregnancy as a priority issue. Some young women see the negative outcomes of teenage pregnancy	Continue school and have a career. Continue enjoying being a teenager and going out with your friends. Avoid getting an STI and HIV.	Illustrative campaign slogan: "The future belongs to us!" A baby will chop your money. Learn about family planning methods that can prevent pregnancy. Your friends can't dance to the beat of a screaming baby. Say no to sex without condoms and enjoy your youth. We are beautiful because we are strong. Together we can build a brighter, healthier future. Pregnancy can wait! A circle of girls standing with their backs together, facing outwards, arms crossed: "We value our lives. No condom? No sex!" Suggested tagline for all the spots: "No Condom? No Sex!" Say no to sex or call 3535 to learn how to protect yourself from unplanned pregnancy.

Audience	Young Women: 15 to 19 years (CONTINUED)				
Behavioural Communication Objective	**Key Information**	**Barriers**	**Facilitators**	**Key Benefit**	**Key Messages**
Access contraception as needed.	Having a child when you are not ready will bring problems to you and your family, it is hard work and it will prevent you from fully enjoying your youth and fulfilling your potential. Abstaining from sex is the safest way to avoid pregnancy, as well as STIs and HIV. Unprotected sex without a condom can lead to unplanned pregnancy or an STI, including HIV. HIV and STIs exist in your community and have severe consequences on your health. They can only be prevented by abstaining from sex or using a condom correctly and every time you have sex. Repeated abortions as a means to end unplanned pregnancy can endanger your health and lead to fertility challenges later. Specific knowledge: • There are new, free contraceptive methods that can prevent unplanned pregnancy – go to the nearest health facility or call 3535 to learn more about a method suitable for you. • Contraceptive methods are free, safe to use, do not affect your fertility, and help you avoid unintended pregnancy if used correctly and consistently. • It is essential to use a contraceptive method in combination with condoms (every time and correctly used. This gives you double protection against unplanned pregnancies as well as STIs and HIV.	Cultural expectation to find a husband following Bondo, even if this occurs at a young age. Societal and gender norms give women lower status and less negotiation power in male-female relationships. Culture that gives high value to marriage, especially in rural areas and when the young person is not in school. Lack of perceived alternatives, especially for non-school goers.	There is an unmet need for contraception for young women. There are successful adult women who are committed to the cause of reducing teenage pregnancy, and can act as positive role models		

Table 10: Young men 15 to 19 years Considering that half of all men have initiated sex by age 18 (SLDHS, 2008), it is likely that a significant portion of this audience group will be sexually active. For this reason, messages will need to focus on the importance of protected sex, and highlight the risks of not using condoms. Information about where and how to access condoms is also important to increase self-efficacy. Young men should be fully aware of the risks of getting a girl pregnant and how fatherhood can cramp their style and their chances of achieving their future goals. Building on the knowledge provided to their younger peers, this age group will need to understand the illegality of touching a woman against her will or coercing her into sex. Emphasis should be placed on the importance of consensual relationships, and shifting norms around manhood to value respect for women and their decisions, and promote unity and partnership with women in building a brighter future for young Sierra Leoneans. Further, as boys 15 to 19 enter an age where marriage becomes more likely especially in rural areas, some messages will need to address early and forced marriage.

Audience	**Young Men: 15 to 19 years**				
Behavioural Communication Objective	**Key Information**	**Barriers**	**Facilitators**	**Key Benefit**	**Key Messages**
By 2019, boys aged 15 to 19 years will adopt healthy behaviours that will protect them from causing unintended pregnancy and early or forced marriage, and will enable them to engage in respectful relationships with girls. They will: **Feel confident** about postponing sexual debut till ready and manage relationships positively. **Understand** they do not have the right to touch a girl against her will, or coerce into sex, and that there are severe consequences should they do so. **Understand** the importance of consensual sexual relationships. **Value** girls as their equal and respect their decisions. **Understand the risks** associated with unprotected sex.	Becoming a father before you are ready can affect your life aspirations and your dreams. It will prevent you from fully enjoying your youth and fulfilling your potential, even if you choose not to recognise the child. If you make a girl pregnant you will bring shame to your family, and you and your family will bear the financial costs of the pregnancy and baby. A father needs to fulfil his responsibility of contributing to bringing up his children. Make sure you are prepared to do that before you make a girl pregnant. Abstaining from sex is the safest way to avoid pregnancy, as well as STIs and HIV. Unprotected sex without a condom can lead to unplanned pregnancy or an STI, including HIV. HIV and STIs exist in your community and they have severe consequences on your health. They can only be prevented by abstaining from sex or using a condom every time you have sex.	Little accessible information on sexual health and rights. Information materials not tailored to young people. Religious preaching against contraception is common. Limited youth friendly services and perceived stigma from health providers. Most young men do not access SRH information or services even when these are available. Few outlets where young men feel comfortable accessing condoms.	CBOs/ NGOs and implementing partners are addressing youth SRH in communities. Many young men express a desire to access information on SRH. Marie Stopes International has a free phone-line. Some youth friendly health services already exist. Outlets where condoms are available free of charge exist. Government and implementing partners see teenage pregnancy as a priority issue.	Pride in making your family proud. Better health and no stress from having STIs and HIV. More cash in your pocket to do the things you like. Having a happy relationship with your girlfriend. Ability to continue your education, work or training without other demanding responsibilities.	Illustrative campaign slogan: "The future belongs to us!" Your future is bright when your decision is right. Abstain from sex or use a condom every time. Make the right decision now for a better tomorrow. Talk to your partner about protection. No condom? No sex. Remember that a baby brings responsibilities for you too. It's your time to enjoy life. If you don't want the responsibility of a baby, use a condom every time you have sex! A baby will chop your money. Always use a condom – it's your time to enjoy!

Audience	Young Men – 15 to 19 years (CONTINUED)				
Behavioural Communication Objective	**Key Information**	**Barriers**	**Facilitators**	**Key Messages**	**Indicators**
Understand that if they make a girl pregnant they have responsibilities to uphold. **Have information and skills** to avoid risky sexual behaviours and access help when needed. **Have the necessary skills** to negotiate delaying marriage before 18, for themselves and for the bride.	You have no right to touch a girl or have sex with her against her will. This is wrong and punishable by the law. Sexual relationships need to be consensual, meaning that both the boy and the girl will have to agree. A strong man is one who is able to respect women and their decisions, not one who forces her into something she doesn't want. Talking to your partner/girlfriend about having sex and protecting yourselves will improve your relationship and help you avoid unwanted consequences from sexual intercourse, such as pregnancy and diseases. Young men and women are stronger when they make decisions together. Getting married before 18 years is against the law. You have the right to decide when and who to marry.	Limited communication channels available, especially in rural areas. Perception that condom use reduces sexual pleasure. Low risk perception of getting a girl pregnant or contracting an STI, including HIV. Gender norms that bring about power imbalances in boy-girl relationships. Culture that gives high value to marriage especially in rural areas and when the young person is not in school.	Some young men already understand the negative consequences of becoming a father too soon. Some religious leaders within the Inter-religious Council are beginning to recognise the severity of the problem of teenage pregnancy and are supporting family planning and condoms. Young men who exhibit positive behaviours, and can act as role models for this age group, exist. Youth advocacy groups exist in many communities.		Giving respect gets you respect. Treating girls respectfully will make you grow up to be a respected man. A successful man is a respected man. Becoming a young dad can stand in the way of your success. Abstain from sex or use a condom every time!

Table 11:Parents/Carers of Teenagers This group can play a pivotal role both in supporting their children's healthy sexual behaviours through open communication, and in helping them stay focused on their aspirations of a brighter future. Messages will need to increase parents' confidence in their parenting skills, encourage them to increase dialogue with their children, and support them in understanding that the girl-child has the same worth and potential as the boy-child. Parents' knowledge will need to be enhanced around the illegality of early marriage, regardless of whether the girl has undergone Bondo, and the importance of children developing the necessary skills associated with adulthood (18+ years) before committing to marriage.

Audience	**Parents/Carers of Teenagers**				
Behavioural Communication Objective	**Key Information**	**Barriers**	**Facilitators**	**Key Benefit**	**Key messages**
By 2019, parents of teenagers will: **Feel confident** about their parenting and communication skills in relation to their children's sexual behaviours. **Talk to their children** about healthy sexual behaviours and support them in making healthy choices. **Have information and skills** to discuss sex, sexuality and healthy sexual behaviours with their children and other adult community members. **Know where to go** for support on how to help their children make healthy sexual decisions. **Understand the risks** associated with young women having sex in exchange for money and material things.	Adolescents can become curious about their sexuality. This is a normal part of development during this stage of life, there is nothing wrong with it and young people should be supported in understanding how they are changing. Adolescents need to be properly informed to make healthy decisions about whether to engage in sexual activity or not, and about how to protect themselves from unplanned pregnancies and STIs, including HIV. Parents play a key role in supporting their children in making healthy choices. Talking to your children about sex and sexuality will help them make healthy choices. Abstinence is the best protection against pregnancy and disease. Adolescents need to know how abstinence helps them to protect themselves from disease and pregnancy, and to focus on their aspirations. Your son and daughter both have the same value and potential. Support them both to grow educated and healthy, and they will both contribute to the family wellbeing.	Little accessible information on sexual health and rights. Parents do not feel comfortable discussing sex related issues with their children. Few places available where parents can obtain SRH information for their children. Limited and incorrect knowledge about contraception, associating it with infertility. Some parents believe that talking about sex with their children will encourage them to become promiscuous. Cultural practices of early marriage and initiation rites are still very prevalent in most parts of the country.	Parents understand the gravity of the problem of teenage pregnancy. Parents are keen to find ways to support their children in making healthy choices about sex. Marie Stopes International has a free phone-line where parents can also obtain information. CBOs/ NGOs and implementing partners are addressing the issue of teenage pregnancy at community level. The government is currently reviewing the Child Rights Act.	Increased social status and recognition in the community for modelling good parenting. Improved self-esteem and confidence in your parenting abilities. Reduced financial burden on the family. Closer relationship with children.	To be the proud parent of a driver, a lawyer or a teacher, talk to your child about abstaining from sex and contraception Your "bank book" for the future: parents don't force your children into early marriage, allow them to finish school and get a career. The girl child and the boy child have equal worth. Give them equal opportunities and they will both contribute to your family's wellbeing and happiness. Talk to your children about abstinence and safe sex. You can help them make healthy choices, and they will thank you for it! You are good parent! Talk to your children about abstinence and safe sex. You can help them have a better future.

Audience	Parents/Carers of Teenagers (CONTINUED)				
Behavioural Communication Objective	**Key Information**	**Barriers**	**Facilitators**	**Key Benefit**	**Key Messages**
Have the knowledge and skills to support their male and female children in building their future and marrying when they are ready. **Understand** that girls have the same potential as boys and need to be at least 18 years before getting married, even if they have gone through Bondo. **Understand the risks** associated with initiation rites and **have the skills and confidence** to withdraw their girls from such practices.	Bondo initiation rites can affect your daughter's mental and physical health. She may not be mentally ready for the experience and the procedure can lead to infection and disease. Marriage before 18 years is not only illegal but can expose youth to emotional trauma, even if the girl has gone through Bondo. This is because before the age of 18, youth have not yet developed the competencies necessary for a successful marriage and to make informed choices. Nobody should touch your child against his or her will. If this happens you have the role and responsibility to protect your child. Go to the nearest FSU or child welfare committee, or call777 immediately. Girls who have sex in exchange for money or material goods can be at greater risk of unplanned pregnancy and diseases because they have less power in the relationship. **Specific Knowledge:** • There are many, free, new methods that can prevent unintended pregnancy. • Family planning methods are safe to use and do not affect a women's fertility. They can be accessed at your nearest health facility for free. • Condoms are safe and they are the only method that protects from pregnancy and diseases, including HIV. They should be used correctly and every time a person has sex.	Social and gender norms place lower value on women and girls. There is a culture of silence around sexual abuse, initiation rites, and early marriage. Poverty and illiteracy are widespread. There are conflicting laws in Sierra Leone, meaning that law enforcement is difficult and rare.			You have the power to shape young people's future. Support your children and help them stay strong and safe from unplanned pregnancy till they are older (over 18) and ready. (Use any well known, local proverbs that explain how the support of parents helps children grow strong – the quality of the soil reflects the strength of the tree that grows from it, for example)

Table 12: Community Leaders Although the term community leaders refers to a vast range of individuals, such as traditional leaders, religious leaders, chiefs and other influential people in the community, this audience group has only been segmented into two categories: community leaders and Soweis/other women leaders. The key information will be the same for all leaders, recognising however that some religious leaders may choose to focus on messages around abstinence and omit messages on contraception. The second segment is Soweis/other women leaders, who require more tailored messages based on their role in girls' initiation rites.

Audience	**Community Leaders**				
Behavioural Communication Objective	**Key Information**	**Barriers**	**Facilitators**	**Key Benefit**	**Key Messages**
By 2019, community leaders will talk to their community members, adult and youth alike, about healthy sexual behaviours and support them in making healthy behavioural decisions. They will: **Act as role models** to the members of their community, having respectful relationships with their spouses and spending time with their children and family. **Have information and skills** to discuss sex, sexuality and healthy sexual behaviours with young and adult community members. **Act as a source of information** for youth and their parents on matters relating to SRH. **Understand and share** with community members the social consequences of teenage pregnancy and how this affects the whole community in negative ways.	Adolescents can become curious about their sexuality. This is a normal part of development during this stage of life and there is nothing wrong with it. Adolescents need to be properly informed to make healthy decisions about whether to engage in sexual activity or abstain and about how to protect themselves from unplanned pregnancies and STIs, including HIV. Talking to young people and their parents in your community about SRH issues can support them in making healthy choices. Abstinence is the safest way to avoid pregnancy and diseases. Young people who choose this path should be praised and encouraged. Abortions as a means to end pregnancy can threaten a girl's life, health and future fertility. Becoming involved in a pregnancy as a young person below 18 years can bring emotional and financial stress both to the boy and the girl, as well as their families, even if the girl has gone through Bondo.	Little accessible information on sexual health and rights. Common belief that if a girl has been abused she has brought it upon herself through inappropriate behaviour or clothing. Some leaders do not feel comfortable discussing SHR issues in their community. There are religious taboos against discussing sexual matters and some religions are against contraception. There is an age gap between leaders and youth that may make communication difficult. Traditional gender roles and cultural norms place value on early marriage and perpetuate power imbalances between men and women.	Leaders understand the gravity of the problem of teenage pregnancy in their community. Leaders are keen to find ways to support their children in making healthy choices about sex. There are CBOs / NGOs and implementing partners addressing the issue of teenage pregnancy at community level.	Improvement of social and economic welfare of the community. Health of the community (reduction in maternal mortality / child malnutrition / social isolation) Community will be united and work as one (improved relationship between youth and older people). Leader will have to do less conflict mediation between families.	(use any well known traditional proverbs about how secrecy only brings problems. Can be used to explain this concept) Don't let speaking about sex, sexual health and family planning be a taboo. Open discussion benefits the whole community. You have the power to shape young people's future. Encourage the community to support the rights of these young people and help them stay strong and safe from unplanned pregnancy till they are older (over 18) and ready.

Audience	Community Leaders (CONTINUED)				
Behavioural Communication Objective	**Key Information**	**Barriers**	**Facilitators**	**Key Benefit**	**Key Messages**
	Marriage below the age of 18 years is against the law. Younger people below this age have not developed the emotional and practical competencies for a successful marriage and to make informed decisions. Sexual abuse exists in your community. It is never justifiable and abusing is the choice of the perpetrator – there are no excuses. Sexual abuse is never justifiable and the perpetrator should always be punished. **Specific knowledge:** • There are many new, free contraceptive methods that can prevent unintended pregnancy, and these can be accessed at the nearest health facility. • Contraceptive methods are safe to use and do not affect a women's fertility. • Condoms are the only method that protects from pregnancy and diseases, including HIV. Sexually active men should be encouraged to use them every time they have sex. • HIV exists in the community and people need to protect themselves against it by using condoms every time they have sex.	Some leaders firmly believe that young people should not engage in sexual activity, and that talking about it will encourage them to become promiscuous. Some leaders feel that introducing punishing bye-laws is an effective means to prevent pregnancy, but some current laws only add to the stigma felt by the girl.			

Table 13: Soweis / other women leaders Although many of the messages addressed to Soweis and other women leaders will be the same as those targeting all community leaders, this audience segment will receive extra messaging linked to the key role they play in young women's lives during initiation.

Audience	Soweis / Mamie Queens				
Behavioural Communication Objective	**Key Information**	**Barriers**	**Facilitators**	**Key Benefit**	**Key Messages**
By 2019, Soweis and Mamie Queens will talk to mothers and young women about healthy sexual behaviours, support them in making healthy decisions and avoid marriage and initiation below the age of 18 years. They will: **Understand** the negative consequences associated with early and forced marriage and Bondo, and **advocate** for girls to be initiated and marry after age 18, and be active players in the decision of getting married. **Value** young women and their potential for contributing to the development and wellbeing of their families and their communities. **Encourage** parents to value their daughters and understand that their value is not linked to being married**.** **Have information and skills** to discuss sex, sexuality and healthy sexual behaviours with young women and their mothers. **Act as a source of information** for young women and their parents on matters relating to SRH.	Young women who get married before the age of 18 or who do not have a say in whom they marry can be at greater risk of emotional and physical trauma, even if they have gone through Bondo. Marriage should occur after the age of 18 years and between two consenting individuals. Girls are a valuable asset in their communities and can contribute to the development and wellbeing of their families and communities. They need to be encouraged to fulfil their potential as unique individuals and believe in their abilities and aspirations. Adolescent girls need to be properly informed to make healthy decisions about whether to engage in sexual activity and about how to protect themselves from unplanned pregnancies and STIs, including HIV. Talking to young women and their parents in your community about SRH issues can support them in making healthy choices. Abstinence is the safest way to avoid pregnancy and diseases. Young women who choose this path should be praised and encouraged. Abortions as a means to end pregnancy can threaten a girl's life, health and future fertility.	Little accessible information on sexual health and rights. Some leaders may not feel comfortable discussing SHR issues in their community. There are religious taboos against discussing sexual matters and some religions are against contraception. Traditional gender roles and cultural norms place value on early marriage and perpetuate power imbalances between men and women. Soweis and Mamie Queens find their self-worth through the Bondo rituals.	Some Soweis and Mamie Queens understand the gravity of the problem of teenage pregnancy in their community. Some Soweis and Mamie Queens are keen to find ways to support their children in making healthy choices about sex. There are CBOs / NGOs and implementing partners addressing FGCM and working with Soweis and Mamie Queens.		Acknowledge and celebrate girls who choose to abstain from sex. This will have a positive impact on the whole community. You have the power to shape this young girl's future. Support her in avoiding unintended pregnancy and tell her about contraception. You have the power to shape this young girl's future. Tell her of her rights and help her stay strong and help her keep her body safe from unplanned pregnancy till she is older (over 18) and ready.

10. Repositioning and Branding of Products and Services

Currently in Sierra Leone there is no coordinated social marketing campaign addressing teenage pregnancy or condom and contraception use. A multitude of messages relating to sexual health are disseminated, mostly through billboards. Examples of the behaviours targeted by these messages include:

- Male condom use
- Female condom use
- HIV testing
- HIV testing during pregnancy
- Compliance with treatment for HIV
- Inter-generational sex

The myriad of messages can confuse audiences and distance them from the desired behaviours.

Furthermore, young people believe that little accessible information on SRH is available to them. They perceive health centre staff to breach confidentiality, and to be judgemental and critical towards youth requesting SRH services.

There is scope therefore to reposition and re-brand products (condoms and contraceptives) and services (youth centres and other places where youth can access information). This can be done through a social marketing campaign that focuses on specific behaviours such as use of contraception and SRH services. Due to the low use of contraception (including condoms) and services, social marketing would need to address the images associated with these products and services to create appeal for young people.

a. Suggested Social Marketing Approach

Social marketing refers to the application of commercial marketing principles to influence behaviours of the target audience for improved personal and/or social welfare. Ultimately, the goal of social marketing is to change behaviours, not just raise knowledge and awareness. In the case of teenage pregnancy in Sierra Leone, social marketing can be used to increase the use of products (condoms and contraception) and services (health facilities and other places where youth can access relevant information).

Although a social marketing approach would require a separate strategy, which goes beyond the scope of this communication strategy, the following recommendations are made:

- **Select the primary audience or audiences**, recognising that youth are a heterogeneous group. The primary audiences are those whose behaviours need to change to positively impact on the problem (teenage pregnancy).
- **Select secondary audiences.** These are the people who exert an influence on the primary audiences.
- **Ensure appropriate formative research** to help choose and profile the target audience. Proper profiling should determine where the target

audience is on the behaviour change ladder, what influences their current and desired behaviours, factors that enable change and the most effective ways to reach them. In particular, qualitative, formative research should help define the barriers to change and what can motivate youth to adopt the desired behaviours. This will support the design of a strategy that effectively minimises cost and maximises benefits for the intended audience.

- **Develop a behavioural objective** for the target audience. The desired behaviour would need to a clear, specific, measurable and feasible action.
- **Select the appropriate marketing mix**. Consider how to brand and price the product, where to place it and how to promote it.

b. The Marketing Mix

The marketing mix, also known as the "4 Ps", refers to four components that, together, create the exchange offered to the target audience. The formative research can help define how best to address each element of the marketing mix to influence behaviours.

Product: this is what the audience gets. Contraception and services need to be branded in a way that evokes the emotions necessary to promote their use. Available literature and in-country FGDs and consultations revealed the negative connotations associated with condoms. It is important therefore that the social marketing campaign addresses the way condoms are perceived to make them more appealing to youth, especially young men.

Price: this refers to the cost and/or barriers to adopting the desired behaviour. Other than monetary cost, this can also include barriers such as reduced pleasure, loss of respect from peers, embarrassment. The recommended formative research should bring to light exactly what those costs and barriers are so that they can be reduced and the audience's perception of them can be changed.

Place: this includes where and when the audience accesses the product or service. Focus group discussions conducted for this communication strategy revealed the need for confidential, accessible sources for condoms. Placement strategies therefore need to carefully consider where youth can and would like to access the product and services. Once again, the formative research can provide useful insights.

Promotion: this includes communication or education that describes the benefits of the desired behaviour and provides supporting information. Both this communication strategy and the National Strategy for the Reduction of Teenage Pregnancy can be used to reinforce social marketing. Results from the recommended formative research should be used to inform how, when and where to promote behaviour change.

11. Recommended Communication Channels and Activities

The messages above can be disseminated through a variety of channels and activities. The important thing is that they reinforce each other and that audiences can recognise them as part of one programme through a common logo, name, slogan and, where appropriate, jingle.

Some communication channels will be effective in reaching most audience segments, while others will be targeted to specific groups.

In selecting channels, the rural/urban divide needs to be taken into consideration. Literacy levels, mobile phone usage, Internet and TV access are lower in rural areas than in cities. Although very effective and recommended anywhere, interpersonal communication (IPC) is likely to be a more viable option for rural areas.

Although this communication strategy does not address service provision and the education sector, it is important that the approaches recommended by this strategy be shared with those and other relevant sectors. This will allow for activities and information to be coordinated and avoid potentially confusing or contradicting messages.

a. Strategies for Communication Activities

The communication activities proposed in the following pages have been derived from the participatory workshop held with implementing partners and stakeholders, from FGDs, and from consultations with key staff from UNICEF and the National Secretariat. The activities are based on five strategies to respond to the communication objectives outlined in Section 9.

1. Formative research to inform an evidence-based approach to activities and messages
2. Youth programme positioning – Youth Transforming Sierra Leone
3. Promotion of dialogue in the community, and inter-generationally between parents and their children
4. Provision of information through mass media using multiple communication channels for greater reach and message reinforcement
5. Linking key messages to life events

Table 14 below provides a visual summary of the activities suggested under each strategy. Each activity is then described in detail in the following pages.

An implementation plan is also proposed, and this can be found in Appendix 3.

Table 14: Summary of Activities per Strategic Approach

	Strategic Approach	Proposed Activities
1	**Formative research to inform evidence-based activities and messages**	• Conduct qualitative research with young people in relevant segments • Analyse and use findings to shape the overall strategy for youth, develop tools and specific activities. • Conduct end line research to evaluate any changes in attitudes, perceptions, and behaviours.
2	**Youth programme positioning: Youth Transforming Sierra Leone**	• Conduct participatory workshop with young people to identify the framing and approach for communication materials. • Use mobile phone technology to reach youth with key messages. • Use the Internet and social media to engage youth more actively. • Utilise music as a means of conveying information and attracting youth. • Target locally popular activities such as events in nightclubs, village dances and inter-village football competitions as a way of reaching youth.
3	**Promotion of dialogue in the community, and inter-generationally between parents and their children**	• Develop strategic films to act as a catalyst to stimulate discussion around SRH, gender roles, the status of women, transactional sex, and children's rights. • Develop drama sketches with local theatre development groups addressing key issues, to bring to rural areas. • Organise interpersonal communication activities in the community, using strategic communication tools to promote exchange. • Set up public debates between leaders and community members to address particularly resistant behaviours that contribute to teenage pregnancy.
4	**Provision of information through mass media using multiple communication channels for greater reach and message reinforcement**	• Launch a national mass media campaign using multiple communication channels. • Use radio for greater reach. • Develop billboards and flyers, and position them strategically. • Create TV ads highlighting the key messages. • Reinforce messages with promotional materials that appeal to young people. • Capitalise on existing phone-lines to ensure coordinated approach to SRH information. • Develop a message compendium with messages for specific audiences, and share with all stakeholders.
5	**Link key messages to traditional life-events**	• In partnership with leaders, identify traditional life events where key messages can be disseminated.

b. Detailed Communication Activities

Strategy 1: Formative research to inform an evidence-based approach

There is much we do know in terms of data and research around teenage pregnancy, but existing information has revealed gaps in our knowledge. In particular, more information about the dynamics that govern relationships and the motivations and emotions behind transactional sex, condom use and pregnancy can help guide more targeted interventions and messaging. To increase the effectiveness of programming, more research is needed, and the following is suggested:

- ***Conduct qualitative research with young people in the relevant audience segments*** to understand the motivations and emotions associated with transactional sex, and the barriers and enablers for risk reduction behaviours for unwanted pregnancies and STIs. The qualitative research should aim to dig deep and understand the ideational[1]factors around relationships and personal aspirations. In view of the links between FGC and teenage pregnancy, ideation with regards to women initiation rites and marriage should also be explored.

- ***Analyse and use the findings to shape the overall strategy for youth, develop tools and specific activities.*** In particular, information about factors linked to motivation and perceived rewards from the desired behaviours can steer effective messaging. As youth are a heterogeneous group, focus group discussions will need to be done separately for boys and girls and for youth in and out of school. Results can also help inform how to communicate with the supporting audiences and promote their involvement in the reduction of teenage pregnancy. Moreover, the formative research can act as a baseline against which to measure progress.

- **Conduct a baseline research to measure attitudes, perceptions and behaviours that the interventions intend to change.** An end line assessment will then be conducted to help assess progress and identify areas for improvement to inform future programming

Strategy 2: Youth programme positioning: Youth Transforming Sierra Leone

Youth like to be perceived as resourceful and not as troublemakers. An assets-based approach is proposed to build youth resilience, promote critical thinking to overcome obstacles and risky behaviours (STIs, unwanted pregnancies),

[1]Ideational factors refer to the way individuals or populations perceive given practices or behaviours. Affecting change in ideational factors can therefore promote behaviour change.

engage in respectful relationship, understand their potential as boys and as girls and work towards their goals/dreams.

This framing should cut across and work in a synergistic fashion to integrate all youth activities providing a unique platform that engages, empowers and inspires youth.

The following activities are proposed:

- ***Conduct a participatory workshop with young people to identify the framing and approach for communication materials.*** Using data from the formative research, and with the support of communications experts, explore with participants key issues that can help shape interventions, including:
    - Most appropriate language to use. This must appeal to young people and enrol them. At the same time it should not offend the supporting audiences or other community members.
    - Name, logo and slogan for the campaign that resonates with youth. The slogan/tagline should be inspirational and promote collective efficacy and standing together for a better future. The tagline should indicate a benefit and connote identity. It would need to be edgy and attract youth, without however offending the older generation. Illustrative examples of such tagline include "we are the future of Sierra Leone"; "Standing together for our future"; "Dream *(about your future)* – Think (*about what you need to do to achieve it)* – Choose"; "Youth transforming Sierra Leone"; "the future belongs to us".
    - Key benefits and motivating factors for desired behaviours.
    - Illustrative activities and communication channels youth would like to see as part of an intervention for the reduction of teenage pregnancy. An example could be the characters Meena and her brother Raju that UNICEF uses in other countries. This approach could be shared with the young workshop participants and it can help generate other ideas which are suitable to the Sierra Leonean context and resonate with local youths.
    - All resulting information will need to be pre-tested with the intended audiences and adjusted according to feedback.

- ***Use mobile phone technology to reach youth with key messages.*** In 2013 mobile phone networks covered 50% of the population (Assey, 2013). Although data on young mobile phone users is not available, it is likely that a large portion of youth has access to a mobile phone, and that this figure will grow rapidly in the coming years. Challenges with using mobile technology include lower network coverage in some rural areas, illiteracy which may limit access to messaging, and charging phones due to lack of electricity. Despite these barriers, mobile phones offer a confidential and private source of information for young people. Both qualities have defined as important to young people, particularly young men, when discussing SRH. Moreover, like in other African countries, mobile phone usage is likely to increase rapidly over the course of the five

years of this strategy. In view of this, and recognising the limits with mobile phones, the technology could be successfully used to:

- Share key information around sexual health and related rights, laws around marriage, sexual harassment and rape, gender norms, contraception and service provision.
- Provide users with an opportunity to ask questions via text messaging and receive answers on their phone.
- Share success stories of positive role models in the community.
- Have a monthly competition where users nominate a role model and share the reasons why he or she has been chosen. The most inspiring role model will win a prize, and his or her story will be communicated to all other users to inspire behaviour change.
- Provide information on available services in specific areas across the country. This can be via spontaneous text messages sent to users informing them of available services, or via messages prompted by specific questions from the users.

For more information on mobile phone options in Sierra Leone, please refer to Appendix 2.

- ***Use the Internet and social media to engage youth more actively.*** Although access to the Internet is still low in Sierra Leone at 12%, Internet services are good in Freetown (Assey, 2013) where over 60% of its users are under the age of 35 years (Mytton, 2010). Further, with the increase in accessible smart-phones, Sierra Leone is likely to mimic the trends of other African countries where the mobile phone has become de facto the most common channel for accessing the Internet. In some resource-poor settings, social network sites and mobile phone operators have developed savvy strategies to appeal to youth, such as launching a Facebook site free of data charges (UNICEF, 2011). While recognising that the Internet and social media will target predominantly urban youths, these channels can appeal to young people by providing an engaging, private, and information-rich way of obtaining knowledge. Suggested communication activities which make use of the internet include:
  - Launch an interactive, trustworthy website with key information, diagrams, quizzes and tests, success stories of positive role models, realities of the consequences of teenage pregnancy, model couples, information materials, and a list of services across the country. The website could also include discussion forums and private messaging with a counsellor to whom the young person can address specific questions. The website should have two sections, one catering for youth aged 10 to 14, and one for those aged 15 to 19. In both sections information should be tailored to boys and to girls separately.
  - Develop a Facebook page with information and links to resources. The page should promote positive behaviours around protected sex, contraception and respectful relationships. Information about key rights should be highlighted, and users encouraged to post their experiences of engaging in positive behaviours.

- Use messaging applications on smart-phones, such as Whatsapp, in similar ways as the mobile phone texting service described above.

- ***Utilise musicians as a means of conveying information and attracting youth.*** Music is a big part of the lives of most young people in Sierra Leone. In all FGDs, young people shared how they appreciate music, and data on media habits indicate that youth listen mostly to music channels on the radio (Mytton, 2010). Music often reflects popular culture and captures the tastes and aspirations of the young generation. Further, the National Strategy for the Reduction of Teenage Pregnancy has already successfully partnered with artists Walid, K-Man, Cee-Jay and Kao Denero, who wrote songs for the launch of the National Strategy in May 2013. Popular musicians can influence youth and can attract their attention. Music can therefore be an effective means of connecting and communicating with youth. The following is recommended:
  - Identify supportive musicians who can lend their credibility to the youth brand and write a song or songs with key messages. The musicians should be chosen by the youths themselves and, importantly, they should model positive behaviours.
  - Work with the selected musicians and a small group of youth representatives and technical experts to develop highlight key messages, and develop the lyrics from the themes as identified by the young people.
  - Partner with a music video production house and TV and radio broadcaster to get sufficient airtime and visibility. In addition, make the music videos go viral through You Tube and get discos and bars to play the songs. For rural youth, the music videos could be screened through mobile cinema, as part of an outreach activity. Copies of the videos could be given to organizations that already use mobile cinema, such as Search for Common Ground, to use in their outreach activities. Similarly, parts of the video could be screed at sports grounds prior, or during, important competitions.
  - Consider youthful celebrities (with credible and positive behaviours linked to pregnancy and gender) to serve as brand ambassadors and raise the visibility of the campaign. These celebrities need to be chosen by the young people themselves. They need to be inspirational for youths and model positive behaviours. They need to be willing to stand for the cause and support young people in making healthier choices.
  - For rural youth, partner with local leaders and village elders to develop local traditional songs with the chosen positive messaging. This activity would involve working directly with the leaders, not the young people. It would capitalise on leaders' recognition of the negative impact of teenage pregnancy on their community. It would be a way of engaging them and finding alternative channels to reach rural youth. The songs developed could become part of the traditional life in rural communities, alongside the modern songs with the same messages played on the radio and through the mobile cinema screenings.

- ***Target locally popular activities such as events in nightclubs, village dances, inter-village football competitions and beach outings as a way of reaching youth.*** Focus group discussions with youth and adults alike revealed how social events are often a time when young people engage in unhealthy sexual behaviours. For this reason, nightclubs in towns, village dances in rural areas, and inter-village competitions should be a site for the promotion of healthy behaviours. Activities in those settings could include:
    - Trained peer educators who the youth can identify with, will meet with, talk and answer questions that young people attending these events will have. Regular meetings, supervision and refresher training will need to be planned for to ensure that the peer educators are properly supported.
    - Artists and presenters disseminating messages through a live show. This can be in a nightclub / at a village dances, at beach outings or at half-time during a football game for example.
    - Availability of information materials (flyers and posters).
    - Availability of condoms in private places such as toilets, where young people can access them discretely.

Strategy 3: Promotion of Dialogue in the Community and Inter-generationally between parents and their children.

The situation analysis revealed how dialogue around sex and other broader issues related to teenage pregnancy, such as coercion, sexual violence, gender roles and early marriage, are not discussed openly in communities and families. This culture of silence can be detrimental to youth behaviours and should be addressed. Communication activities should foster dialogue and exchange, encouraging adults and youth alike to share their concerns, ask questions and challenge each other's perceptions in a healthy, respectful manner. It is important that these activities capitalise on existing structures where adults and leaders gather. This could include church groups and other faith groups and local associations. To this end, the following communication activities are proposed:

- ***Develop strategic films to act as a catalyst to stimulate discussion around SRH, gender roles, the value of women, and children's rights.*** Given the low levels of literacy in rural areas, audiovisual materials would be particularly effective to reach people in those locations. The following activities are suggested:
    - Develop short films to stimulate discussion amongst parents and between parents and their children about topics that may traditionally be seen as hard to approach. Films can be a way of portraying mainstream and alternative behaviours, acting as a catalyst for discussion. Topics addressed would include: facts about SRH, including how the body changes during puberty, gender norms, the status of women, the law and children rights and responsibilities.
    - Develop a facilitators' guide for trained facilitators to use after screening of the video. The guide should have key questions to

stimulate discussion and support viewers to dig deeper into relevant issues. Discussion can also highlight areas where parents need support and thus inform future programming.
    - Look for relevant entry points where to screen and discuss the films. It is important to capitalise on existing group settings where parents and other key influencers for young people gather. Examples include: church groups, Parent and Teachers Association, local associations.
    - Include standard screenings of the videos in locations such as Sign Africa in Lumley and in Eastern Freetown. In these places a screen is used to project ads and other messages on a daily basis. All those passing-by will see the video and this can stimulate spontaneous discussion about the messages within it.

- ***Develop drama sketches with local theatre development groups addressing key issues, to bring to the rural areas.*** The FGDs revealed that both adults and youth want opportunities in their communities to discuss and find out about sexual health related matters. Drama can be an effective, interactive medium for reaching rural communities and stimulating discussion around specific behaviours. In particular activities should aim to:
    - Identify key themes that need to be addressed through participatory theatre with implementing partners and community members
    - Recruit participatory theatre experts to develop a guide and train / support community theatre groups around the country
    - Develop a guide with key messages for each theme. Guide should be flexible enough however to allow for adaptation to local community context. This should be done by a group of participatory theatre experts
    - Train community drama groups on participatory theatre skills and the key themes and messages relating to teenage pregnancy prevention.
    - Peer educators can then further follow up with youth after the drama

- ***Organise Interpersonal Communication (IPC) activities in the community using strategic communication tools to promote exchange.*** Small group, peer-led discussions offer participants the opportunity to exchange ideas and challenge dominant norms. This activity is particularly suited to the rural setting where other media is less prevalent, however it can also be effective in urban locations. This is especially true where there is an identified need for deeper analysis of specific issues. For effective IPC, the following communication activities are recommended:
    - Develop a list of themes to address, including: information on how young people change physically, emotionally and socially during puberty, basic SRH information, gender roles, the status of men and women, laws linked to teenage pregnancy, sexual abuse and coercion.

- Develop strategic communication tools to convey the information on the chosen themes. This can be done through visual materials such as flash cards. Each flash card should be accompanied by key questions to stimulate discussion around the images portrayed. Each theme should be a stand-alone section to be used as and when needed with relevant audiences.
- Conduct training of selected facilitators to use the flash cards and facilitate discussion in a group setting.
- Identify relevant entry points into the traditional system to access those who influence young people's views. This activity could be particularly suitable for Soweis and Poro society members where issues can be discussed confidentially in small groups.
- In-country organisations already exist that have developed IPC manuals to promote parenting and inter-generational dialogue. The Medical Research Council (MRC) and Plan are examples of such organisations and should be involved in the development of any related activity.

- ***Set up public debates between leaders and community members to address particularly resistant behaviours that contribute to teenage pregnancy.***
  - Identify the most resistant behaviours that contribute to the perpetuation of teenage pregnancy in target communities and bring together key community players to address the issue.
  - Define the theme for the debate (based on the identified resistant behaviour) and facilitate an exchange between leaders and a set number of representatives from the community, including youths and parents. Other community members can watch the debate as spectators. Encourage the discussion to keep away from blame and judgement but move more towards pro-active solutions.
  - Record the debate and air an edited version on the radio.
  - Search for Common Ground has been identified as a potential partner for this activity. They have experience in running similar debates and have access to a large network of radios across the country.

Strategy4: Provision of information through mass media using multiple communication channels for greater reach and message reinforcement

The participatory workshop with youth mentioned under Strategy 2, should inform a complete communication "package". This should include a campaign name, logo and slogan/tagline, key messages and the most effective communication channels for reaching audiences. Once these have been tested and refined, all resulting tools should be launched and positioned strategically to ensure maximum reach and effect. Some communication activities in this direction include:

- ***Launch a mass media campaign using multiple communication channels.*** When key communication materials are ready, a launch event

would help raise awareness of the campaign. In particular, the following activities are recommended:

- Organise a materials dissemination workshop with all IPs and other relevant stakeholders. During the workshop, the launch event can be discussed with interested parties as well as how the materials will be used for maximum effect.
- Organise a national launch event in every district with local IPs.
- Ensure overage of the event on the radio and television.

- ***Use of radio for greater reach.*** A 2010 survey noted that radio was listened to by 82% of the population and that this medium was becoming increasingly common (Mytton, 2010). It is therefore an effective channel for reaching large portions of all audience segments. Radio can be used for the following communication activities:
  - Air radio ads and public service announcements (PSA). The ads need to reinforce the key messages, inspire collective efficacy, address peer pressure, and promote dialogue for adults, parents and leaders.
  - Develop a soap opera as close as possible to the Sierra Leonean reality and weave into it relevant themes linked to teenage pregnancy which came out of the situation analysis such as: positive role models, peer pressure, culture of silence, low self-esteem, gender norms, coercion and material gain through sex, future aspirations and the potential of both boys and girls, HIV and STIs, abstinence and contraception.
  - Run talk shows and radio magazines on previously identified topics and based the target audiences' needs. The opinions of young people, parents and leaders can be recorded through an open-microphone in a selected community and then aired on the radio where listeners have the opportunity to text or call to make comments and ask questions. An expert should be available to answer questions and provide key information. Recordings can be done in different locations across the country. Special attention needs to be given to ensuring that at the end of each talk show/radio magazine, the key messages are summarised and reinforced.
  - Play the campaign slogan/tagline at the beginning and end of each radio program, whether ad, PSA, talk show or soap opera. This will support listeners in making the link between all aspects of the campaign.

  In consideration of the fact that Marie Stopes International (MSI) launched a weekly radio talk show in February targeting young people with SHR information, this strategy recommends developing a radio soap opera to diversify the channels for reaching youth. A radio talk show can be implemented after February 2014 when the MSI one will have ended.

- ***Develop billboards and flyers and position them strategically.*** Billboards can be seen by many, but they need to be positioned carefully depending on the intended audience. To reinforce the messages from the

billboards, mini-versions can be created in the shape of flyers that can be distributed during specific events (such as those described under Strategy 2) and made available in strategic places where the target audience can see them and pick them up. The content should be highly visual and have as few words as possible such that the meaning can be easily understood even by a low-literate audience. In particular the following positioning suggestions are made:

- Billboards with messages targeting young men can be placed near sports and football grounds. Flyers can be distributed in barber shops, local restaurants, ataya bases (local coffee shops), poyo bars (palm wine bars), and betting shops – the betting ticket can include the campaign tagline and a key message for young men.
- Billboards with key messages targeting young women can be placed near water points, market areas and sports grounds. Flyers can be distributed at beauty pageant shows, markets and in hair salons.
- Billboards and flyers targeting both young men and women should be placed in beach areas as many outings happen here especially during holiday seasons. Further, according to consultations held with partners, this is where many sexual encounters occur.
- Posters and flyers should also be made available in health facilities with information aimed at increasing SRH knowledge and service utilisation.
- All communication materials need to bear the logo, name and tagline of the campaign.

- ***Create TV ads highlighting the key messages.*** Although TV will mostly reach urban audiences, it is an effective medium to convey key messages in a visual way and it can be effective in reaching leaders. The TV ads can also be projected before, during and after football games that youth watch in the movie theatres. They can be projected on the screen in Sign Africa in Lumley and Eastern Freetown. Like with flyers and posters, TV ads need to be united with the campaign name, logo and tagline.

- ***Reinforce the messages with promotional materials that appeal to young people*** such as wristbands, small wallets, and stickers. The specific gadgets that are most likely to appeal to youth should be explored during the participatory workshop with youth themselves.

- ***Capitalise on existing phone-lines to ensure a coordinated approach to SRH information***. Marie Stopes International (MSI) for example has a free phone line that is open 24 hours per day, every day, to provide information relating to SRH and service availability. This opportunity can be capitalised on, and the phone-line can be strengthened to offer information on SRH and service provision across the country. It is important that any other partner operating similar phone-lines be involved. In this respect , the following is recommended:
  - Conduct a mapping workshop with all key partners to map activities and services across the country.

  - Feed this information to the phone-line lead (for example MSI) so that callers can be informed of available services nearest to them, even if they are not provided by lead organisation.
  - Meet with partners on a six-monthly basis to review the information fed to the phone-line and ensure that it is still valid and update it as required. Also review the types of calls received and whether more or different information should to be added to the phone-line service.

- ***Develop a message compendium with key messages for specific audiences.*** The messages and key information for each audience should be gathered together in the form of a message compendium. This compendium can then be shared with all actors addressing teenage pregnancy; these can be active implementing partners of the National Strategy or more peripheral actors who include teenage pregnancy as part of their broader activities. This will ensure that the same audiences are targeted with the same messages across the country, reinforce specific behaviours and avoid confusion.

Strategy 5: Link key messages to life events.

There are important events in every community that happen regularly, such as weddings, initiation rites and naming ceremonies. These occasions can be capitalized on to disseminate key messages and reach leaders and parents. The following is recommended:

  - Conduct small group discussions with traditional gate-keepers to explore life-events in which key messages for teenage pregnancy prevention can be introduced.
  - In partnership with leaders, select key messages that can be promoted through chosen life-events.
  - Provide necessary support to leaders to impart the chosen messages. This may include providing information and/or tools, as well as identifying the most appropriate ways to share messages.

12. Assessing Impact and Building Social and Behaviour Change Communication Sustainability

The components proposed in this final section are intended to build Social and Behaviour Change Communication (SBCC) sustainability at country level, within UNICEF and the National Secretariat, and among implementing partners to ensure continuation and expansion of effective SBCC interventions.

a. Monitoring & Evaluation

Although there is a wealth of data on young people's behaviours and statistics relating to teenage pregnancy, proper program evaluation requires baseline and end-line research to measure changes in key indicators over the intervention period, as well as the use of an on-going monitoring system to track intermittent progress against key indicators, provide feedback to the program implementation team and the donor and generate process measures that will inform the interpretation of impact evaluation results. This is described in greater detail in Appendix 4.

This work will be guided by the Social Ecological Model described earlier (Fig. 2) that identifies the levels of social aggregation at which facilitators and barriers to behaviour change are found, as well as by the Integrated Ideation Model of Behaviour[1,2], which operationalized Cleland and Wilson's original ideation theory[3] by combining key psychosocial variables from several core social and behaviour change theories (social learning theory[4,5], the theory of reasoned action[6] and the extended parallel processing model[7]).

Ideation refers to the spread of ideas through social groups as a function of multiple cognitive, emotional, and social factors, leading to behavioural change. Shared language and values, as well as geographic proximity in peer groups allow "changing perceptions, ideas, and aspirations" to be shared, that is, communicated, with members of one's community. While communication often serves to reinforce shared beliefs, values, and social norms, communication

[1] Kincaid DL, Storey JD, Figueroa ME, & Underwood CR. (2007) "Communication, ideation and contraceptive use: The relationships observed in five countries". Proceedings of the World Congress on Communication for Development. Washington, DC: World Bank.

[2] Kincaid DL, Delate R, Storey JD & Figueroa ME. (2012). Advances in Theory-Driven Design and Evaluation of Health Communication Campaigns: Closing the Gap in Practice and Theory. In Rice, R. &Atkin, C. Public Communication Campaigns, 4th Ed. Newbury Park, CA: Sage, pp. 305-319.

[3] Cleland J, Wilson C. (1987). Demand theories of fertility transition: An iconoclastic view. Population Studies, 41:5–30.

[4] Bandura, A. (1986).Social Foundations of Thought and Action: A Social Cognitive Theory. Englewood Cliffs, NJ: Prentice-Hall.

[5] Bandura, A. (1997). Self-Efficacy: The Exercise of Control. New York: WH Freeman & Co.

[6] Fishbein, M, Ajzen, I. (1980). Understanding Attitudes and Predicting Social Behavior. Englewood Cliffs, NJ: Prentice-Hall.

[7] Witte, K.(1994). Fear control and danger control: A test of the extended parallel process model. Communication Monographs, 61(2), 113-134.

channels can also disseminate reconstructed beliefs, values, and social norms that have been altered by the introduction of new ways of thinking. Research has demonstrated that communication interventions can introduce and promote new ways of thinking.

Baseline and End-line surveys

Drawing on available results from previous qualitative research with adolescents and young adults, the baseline and end-line surveys will be designed to measure ideational factors including: risk perceptions associated with sexual activity; beliefs about the benefits of delayed vs. early pregnancy; beliefs about beneficial and risky relationships; factors that motivate protective behaviour; knowledge of and attitudes toward contraception and contraceptive services; self-efficacy to avoid early sexual debut and prevent pregnancy; attitudes toward gender roles and gender norms in young adult relationships; perceived norms and social support from peer networks, family and community leaders; and knowledge of the rights of young people to obtain RH services.

The baseline measures will be collected before the intervention period begins and will be repeated at the end of the intervention period to gauge change in those variables that the communication strategy is designed to influence. The end-line survey will also include questions about exposure to and recall of campaign messages and materials and participation in community-based program activities. Links between message recall, sources of information, intensity of exposure and behaviour change (controlling for background and contextual factors) will be analysed to draw conclusions about the impact of intervention activities on intended outcomes and to test the theory-based program strategy. By identifying not just **if**, but also **why** behaviour change occurs, the impact evaluation will be able to derive recommendations for future programs of this sort in Sierra Leone and, perhaps, elsewhere.

Survey sample

The sample for the survey will be population-based in order to allow extrapolation to population level effects. Because the purpose of the program is to reduce the risk of teenage pregnancy, the sample will include abstinent as well as sexually active males and females in two age group segments, 10-14 years and 15-19 years of age. Households will be sampled using a multistage random selection process in four districts. Households will then be screened for the presence of youth in the targeted age groups and eligible youth will be randomly selected for interviews, with the assent of their parents and their own consent.

Qualitative research: Focus group discussions

In addition to the surveys, a small number of focus group discussions will be held in selected communities of each district with youth, parents of youth, community leaders (including religious leaders and teachers) and with *soweis* in Year 1, Year 3 and Year 5. These discussion groups will be designed to track progress in the mobilization of support and evolving attitudes toward youth protection among

youth themselves and the influential groups of adults, as well as general community reactions to the communication activities. Findings from the focus groups will be used by the program implementation team to gauge public response to the program and to make adjustments to the activities and messages, if needed.

For details on indicators measured by the surveys and the emphasis of the focus group discussions, please see Appendix 4.

b. Increasing partnership and buy-in and building Social and Behaviour Change Communication capacity of Implementing Partners

Building overall SBCC capacity and proficiency among UNICEF staff, the National Secretariat and IPs will greatly increase the quality and practice of SBCC over time. Suggested ways to do this are:

- On-going annual SBCC capacity building workshop in Sierra Leone.
- Technical support tailored to specific SBCC needs of IPs.
- Sharing of program evaluation reports among partners, with particular focus on successful practices.
- Explore success stories related to teenage pregnancy reduction in the region and organise two exchange visits to learn from promising practices. Examples of West African countries that have implemented successful reproductive health programs include Ghana and Nigeria.
- Encourage engagement of IPs in capacity building online platform for SBCC, such as: The Health Communication Capacity Collaborative – HC3 (http://www.healthcommcapacity.org/ HealthCOMpass (www.the**healthcompass**.org/); and The Communication Initiative (www.comminit.com/).

c. Improving coordination and ensuring message consistency

Knowledge management and knowledge sharing among SBCC practitioners and IPs will lead to improved quality of SBCC and better networking. Suggested ways to do this are:

- Organize regular meetings in which IPs to share promising practices, lessons learned and experiences of implementing SBCC programming in the area of teenage pregnancy. Challenges can be shared and solutions explored with other partners.
- Regularly review the message compendium with all IPs to ensure that the key messages still respond to the audience needs and adjust as necessary.
- Make publications available to IPs, these can be peer-review journal publications, as well as internal publications from research carried out by partners.

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Appendix 1: Consultations and Focus Group Discussions

Although a wealth of information is available on teenage pregnancy and related issues in Sierra Leone, it was important to meet with key stakeholders and Implementing Partners (IP) to gain better insight into the challenges and opportunities for teenage pregnancy prevention. Further, focus group discussions (FDG) were conducted with beneficiaries to obtain an appreciation of the perceptions linked to relationships, risky behaviours, contraception use, and social norms that contribute to teenage pregnancy.

Consultations with key stakeholders were held with representatives from the Government, UN agencies, the NGO sector and relevant private sector organizations as follows:

<u>Government Institutions</u>
- National Aids Secretariat
- Ministry of Education
- Ministry of Social Welfare
- Chief of Staff
- Ministry of Local Government & Rural Development
- National secretariat for the Reduction of Teenage Pregnancy
- Special Gender Advisor to the President
- Special Health Advisor to the President

<u>UN Agencies</u>
- UNICEF
- UNFPA
- UNAIDS

<u>NGOs</u>
Save the Children
Search for Common Ground
Marie Stopes International
Restless Development
BRAC
SNAP
Action Contre al Faim

<u>Other</u>
- Krystle Lai (researcher)
- Africell
- Splash
- African Independent Radio
- Peripheral Health Units Staff
- Teachers
- Leaders

To complement consultations with key stakeholders, a total of 26 FDGs were held across four districts, namely: Western (Eastern Freetown and Tokeh), Port Loko (including Lunsar), Bo and Pujehun. The FDGs were conducted with the following representatives of the audience groups:

<u>Young People in and out of school:</u>
- 6 FDGs with girls
- 5 FDGs with boys
- 1 FDG with okada riders

<u>Leaders</u>
- 4 FDGs with leaders
- 1 FDG with Soweis
- 1 FDG with teachers

<u>Parents</u>
- 4 FDGs with mothers 4 FDGs with mixed leaders
- 4 FDGs with fathers1 FDG with Soweis

Appendix 2: Options for Using Mobile Phone Technology

In Sierra Leone, there are currently four phone networks: Airtel, Africell, Cominium and Sierratel. A fifth one, Smart Mobile, is due to enter the market in the coming months.

Mobile technology can be an effective, private way of reaching youth with key messages and information they may be interested in. Several options exist to engage youth through mobile technology, and consultations with Africell and Splash revealed the following:

- Mobile technology can be used to impart information through Short Messaging Services (SMS) that can be sent to all users of a particular network. This is a one-way communication where the user receives unprompted information of up to 160 characters.

- Through mobile technology, a menu of key information can be developed, known as USSD. Through this menu, users are able to select options relating to what they are interested in and receive a final SMS responding to their particular request generated by the options the user selected on the menu. This would be a more interactive way of communicating with the user but would require very careful consideration as to how the menu is developed as it is expensive to create and cannot therefore be changed frequently.

- Mobile phone technology can be used to collect data about the users and about their information needs that can then be used to tailor interventions. This would require a platform whereby the user has to register before receiving any information. UNICEF's RapidSMS service, which is being used successfully in other countries, can offer this opportunity as well as an interaction between sender and user where the user defines the information he or she wants to receive.

Once the platform for imparting information has been defined, be it simple one-way SMS, a USSD menu, or RapidSMS, an infrastructure needs to identified to disseminate the information to as many users as possible. To this end, the following options are available:

- Partner with one mobile phone provider to disseminate simple SMS messages with key information to all their users. As this is a simple, one-way messaging system, a partnership can be created with more than one mobile phone provider to reach more users, though this may have cost implications.

- Partner with one mobile provider only to develop a USSD menu, which will be shared with all users of that chosen network only. Meetings with Africell revealed that, developing the USSD menu would require significant technical input and they would expect to be the sole providers

of this service. Selecting this option would therefore limit information sharing to users of a particular network and, although most Sierra Leoneans have multiple sim cards, there are areas across the country that are only covered by one network.

- Choose RapidSMS as the messaging platform that offers more interactive options, and use the Splash infrastructure to disseminate the information. Splash is a mobile financial service that transfers cash using mobile phone networks. Unlike other organizations offering this type of service, Splash has agreements in place with all mobile phone networks in Sierra Leone and can therefore reach all mobile phone users, regardless of what sim card they have. Combining RapidSMS with Splash could be the most effective way of reaching a greater number of users and ensuring a more interactive system.

Appendix 3: Implementation Plan (May 2014 –April 2019)

	Activity	IP	Staff Responsible	Channel / material	Year 1				Y 2	Y 3	Y 4	Y 5	Budget
					Q1	Q2	Q3	Q4					
1	**Baseline and End line surveys looking at perceptions around relationships, motivating factors and emotions around early sex, contraception and rights – Qualitative Research**												
1.1	**Conduct formative research with young people in relevant audience segments**												
1.1.1	Identify research objectives and issue call for proposal (RFP)				**X**								
1.1.2	Select research firm / researcher				**X**								
1.1.3	Review analysis report submitted by firm/researcher			Report		**X**							
1.1.4	Incorporate findings into strategic design and on-going programming						**X**	**X**					
1.2	**Conduct a baseline research to measure attitudes, perceptions and behaviours that the interventions intend to change**												
1.2.1	Identify research objectives and issues call for proposal				**X**								
1.2.2	Select research firm / researcher				**X**								
1.2.3	Identify data collectors and research team if necessary				**X**	**X**							
1.2.4	Conduct baseline research			Baseline report		**X**							
1.2.5	Conduct end line research for outcome evaluation			Evaluation report								**X**	
2	**Youth programme positioning – Youths Transforming Sierra Leone – "The Future Belongs to Us!"**												
2.1	**Participatory Workshop with Youth**												
2.1.1	Identify organisation with communication / media / advertising / BCC expertise to take the lead on materials development and sign agreement/				**X**								
2.1.2	Conduct 3 days participatory workshop with representative sample of youth to identify key messaging strategies and over arching campaign branding			3 day workshop		**X**							
2.1.3	Develop options, pre-test, revise and finalise campaign branding, slogan, logo, brand, name, identity, tagline, jingle			Creative brief pre-test instruments Pre-test report		**X**	**X**						
2.2	**Development of Mobile Technology Messaging Strategy**												
2.2.1	Select messages and information for mobile messaging			Messages menu	**X**	**X**							

	Activity	IP	Staff Responsible	Channel / material	Year 1				Y 2	Y 3	Y 4	Y 5	Budget
					Q1	Q2	Q3	Q4					
	through text and voice alerts (literacy issue) and the creation of information menus			pre-test									
2.2.2	Identify most appropriate platform for mobile technology (USSD, Rapid SMS)				X	X	X						
2.2.3	Identify and sign agreement with mobile partner to provide infrastructure (Africell, Airtel, Splash)						X						
2.3	**Development of Interactive Website for Youth**												
2.3.1	Select information and key messages to include in website and identify website designers				X	X							
2.3.2	Identify partner to review discussion forum and respond to queries.					X							
2.3.3	Develop and test interactive website with quizzes, discussion forum and private messaging for questions			Creative brief pre-test		X							
2.3.4	Develop short (one/two-minute), informational videos (animated or otherwise) that are interesting, entertaining and convey basic SRH information to youth. Pre-test story boards before finalising films.			Short films storyboards Pre-test reports									
2.3.5	Develop and finalise the films following feedback from the pre-test. Make the films available on website and use them in other ways.			Short films									
2.4	**Partnership with Key Musicians and Artists**												
2.4.1	Identify key messages to include in songs			1-day workshop		X							
2.4.2	Identify artist role models willing to become campaign ambassadors to write inspirational songs and share the messages in between songs during performances					X							
2.4.3	Review songs to ensure appropriate content, inline with key messaging			Song lyrics		X							
2.4.4	Identify and partner with production company and produce music videos for songs					X							
2.4.5	Partner with TV and radio broadcasting agency to air videos and upload video to YouTube.			TV channel, radio, YouTube		X	X						

	Activity	IP	Staff Responsible	Channel / material	Year 1				Y 2	Y 3	Y 4	Y 5	Budget
					Q1	Q2	Q3	Q4					
2.5	**Messaging and Healthy Behaviour Promotion through locally Popular Events, such as Events in Nightclubs, Village Dances and Inter-Village Football Competitions**												
2.5.1	Select and train peer educators who youth can identify with, meet with, talk and answer questions from young people attending events			Peer educator training	X	X							
2.5.2	Provide ongoing support to peer educators through regular meetings, supervision and refresher training.					X							
2.5.3	Identify key messages and promotion materials for events in nightclubs and village dances					X							
2.5.4	Identify and select volunteers, including artists ambassadors, to promote key messages and distribute promotion materials in nightclubs and village dances.			Leaflets, promotional gadgets		X							
2.5.5	Train volunteers and artist ambassadors on key concepts linked to SRH and gender			3 day training			X						
2.5.6	Develop and implement schedule for visiting nightclubs and village dances across the country to promote key messages			Events schedule			X	X	X	X	X	X	
2.5.7	Review messages and approaches on a yearly basis to ensure they continue to respond to audience needs			Monitoring plan					X	X	X	X	
3	**Promotion of Dialogue in the Community and Inter-generationally between parents and children**												
3.1	**Short films highlighting specific issues relating to pregnancy targeting: parents; youth; leaders**												
3.1.1	Identify filming company to produce films and develop storyboards with key messaging for three short films targeting: parents, youth, leaders.			Creative brief			X	X					
3.1.2	Pre-test storyboards with relevant audiences and make necessary amendments following feedback from pre-tests			Storyboard Pre-test report				X					
3.1.3	Select cast and shoot short films							X					
3.1.4	Develop discussion guides for the three films to facilitate discussion around key points in the films			Discussion guide				X					
3.1.5	Pre-test guide and films together with target audiences			3 films, 3 guides, Pre-test report				X	X				
3.1.6	Develop schedule for screenings across the country through partners and implement			Events schedule					X	X	X	X	

	Activity	IP	Staff Responsible	Channel / material	Year 1				Y 2	Y 3	Y 4	Y 5	Budget
					Q1	Q2	Q3	Q4					
3.2	**Drama / Participatory Theatre Sketches**												
3.2.1	With IPs and communities, indentify key themes that need to be addressed through participatory theatre												
3.2.2	Recruit participatory theatre experts to develop a guide and train/support community theatre groups across the country						X						
3.2.3	With participatory theatre experts, develop a guide with key messages for each theme. Keep guide flexible enough for adaptation to local context			Participatory theatre guide				X					
3.2.4	Train community drama groups on participatory theatre skills and the themes and messages relating to teenage pregnancy prevention			Training workshop				X	X				
3.2.5	Schedule performances across the country and implement			Events schedule						X	X	X	
3.3	**Interpersonal Communication (IPC) Activities to Promote Dialogue**												
3.3.1	Develop a list of themes to be addressed in the IPC sessions					X							
3.3.2	Identify an artist / designer to design images to correspond to each theme					X							
3.3.3	Develop a list of questions around each image to generate discussion, and a list of key points that need to come out of each discussion			Educational images with key information		X	X						
3.3.4	Pre-test images and facilitators questions			Pre test			X	X					
3.3.5	Implement utilisation of images in the community through IPs							X	X	X	X	X	
3.4	**Public Debates between Leaders and Community Members to Address Particularly Resistant Behaviours**												
3.4.1	Identify IP (Search for Common Ground) and most resistant behaviours to address			List of themes				X					
3.4.2	Schedule Public Debates sessions across the country and record them to air on radio			Events plan				X	X	X	X	X	
3.4.3	Review behaviours to address every six months to make sure they continue to resonate with community needs.			Monitoring plan					X	X	X	X	

	Activity	IP	Staff Responsible	Channel / material	Year 1				Y 2	Y 3	Y 4	Y 5	Budget
					Q1	Q2	Q3	Q4					
4	**Mass Media Communication Campaign Using Multiple Communication Channels**												
4.1	**Radio Soap Opera**												
4.1.1	Identify production company and select themes to be address through the soap opera						X						
4.1.2	Develop and pre-test story board (consider also existing soap operas where selected themes could also be inserted to increase synergies)			Storyboard, pre-test			X	X					
4.1.3	Amend soap opera according to feedback and record			Soap opera				X					
4.1.4	Launch and air soap opera			Radio stations				X	X	X	X	X	
4.2	**TV and Radio Advertisements**												
4.2.1	Identify producer to develop TV and Radio Ads					X							
4.2.2	Develop ads reinforcing key messages that inspire collective efficacy, address peer pressure and promote dialogue between parents and children and within the community			Creative brief		X							
4.2.3	Pre-test story boards and revise ads as required			Story boards Pre test		X	X						
4.2.4	Identify radio and TV stations and air ads. The ads can also be uploaded on YouTube, Facebook, the campaign website and disseminated through other channels for added value			TV and Radio			X	X	X				
4.2.5	Review and revise ads required depending on changing audience needs			Monitoring plan					X	X	X	X	
4.3	**Billboard, Poster and Flyers**												
4.3.1	Select messages for poster, billboards and flyers				X	X							
4.3.2	Develop draft version of materials and pre-test			Billboards, posters, flyers		X							
4.3.3	Revise materials according to pre-test feedback and print			Pre-test		X	X						
4.3.4	Print material. Rent installation spaces for billboards												
4.3.4	Conduct materials dissemination workshop with IPs			1 day workshop			X						
4.4	**Promotional Materials for Message Reinforcement**												
4.4.1	Identify key messages to put on promotional materials					X							
4.4.2	Select materials from those suggested by participatory youth			Wristbands,		X	X						

	Activity	IP	Staff Responsible	Channel / material	Year 1				Y 2	Y 3	Y 4	Y 5	Budget
					Q1	Q2	Q3	Q4					
	workshop (activity 2.1)			pens, stickers, etc.									
4.4.3	Produce promotional materials and develop distribution plan for gadgets and implement						X	X		X		X	
4.5	**SRH Information Free Phone-line**												
4.5.1	Partner with MSI or organise a mapping workshop with all relevant actors providing SRH services and support to young people on related issues.			½ day workshop with IPs		X							
4.5.2	Feed information into MSI's existing free-phone-line					X	X						
4.5.3	Meet every 6 months with partners to review information and update as required			½ meetings					X	X	X	X	
4.6	**Launch of Youth Branding**												
4.6.1	Conduct a materials dissemination workshop with all IP to decide how to distribute materials and how to coordinate the launch events			1-day materials dissemination workshop	X								
4.6.2	Organise a coordinated launch event in each district through implementing partners.			Launch event in each district		X							
4.6.3	Develop branded interventions. Brand awareness creation			Website, SMS, Facebook Page, Music Videos, Radio Spots, TV Ads, Gadgets, IPC materials (see sections 2 and 4)	X	X							
4.6.4	Launch youth branding (with youth musical ambassadors), press, TV			Event with media		X							
4.6.5	On-going monitoring of activities			Monitoring plan		X	X	X	X	X	X	X	
4.7	**Message Compendium to Share with Partners**												
4.7.1	Refine key information and key messages per audience segments and compile compendium			Message compendium		X							
4.7.2	Conduct 1 day workshop to share compendium and its usage			1 day workshop		X							

	Activity	IP	Staff Responsible	Channel / material	Year 1				Y 2	Y 3	Y 4	Y 5	Budget
					Q1	Q2	Q3	Q4					
	with partners												
4.7.3	Review message compendium message and adjust depending on need			Bi-yearly meetings with IPs				X					
5	**Links with Life Events**												
5.1	**Identify with IPs and community representatives most appropriate life-events for message dissemination (weddings, naming ceremonies)**												
5.1.1	Define key messages and communication channels with selected life-events						X						
5.1.2	Coordinate with and train leaders to disseminate messages appropriately in selected life events						X						
5.1.3	Supervise trained leaders, provide support, and organize 6-monthly feedback sessions to review successes and challenges			Monitoring plan				X	X	X	X	X	
6	**Building BCC Capacity of Implementing Partners**												
6.1	**Explore success stories in the region and organise exchange visits to learn from promising practices**												
6.1.1	Identify countries in West Africa that have successfully implemented teenage pregnancy reduction interventions					X							
6.1.2	Establish contact with relevant Ministries and organisations involved in the successful implementation of teenage pregnancy reduction programs and organise two exchange visits in two years to learn from promising practices						X		X				
6.2	**Organise regular meetings in which IPs share promising practices, lessons learnt and challenges and opportunities**												
6.2.1	Organise 1-day workshops every six months for IPs to share their experiences of implementing BCC activities, promising practices, challenges and opportunities, and review key messages to ensure they still respond to audience needs. (this activity can be included in Activity 4.7.3)			1 day workshop every 6 months									

Appendix 4: M&E Plan (May 2014 –April 2019)

	Activity	Indicators	Year 1				Y 2	Y 3	Y 4	Y 5
			Q1	Q2	Q3	Q4				
EVALUATION (OUTCOME)										
1	**Baseline and End line surveys to measure change in behaviour and determinants of behaviour; Qualitative research (FGDs) to gauge public reaction and make midcourse adjustments**									
	Baseline survey of male and female adolescents and young adults (both abstinent and sexually active) to measure key ideational factors related to knowledge, attitudes, motivations, risk perception, norms and behavior around sex, pregnancy and self-protection. Conducted in Q2 of Year 1. **End-line survey** will include same measures as Baseline, plus measures of program exposure, participation and recall. Conducted in Year 5	**Program exposure** Percent of boys and girls who report seeing or hearing messages about delaying pregnancy in the past 12 months, by source of that information (radio, television, print, outdoor, film, theatre, IPC at a service point, IPC in the community)		**X**						**X**
		Percent of boys and girls who report seeing or hearing messages about the use of contraceptive methods in the past 12 months, by source of that information (radio, television, print, outdoor, film, theatre, IPC at a service point, IPC in the community)		**X**						**X**
		Percent of boys and girls who report talking to a parent or family member about sexual behaviour and pregnancy risk reduction		**X**						**X**
		Percent of boys and girls who report talking to a partner or friend about sexual behaviour and pregnancy risk reduction		**X**						**X**

	Activity	Indicators	Year 1				Y 2	Y 3	Y 4	Y 5
			Q1	Q2	Q3	Q4				
		Knowledge								
		Percent of boys and girls who can name at least one source of help and counseling for sex and reproductive health issues		X						X
		Percent of boys & girls who know an RH telephone helpline number		X						X
		Percent of abstinent and sexually active girls and boys who know where to get contraceptive methods		X						X
		Risk perception								
		Percent of abstinent and sexually active girls and boys who agree that unprotected sex increases risk of pregnancy and STIs/ HIV		X						X
		Percent of abstinent and sexually active girls and boys who can name the social, psychological and physical dangers of pregnancy before the age of 18 years (e.g., barrier to future goals, changes to lifestyle, financial burden, pregnancy risks)		X						X

	Activity	Indicators	Year 1				Y 2	Y 3	Y 4	Y 5
			Q1	Q2	Q3	Q4				
		Peer norms								
		Percent of abstinent and sexually active girls and boys who agree that early pregnancy is undesirable		X						X
		Percent of abstinent and sexually active girls and boys who believe the majority of their peers disapprove of early pregnancy		X						X
		Percent of abstinent and sexually active girls and boys who approve of contraceptive use		X						X
		Abstinence								
		Percent of abstinent boys and girls who report intention to delay sexual debut (extending primary abstinence)		X						X
		Percent of sexually active boys and girls who report return to secondary abstinence		X						X
		Efficacy								
		Percent of abstinent and sexually active girls and boys who say they are confident in their ability to prevent pregnancy and STIs/ HIV (self efficacy)		X						X
		Percent of abstinent and sexually active girls and boys who say they are confident they can help their peers prevent pregnancy and STIs/ HIV (collective efficacy)		X						X

	Activity	Indicators	Year 1				Y 2	Y 3	Y 4	Y 5
			Q1	Q2	Q3	Q4				
		Reported protective actions								
		Percent of boys and girls who say they have refused sex in the past 6 months		X						X
		Percent of sexually active boys & girls who report use of condom at last sex		X						X
		Percent of sexually active boys & girls who report use of condom at first sex		X						X
		Percent of sexually active boys & girls who report use of a family planning method in the past month		X						X
	Qualitative research: Focus group discussions with sexually active and abstinent youth aged 10-14 and 15-19 years. Conducted in Years 1, 3 and 5.	Knowledge of the psychological and health risks of early pregnancy		X				X		X
		Knowledge of sources of information and support regarding reproductive health		X				X		X
		Attitudes toward transactional and trans-generational sex		X				X		X
		Attitudes toward the use of contraceptive methods		X				X		X
		Attitudes toward primary and secondary abstinence		X				X		X
		Perceptions of social norms around early pregnancy and sexual behaviour		X				X		X

	Activity	Indicators	Year 1				Y 2	Y 3	Y 4	Y 5
			Q1	Q2	Q3	Q4				
		Attitudes toward discussion of sexual behaviour and early pregnancy with peers, parents, service providers and other adults		X				X		X
		Reactions to program communication activities and materials		X				X		X
	Qualitative research: Focus group discussions with parents of adolescents or young adults aged 10-14 and 15-19 years. Conducted in Years 1, 3 and 5.	Knowledge of the psychological and health risks of early pregnancy		X				X		X
		Attitudes toward transactional and trans-generational sex		X				X		X
		Attitudes toward protecting the future of girl children		X				X		X
		Knowledge of sources of help in communicating with their children about sexual behaviour and pregnancy risk reduction		X				X		X
		Confidence in their ability to talk to teenage children about sexual behaviour and to reduce their children's risk of pregnancy		X				X		X
		Reactions to program communication activities and materials		X				X		X
	Qualitative research: Focus group discussions with community leaders and religious leaders. Conducted in Years 1, 3 and 5.	Knowledge of the psychological and health risks of early pregnancy		X				X		X
		Attitudes toward transactional and trans-generational sex		X				X		X

	Activity	Indicators	Year 1				Y 2	Y 3	Y 4	Y 5
			Q1	Q2	Q3	Q4				
		Attitudes toward protecting the future of girl children		X				X		X
		Attitudes and commitment toward public discussion of teenage sexual behaviour and protecting teenagers from early pregnancy		X				X		X
		Confidence in their ability to act as role models for young people in the community		X				X		X
		Confidence in their ability to act as source of information for youth and their parents		X				X		X
		Reactions to program communication activities and materials		X				X		X
	Qualitative research: Focus group discussions with soweis. Conducted in Year 1, Year 3 and Year 5.	Knowledge of the psychological and health risks of early pregnancy, early and forced marriage		X				X		X
		Attitudes toward protecting the future of girl children		X				X		X
		Attitudes and commitment toward talking with parents about teenage sexual behaviour and protecting teenagers from early sexual debut and early pregnancy		X				X		X
		Confidence in their ability to act as source of information for youth and their parent		X				X		X
		Reactions to program communication activities and materials		X				X		X