

TECHNICAL REPORT

Determining the Most Significant Changes on Intergenerational Communication and Young People's Family Planning and Reproductive Health Outcomes: Qualitative Evaluation of the *Merci Mon Héros* Media Campaign in Niger and Côte d'Ivoire

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Determining the Most Significant Changes on Intergenerational Communication and Young People's Family Planning and Reproductive Health Outcomes: Qualitative Evaluation of the *Merci Mon Héros* Media Campaign in Niger and Côte d'Ivoire

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Acronyms

AIDS	Acquired immune deficiency syndrome
FGD	Focus group discussion
FP	Family planning
HIV	Human immunodeficiency virus
MMH	<i>Merci Mon Héros</i>
RH	Reproductive health
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
USAID	United States Agency for International Development

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Executive Summary

Merçi Mon Héros (MMH) is a mixed media campaign that catalyzes young people as co-leaders to improve intergenerational communication and young people's family planning (FP) and reproductive health (RH) outcomes. Breakthrough ACTION, the United States Agency for International Development's (USAID's) flagship investment for social and behavior change programs, cofacilitated and codeveloped this youth-led campaign in francophone African countries. MMH was designed to help break down the taboos and deconstruct the stigmas that act as barriers to communication about FP/RH topics and health services. The campaign has been implemented in nine francophone countries thus far via radio, television, social media, and community events. MMH uses a combination of strategies and information channels to reach youth and adults with testimonial videos about young people's experiences and needs related to RH and how a "hero" in their life broke taboos and overcame social barriers to support them. The videos are leveraged in community events and discussions with youth, parents, FP/RH service providers, community and religious leaders, and others about overcoming restrictive social and gender norms to increase youth access to FP/RH information and services. The campaign was launched in November 2019 and continues as of the publication date of this report.

The Breakthrough RESEARCH project—USAID's flagship investment in social and behavior change research and evaluation—was tasked with evaluating the MMH campaign. This report presents the results of the qualitative component of monitoring and evaluation activities of the campaign in Niger and Côte d'Ivoire. The aim of this evaluation was to determine the most significant changes in the communities exposed to the mixed media campaign in these two countries. The evaluation questions guiding this study were:

1. What changes in communication between parents/adult allies and youth about intimate relationships and FP/RH have occurred as a result of the MMH campaign?
2. What changes in behavior of youth using FP/RH services are due to the MMH campaign?
3. Were there any other intended or unintended consequences due to the MMH campaign, positive or negative?

Methods

This qualitative study used the Most Significant Change methodology, a qualitative evaluation method based on the collection of stories about the intervention being evaluated. Participants were invited to share personal narratives during focus group discussions (FGDs) in Niamey, Niger and Abidjan, Côte d'Ivoire. A total of 48 FGDs were held by local research partner CERA Group in March 2021, 24 in each country, stratified by age and sex. Thirty stories of change were extracted in Abidjan and 59 in Niamey. In each country, a selection committee was formed from various sociodemographic profiles (adolescents, youth, and adults) to review the stories, define what significant change means in their local context and select stories of most significant change. The members of each country committee were independent of both the research team and the MMH campaign implementation team. Story selection took place in a one-day workshop per country. Each of the committee members had the opportunity to comment on each story, giving their assessment and the reasons behind their choice as one demonstrating the most significant change. Additionally, all documented stories were retained and analyzed thematically by country using Dedoose qualitative analysis software. Thematic codes were developed based on the types of changes described in the stories and were systematically applied to the data by each country team using a codebook.

Stories of change related to adult-youth communication

Analyzed stories highlight improvement in adults' knowledge of communication strategies and opportunities to engage in conversation, as well as FP/RH topics to discuss with youth.

Participants mentioned the value of adult-youth communication about sexuality and endorsed this communication for others and themselves. Adult participants showed that after exposure to MMH campaign activities, they had a better understanding of and empathy for others' concerns about adult-youth FP/RH-related communication. The use of testimonies allowed participants

to compare other peoples' experiences with their own. Among adolescents, the MMH campaign raised their perception of the importance of communication with adults/parents on sexuality issues. The campaign also encouraged some to initiate conversations with their peers and their parents on these topics. Despite the support and enthusiasm of some participants for communicating more with youth or adults, the study also noted a continued reluctance on the part of many to talk about sexuality, with overarching social norms still acting as barriers to communication. Some adults noted they knew they needed to communicate about FP/RH with their youth but did not do so simply because they did not know how and when to talk about it. Youth indicated that it was easier for adults to talk to young people than it is for young people to talk to adults, as talking about sexuality and FP/RH still has negative connotations. However, young participants recognized they are now part of the generation that is aware of the importance of communication about sexuality and that raises awareness for the generations to come. This report presents stories that demonstrate behavior change, parents taking it upon themselves to discuss issues of FP/RH with their young people, understanding that it is not counterproductive to talk about sexuality with their children.

Stories of change related to access and use of FP/RH services

The MMH campaign, through its community engagement and other activities, contributed to disseminating accurate information regarding contraceptive methods, how to access and use them, and how to communicate about the usefulness of FP/RH services. This study found evidence of adults changing their personal perceptions and attitudes, which can contribute to normative change related to young people's access to FP methods in the future.

For women in all age groups included in this study, the acquisition of new knowledge removed some of the

misunderstandings about contraceptive methods and the importance of adopting these methods. This facilitated communication in the community, leading to changes in misperception of contraceptives, the usefulness of FP/RH services, and the benefits of going to health centers. As a result, participants reported adopting FP to space pregnancies and avoid early pregnancies and sexually transmitted infections. Young people's accounts collected through this study also show improved self-efficacy in seeking FP/RH services when sexually active.

Stories of change related to other outcomes

Stories of change related to other outcomes include: (1) improved relationships between parents and youth, reducing the intergenerational distance, and promoting non-violent communication, (2) renewed confidence and feeling reassured by the MMH campaign in the choice to be abstinent until marriage, and (3) feeling encouraged to follow their curiosity about issues of concern to them.

Conclusion

The diverse stories collected during the FGDs in Côte d'Ivoire and Niger show how the MMH campaign can create an enabling environment for young people and adults to begin communicating about FP/RH and access the information, support, and services they need. Findings from this qualitative evaluation cannot be generalized to all youth and adults exposed to this campaign due to the limitations inherent to this methodology. However, although there is still a long way to go to eradicate the taboos around FP/RH for adolescents and youth in Abidjan and Niamey, and particularly to dispel myths that access to information promotes promiscuity among youth, this evaluation shows that some youth and adults exposed to the MMH campaign are contributing to a more enabling environment for others around them to talk about and access FP/RH.

Introduction

Adolescent pregnancy remains a major contributor to maternal and child mortality and to intergenerational cycles of ill-health and poverty.¹ West and Central Africa have the highest annual adolescent birth rate in the world at 129 live births per 1,000 young women ages 15 to 19, and the lowest use of modern contraception among all women at 16%.^{2,3}

Driving these high birth rates are low levels of education, lack of family planning (FP)-specific knowledge, misinformation, and negative attitudes about the use and side effects of FP, all mediated by a lack of communication between adults and youth about this topic. All of these factors can lead to low demand for and lack of access to FP services, and are compounded by social and religious norms for high fertility and child marriage (under the age 18).^{4,5} Lack of access to FP services is impacted by weak health infrastructure, poor provider training, and financial impediments that make it challenging for those who do want FP services to access them.⁵ These barriers have resulted in national-level modern contraceptive prevalence rates for all women and married women (respectively) of 20.9% and 19.6% in Côte d'Ivoire and 15.2% and 18.1% in Niger.^{6,7} Research from Niger shows that young women are not routinely screened for FP needs when visiting health facilities and there is stigma around use of contraception and infertility.^{8,9}

Adolescent sexual behavior is influenced by a myriad of factors at the individual, peer, family, community, and societal levels.¹⁰ Most strategies to reduce adolescent pregnancies have been designed to educate adolescents directly about aspects of sexual risk taking and benefits of FP. However, this may not be the most effective way to reach adolescents, as young people often cite peers and parents as their primary sources of sexual health information.¹¹ Parent-adolescent communication involves complex dynamics, yet there is very little research available about parent-adolescent communication related to FP/reproductive health (RH) in West Africa.¹⁰ However, research conducted in the United States and South Africa consistently suggests that parents fail to discuss issues of FP/RH with their adolescent children.^{11,12} Nonetheless, in Côte d'Ivoire, one study found that parent-child communication about sexual abstinence was positively associated with both abstinence and a reduction in the number of sexual partners.¹³ However, research is mixed

on the effects of parent-adolescent communication about FP/RH.¹⁰

To help break down these taboos and increase access to FP/RH services for adolescents and youth, Breakthrough ACTION, United States Agency for International Development's (USAID's) flagship investment for social and behavior change programs, cofacilitated and codeveloped a youth-led, mixed media campaign implemented across francophone countries, called *Merci Mon Héros* (MMH). MMH is a mixed media campaign with young people as coleaders that seeks to improve intergenerational communication impacting FP/RH outcomes. The campaign has been disseminated in nine francophone countries thus far via radio, television, social media, and community events. The campaign aims to deconstruct the stigma around adolescent and youth FP/RH communication and access to RH information and services. A combination of strategies and information channels was used to reach primary targets, which were youth and adults with youth in their lives.

Spotlighting the power of interpersonal and intergenerational communication to improve youth's access to FP/RH information and services, MMH collects, curates, and disseminates testimonial videos from young people throughout the region about their experiences and needs related to RH and how a "hero" in their life broke taboos and overcame social barriers to support them. These youth testimonials are complemented by "duo" videos, where a young person and their hero tell their story together, and by ally and gatekeeper videos, where adults, community and religious leaders, FP/RH service providers, and others give their own account of why it is important to talk with young people about FP/RH. Where youth testimonials have the potential to encourage young people to see themselves in the stories of others and to solicit empathy for young people's FP/RH challenges among adults, the duo, ally, and gatekeeper videos champion and model priority behaviors for other adults like them. Videos call the audience to action via a tag line: "Break taboos, talk about sexuality and family planning with young people to help them live a full life. Be a hero today." The videos are shared on the campaign's social media pages (Facebook, Instagram, Twitter) to meet youth where they are—online—and invite online discussion amidst other content, including FP/RH information,

advice, quizzes, and live-streamed sessions with FP resource people. The stories are also broadcast on local and national TV and radio stations in Côte d'Ivoire and Niger adjacent to or in coordination with shows popular with young and adult audiences. Lastly, the stories are leveraged in community events with youth, parents, FP/RH service providers, community and religious leaders, and others, in discussions about overcoming restrictive social and gender norms to increase youth access to FP/RH information and services. While the majority of the campaign content focuses on social and gender norms that make the intergenerational conversations about FP/RH difficult, social media content and community events,

done in collaboration with the service delivery project Amplify FP, offer information about FP methods. The campaign was launched in November 2019 and continues as of the publication date of this report.

The Breakthrough RESEARCH project—USAID's flagship investment in social and behavior change research and evaluation—was tasked with evaluating the MMH campaign. This report presents the results of the qualitative component of external monitoring and evaluation activities of the campaign in Niger and Côte d'Ivoire led by Breakthrough RESEARCH, using the qualitative methodology of Most Significant Change.

TABLE 1 SAMPLE OF THE MMH CAMPAIGN VIDEOS AND FACEBOOK LIVE EVENTS

VIDEO	PRIMARY MESSAGES
Gracian	Talking about sexuality without shame from a very early age to be “sexually healthy”
Camara	Preparing young women for menstrual onset with accurate information
Florence	Using a condom during sex to avoid risk of sexually transmitted infections (STIs) like HIV
Mariette	Normalizing and supporting young girls during menstrual onset to avoid trauma related to not knowing about menstruation and thinking they are hurt at onset of menses
Serge	Talking with youth about life projects/priorities for a healthy future
Fanta	Providing accurate information to young people about the onset of menstruation
Oury	Informing youth about FP options to avoid unintended pregnancy
Kouamé	Encouraging young people to visit a health provider to learn more about contraceptive methods
Sedjro	Cultivating partner communication and decision making about FP
Mme Comara	Managing contraceptive methods to plan pregnancies
Aichatou	Encouraging parents to speak openly with young people about sexual and RH
Facebook live events	<ul style="list-style-type: none"> ● Female puberty ● Male puberty ● The menstrual cycle and how to calculate the fertile window

Objectives

The overall objective of this research study was to qualitatively assess the MMH campaign's effect on individuals exposed to it. More specifically, we aimed to determine the most significant changes in the communities exposed to the mixed media campaign in Niamey, Niger and Abidjan, Côte d'Ivoire.

The questions guiding this study were:

1. What changes in communication between parents/ adult allies and youth about intimate relationships and FP/RH have occurred as a result of the MMH campaign?
2. What changes in behavior of youth using FP/RH services are due to the MMH campaign?
3. Were there any other intended or unintended consequences due to the MMH campaign, positive or negative?

Methodology

Study design and sampling

This qualitative study used the Most Significant Change methodology, a qualitative evaluation method based on the collection of stories about the intervention being evaluated.¹⁴ Participants exposed to the campaign were invited to share personal narratives during focus group discussions (FGDs) and prompted to reflect on changes they noticed in themselves or their communities, which they believed were brought about by the campaign's intervention. FGDs could lead to several identified stories of change, or none at all. Following data collection, stories of change were reviewed and rated by a locally-recruited independent selection committee, consisting of youth and parents of youth, to determine which of these narratives of change were the most significant and why (see [“Selection process of the most significant stories” for more detail, page 7](#)). Data analysis included all collected stories of change to synthesize common themes across stories of change. The last step involved sharing the stories and the discussion of values with stakeholders and contributors.

The study received ethical approval from: Tulane University School of Public Health and Tropical Medicine (2019-1721), the Ministry of Health and Public Hygiene in Côte d'Ivoire (071-20/MSHP/CNESCO-km), and the Ministry of Public Health in Niger (07/2020/CNERS).

Study participants were recruited through purposive sampling (described in “Data collection”, next column). The sample consisted of adolescents aged 15 to 17 years old, young adults aged 18 to 24 years old, and adults aged 25 and above that had an influential relationship with at least one youth. The sample in each age range was stratified by gender. A total of 24 FGDs were conducted in each country (see Table 2).

Data collection

Data collection was facilitated by the MMH campaign implementation partners in both countries. In both Niger and Côte d'Ivoire, the West Africa Breakthrough ACTION team helped mobilize people who had been exposed to MMH activities. Potential participants were identified from participant lists for Breakthrough ACTION activities, fans of the Facebook page, and members of the campaign's WhatsApp group (in Côte d'Ivoire only). Data collection took place in the capital cities of Niamey and Abidjan and was led by local research partner CERA Group.

Due to the COVID-19 pandemic, focus groups were limited to four to six people per group. Discussions were conducted in accordance with the infection prevention measures in place in each country. All participants gave informed consent prior to inclusion in the study.

Data collection took place in 2021, from 8 to 21 March in Abidjan and from 13 to 28 March in Niamey. The data collection tool consisted of open-ended questions covering the following topics:

- Youth sexuality and contraceptive use perceptions, attitudes, and norms
- Exposure to the MMH campaign
- Most significant change in communication between parents/adult allies and youth about FP/RH
- Most significant change in FP/RH service use
- Most significant change in other unanticipated areas
- Suggestions for improving the campaign

TABLE 2 NUMBER OF FGDS BY AGE GROUP AND GENDER IN EACH COUNTRY

TARGET POPULATIONS AND NUMBER OF FOCUS GROUPS	NIGER		CÔTE D'IVOIRE	
	MALE	FEMALE	MALE	FEMALE
Adolescents (15–17 years old)	4	4	4	4
Young adults (18–24 years old)	4	4	4	4
Adults (25+ years)	4	4	4	4
Total	12	12	12	12

Group discussions were audio recorded, transcribed, and assessed for quality.

A total of 260 people participated in the 48 FGDs across the two countries. Table 3 provides a breakdown of participants by target population.

Stories of change were extracted in two steps. First, the data collectors listened to, identified, and wrote down the stories based on the FGD audio files, and then, once the transcriptions were completed, the reliability of the narrative and completeness of the stories was verified by another member of the research team via the transcripts.

Based on this exercise, 30 stories of change emerged in Côte d'Ivoire and 59 stories of change emerged in Niamey overall (see Tables 4 [page 9] and 5 [page 17] in the Results section).

Next, a reading and categorization process was undertaken to divide the stories according to the domains described in the campaign's theory of change. They were divided according to the key theme the storyteller was emphasizing in his or her narrative of significant change, even though sometimes other themes were hinted at in the narrative. Thus, three areas of change were listed:

1. Communication between adults and youth
2. Youth utilization of FP/RH services
3. Other areas of change

Selection process of the most significant stories

After the stories were reconstructed, independent selection panels proceeded to select the stories of most significant change.

In each country, selection committees were formed with participants from various sociodemographic profiles from the local community (adolescents, youth, and adults). The members of both committees were independent of both the research team and the MMH campaign implementation team, and were contacted and invited to participate via other community-based organizations. Story selection took place in a one-day workshop per country. Each of the committee members had the opportunity to comment on each story, giving their assessment and the reasons behind their choice.

The workshop began with a discussion of what constitutes a significant change, and each committee drafted a definition that was central to their selection process. The participatory nature of the selection process and the localized definition of significant change were central to this methodology. The stories of change were ranked according to the selection committee's assessment of their level of importance. For each country, two change stories per area of change were selected for a total of six most significant change stories. Once the selection

TABLE 3 SUMMARY OF FOCUS GROUPS BY NUMBER OF PARTICIPANTS PER COUNTRY

COUNTRY	TARGET POPULATION	NUMBER OF PARTICIPANTS
Côte d'Ivoire	Adult males	16
	Adult females	21
	Adolescent males	18
	Adolescent females	18
	Young adult males	23
	Young adult females	18
Total Côte d'Ivoire		114
Niger	Adult males	23
	Adult females	24
	Adolescent males	24
	Adolescent females	25
	Young adult males	24
	Young adult females	26
Total Niger		146
Total (Côte d'Ivoire and Niger)		260

process was completed, the results of the process were shared with stakeholders, including the in-country selection team and program staff.

The study team did not provide the selection committees with predefined criteria for selecting stories of most significant change. In Côte d'Ivoire, the committee relied on organic discussions of what each committee member thought was significant about each story read, ending with a vote for the most significant change story in each domain. In Niger, the committee developed a scoring system that went from 0 to 3. Each story was read and scored according to the magnitude of change in knowledge, attitudes, and communication, and the degree the change is attributable to the campaign.

Analysis

Stories of most significant change use pseudonyms to describe in detail a change selected as most significant by local selection committees and are featured in text boxes throughout the results. However, all documented stories were retained and analyzed thematically by country using Dedoose qualitative analysis software. Thematic codes were developed based on the types of changes described in the change stories and were systematically applied to the data by each country team using a codebook. Three transcripts (one of each target audience) were initially coded by the joint research teams (nine people in total for both countries) and reviewed as a group to resolve discrepancies. The thematic analysis provided the context for the different changes that occurred in each country and each domain. The results section begins with a description of the significant change stories by domain, followed by the results describing the thematic analysis of all the stories obtained.

Results

Côte d'Ivoire

Description of the stories by domain

In Côte d'Ivoire, a total of 30 stories were extracted or reconstructed from focus groups as part of the evaluation of the MMH campaign. All stories were categorized into three main areas: (1) the domain of adult-youth communication about FP/RH, (2) the domain of FP/RH services use, and (3) stories narrating other types of changes.

Domain of adult-youth communication about FP/RH

In the area of communication, which was one of the main objectives of the campaign, a total of 22 stories collected tell of changes contributing to adult-youth communication. These stories dealt with different elements of change in terms of communication. The stories described participants' improved knowledge of (1) the importance of communicating, (2) topics to discuss with youth/adults, and (3) communication opportunities (when to introduce sexual and FP/RH topics with youth/parents).

Stories also highlighted changes in participants' attitudes toward adult-youth communication about FP/RH. In the stories of change, participants highlighted the empathy that led to the change in adults' perceptions and understanding of younger people. The narratives revealed a general shift in the adult participants' appreciation of the

issue of communication with youth. Nonetheless, participants perceived that social norms are still a significant barrier to enabling communication.

In general, participants expressed a desire to now communicate with others about FP/RH. However, among adolescents in particular, even if the intention was there, self-efficacy was still low. Adolescent girls expressed discomfort in initiating discussions about these topics with adults, especially with their own parents.

Domain of FP/RH services use

The second area of change identified was youth's perceptions of the acceptability of FP/RH for youth. Four stories collected highlighted the change in youth accessibility to FP/RH services. Indeed, these stories told how the campaign improved knowledge and changed the perceptions and attitudes of some participants (especially parents). These participants, fueled by greater empathy, encouraged and sometimes accompanied young people to access FP/RH services.

Other domains

Within this category, the stories collected highlighted three other types of change. The first referred to the self-efficacy of young people in the face of peer influence (positive deviance), the second referred to a specific aspect of RH related to the prevention of uterine cancer,

TABLE 4 SUMMARY OF STORIES ANALYZED BY DOMAIN, GENDER, AND AGE GROUP IN CÔTE D'IVOIRE

TARGET POPULATION	YOUTH/ADULT COMMUNICATION	FP/RH SERVICES USE	OTHER DOMAINS
Male adolescents (15–17 yrs)	2		
Female adolescents (15–17 yrs)	4		
Young adult males (18–24 yrs)	3	2	
Young adult females (18–24 yrs)	6		
Adult males	2		1
Adult females	5	2	3
Total per group	22	4	4
Total overall		30	

and the third referred to the impact of the campaign on communities' access to FP/RH services.

Analysis of stories of change

Changes in adult-youth communication about FP/RH

Within the topic of communication, we assessed changes in terms of (1) knowledge gained; (2) attitudes, empathy, and social norm shift; (3) self-efficacy and intention to change; and (4) participants' behavior related to parent/ally-youth communication about sexuality.

1. **Knowledge related to communication:** Stories highlighted aspects of participants' improved knowledge of communication strategy (i.e., how to communicate), FP/RH topics for youth, and communication opportunities.

Participants described skills the MMH campaign gave them to communicate. Indeed, adult participants said that they received information about how to talk to young people about sexuality. They were now more comfortable doing so than before.

“First of all, it allowed us to find techniques to talk about sexuality with our children, to talk to them earlier about early pregnancies, because before it was not easy. Thanks to *Merci Mon Héros* we found techniques to talk about that with our children.

—Adult man, Abidjan

Participants described some of the sexuality issues they discussed. These ranged from the dangers of poor RH to describing the adult reproductive system to a young person.

Young adult men explained their limited knowledge about the menstrual cycle as well as pregnancy prevention.

“In terms of the menstrual cycle, for example, I didn't know how things worked, fertile day[s] or ovulation day, I didn't know much about it. But as of today, when we talk about day 14, I know we're talking about the woman's ovulation day. So on those days you shouldn't even allow yourself to have sex with your girlfriend because if you dare to do so

she might get pregnant. That day is a bad day for example. That's the first point. The second point is the ways to avoid pregnancy, the pills. There are one-month, three-month and five-month pills. As long as your sweetheart is using that, she can avoid the whole pregnancy thing.

—Young adult male, 18–24 years old, Abidjan

It's important to note that the above quote by a young man still demonstrated misinformation about reproductive cycles and risk of pregnancy, showing the extent to which the correct information must be continuously reinforced.

2. **Attitudes, perceptions, and social norms:** Attitude refers to changes in participants' perceptions and opinions toward adult-youth communication about sexuality. This section also discusses participants' empathy toward youth and their need for FP/RH-related information.

Participants mentioned the value of adult-youth communication about sexuality and endorsed increased communication for others and themselves. The following quote reflects perhaps the beginning of normative change as expressed by the participant, as her thoughts of what others “should” do have begun to shift.

“I think it's now that I've realized that other people were right to talk to their kids about sex. Because in the past, I used to say that this one, she talks about sex with her child, but her child won't respect her. But after the campaign, I understood that the neighbor was right to talk about it with her child. So, I started to do it myself.

—Adult female, Abidjan

The attitude of some adult men toward adult-youth communication evolved to the point of giving advice to youth when needed. The following participant, a schoolteacher, acknowledged the influence he has on young people and described empathy and initiative in making a connection with students.

“It is capacity building. Because it's allowed me, still, to be the father

and everything, at the same time for my students in class...when I see the young girls there, with the face a little bit pale, like the beginnings of what we know, pregnancy, I take at least 10 minutes and I go into the different advice a little bit. And then, really what I've learned here, I tell them what to do. And what not to do. And all that. In any case there are some who say to me 'But, sir, you do mathematics'... 'But, you yourself, you speak to us more about sex than those who are entitled to speak to us about sex.' I say 'No, it's a way to bring you to be mature in the head and then to have a good [sexual] behavior.' So I became their father.

—Adult male, Abidjan

As far as adolescents are concerned, the MMH campaign made them realize the importance of communication with adults/parents on sexuality issues. The campaign also encouraged them to initiate conversations between themselves and their parents on these topics. In addition to the support and enthusiasm of some participants for communicating more with youth or adults, there was also a reluctance on the part of many to talk about sexuality, indicating that it was easier for adults to talk to young people than it is for young people to talk to adults.

Nonetheless, the MMH project has had an effect on participants' appreciation of others' point of views regarding adult-youth communication about FP/RH. In the following section, the most important changes in empathy are highlighted.

- *Testimonial videos as a contributor of empathy.* The study results revealed a general change in the participants' appreciation of the communication issues of their contemporaries. The information collected from adults (men and women) showed that after exposure to MMH, participants had a better understanding and greater empathy of the situation of others on adult-youth communication about sexual and reproductive health (SRH). The use of testimonies raised awareness of the situations in which other people live. They were able to compare other peoples' experiences with their own.

“The testimonies...I really understood the difficulty that some people had in talking with their parents, even though they were experiencing sexual problems. That's what I learned again.

—Adult female, Abidjan

- *Social norms, a change not yet observed.* Participants almost unanimously stated that communication between adults/allies/youth about sexuality still had a negative connotation in their communities. This was despite the campaign's advances in shifting individual's knowledge, attitudes, and perceptions of what others should do, such as the noted participant who was shifting their perception toward a more accepting view of adult-youth communication about FP/RH. Perhaps unsurprisingly, given the time needed for these norms to shift, social norms that are unsupportive of adult-youth communication still persist. However, participants believed that these shifts were in progress, perhaps more so among educated populations.

“As I said in my community, those who have been to school think [talking about FP/RH] is good. But those who did not go to school think it's bad because it makes their children rude. But for the educated, it is for the well-being of the community. For the illiterate it is not normal. Since we are in Africa, it is not normal for an adult to talk about sex with young people.

—Adult male, Abidjan

Lastly, we noted participants' understanding that normative changes may be part of generational changes, requiring time. Young participants recognized they are now part of the generation that is aware of the importance of communication about sexuality and will raise awareness for the generations to come.

“It is important for the simple reason that it has made us responsible. It made us men. As my brother said earlier, we have become mature in our minds. We

have ideas, it allows us to break the chain of silence. We couldn't benefit from it with our parents but from us, our friends, those who will come to take advice from us, our children will be able to benefit from it. So that makes us today key actors who are in charge of relaying all the information received. And, from then on, we know that things will never be the same again....

—Young adult male, 18–24 years old, Abidjan

3. **Self-efficacy to communicate about FP/RH:** With regard to self-efficacy, the aim was to explore whether or not participants perceived they had acquired the skills and information necessary to communicate. From the information collected, two trends emerged. On the one hand, there were those (mostly men) who believed that the MMH campaign had given them the necessary information and skills to communicate and raise awareness in turn, and they felt capable of doing so. On the other hand, there were those that expressed still feeling unprepared to tackle FP/RH communication themselves (both men and women).

For the first set of participants, exposure to MMH led to a comfort in talking about FP/RH topics. Above all, it helped to remove certain taboos that had previously blocked parent/youth exchanges on sexuality. This is important to note because in Ivorian culture, it is often embarrassing for an adult to talk to a young person about sex. Through MMH, adults and youth were convinced of the need to and benefit of discussing these topics.

“I have the possibility to talk about it, I am not afraid anymore, I realized that often it is us who put barriers in front of sexual education. Often children are willing but since it can't come from them, they sometimes wait for us to come to them because you can imagine for a moment a child coming home and talking about sexual health and stuff, they would say 'You learned that where?' [laughter], they wait for us to come to them so it's us who sometimes don't dare, we who are embarrassed, as soon

as you approach them and the barriers fall, things advance.

—Adult male, Abidjan

There were also those who said they still needed more training to be able to do this.

“No, it's the same thing. We still need them to come and train us, to give us more ideas. Because the first time, I can say it was a stepping stone. We didn't bother to take note. So we want them to come, to organize something... and then those who can take note, will take note so that we are also equipped to convey this message.

—Adult female, Abidjan

In terms of intentions, participants expressed their desire to communicate about FP/RH. For others, this desire turned into a desire to take action, inspired by role models such as the Imam.

“I talked about the Imam. After the [MMH] conference he spoke, he said that it was something he did not do, but from now on with all the consequences they have named, all the risks and everything, he sees his mistake and that he will talk about [FP/RH] to his children now.

—Young adult female, 18–24 years old, Abidjan

“I wanted to tell my little brothers, my friends, my parents, to be a model even more. The project has strengthened my determination to be an example. In fact, after the campaign, personally, it made me want even more to be the symbol, the hero of many people.

—Adult male, Abidjan

4. **Behavior change related to communication:** Both parent and youth participants in this study shared stories of change about ways they and others communicated about SRH. This is shared by a teenager

CATALINA: BEFORE SHE DIDN'T TALK, NOW SHE TALKS TO ME

"That day I took my daughter, and we went together. So, she listened [to MMH]. Everything they said, she heard. So, when we got home, I told her 'That's why I told you to come with me to listen too because you go out too much.' After that I sent her to the hospital to get her injections. Now she's fine. Before and now it's not the same. Because she heard what they said, she was able to change. What has changed? Before, I know she was [having unprotected sex] behind my back. Now when she heard that if you don't protect yourself, you can get diseases like AIDS and other diseases, she takes precautions. Before, she didn't talk, now she talks to me. Before when she saw her period, she didn't tell me. Now when it comes, she talks. At first when I hadn't sent her to the hospital yet, I was showing her how to calculate the cycles. I thought, this is too long, it's too complicated. It's true that I showed you, but one day you can make a mistake. That's why I put her on birth control. The last time...when my daughter came home, she told me 'Mom, the kid wanted to go out with me, but I told him that without a condom, I don't want to; if not I will get sick.' I said to myself that the lesson is in, she learned the lesson. So that was very important to me...."

who told us about the changes in attitude observed in a member of her family:

“I was saying that a short time ago my cousin contacted me and she told me that something had happened at home because with parents it is not easy to communicate about sexual health issues. So one day she was watching television with her brothers and they were watching a program called CMIDI and that day the representatives of MMH came by to give the information and the father heard about it and without telling anyone he went to the website. He saw a little bit and decided to go to a hospital, a health center specialized on the issue, to get more information, so one day like that he gathered them in the living room so she thought someone had done something. So the dad starts to say, 'I'm going to talk to you about sexual and reproductive health.' They were all surprised, 'Ah, dad changed, huh ...?', so I will say that the passage of the [MMH] representatives on television pushed the father to go to a health center to get information to come and sensitize his children, so I will say by that that it is the information he received changed the father, and he started to exchange more with his

children on the issue of sexual health. So that is the change I will say.

—Adolescent female, 15–17 years old, Abidjan

Changes in FP/RH services use

1. *Knowledge related to FP or use of services:*

According to participants, several factors limited the use of FP/RH services, such as misinformation about contraceptives and lack of knowledge about the

EXAUCÉE: FROM ANONYMOUS TO HEROINE

The MMH campaign in Abidjan has transformed many women, including Exaucée, a 50-year-old woman living in Abidjan, who was embarrassed to discuss sexual issues with her children. In her own words, "It removed the veil of shame and taboos that existed between me and my children. And it even allowed me to gather young girls, the youth, in my church. And when I followed the campaign, it was like I was [liberated]." After the campaign, she gained the courage to talk to her children about anything related to sexuality, something that was very difficult for her to do before, and it worked for her. According to her, communication with her children improved and she gained confidence in herself. This self-confidence led her to spread the MMH campaign around her, including in her religious community, so much so that some families have introduced sex education in their homes.

different contraceptive options. For example, most participants considered the implant to be a contraceptive that disrupts the menstrual cycle, which would eventually disappear from the body, thus creating sterility in women. Anecdotes about side effects were another strong concern amongst participants, and a cited reason why participants thought it difficult to use FP methods. The MMH campaign was able to help dispel myths.

“...So I was saying before, women had their prejudices, their stereotypes in mind because you are going to take contraceptive methods and you won't be able to have children anymore, you will have side effects, so these women who participated in the [MMH] activity, they saw that they were wrong because each woman has her own [body which responds differently]. Of course there are some women who have very advanced side effects compared to others, and in this case you just go to the hospital to see a provider to get all the information and suitable contraceptive methods, so there are some women in my neighborhood after the activity who went to the health centers and started using contraceptive methods, women who were

really closed minded, so thanks to me they knew in fact....

—Adolescent female, 15–17, Abidjan

The lack of knowledge about the different existing contraceptives, such as female condoms, intrauterine devices (IUD), pills, and injectables, and their use, was evident. However, there was some evidence of knowledge acquired through MMH community activities.

“Me, I learned a lot of things [at the MMH conference], because I knew that there were implants, but I didn't know that there were pills. I heard about them but never saw them. But the condoms I had already seen, I arrived there when they shared them. I saw how female condoms are placed, [before] I didn't know how they were placed.

—Adolescent female, 15–17 years old, Abidjan

“When I went to the Merci Mon Heros campaign with four of my colleagues, one of them confided in me that he did not know that there were other contraceptives besides the condom. He did not know about the pill and the [other method]. There is also the

MAROUAN AND THE MIDWIFE

Marouan is a 24-year-old young adult and the president of a religious youth organization in Abidjan. As part of his activities, he and his colleagues were invited to participate in a debate between adults and young people on sexuality and contraception at the cultural center in his township. Following the discussions, he was given a referral ticket to a medical center that specializes in monitoring young people in the same town. At this center, Marouan met a midwife with whom he exchanged ideas. At the beginning of the discussion, he felt embarrassed to talk about his sexuality with the woman. Thus, he kept to himself and did not want to talk. However, the midwife's friendly attitude allowed him to relax, tell her about his girlfriend, and reveal that they do have sex. The midwife again talked to him about pregnancy prevention and even offered to see his girlfriend. Marouan has very good memories of this meeting with the midwife, whom he meets often. He felt privileged because midwives usually meet with women and girls for advice. However, as a young man, he can also meet a midwife to get information. This meeting broke a taboo according to him. Based on his experience, he decided to set up exchanges on sexual health for the young people in the organizations he interacts with. Marouan notes that these exchanges on sexual health are highly anticipated by the youth, who appreciate them and ask for more.

‘Pregnon,’ which is a morning-after pill, meaning that when you have unprotected sex with your girlfriend, she can take it right after or the day after to avoid getting pregnant. I also learned from this.

—Young adult male, 18–24, Abidjan

2. **Social norms about use of FP and access to FP services:** Participants expressed how social norms and perceptions still limited the use of FP/RH services. The beliefs persisted that young unmarried girls using FP services were leading a life of promiscuity, and parents who allowed young people to use contraceptives to protect themselves were encouraging them to engage in sex with multiple partners. However, the MMH campaign encouraged participants to shift their own attitudes about these perceived social norms.

“After the campaign, I went to see a woman. I told her to place the implant in her child’s [arm]. She said no, she can’t put the implant in her daughter’s [arm]. She says that if she puts it, it is like she is encouraging her daughter to look for boy here, boy there. I say ‘No, that’s not it. If you put the thing in her [arm], you’ve sat her down. You give her advice. ‘You don’t want to have sex with so-and-so. With whoever you are, you have to be with [only] him. ...It is better’. If your daughter were to get pregnant then you would take her to the hospital again to get an abortion. I say, you have to choose between the two. You would rather kill a child or protect a child. You have to choose.’ Finally, she understood. She told me “Ah, what you said there, I understood. That’s better. I’m going to put the [implant in her], it’s better than her getting pregnant and come and find me at home to go and have an abortion.’ So she understood me. So we went over that.

—Adult female, Abidjan

Although the previous quote does not allow us to understand the daughter’s position about using FP, it does illustrate the process the mother went through to shift her perception of the benefits of enabling her daughter to access FP. Others also expressed a shift in their attitudes about FP access for youth.

“Even I used to criticize. I used to say that if you put your child on the pill and she hasn’t had a child yet, it’s a way of encouraging her to go out and find boys. I said that, as [another participant] just said, your child hasn’t had a baby yet, and you’re pushing for boys, that’s not good. I used to say that myself. Stop it, at least have a child before taking the pill. But after the campaign I said again that these people are right. So, I myself am doing what these people are doing.

—Adult female, Abidjan

For some women in all age groups included in this study, the campaign facilitated interpersonal communication, leading to changes in perceptions and behavior among both the younger female groups and adult women regarding the misperception of contraceptives and the usefulness of FP/RH services. As a result, many girls and women have adopted FP to space pregnancies and avoid early pregnancies and STIs.

“Before, when I had not yet seen the video and people were raising awareness about family planning, I thought it was nonsense or to spoil people’s children. And when my classmates were leaving, I would say to them, ‘So you go there too. I’m going to tell your mom. Or you’re going to go and do your own thing and get an implant.’ But after watching the videos, I realized that it’s for our own good. Because when they do these kinds of campaigns, they talk about contraception. They talk about the fact that you have to protect yourself before having sex to avoid sexually transmitted diseases, HIV/AIDS, and pregnancy as well. You can place the implants or go for

the injections. I have a different way of thinking. Now I think it's good because it decreases the pregnancy rates.

—Adolescent female, 15–17 years old, Abidjan

Partner opposition was a barrier that women faced in this context. Although the MMH campaign does not include any messages related to FP uptake without the partner's knowledge, women often have to seek FP services without their partner's knowledge. Participants described how the MMH campaign had encouraged them to support their family, friends, and neighbors to overcome barriers to be able to access services and plan their families.

“There is a change at my level. First of all, when we came back from the MMH activity, because it's my last [daughter] who is there, I sat her down. Everything I was told, I told her. Her daddy talked to her too. She understood. Now, my neighbors who are there, I gathered them. I said, 'Come! There is news!' I explained to them what happened. ... I saw the neighbor, I talked to her. I said, '...Three years, three babies. Now I don't want to see you get pregnant like that again. So you have to space it out.' She says, 'How? It's not my fault.' ...Let's go to the hospital, there's tablets, there's injections....' She said, 'Hey, if [my husband] knows....' 'But, I didn't tell you to tell your husband. You hide, you do your thing and then it's over....' So we took a cab, I accompanied her. They offered her three things: implants, pills, and injections. She chose injections there. And that's how she did it. I told her, 'You should never tell your husband, that's how it is.' Every day...she thanks me.

—Adult female, Abidjan

Among younger males, apart from the new knowledge they acquired that enabled them to be sources of information for peers in the community on the importance of FP, the majority who reported adopting an FP method opted for condoms as a method to avoid pregnancy and STIs.

“I can say that I had knowledge to be able to talk to friends with all that we saw on the panel. With friends, we tell each other about our sexual relationships. I have a friend who doesn't use protection. I used to be like him, but now I have changed because of the campaign. I give him advice now. I tell him to protect himself because twice he had sexually transmitted infections.

—Adolescent male, 15–17, Abidjan

“I am careful with my relationships. I don't go out with more than one girl at a time. I used to manage several, but I saw that there is nothing in it. Now, I have calmed down, I took a girl and I protect myself now with condoms.

—Adolescent male, 15–17, Abidjan

Thus, the MMH campaign, through its community and other activities, contributed to disseminating accurate information regarding contraceptive methods, how to access and use them, and also how to communicate about the usefulness of FP/RH services. This led to changes in the people exposed to the campaign as well as in those around them.

Analysis of other elements of change

It is noteworthy that two of the top stories of most significant change that were chosen by the selection panel in Abidjan were stories primarily about elements of change that did not solely include changes in communication or service utilization. Improved, non-violent communication and better relationships between father and daughter, as well as renewed confidence in a young man's life choices are illustrated in these stories of significant change in the boxes on the following page. Diaby's story of feeling reassured by the MMH campaign in his choice to be abstinent until marriage is particularly noteworthy given the fear youth and adults expressed during data collection of incentivizing sexual activity by talking to young people about FP/RH (see “Fear of negative consequences” on page 26).

MALICK: NO LONGER BEATS HIS DAUGHTER AFTER THE MMH CAMPAIGN

Malick, 43 years old and Muslim, is the father of five children, the oldest of whom is 19 years old. Malick had conflicting relations with his eldest daughter because of her outings, which he saw as likely encounters with young men for sex. Not only did Malick support abstinence until marriage due to his religious beliefs, but he also feared that his daughter would become pregnant at an early age. Thus, Malick did not hesitate to beat his daughter when she returned from her outings, making their father-daughter relationship difficult and strained. However, with his eldest daughter, he attended an event encouraging and modeling positive parent-child exchanges on sexuality thanks to the MMH campaign at a cultural center in Abidjan. Afterwards, something clicked for Malick. He became aware of the need to communicate with his children, including his daughter, and decided to stop beating her. Since then, Malick and his daughter have had a more relaxed and peaceful relationship.

DIABY: REASSURED IN HIS LIFE CHOICES

Diaby is a 25-year-old man and a practicing Muslim and a virgin. His status as a virgin is in line with his religion, which advocates abstinence until marriage. But, some people made fun of him causing Diaby to have doubts about his choice to practice abstinence. He was depressed, conflicted with himself, and questioned whether he was making the right choice to remain a virgin until he is married. The MMH campaign in which he participated freed him psychologically from his fears after he became aware of the risks of acquiring STIs and HIV and the impact of unwanted pregnancies to which sexually active youth are exposed. He is now comforted in his decision to remain abstinent until marriage. Since then, he has been happy, at peace with himself, and in tune with his religion's recommendations. He has also become an activist on MMH communications through the project's t-shirt that he proudly wears and which provokes debate among his peers.

Niger

Description of the stories by domain

The testimonies collected in Niger mentioned several changes that have occurred either in participants' lives or in that of their relatives, which they have witnessed directly or indirectly. These changes can be grouped into two clearly identifiable areas: 1) youth-adult communication about sexuality and SRH issues and 2) FP/RH service use. A total of 59 stories were extracted from the FGDs,

of which 6 were selected as the most significant stories of change. All stories were included in the following thematic analysis.

Domain of adult-youth communication about FP/RH

In the area of communication, participants from Niger reported several testimonies about changes in the ideational and behavioral experiences of populations exposed to the MMH campaign. The story descriptions came from students, housewives, and even teachers and other members of the Nigerien community who

TABLE 5 SUMMARY OF STORIES ANALYZED BY DOMAIN, GENDER, AND AGE GROUP IN NIGER

TARGET POPULATION	YOUTH/ADULT COMMUNICATION	FP/RH SERVICES USE
Male adolescents (15–17 yrs)	3	0
Female adolescents (15–17 yrs)	1	0
Young adult males (18–24 yrs)	16	10
Young adult females (18–24 yrs)	12	7
Adult males	4	0
Adult females	5	4
Total ^a	41	21

^aStories analyzed: 62 (some stories were analyzed for more than one domain)

were exposed to the MMH campaign. In total, 41 reconstructed stories allow us to trace several changes.

In the area of communication, the changes that occurred among both adults and youth in both age groups (15–17 years and 18–24 years) related to the improvement of individual communication strategies on sexuality and FP/RH topics that were once considered taboo.

Changes in **attitude** and **empathy** reflected the ability to identify with others in their feelings or change in the way adults regarded youth.

Stories also described changes in communication that reflect the development of **abilities** or **intentions** of those exposed to the campaign to communicate about sexuality and FP/RH topics with youth/adults.

Domain of FP/RH service use

In Niger, the reconstruction of the stories collected during the FGDs also revealed the use of FP/RH services as one of the areas of significant change due to the MMH campaign. The changes made around knowledge,

attitudes/empathy related to FP/RH service use, and intention/self-efficacy to use them.

Some stories illustrated changes in terms of improved **knowledge** of those exposed to the MMH campaign that had an effect on young people's use of FP/RH services. Of the six stories showing elements of improved knowledge, five dealt directly with improving the contraceptive knowledge of the narrator him-/herself or a person close to him or her. Other stories reflected change in terms of **empathy**, that is, the ability of one person to identify with another in what they are feeling but also in terms of changing attitudes that support good RH for youth. Changes in **self-efficacy**, understood as the ability of people who have been exposed to the MMH campaign to seek out, use, and show others where, what, when, and how to use FP/RH services, are also featured in stories of change. Some stories reflected participants' ability to seek FP/RH services, while other stories referred to the ability of those directly exposed to the MMH campaign to refer others for FP/RH services.

Analysis of stories of change

Changes in adult-youth communication about FP/RH

Like the results for Côte d'Ivoire, the changes here related to (1) knowledge gained; (2) attitudes, empathy, and social norms; and (3) self-efficacy and intention to change among participants in Niger.

1. **Knowledge related to communication:** One of the elements of change mentioned by the participants was the improvement of their knowledge about communication. The changes that occurred included knowledge of how to communicate with loved ones, when to discuss these topics with an adult or youth, what exactly to discuss, and with whom to discuss.

In terms of improving knowledge about what to discuss between adults and youth, participants said they knew that topics about sexuality (including virginity, unprotected sex) and menstruation should not be taboo subjects but should be discussed with everyone so that those who do not know about them can avoid the pitfalls of practicing unprotected sex. They knew and understood why the topics of sexual hygiene and understanding body changes, especially for girls, should be discussed without shame or embarrassment between parents and children. For example, some stories highlighted knowledge of the risk of noncommunication between youth and adults to young people's RH.

ISSACA: WHO BRAVED HIS SHAME

Issaca says he did not grow up with his parents but with his older brother. His brother is often absent from home, and he communicates very little with him. In an environment where talking about sexuality and reproductive health would stigmatize one as being perverted, someone who only thinks about having sex, he has patiently begun to communicate with people around him and has managed to make himself understood. Indeed, thanks to the campaign, he communicates a lot with his peers. How to have a relationship with a girl without getting her pregnant? How to behave with a girl? These are some of the topics they discuss. Basically, they talk about sexuality and reproductive health. This is something they didn't do before. He showed MMH videos on his cell phone to his friends and acquaintances and together they exchanged ideas. He is now proud to say that his friends were surprised that he knew enough about RH and that some people now listen to him, including an elderly person with whom he talks with from the countryside and who gives him advice.

A recurring campaign message reinforced the notion that it is important for youth and adults to talk about menstruation, for example. This message changed more than one participant's point of view of menstrual management. From the perspective of some FGD participants, especially young girls, they were not allowed to talk about their menstruation to anyone. Many young pubescent women had no notion of adequate menstrual management in order to avoid infections.

“I have followed several videos of *Merci Mon Héros*, which made me aware of the importance of dialogue between parents and children. Because of a lack of communication with my parents and my entourage, I did not know how to manage my first menstrual period and this led to infections. One of the videos showed a young woman who was pushing cotton and cloths into her private parts to prevent her period from coming out. For her, this was the right way to deal with it. But a few days later she started to suffer from infections. This is what I had done during my first period too. When I saw this I realized that this was what had led to my infections too because I also didn't talk about it to anyone, not even my mother. I know now what mismanagement of menstruation can lead to, especially if you don't tell anyone.

—Young adult female, 18–24 years old, Niamey

Young participants who were often ashamed or afraid to talk to their parents or adults in general now knew that they could freely talk with them about their RH problems specifically. Those who were reserved when a problem arose concerning their RH reported to have now discovered that they could share their pain with their relatives who have more experience. Knowing with whom to talk about their health problems was a great relief for young participants. It was also an important point of change for adults to learn that young people needed them to help them navigate their RH. This has led some parents to learn how to communicate with their children when they express the need. In addition to

Issaca's story of most significant change (page 18), other participants' stories highlight these aspects of change.

“In our house, we never discussed sex. Any discussion about sex was forbidden in the family circle. After following the [MMH] campaign, I had the idea to start discussing sexuality, especially menstruation, first with my sisters. Afterwards, I approached my father more to ask him for advice because I have my girlfriend with whom I plan to get married. Since he saw me talking to my sisters, he knew that I needed him to advise them better too. So he really appreciated that I asked him; we talked and he told me that as soon as I can afford it I can get married.

—Young adult male, 18–24, Niamey

Knowing how and when to talk to youth about sexuality was also one of the discoveries that adults found most important. Some of them said that they knew they needed to communicate about SRH with their youth but did not do so simply because they did not know how and when to talk about it. Now they knew that this topic needed to be discussed with the goal of protecting youth from the risks associated with sexual activity (infections, unwanted pregnancies, etc.). They also knew that they could bring it up at any time, especially when they notice changes in the child or youth's attitudes.

“I really like to advise young people, especially about life today, how to behave, etc. I often want to make them aware of the importance of sexuality. I often want to make them aware of diseases, but I didn't know much about them. But thanks to the sensitizations of *Merci Mon Héros*, I now know a lot of STI and all the information about them. Today I use this information in my daily life to educate the young people around me.

—Adult female, Niamey

2. **Attitudes, perceptions, and social norms:** Elements of empathy and positive attitudes among adult participants who were exposed to the MMH campaign were noticeable. This section notes favorable opinions about discussions with youth; an increased social tolerance of some previously proscribed topics (sexuality, sexual intercourse, etc.); and youth's thirst for more knowledge on topics such as FP, sexual intercourse, and STIs, including protection against HIV and AIDS.

Among the stories from youth, one touched on an adult's willingness to talk about sexuality with his or her child after exposure to the MMH campaign, sensing improvement in general communication between generations:

“I never dared to talk about sexuality with my parents because of the religion that forbids any sexual intercourse before marriage and for fear that my parents would consider me a vagabond. Since the MMH sensitizations, my parents are more attentive and understanding when I talk about this subject, even with my brothers. One day my father called me and advised me to try to get married. That day we talked a little bit about everything and nothing; which [was] never done in the house.

—Young adult male, 18–24, Niamey

The story of most significant change featured in this section also points toward the campaign's contribution to helping young adults shift perceptions about RH as a taboo subject.

3. **Self-efficacy to communicate about FP/RH:** In this section the stories show changes in the people exposed to the MMH campaign in terms of their ability and comfort level to communicate with others about sexuality. The participants reported that before the campaign they never had the courage to talk about their sexuality to their parents or to other people because the subject was considered taboo. The campaign was able to break the taboo, especially among youth and adolescents. In terms of change, they mentioned free expression on topics related to sexuality and elimination of fear and shame in discussion with parents and others.

IBRAHIM: MENSTRUATION IS NOT AN ILLNESS

Ibrahim is a young Nigerien student about 24 years old who lives in Niamey. He became a fan of MMH, which he regularly follows on social media, especially Facebook, when he first discovered the campaign while he was at Abdou Moumouni University. He remembers that through the interventions of some of his colleagues who had lived through many difficulties in the past, he understood that really their problem was that they had not had a “hero” when they needed one. Now, they understood that they themselves will be the hero of others. This first encounter with the campaign came as a shock to him because of the topics discussed. It is unusual for him to speak publicly about sexuality in his predominantly Muslim community, so it whetted his curiosity and made him want to know more about the campaign. Previously, Ibrahim was ashamed to say a few words about sex in front of his own friends or older brothers, but after being exposed to MMH, he says he has changed his thinking. It used to be difficult for him and his girlfriend to talk about her periods as he illustrates here: “My girlfriend, when we are together if she is on her period, she can take period medication, she is ashamed, she will tell me she’s sick. I tell her that menstruation is not an illness.” I make efforts to also talk about sexuality even in front of her, in front of anyone.

“I am a student and I used to talk with my parents, but not about sexuality. I used to talk to my elders on campus, but I never found satisfaction because they were less willing to talk about sexuality because of the taboo surrounding this topic. Through the messages conveyed during the sensitization sessions of Merci Mon Héros in which I participated, I am now able to talk about the changes that I observe on my body to my parents and my entourage without embarrassment or restraint. I realized that the difficulties I had encountered during my first menstrual period could be shared in order to minimize the pain

**SALISSOU: PARENTS CAN'T BREAK TABOOS
[ABOUT SEXUALITY], IT'S UP TO US YOUNG
PEOPLE**

Salissou is not far from his 25th birthday. Along with some of his fellow students and friends, the young man was exposed to the MMH campaign in Niger. What he learned during his very first participation in the awareness session at the University of Niamey's AB square gave him the courage he says, "to approach, to confront the doctor or anyone else or an older brother. If we have difficulties related to our romantic or sexual relationships, we can consult an older brother, we can break the taboo to ask questions. Questions that seem unclear to us, we can ask them, so it really gave us the courage to face others." Salissou is convinced that he has mastered the objective of the MMH campaign. Also, he said he will now help young girls who are facing the difficulties of their first period to explain how to manage when parents sometimes are unable to help. According to him, parents cannot break the taboo in order not to embarrass the young girls and therefore it is up to them, the new generation, to do it.

I endured. I then decided to become an advocate in [local community initiative]. I support my peers in sharing their fear and difficulty.

—Young adult female, 18–24 years old, Niamey

Both adults and young people in particular have improved their sense of curiosity and engagement on issues of concern to them. As this 16-year-old girl explained:

“The new thing that the campaign has given us is asking what we don't know from our parents about menstrual cycles and sex.

—Adolescent female, 15–17 years old, Niamey

The following quote exemplified the participants' perception that exposure to MMH has whetted students' curiosity, as well as a willingness to join in the campaign's efforts.

“Thanks to the Thank You My Heroes campaign, the change I had to have is on the students of the university. ...we have a youth association here, at the beginning we were doing lectures, sensitizations on sexual health, and they were looking at us and saying 'Is this the subject you are talking about?' After the passage of Merci mon Héros here, some young people who were not there came to me and said 'Are you the ones who do the stuff on sexual health?' And I said 'Yes.' They said 'There is a Thank You My Heroes team that came here and educated us on contraceptive methods and a lot of sexual health stuff. Is there a connection to your business?' I said 'Yes.' 'Can we have your contacts and can we join your association?' I said 'Yes.' There are really changes in the students because it's like there are no taboos.

—Adult female, Niamey

The campaign has contributed to some participants' willingness to become widespread advocates. This aspect was clearly shown through the point of view of a young Nigerien ready to become an active member of the campaign to help break taboos for generations to come.

“I believe that Merci Mon Héros has done an excellent job of raising the awareness of society, and beyond raising awareness, it has trained young people. Because we who are here today can go and sensitize others because we are trained and we are able to go and sensitize other young people so that the problem of sexuality, of reproduction, does not remain taboo as it has always been.

—Young adult male, 18–24 years old, Niamey

Among adult men, participants showed their openness to be able to communicate with young people, educate them, and sensitize them about sexuality. Participants reported feeling comfortable after

exposure to MMH in communicating about sexuality with others in a straightforward manner, “being able to tell it like it is.”

“I’m an SVT [earth and life sciences] teacher and I’m over 25 years old. I used to have difficulty talking about reproductive health in the classroom. One day I had to teach a class on reproduction and I refused to do so because I didn’t want to discuss certain aspects of the subject with the students. I could see the discomfort of my students in addressing the subject. After listening to the sensitizations and watching some of the Merci Mon Héros videos, I am happy to say that I now have an organization to take charge of the subject. In the school where I teach, I assist young girls whose menstrual periods occur in the classroom and I see a real change that young people approach the subject without a real complex. And so I tell myself that I can do my classes justifying that doing so is helping society.

—Adult male, Niamey

4. ***Behavior change related to communication:*** Actual behavior change was evident in several participants’ narratives.

“I have come to think of my mother as my source of knowledge about sexual and reproductive health issues. Unaware of everything about FP but reserved by nature, I finally clicked after participating in the Merci Mon Héros campaign and decided to talk about it with my mother who to my amazement shared with me all the information about FP without prejudice. I now know all the methods and know where to go if I need more information.

—Young adult female, 18–24, Niamey

The campaign broke some taboos, although there is still a long way to go. Within families, the videos and

ABOU: THE CONDOM ADVOCATE

Abou, in the student jargon, is the “trendy” type with several girlfriends at a time. Despite his many sexual conquests, he was against contraception. But now that he has discovered the MMH campaign, he has changed his mind. According to Abou, this campaign is about protecting young people’s reproductive life and sexuality. Like many of his friends, he first learned about the campaign at the Abdou Moumouni University in Niamey. He says that the campaign has changed him because, “Previously, when we were discussing this issue of reproductive health, when we take the example of contraceptive methods, I was among those who were against these preventive methods. We were of the belief that we have to follow the law of nature, and let things happen. But I finally understood that these methods are really useful if they are really followed.” The campaign has also strengthened his capacities and allows him today to intervene as a hero in his community, as illustrated by his following remarks: “I understood again that in Fada, when they are going to [have sex], they don’t like to put a condom on because when it is body to body it is more interesting. But when you enlighten them in this sense, the person recognizes that he or she runs a great risk [having sex] without protecting himself or herself. So we had to talk a lot with friends and many became aware that when you have your date, you come and ask your mate, do you have [a condom]?”

the MMH awareness sessions have allowed some parents to finally understand that it is not counter-productive to talk about sexuality with their children.

In addition to the actual uptake of intergenerational communication, some parental participants expressed improvement in their mental well-being as a result of MMH activities, especially related to the enthusiasm and joy they felt to be able to discuss these sensitive topics with their children. For some participants this meant that parents and other adults were willing to consider parent-child communication as a vital principle for the community.

“I didn’t do a survey afterwards to confirm what they did, but I saw

the joy and enthusiasm of these parents to want to talk to their children soon, and I'm sure it's a change that they will integrate into their lives and their surroundings. With this, I can say that the change has really been made. There will be a significant advance, at least in the communities I have attended, the testimonies I have heard and followed.

—Adult male, Niamey

The stories collected from youth, especially adolescents (15–17 years old in the context of this study), revealed an improvement in intergenerational distance. Some parents were now closer to their children because the communication barrier related to the topic of sexuality was breached. This is what we heard from the young participants.

“After the campaign, I was able to explain the menstrual cycle to my sister, and we talked to our mother, something I could not do before the campaign. It also allowed me to have answers to questions I had. I really thank the Merci Mon Héros campaign because it has allowed us to get closer to our mother.

—Adolescent female, 15–17 years old, Niamey

“From its campaigns and videos..., Merci Mon Héros has really helped us to be closer to our parents, to talk to them about what is going on in our lives. And really on the side of our parents, it has raised a lot of awareness. Because mothers have learned that now with time, with modernization, you have to talk a lot with your children. Teach them a lot of things. It's a big change for me.

—Adolescent female, 15–17 years old, Niamey

Changes in FP/RH service use

1. **Knowledge related to FP or use of services:** Five of the stories identified highlight that the improvement of knowledge about contraception emerge mostly from young people under 24 years of age.

Some participants attributed changes in behavior associated to gaining new knowledge to the MMH campaign. For example, some interviewees said that they now recognized that unprotected sex was bad for them if they wanted to be safe from worries about STIs. They also said that thanks to the MMH campaign, young boys were becoming aware of their unhealthy behaviors and, in turn, of the consequences that these can have on their sexual health.

“I want to give a testimony about a friend who had a girlfriend.... He lived on campus, the problem of this friend is that he did not master the methods of contraception when he had sex with his girlfriend. He didn't use protection and every time he had sex he gave his girlfriend the [emergency contraceptive pills] to take. He really didn't know how to do it until he had the chance to watch the MMH campaign in which a midwife explained how to take the pills, and that's when he realized the mistake he was making. But fortunately for him he did not get any diseases and his girlfriend also did not get pregnant. So thanks to the campaign he was able to make up for it and he knows how to use them [contraception] from now on.

—Adult male, Niamey

“I am 23 years old from Niger. Before the MMH campaign, I thought that abortion was the best option for any young person [experiencing an unintended pregnancy]. Since the campaign, I am better informed about how to prevent pregnancy. And in my quest to positively impact the youth of my generation, I decided to sensitize them through the MMH testimonial videos to adopt

responsible behavior in their sexual life. I believe today that the positive changes in my life are 100% due to the MMH campaign.

—Young adult male, 18–24 years old, Niamey

The data also revealed that an obstacle prior to the implementation of the campaign was a lack of knowledge about FP/RH services. Participants in the FGDs indicated that as a result of the MMH sessions, there has been some change in the understanding of the benefits of going to the health centers to receive FP/RH services.

“I can say that there has been a change because before, the big obstacle was the lack of knowledge of these services. But through the awareness campaigns and the information broadcast on television, many young people now understand that these centers exist and are available to inform them and there are also midwives who are there to explain to them about reproductive health. So today the girls understand that it is not only mothers who can go to the health centers. Young boys also go to the health center and once there they are taken to go and sensitize others. They then become ambassadors who will convey the information in order to make these health centers visible.

—Adult male, Niamey

2. **Attitudes related to use of FP and access to FP services:** Stories in this subsection reflect various changes in empathy and attitude. One change was the way adults looked at younger people in relation to the use of FP/RH services.

“I always considered my young nephew as a ‘bandit’ every time I found condoms among his possessions. Now that through the Merci Mon Héros campaign I have understood the importance and benefit of protected sex, I am much more understanding of him.

—Adult female, Niamey

“Before, I was vehemently opposed to the promotion of contraception and the use of condoms and other means of contraception for unmarried girls because I perceived it as an incitement to sexual debauchery. But now, the Merci Mon Héros campaign has opened my mind and helped me understand that in order to have a healthy sexuality it is important to protect yourself from sexually transmitted diseases.

—Young adult female, 18–24, Niamey

Some of the stories also showed that young people, whether sexually active or not, knew that there was an FP/RH referral center where they could go to seek information and care when faced with problems, and could also refer their peers in need.

The following story from a health care provider illustrated the weight of taboos that even health care staff carried in their services. The campaign could also be an important awareness-raising tool for improving provider attitudes that may affect the quality of services.

“I am a midwife and mother living in Niger. Before, when I received pregnant women at the health center, especially the younger ones, I used to moralize them. Because of this, many patients found my attitude stigmatizing. But the Merci Mon Héros campaign, in which I took part during a seminar, has since changed me. It is with empathy and encouragement that I now welcome young girls who are unhappy to discover that they have become pregnant.

—Adult female, Niamey

3. **Self-efficacy:** The stories analyzed in this subsection refer to self-efficacy in the use of FP/RH services. Self-efficacy in this context is understood as the ability of people who have been exposed to the MMH campaign to seek out, use, and show others where to access services, what to use, and when to access FP/RH services.

ALI: NO LONGER AFRAID TO GO TO THE DOCTOR

Ali is 23 years old and a student at the Abdou Moumouni University in Niamey. He first heard about the MMH campaign when he was still a high school senior and following Nigerien slam artist Bobby on Facebook. At that time, he says, “I was in relationships with girls often, but I was ashamed to go looking for something to protect myself.” Once he graduated from high school and after taking part in the sensitizations on campus, he says that he started to become aware with this campaign that every individual must listen to certain new ideas and also break taboos. Ali says he also learned that when he has concerns about sexual desires, he can go to the doctor without fear. From then on, he says “I started to understand the reality of things until I could remove certain ideas too; before, I was afraid to go to the doctor when there was a situation. Now, thanks to the campaign, even if the doctor is a woman or a man, I am not afraid, because I know that between the doctor and the patient, there are always secrets, there is trust.”

Two of the stories illustrated the ability of those directly exposed to the MMH campaign to seek FP/RH services. The narrators were all young people under the age of 25 who were not married. Their stories demonstrated that they believed young people can use FP/RH when they are sexually active. These young people linked the growth in self efficacy to the effects the campaign had on them.

“I used to be in the category of young people who were sexually active but in total ignorance of their parents. Today, with the campaign, I am fully aware of the dangers that we young boys were running from having unprotected sex without even being able to benefit from the advice of adults. I now understand that when you have problems (with sexual health), you shouldn’t go and tell anyone but a doctor to explain it to them.

—Young adult male, 18–24, Niamey

Other stories illustrate the ability of people (under the age of 24) directly exposed to the MMH campaign to use FP/RH services.

“Even as a 22-year-old, I didn’t dare broach the subject of intimate relationships until a few months ago, not even within my family unit. But after taking part in the Merci Mon Héros campaign about contraception, I am able to freely go to a gynecologist if I need to without self-stigmatizing.

—Young adult female, 18–24, Niamey

“I used to have unprotected sex with different girls, but I was totally unaware that I could contract or transmit STIs or even HIV. Today, thanks to the Merci Mon Héros campaign, I use a condom not only to avoid sexually transmitted infections and diseases, but also to avoid impregnating a girl.

—Young adult male, 18–24, Niamey

The remaining stories in this subsection highlight the ability of those directly exposed to the MMH campaign to refer others for FP/RH services. Unsurprisingly, the stories revealed that it was easier for participants to talk to and give advice about FP/RH to people of their same sex.

“I, who didn’t know much about the subject before, managed to recommend family planning methods to my cousin, who had already given birth to two children out of wedlock, after attending the Merci Mon Héros campaign.

—Adult female, Niamey

“I have a friend who suffered from premature ejaculation but had difficulty talking about it. After we went through the Merci Mon Héros campaign together, he finally opened up and I referred him to a treatment for his

infection problems. Now he protects himself during all his sexual relations.

—Young adult male, 18–24 years old, Niamey

Although the quote above showed a desired outcome in the form of peer communication and encouragement to seek health services, it also showed a level of misinformation, implying that premature ejaculation might be caused by an infection. The comments of several youth showed that many were uneducated about FP/RH information before the campaign, but through the videos and other means they now had a better understanding of how to use certain contraceptive methods, how to avoid unwanted pregnancies, and even how to avoid certain diseases and manage their FP/RH.

KÉRIM: WHEN CONFRONTED WITH A PROBLEM, YOU CAN GO SEE A DOCTOR

Kérim is a young Nigerian, about 24 years old, who studies in Niamey, the capital of Niger. He is a loyal supporter of the MMH campaign, which he first discovered on social media. In addition to the awareness sessions he attended, he said he followed several videos about SRH issues which have now become his cup of *Ataï* (tea) and are not taboo anymore for him. Kérim said without any embarrassment, “I can talk with my friends about sexuality even if it’s between me and you, you’re not going to hide things from me. I was sensitized on the campaign and I can try at my level to explain. When you are confronted with problems, you can go see a doctor to explain it to you.” He was part of the cadre of young people who are sexually active in total ignorance of their parents. Today, with the campaign, he is fully aware of the dangers that young boys are potentially exposing themselves to given they are having unprotected sex and not able to benefit from the advice of their parents because the parents are not aware that their sons are dating girls. What he learned from MMH, he also shared with his girlfriend who also understood, and in turn she explained to her friends, “You have to look for the information to maintain your sexual relationship.”

Fear of negative consequences across Côte d’Ivoire and Niger

This section presents data from both Niger and Côte d’Ivoire together given the similarity in findings. Participants in both countries expressed a fear that the campaign may have some negative consequences. It is of note that when probed, participants had not personally observed these negative changes, but feared them, nonetheless. These fears may largely reflect the preexisting and long-standing taboos and stigma related to youth and adolescent sexual health that the campaign aims to affect.

“There were parents who were present and who raised concerns about their children. One parent said that when you talk to your child about sex, they don’t see the education you are giving them, they will want to try sex. That’s why he is afraid to talk to his child about it.

—Young adult male, 18–24 years old, Abidjan

According to some men, activities promoting FP and contraceptive methods could lead young girls to focus on avoiding unwanted pregnancies and not enough on the risk of STIs. According to them, young girls, seeing the risk of pregnancy eliminated or nearly eliminated using contraceptives, could indulge in multiple sexual relationships, thus going against the image of virtue that they should have in Ivorian and Nigerian society.

“Before, girls were afraid of getting pregnant without being married, because they would be called debauched girls and their families would be frowned upon by society, which is why parents watched their daughters closely. But today society has found ways and means to prevent pregnancies, so this will lead to sexual disorder in society.

—Adult male, Niamey

Interestingly, in Côte d’Ivoire, adolescent girls expressed their perception that the discovery of the morning-after pill led girls to have multiple sexual partnerships. In addition, the fact that the pill has the capacity to prevent

pregnancy in young girls means that they could use it whenever there is a risk of pregnancy and ignore the risk of HIV and STIs, a fear that was also shared by young adult women aged 18–24. They perceived that many girls after seeing the campaign may decide to use contraceptives not with the objective of spacing pregnancies but with the sole aim of delaying their first child, forgetting that beyond unwanted pregnancies, there are STIs and HIV.

The adult men in the study also cited the promotion of condoms during the MMH campaign as an incitement to have multiple sexual partners. Despite the campaign's inclusion of messages that discuss abstinence, according to them, promoting condom use at the expense of abstinence was a negative component of the campaign. Based on religious dogma, participants in both countries believe that abstinence should be the primary (and at times only) option to promote to young people. Thus, talking to young people about condoms is similar to an invitation to initiate sexual practices. These same participants said that it imperils their faith.

“The Muslim religion, especially, it advocates abstinence. So when the child is going to reach puberty, society is not going to forbid it. Because there are ways to protect yourself. In this sense, if the campaign encourages this, it will impact the child's faith.

—Adult male, Niamey

Lastly, the participants expressed certain concerns about the dissemination of videos that can have a negative impact on young people. The access to all these videos without age limitation can leave young people wanting to experience everything, especially the younger ones and those who have not understood the objective of this campaign.

Participant suggestions

FGDs included many suggestions offered by participants to improve the campaign or widen its potential impact. This section presents suggestions that emerged in both Côte d'Ivoire and Niger, as well as suggestions that were specific to each country.

Suggestions common to both countries

Scale up the MMH campaign

At this stage of the project, the geographical coverage of the MMH campaign in Niger and Côte d'Ivoire is urban, even if the digital channels are not geographically restricted. This was insufficient in the eyes of some participants who suggested that there should be more decentralization. These participants, the majority of whom were young people (18 to 24 years old) of both sexes and adult men, suggested that the MMH campaign should be scaled up to other regions and departments, especially in rural areas, where according to them there are those who need it most.

Further involve religious leaders, contextualize the MMH campaign

For participants, the MMH campaign must try to adapt the communication to the sociocultural realities. Participants suggested finding the most discreet means to transmit the campaign messages in order to consider the religious context. Hence, participants suggested involving religious leaders more in the campaign because campaigns similar to MMH can be perceived as a means of propaganda to promote sexual activity if religious leaders' opinions have not been previously asked and taken into account.

The messages also must be adapted to the local socio-cultural context. For example, Nigeriens find it difficult to listen to a girl talk about sexuality the way youth do in the campaign, as it is considered perversion. Despite several videos featuring Nigerien youth, it is of note that they were all male. This brings into question the appropriateness of a regional campaign in the Francophone West African context where large differences exist between what is considered acceptable in each country.

Target more youth in schools

Schools are an important reservoir of young people living in the Nigerien capital. Among other suggestions, the participants in the FGDs proposed to intensify MMH outreach at the school level, in universities and high schools, because there are many young people in these places. Although targeting youth in school is not the campaign's main goal, many study participants in Niger were exposed to the campaign through university activities and were particularly engaged through this approach.

Improve the services of health care providers

According to participants, the use of health centers is also dependent on the quality of the services provided (i.e., satisfaction or dissatisfaction of the clients). They noted that a single MMH campaign cannot bring about change on its own; understanding that the whole system must be involved to promote change. Participants recommended reviewing the reception area for FP/RH services so that when young people attend, they feel comfortable. Youth reported being looked at strangely when they went to the health centers, which discouraged them from returning. For some adults, the campaign should strengthen providers' capacities to avoid medical errors and to give accurate information on contraceptive methods and better care for patients. Although beyond the scope of the MMH campaign, this suggestion points toward reinforcing partnerships with service delivery mechanisms to ensure that youth have high-quality services to go to when they choose to do so.

Country-specific suggestions

Côte d'Ivoire

Adapt language to suit the target audience: Participants in Côte d'Ivoire suggested that the selected language should be reconsidered to appeal to younger and local audiences. They suggested using Ivorian slang (Nouchi), a language widely used by adolescents. On the other hand, according to some adults, a shortcoming for the campaign is conducting the campaign mainly in French as it may pose a barrier for uneducated women and girls. They suggested that the MMH campaign should be implemented prevalently in local languages.

Video titles must be short and catchy: According to our participants, the title of a movie or video is the most attractive thing. To be catchy, they must be brief. A long message or title is often boring and may not attract attention.

Initiate parent/youth discussions: Adolescent participants suggested that the campaign should focus much more on adults, namely their parents, and to initiate parent-youth debates, inviting parents and young people or teenagers to gather around a table and discuss the communication issues around FP/RH. Moreover, these teenagers feel that their parents need to have facilitated dialogue sessions to improve their competencies. This suggestion is reinforced by the fact that adult participants in this study were unable to provide many concrete

examples of strategies they had learned to better communicate with young people about FP/RH.

Create a MMH television show or series: The participants also proposed that the MMH campaign be integrated into a television format either as a series, program, or through commercials. The Ivorian channels with high numbers of audience viewers can be solicited for this campaign. The channels LIFE TV, RTI 1, and RTI 2 were mentioned.

Reach out to women's associations and markets: In addition to social networks, television, and radio, awareness campaigns can be carried out in public places such as markets and also within women's associations and places/spaces where more women can be reached.

Involve cell phone networks for text messages: An awareness campaign would not be complete these days without involving cell phone networks. For example, adult participants want messages to be sent spontaneously to young girls to raise awareness about sexuality issues. Messages could include information about contraceptive methods and consistent use of condoms during sex.

Niger

Involve the "torchbearers" of the society in the campaign: According to some participants (mostly men in their mid-20s), the campaign would be more successful if people in society whose voices are heard, especially celebrities—artists, athletes, or others—are included. The stars' charisma, beloved by the public, can be judiciously exploited in a variety of ways, including awarding prizes for the best awareness-raising performances. Thus, through these torchbearers, the messages conveyed by MMH could more easily reach the communities in all their components. We note that the MMH campaign has worked with social media influencers and has published at least one video from a well-known singer, however the reach of these campaign components in the study contexts is not known.

Discussion and conclusion

Synthesis of findings

Many FP/RH programs funded by a number of donors have been investing for years to make FP/RH information available and services accessible to both youth and adults.¹⁵ Despite these efforts, FP/RH remains a taboo subject in Côte d'Ivoire and Niger, influenced by social and gender norms regarding young people's rights to information and access to FP and SRH. Barriers to communication about FP/RH between young people and trusted adults contribute to the lack of access to information; misinformation and negative attitudes about FP; and low demand and lack of access to FP/RH services. All these factors are strongly linked to a sociocultural context in which it is difficult to begin talking about FP/RH to adolescents and youth outside of the formal marriage setting.

In order to help break down the prejudices surrounding young people's sexuality, the Breakthrough ACTION project initiated the MMH campaign with young people in the region to encourage open discussion, particularly between adult allies and adolescents/young adults. This qualitative evaluation, using the Most Significant Change methodology, highlights the effects of the campaign on these primary target groups.

Stories of change related to adult-youth communication

Analyzed stories highlighted improvement in adults' knowledge of communication strategies and opportunities to engage in conversation, as well as FP/RH topics to discuss with youth.

Participants mentioned the value of adult-youth communication about sexuality and endorsed increased communication for others and themselves. Adult participants showed that after exposure to MMH campaign activities, they had a better understanding of and empathy for others' concerns about adult-youth FP/RH-related communication. The use of testimonies allowed participants to compare other peoples' experiences with their own. Among adolescents, the MMH campaign raised their perception of the importance of communication with adults/parents on sexuality issues. The campaign also encouraged some to initiate conversations with

their peers and their parents on these topics. Despite the support and enthusiasm of some participants for communicating more with youth or adults, the study also noted a continued reluctance on the part of many to talk about sexuality, with overarching social norms still acting as barriers to communication. Some adults noted they knew they needed to communicate about FP/RH with their youth but did not do so simply because they did not know how and when to talk about it. Youth indicated that it is easier for adults to talk to young people than it is for young people to talk to adults, as talking about sexuality and FP/RH still has negative connotations. However, young participants recognized they are now part of the generation that is aware of the importance of communication about sexuality and that raises awareness for the generations to come. This report presents stories that demonstrate behavior change, parents taking it upon themselves to discuss issues of FP/RH with their young people, understanding that it is not counterproductive to talk about sexuality with their children.

Stories of change related to access and use of FP/RH services

The MMH campaign, through its community and other activities, contributed to disseminating accurate information regarding contraceptive methods, how to access and use them, and how to communicate about the usefulness of FP/RH services. This led to changes among people exposed to the campaign as well as in those around them. This study found evidence of adults changing their personal perceptions and attitudes, which can contribute to normative change related to young people's access to FP methods in the future.

For women in all age groups included in this study, the acquisition of new knowledge removed some of the misunderstandings about contraceptive methods and the importance of adopting these methods. This facilitated communication in the community, leading to changes in misperception of contraceptives, the usefulness of FP/RH services, and the benefits of going to health centers. As a result, participants report adopting FP to space pregnancies and avoid early pregnancies and STIs. Young people's accounts collected through this study also showed improved self-efficacy in seeking FP/RH services when

sexually active as well as ability to refer peers to services when needed.

Stories of change related to other outcomes

Stories of change related to other outcomes include: (1) improved relationships between parents and youth, reducing the intergenerational distance, and promoting non-violent communication, and (2) renewed confidence and feeling reassured by the MMH campaign in the choice to be abstinent until marriage.

Discussion

The intersection of stories collected in Côte d'Ivoire and Niger offer several points of reflection. Despite persistent social norms that act as barriers toward adult-youth communication about FP/RH, numerous participants understood the importance of talking to young people about these topics and stories of change show compelling examples of those who were successful in establishing fruitful dialogue with people close to them. Yet many also reported either not having the words, not knowing when, or how to do so. Unsurprisingly, despite very promising results in the campaign's ability to convince participants of the advantages of intergenerational communication, continued efforts are needed to enable people to develop skills for how to do so effectively. Noticeably, many participant accounts and stories of change, even when successful in establishing communication, revolved around fear of disease or wanting to avoid negative consequences of sexual activity. Indeed, the results of analyses in both Côte d'Ivoire and Niger show fear of pregnancy, STIs, and disease as strong motivators for communication about FP/RH and access to services. Although preventing negative health outcomes related to unprotected sex or other high-risk behavior is a common motivation to take action, fear in the absence of heightened self-efficacy to avoid negative consequences may lead to inaction.^{16,17} The MMH campaign has recently incorporated new tools within community events to help target audiences practice communication and therefore further build communication skills. The impact of these tools on participants' self-efficacy should be further evaluated.

Additionally, stories of change collected through this study reflected a variety of interpretations of what it means to be a "hero" for a young person. Is an adult's responsibility to support young people to make their own decisions, or is it to assert their authority to steer them

in the direction the adult considers best? The campaign may similarly leverage this topic to invite a deeper reflection of adults' involvement in young people's decision making.

Stories of change highlighted perhaps a surprising amount of knowledge gained about FP methods, considering that most of the campaign content was not directly related to FP methods. Although not the main objective of the MMH campaign, video content discussing various FP methods is among those with highest engagement in social media.¹⁸ Clearly, there is still much to be done to reach young audiences with accurate information about FP methods and RH. The MMH campaign must continue to liaise with community and health service delivery partners to enable FP-related information to circulate as widely as possible within implementation areas.

Lastly, it is of note that some people who have been exposed to the campaign were fearful that the messages conveyed may produce effects contrary to those intended such as leading to promiscuity. More work is needed to convince local audiences that FP/RH information is beneficial regardless of whether a young person is sexually active or not, and even when the local context endorses abstinence before marriage. As this report shows, at least one young person (chosen as a story of most significant change) was validated in their choice to remain abstinent, while others were able to access contraceptives, and others their parents accompanied them to request services. In the context of persistent taboos around communication about and access to FP/RH services, it is important to validate each of these three outcomes. The MMH campaign should prioritize highlighting the agency of both young men and women in reaching the best decision for themselves and their partners, in order to continue destigmatizing youth and adolescent sexual and reproductive autonomy.

Limitations

The methodological approach chosen to conduct this qualitative evaluation has certain limitations. It does not allow us to generalize findings, as study participants are not representative of all individuals who have been exposed to the campaign. Stories of significant change often represent extreme (positive or negative) experiences, contributing to the lack of generalizability to all exposed individuals. The stories of change that were collected are individual experiences of change that the

participants perceive as being brought about by the campaign. This methodology can report rich changes at the individual level that may suggest a potential impact, but this is insufficient to draw conclusions about the overall impact of the campaign at the general population level. Triangulation with other data sources is recommended to draw broader conclusions about the potential impact of the program.

Conclusion

Although there is still a long way to go to eradicate the taboos around FP/RH and sexuality for adolescents and youth in West Africa, this evaluation shows that some people exposed to the MMH campaign, both youth and adults, are shifting their perception and engaging in intergenerational communication about FP/RH. There were no detectable negative consequences to the campaign, although there were clear lingering fears that access to information and FP services may encourage promiscuity among the youth. More local research is needed to dispel this myth and document effects of intergenerational communication. In conclusion, the MMH campaign appears to be an effective driving force to initiate this change among study participants and contributing to the creation of an environment favorable to enabling young people to access information, support, and health services related to FP/RH.

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