

REPRODUCTIVE HEALTH PROGRAMS FOR YOUNG ADULTS: SOCIAL MARKETING AND MASS MEDIA APPROACHES

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During the last several decades, social marketing interventions have successfully addressed such diverse topics as smoking cessation, breastfeeding, safe motherhood practices and the prevention and control of diarrhoeal disease. Today the use of social marketing strategies and mass media campaigns are increasingly being used to promote the reproductive health of young people.

Social marketing refers to a process for designing health-promotion interventions that utilizes techniques drawn from commercial advertising, market research and the social sciences. Social marketing defines its objectives in terms of beliefs, practices and values of its target audiences. Extensive audience research guides the ways in which social marketers position projects objectives in terms of the benefits they offer a target audience.

Mass media are frequently used as one of the major channels of communication in social marketing intervention strategies. The term mass media refers to self-contained audio, visual or print distribution systems that can simultaneously reach large numbers of people with the same message. Examples include radio, television, computers, newspapers, magazines, billboards, direct mail and telemarketing systems.

Social marketing strategies can be used to achieve a variety of health promotion objectives including: increased use of health-related products, such as condoms; increased access to health services; and such

changes in health behaviors and practices as the practice of abstinence or having sex with a single partner.

What are the challenges of designing social marketing campaigns to reach young adults?

The most successful programs recognize that addressing the reproductive health needs of adolescents, particularly in the developing world, pose special challenges for the discipline of social marketing and its use of media communications. These challenges include:

- Given their developmental stage, the behavioral practices of many young adults are still in the process of being formed, and consequently are often difficult to define or predict. This "developmental transition" stage of young adulthood calls for extensive use of social marketing methods such as audience segmentation and behavioral analysis so that communications and marketing interventions can be designed and implemented.
- At risk young people are often difficult to reach. Many are illiterate, not in school and unemployed. Mass media can be a useful vehicle for transmitting basic messages to this audience, but social marketers also need to find channels of communication and develop marketing systems that can connect hard-to-reach young people with supportive reproductive health services and counseling.

- Young people are particularly vulnerable to a wide range of variables (e.g., opinions of peers, media images of sexuality, access to contraceptives), which inform and shape their behavior. In the development of intervention strategies, social marketers need to take into account these variables.

What are the key elements of effective social marketing to reach young people?

Well-designed social marketing strategies and media campaigns are having a positive influence on the reproductive health practices of young people around the world. According to the literature, several elements are critical to good project design:

Effective interventions address the behavioral issues of young adults themselves as well as the environmental factors and social norms influencing their behavior. There is a strong correlation between environmental factors and social norms and the attitudes and behaviors of young people. Social marketing programs, therefore, need to target diverse audiences. These include young people themselves, their parents, service providers, media planners, peer educators, business and civic leaders and policymakers. The Philippines Foundation for Adolescent Development, for example, produced an educational video for parents about the impact of their communication skills on their children.¹

Involving key gatekeepers and stakeholders at the outset is a critical factor in project success. Given the controversial nature of youth-specific reproductive health programs, it is important to get key leaders and stakeholders behind the project as early as possible. Meetings with these individuals should be held to obtain agreement on what project goals and objectives can be mutually supported. Program planners in Oyo and Enugu States, Nigeria built support for social marketing and mass media activities by forming technical advisory councils made up of decision-makers and technical experts. Prior to the launch of television programming containing potentially controversial material,

council members reviewed programs and made comments. Program planners addressed their concerns which led council members to become advocates for the mass media campaign.²

Young people need to be involved in all aspects of the interventions. The impact of social marketing interventions can be greatly enhanced if young adults themselves are included in project design, implementation and evaluation. The participation of youth enables project staff to better understand their needs and wishes, design more effective messages and materials, and gain greater insights into the effectiveness of specific interventions.

Programs in a wide range of countries actively involve young people in all components of social marketing and mass media campaigns. In Côte d'Ivoire, for example, high school students wrote a drama that was turned into a 40-minute promotional video. The video, which captures young adult realities as they see them, was disseminated throughout the country. It was broadcast on national television and used by schools as a tool to stimulate frank discussion of sexual issues.³

Media advocacy activities are an important complement to social marketing interventions. To reduce the transmittal of images and themes of sexuality that conflict with messages promoting safe sex and sexual responsibility, youth advocates engage media representatives in dialogue about reproductive health programming themes and values. Their goal is to encourage positive messages that address the reproductive health needs of young people. The media, they feel, have the potential to play an important role by creating visibility for sexuality issues, providing legitimacy for their discussion, and modeling words and phrases to make discussion more comfortable.

The Kenya Association for the Promotion of Adolescent Health provides an example of how this process works. Through content analysis, its staff reviews how the media are addressing the needs of youth, meets with media representatives to discuss what they

observed, and suggests ways in which distorted images and statements can be corrected. The association also develops fact sheets to help the media create accurate reproductive health messages.⁴

Pretesting messages is essential. Effective social marketing messages promoting behavior change should address a carefully-targeted objective and be culturally relevant, credible and practical. Pretesting messages is essential in a field that is as sensitive as youth adult reproductive health and where messages transmitted by the mass media instantaneously reach large numbers of people.

Youth advocates pretest materials with young people as well as key stakeholders, including parents. In Indonesia, for example, producers of *Alang-Alang*, a mini-series promoting education for girls and discouraging multiple pregnancies, held focus group discussions with parents and their daughters in elementary and secondary school. Participants approved of the drama, considering it to be believable, informative and suitable for all ages.⁵ As part of the "Keep On Keeping It On" condom campaign in Jamaica, social marketers conducted focus group discussions to test the concept and investigate young people's attitudes and behaviors regarding condoms. The test allowed researchers to measure message comprehension, credibility and likelihood of behavior change. Adjustments were then made prior to the launch of the campaign, which contributed to its success.⁶

Supportive networking and training activities need to be carried out throughout the life of the project. Networks among and between relevant

policymakers, media professionals, health service providers, counselors and peer educators are essential in helping to shape young people's reproductive health social norms. Relevant and ongoing training activities for the many groups involved is another component of project success.

Projects should include a well-designed evaluation component. In a competitive climate for development resources, it is essential that the impact of reproductive health social marketing interventions for youth be fully documented. Implementing organizations need to know which interventions succeed in changing the reproductive health knowledge, attitudes and behaviors of beneficiaries. Data on project impact help contribute to project sustainability and expansion, advance the state-of-the-art of project design, and build a receptive climate for investment in similar projects.

By designing effective evaluation mechanisms, youth advocates are demonstrating the impact of their activities on target audiences. In Ghana, for example, designers of an AIDS-prevention campaign conducted a baseline survey and followed it up a year later with a knowledge, attitude and practice study to assess the impact of social marketing/mass-media activities on 15 – 30 year olds in two regions of the country. According to research results, the percentage of sexually active 15 year olds declined from 44 to 27 percent; awareness of AIDS as a serious disease for youth increased from 28 to 50 percent; and among unmarried, multiple-partner respondents, reported condom use during last sexual intercourse increased from 14 to 23 percent.⁷

References

- ¹ Johns Hopkins School of Public Health, Center for Communication Programs 1995. *Population Reports: Meeting the Needs of Young Adults Series J* (41).
- ² Piotrow P.T., D.L. Kincaid, J.G. Rimon 2nd and W. Rinehart. 1997. *Health Communication: Lessons from Family Planning and Reproductive Health*. Westport, CT: Praeger.
- ³ John Hopkins School of Public Health, Center for Communication Programs (1995). "Reaching Young People Worldwide: Lessons Learned from Communication Projects, 1986-1995." *Working Paper No. 2*.
- ⁴ Mohamud, personal communication, 1997.
- ⁵ John Hopkins School of Public Health, Center for Communication Programs.
- ⁶ Smith W.A., M.J. Helquist, A.B. Jimerson, K. Carovano and S.E. Middlestadt. 1993. *A World Against AIDS: Communication for Behavior Change*. Washington, DC: Academy for Educational Development.
- ⁷ McCombie S., R. Hornik and J.K. Anarfi. 1992. *Evaluation of a Mass Media Campaign to Prevent AIDS among Young People in Ghana, 1991-1992*. AIDS Technical Support. Washington, DC: United States Agency for International Development.

- ◆ The *In Focus* series summarizes for professional working in developing countries some of the program experience and limited research available on young adult reproductive health concerns. This issue overviews a longer paper prepared by Ronald C. Israel and Reiko Nagano of the Education Development Center, Inc. for the FOCUS on Young Adults Program as part of a publication series presenting the key elements of young adult reproductive health programs. Each of the longer papers in the key element publication series can be downloaded from the FOCUS web site:

<http://www.pathfind.org/focus.htm>.