

Addressing Communication Taboos Motivates Social and Behavioral Changes in Niamey and Abidjan: Evaluation of the *Merci Mons Héros* media campaign

Intergenerational communication between adults and adolescents around sexual and reproductive health (SRH) is challenging in almost all societies and yet has been shown as integral to adolescent health and well-being.¹ In the West and Central African region, 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 SRH, contribute to the region's high adolescent birth rate.²⁻⁴ Within a backdrop of social and religious norms that encourage high fertility and child marriage,^{2,3} these factors have led to a low demand for and lack of access to FP services.

Breakthrough RESEARCH conducted a qualitative evaluation using Most Significant Change methodology on a mixed media campaign to address intergenerational communication in West Africa. To help break down taboos around talking about SRH and to increase access to FP/SRH services for adolescents and youth, Breakthrough ACTION cofacilitated, codeveloped, and implemented the *Merci Mon Héros* (MMH) campaign across numerous francophone countries. MMH seeks to improve intergenerational communication affecting FP/SRH outcomes by creating and disseminating content that highlights the role of adult allies, or “heroes,” that support youth to navigate SRH challenges. This brief highlights important evaluation findings and recommendations for strengthening intergenerational communication in two priority locations—Niamey, Niger and Abidjan, Côte d'Ivoire.

Findings reveal positive outcomes

Using the Most Significant Change methodology, evaluators analyzed stories collected from adult (25+) and youth (15–24) focus group participants. These stories converged into two categories—change related to intergenerational communication and change related to access and use of FP/SRH services.

The stories that focus on **intergenerational communication** revealed:

- Improvement in adults' knowledge of communication strategies and opportunities to engage in conversation, as well as FP/SRH topics to discuss with youth.

What is the Most Significant Change methodology?

The Most Significant Change methodology is a qualitative evaluation method based on collecting stories about the intervention being evaluated,⁵ in this case, the mixed media campaign. For the MMH evaluation, participants were invited to share personal narratives during focus group discussions (FGDs) and prompted to reflect on changes they may have noticed in themselves or their communities, which they believe were brought about by the campaign. A total of 24 FGDs with 375 participants (84 adults and 291 youths) were carried out in each country to extract stories of change.

- Improvement in adolescents' awareness of the importance of communication with adults/parents on sexuality issues and increased motivation to initiate these conversations.
- Persistence of the normative environment as a barrier to intergenerational communication, despite the support and enthusiasm of some participants for communicating more with youth or adults; some adolescents are still reluctant to talk about sexuality as adults are more at ease initiating conversations.

Stories that revealed changes in **FP/SRH access and use** showed that:

- Acquiring new knowledge about FP/SRH services removed some misunderstandings about contraceptive methods and the importance of adopting them for both adults and youth.
- Youth felt renewed confidence and reassurance by the MMH campaign in the choice to remain abstinent until marriage.
- Barriers to communication about FP/SRH between young people and trusted adults contribute to the lack of access to information, misinformation and negative attitudes about FP, and low demand for and lack of access to FP/SRH services.

Narratives illustrate MMH campaign's impact on participants' lives

Of the many stories analyzed, selection committees made up of local community members selected stories that exemplify some of the most significant changes brought about by the MMH campaign. Story summaries and participant quotations underscore the changes in perceptions and beliefs around communicating about SRH issues and FP access and use.

Côte d'Ivoire

Courage and confidence

Participants believed the campaign gave them the courage and confidence to communicate and raise awareness about sexuality to the younger generation, despite not having benefited from adults' guidance themselves, which improves intergenerational communication.

“ 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

Changing attitudes about communication

Participants expressed their desire to communicate about FP/SRH with 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

Inspiration from role models

For others, they felt inspired by witnessing role models' reactions.

FIGURE 1 HIGHLIGHTED SUMMARIES OF MOST SIGNIFICANT CHANGE STORIES*



Côte d'Ivoire—Adult male

Malick used to beat his daughter when she returned from her outings, making their relationship difficult. He attended an event encouraging positive parent-child exchanges on sexuality thanks to the MMH campaign. He became aware of the need to communicate with his children and decided to stop beating her. Since then, Malick and his daughter have had a more relaxed and peaceful relationship.

Côte d'Ivoire—Adult female

Since seeing the campaign, Exaucée gained the courage to talk to her children about topics related to sexuality, which was very difficult for her to do before. Communication with her children improved and she gained confidence in herself. This self-confidence led her to spread knowledge from the MMH campaign to her peers, so much so that some families close to her have introduced sex education in their homes.



Niger—Adult male

Salissou, 25 years old, is convinced that he has mastered the objective of the MMH campaign and is part of a new generation breaking taboos. He said he will now help peers and 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 and therefore it is up to them, the new generation, to do it.

Niger—Young adult male

Before, Ali was afraid to go to the doctor for sexual health concerns. Now, thanks to the campaign, regardless of whether the doctor is a woman or a man, he's not afraid, because he knows that between the doctor and the patient, there is always trust.



*All names are pseudonyms

“ 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/SRH] to his children now.

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

Niger

Relief from personal burdens through communication

Those who were reserved when a problem arose concerning their SRH reported to have now discovered that they could share their problems with their relatives who had more experience. Knowing with whom to talk about their health problems was a great relief for young participants.

“ 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

Taboo breaking

The campaign was able to break the taboo around communication, especially among youth and adolescents, increasing free expression on topics related to sexuality and elimination of fear and shame in discussion with parents and others.

“ 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 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

Recognition of service benefits

Participants indicated some change in their understanding of the benefits of going to the health centers for FP/SRH 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

Both countries

Persistent social norms as barriers around young people's SRH

According to some men, 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 Nigerien 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

Based on religious dogma, participants in both countries believe that abstinence should be the primary option to promote for young people. For them, talking to young people about condoms is like an invitation to initiate sexual practices. These same participants say 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 [sexual activity with protection], it will impact the child's faith.

—Adult male, Niamey

Addressing intergenerational communication taboos is key to improving youth health and well-being

Although challenges remain to develop environments that support intergenerational communication about FP/SRH and sexuality for adolescents and youth in West Africa, participants in the MMH campaign, both youth and adults, showed evidence of shifting their perceptions about the importance of engaging in intergenerational communication about FP/SRH. Programs should continue advocating for strategies to enhance intergenerational communication that work to demystify and destigmatize talking to youth about SRH, thereby normalizing the common unease, and creating a sense of community. Programs should likewise continue build skills among parents to communicate positive, life-affirming messages, promoting the advantages of intentionally taking care of youth's SRH throughout their life.

For the future, it would be beneficial if campaigns targeting intergenerational communication address the misperception that communication about FP/SRH leads to sexual experimentation. Continued engagement of religious and other community leaders can lead to evidence-based yet socio-culturally adapted messages to promote intergenerational communication.

To read more about MMH, visit [Breakthrough ACTION's MMH campaign](#) and [Breakthrough RESEARCH's evaluation findings](#).

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Email

BreakthroughResearch@popcouncil.org

Breakthrough RESEARCH | Population Council

4301 Connecticut Ave., NW, Suite 280 | Washington, DC 20008
+1 202 237 9400 | breakthroughactionandresearch.org



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