# Assessing exposure to Merci Mon Héros and associated outcomes in Côte d'Ivoire and Niger

West Africa Breakthrough ACTION July 17, 2023





# Merci Mon Héros (MMH) Campaign

Goal: To create empathy between youth and their adult allies in order to break taboos about family planning and reproductive health (FP/RH)

#### Objectives:

- 1. Develop empathy between youth and their adult allies
- 2. Promote intergenerational dialogue
- 3. Address and reduce the negative impact of social norms that prevent open discussion about FP/RH in Francophone Africa
- Normalize youth asking questions and talking with adults about FP/RH
- 5. Provide adults and romantic partners with the opportunity to become "allies," who listen to youth and help them make informed FP/RH decisions



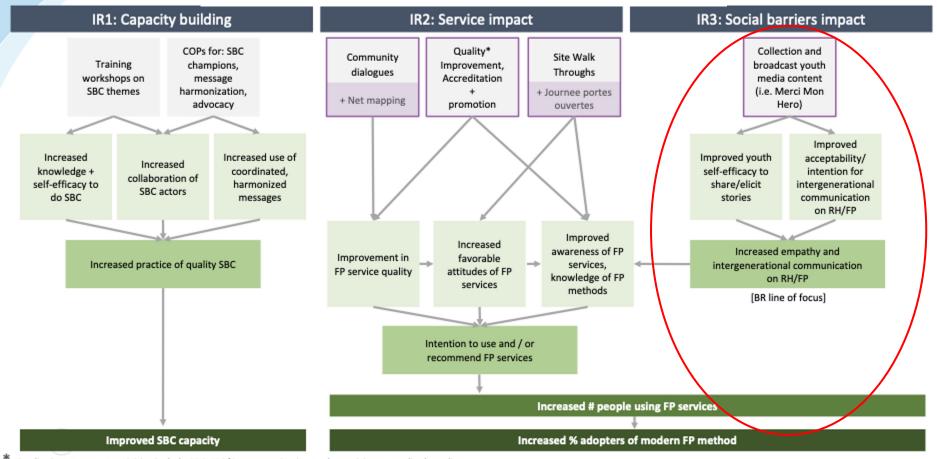




# West Africa Breakthrough ACTION Theory of Change

Amplify collaboration

Amplify takes to scale

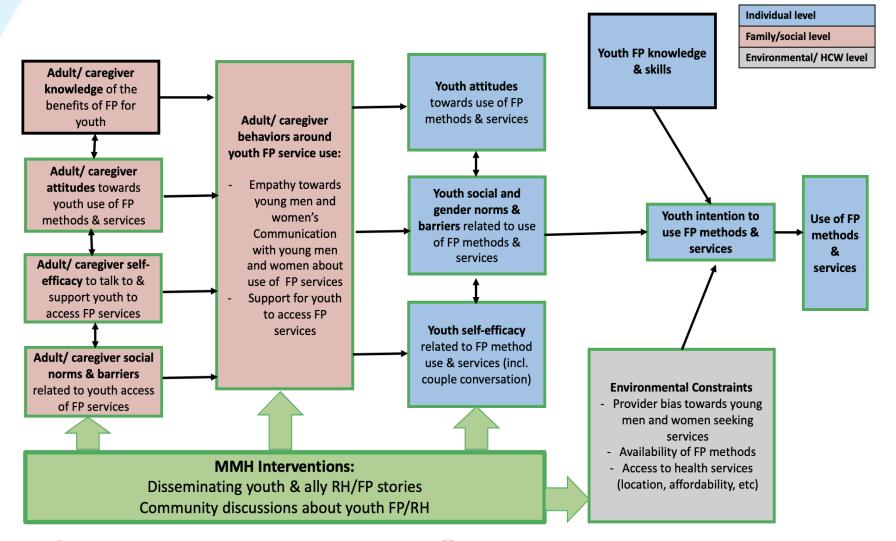


Quality improvement activities include PBC, IPC/C, communication tools provision or quality branding





# MMH Theory of Change







# Multi-media Approach

- 1. Testimonial videos
- 2. Social media engagement
- 3. Radio dissemination
- 4. Community activities







#### **Testimonial Videos**

#### Each testimonial includes:

- 1. What is your story?
- 2. Who is your hero?
- 3. What is your message?

#### Campaign also includes:

- "Duo" videos, featuring youth and their "hero" together
- "Ally" videos, with messages from members of reference groups, including parents, nongovernmental organization workers, healthcare providers, influencers, and more







# Social Media: Advice through Facebook Lives and posts

Discussions and information about FP/RH topics and provide advice from relevant experts (midwifes, activists) and other invited guests (religious leaders, influencers)







# Social Media

Channel	Main content	Main audience	Dissemination
Facebook	<ul><li>Video</li><li>Images</li><li>Text</li><li>Quiz</li><li>Data</li><li>Tips &amp; advice</li></ul>	- Youth - Adults	<ul><li>News feed</li><li>Stories</li><li>Facebook live</li></ul>
Twitter	<ul><li>Video</li><li>Text</li><li>Images</li></ul>	<ul><li>Funders</li><li>Government</li><li>Other institutions</li></ul>	- News feed
Instagram	<ul><li>Video (IGTV)</li><li>Images</li><li>Text</li><li>Quiz</li><li>Tips &amp; advice</li></ul>	- Youth - Adults	<ul><li>News feed</li><li>IGTV</li><li>Stories</li></ul>





# MMH Campaign Topics

- First periods + menstruation
- First sex
- First pregnancy
- First relationship
- Communication within the couple
- FP method choice, use, switching
- Advice from youth, mothers, religious leaders, sisters, partners, neighbors, friends, and more







# Exposure Study

#### Radio Dissemination: Côte d'Ivoire

- 7 community radio stations
- MMH spots aired 3 times per day on each radio station
- Single wave: Dissemination in Jan/Feb/March & August/Sept 2020

ILN*/District	Radio Station
Abidjan: Port Bouet, Yopougon- Songon, Abobo Ouest	Radio ATM (90.5 FM); Radio Yopougon (96.8 FM); Abobo FM (88.9 FM); Radio Arc-en-ciel (102 FM); Radio Amite (100.1 FM)
Daloa	Radio Tchrato (101.4 FM)
Bouake	Radio Plus (103 FM)







# Radio Dissemination: Niger

- 2 national radio and TV stations
- MMH spots aired 3 times per day on each radio station
- Three waves: Dissemination in Aug 2021; Feb 2022; & Aug 2022

ILN/District	Radio/TV Station
Niamey I, III, V	Canal 3 Niger 24





# MMH Cross-Sectional Survey

#### Survey Goals:

- 1. Estimate the percent of the population who recall exposure to MMH through the channels used to promote the campaign.
- 2. Estimate the percent of the population who recall exposure AND who report empathy for youth, have favorable attitudes, and perceive social acceptance towards youth seeking information and using FP/RH services.
- 3. Estimate the percent of the population who recall exposure AND have broken taboos about FP/RH through actions such as talking with others about these topics, using FP/RH services, or adopting an FP method.

#### Study Population:

- Age 16 to 49 (youth and adult allies)
- Living in Abidjan, Bouaké, or Daloa; Niamey





# Sampling Methodology

#### Data collection dates

- September, 2020 (Côte d'Ivoire)
- September 2021; March 2022; September 2022 (Niger)\*

#### Random Walk Approach

- Five sampled district- divided into PSUs of 1x1 km blocks with weighted probabilities of selection calculated on relative population sizes
- In each PSU- up to 5 random starting points identified
- Data collectors visited every nth house on the left side of the street (n dependent on the size of the PSU)
- Interviewed person age 16-49 who had birthday most recently
- If no one eligible or 2 refusals at household, moved on





# Results

# Respondent Characteristics – Côte d'Ivoire

	Youth (n=412)		Adults (r	า=597)	Overall (n=1,009)	
Age group	n	%	n	%	n	%
16 to 24 years old	412	40.8%			412	40.8%
25 years and older			597	59.2%	597	59.2%
Sex						
Male	183	44.4%	274	45.9%	457	45.3%
Female	229	55.6%	323	54.1%	552	54.7%
Zone						
Bouake Nord- Ouest	89	21.6%	113	18.9%	202	20.0%
Daloa	98	23.8%	102	17.1%	200	19.8%
Youpougon Ouest Songo	73	17.7%	133	22.3%	206	20.4%
Port Bouet Vridi	61	14.8%	131	21.9%	192	19.0%
Abobo Ouest	91	22.1%	118	19.8%	209	20.7%
Education						
No school	27	6.6%	66	11.1%	93	9.2%
Primary School	30	7.3%	120	20.1%	150	14.9%
Secondary School	229	55.6%	177	29.6%	406	40.2%
Technical training	46	11.2%	69	11.6%	115	11.4%
University or more	79	19.2%	159	26.6%	238	23.6%
Ever had sex	287	71.2%	577	98.1%	864	87.2%





# Respondent Characteristics – Niger (n=4500)

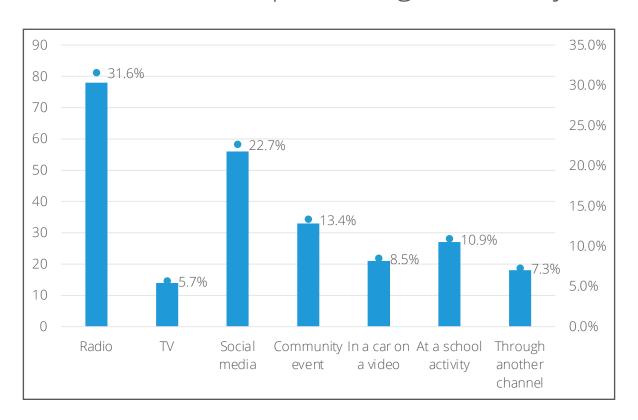
	Ma	ale	Fen	nale	Total		
	n	%	n	%	n	%	
Age							
16-24	1101	49.3	993	43.8	2094	46.5	
25-45	1133	50.7	1273	56.2	2406	53.5	
Column Total	2234	100.0	2406	100.0	4500	100.0	
Commune							
Niamey 1	450	20.1	450	19.9	900	20.0	
Niamey 2	450	20.1	450	19.9	900	20.0	
Niamey 3	450	20.1	450	19.9	900	20.0	
Niamey 4	434	19.4	466	20.5	900	20.0	
Niamey 5	450	20.1	450	19.9	900	20.0	
Column Total	2234	100.0	2266	100.0	4500	100.0	
Highest education							
No formal	550	24.6	614	27.1	1164	25.9	
Primary	317	14.2	386	17.0	703	15.6	
Secondary or more	1,367	61.2	1266	55.9	2633	58.5	
Column Total	2234	100.0	2266	100.0	4500	100.0	
Paid work							
No paid work	1022	45.7	1274	56.2	2296	51.0	
Yes paid work	1212	54.2	992	43.8	2204	49.0	
Column Total	2234	100.0	2266	100.0	4500	100.0	
Marital status							
Not married	1494	66.9	1039	45.9	2533	56.3	
Married	740	33.1	1227	54.1	1967	43.7	
Column Total	2234	100.0	2266	100.0	4500	100.0	





## Exposure to MMH Campaign – Côte d'Ivoire

• 24.5% of respondents reported that they had heard or saw the phrase "Merci Mon Héros" or the slogan "Brisez les tabous" in the 5 months preceding the survey

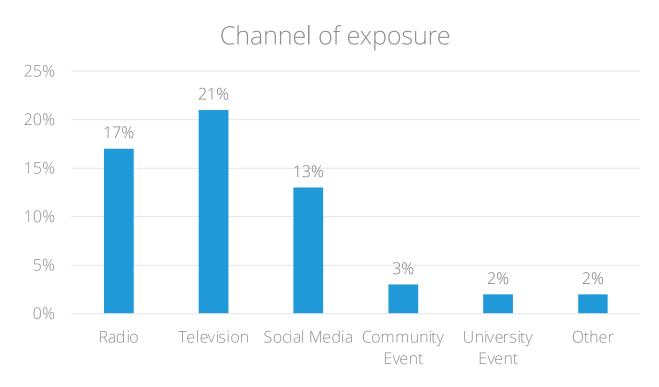






### Exposure to MMH Campaign - Niger

• Overall **42.3%** of respondents reported that they had heard or saw the phrase "Merci Mon Héros" or the slogan "Brisez les tabous" in the 5 months preceding the survey







# Exposure by channel – Côte d'Ivoire

	Youth (r	n=412)	Adults	(n=597)	To	otal	Chi squared	р
	n	%	n	%	n	%		
Exposed to MMH*	89	21.6%	158	26.5%	247	24.5%	3.1192	0.077
Exposure by channel								
Radio exposure	23	25.8%	55	34.8%	78	31.6%	2.12	0.150
TV exposure**	9	10.1%	5	3.2%	14	5.7%	5.14	0.023
Social media exposure	21	23.6%	35	22.2%	56	22.7%	0.07	0.795
Exposed through Community Event	9	10.1%	24	15.2%	33	13.4%	1.27	0.260
MMH video shown on bus	8	9.0%	13	8.2%	21	8.5%	0.04	0.837
Exposed at a school activity	13	14.6%	14	8.9%	27	10.9%	1.93	0.165
Exposed through other channel	6	6.7%	12	7.6%	18	7.3%	0.06	0.804





# Exposure by channel - Niger

	Youth (n:	=2091)	Adults (	n=2401)	Total	(4492)	Chi squared	р
	n	%	n	%	n	%		
Exposed to MMH*	869	41.5	1029	42.8	1898	42.3	.772	.38
Exposure by channel								
Radio exposure***	282	13.4	497	20.7	779	17.3	40.6	0.000
TV exposure	443	22.2	505	21.0	948	21.1	.01	.91
Social media exposure***	329	15.7	274	11.4	603	13.4	17.9	0.000
Exposed through Community Event**	55	2.6	91	3.8	146	3.3	4.8	0.03
University Event***	50	2.4	29	1.2	79	1.8	9.04	0.003
Other	36	1.7	49	2.0	85	1.9	0.62	0.43





# Logistic Regression Results – Côte d'Ivoire Age combined model (n=985)

	Attitudes: It is acceptable for young people and their parents or other trusted adults to talk about reproductive health issues  Odds Ratio (95% CI)	Self-efficacy: I am comfortable discussing family planning with members of my family  Odds Ratio (95% CI)	Social norms:  Most parents and other adults talk to youth about their questions on reproductive health  Odds Ratio (95% CI)	Behavior: Talked to someone about SRH and/or FP in the last 5 months  Odds Ratio (95% CI)	Self-efficacy: I could go to a site where family planning methods are offered if I decided to use one  Odds Ratio (95% CI)
MMH exposure (Referent: unexposed)	<b>0.76*</b> (0.56- 1.03)	1.12 (0.82- 1.53)	<b>0.90</b> (0.64- 1.28)	<b>2.71***</b> (1.84- 3.99)	<b>0.89</b> (0.65- 1.23)
Age group 25 to 49 (Referent: 16 to 24)	1.07 (0.80- 1.44)	<b>1.16</b> (0.86- 1.57)	1.12 (0.81- 1.55)	1.04 (0.75- 1.44)	<b>1.17</b> (0.87- 1.59)
Female sex (Referent: males)	<b>1.27*</b> (0.97- 1.68)	1.14 (0.86- 1.50)	1.34* (0.99- 1.82)	1.77*** (1.31- 2.40)	1.54*** (1.16- 2.05)

p<0.1, \*\*p<0.05, \*\*\*p<0.01

# Logistic Regression Results – Niger Age combined model (n=4462)

	Attitudes: It is acceptable for young people and their parents or other trusted adults to talk about reproductive health issues  Odds Ratio (95% CI)	Self-efficacy: I am comfortable discussing family planning with members of my family  Odds Ratio (95% CI)	Social norms: Most parents and other adults talk to youth about their questions on reproductive health  Odds Ratio (95%	Behavior: Talked to someone about SRH and/or FP in the last 5 months  Odds Ratio (95% CI)	Self-efficacy: I could go to a site where family planning methods are offered if I decided to use one  Odds Ratio (95%
			CI)		CI)
MMH exposure (Referent: unexposed)	1.45*** (1.21- 1.73)	<b>1.40***</b> (1.22- 1.63)	<b>1.43***</b> (1.25- 1.63)	<b>2.27***</b> (1.92- 2.67)	<b>1.08</b> (0.94- 1.24)
Age group 25 to 49 (Referent: 16 to 24)	<b>1.57***</b> (1.26- 1.96)	<b>2.34***</b> (1.97- 2.78)	<b>1.42***</b> (1.20- 1.66)	<b>3.01***</b> (2.47- 3.65)	<b>1.93***</b> (1.63- 2.27)
Female sex (Referent: males)	<b>3.21***</b> (2.66- 3.86)	<b>2.45***</b> (2.12- 2.82)	<b>1.18***</b> (1.04- 1.35)	<b>2.32***</b> (1.98- 2.72)	<b>0.96</b> (0.84- 1.10)

p<0.1, \*\*p<0.05, \*\*\*p<0.01 Models controlled for education, zone of residence, marital status, and employment

# Logistic Regression Results – Côte d'Ivoire Adults-only model age 25+ (n=583)

	Attitudes: It is acceptable for young people and their parents or other trusted adults to talk about reproductive health issues  Odds Ratio (95% CI)	Self-efficacy: I am comfortable discussing family planning with members of my family  Odds Ratio (95% CI)	Social norms: Most parents and other adults talk to youth about their questions on reproductive health  Odds Ratio (95% CI)	Behavior: Talked to someone about SRH and/or FP in the last 5 months  Odds Ratio (95% CI)	Self-efficacy: I could go to a site where family planning methods are offered if I decided to use one  Odds Ratio (95% CI)
MMH exposure (Referent: unexposed)	<b>0.72</b> (0.48- 1.09)	1.05 (0.70- 1.57)	1.03 (0.66-1.61)	<b>2.54***</b> (1.53- 4.23)	-
Female sex (Referent: males)	<b>1.31</b> (0.90- 1.89)	<b>1.12</b> (0.78- 1.62)	<b>1.53**</b> (1.02- 2.29)	<b>2.07***</b> (1.12- 3.64)	-

p<0.1, \*\*p<0.05, \*\*\*p<0.01





# Logistic Regression Results – Niger Adults-only model age 25+ (n=2366)

	Attitudes: It is acceptable for young people and their parents or other trusted adults to talk about reproductive health issues  Odds Ratio (95% CI)	Self-efficacy: I am comfortable discussing family planning with members of my family  Odds Ratio (95% CI)	Social norms: Most parents and other adults talk to youth about their questions on reproductive health  Odds Ratio (95% CI)	Behavior: Talked to someone about SRH and/or FP in the last 5 months  Odds Ratio (95% CI)	Self-efficacy: I could go to a site where family planning methods are offered if I decided to use one  Odds Ratio (95% CI)
MMH exposure (Referent: unexposed)	1.64*** (1.26- 2.13)	<b>1.68***</b> (1.36- 2.09)	<b>1.53***</b> (1.29-1.83)	<b>3.35***</b> (2.51- 4.48)	<b>1.21**</b> (1.00- 1.45)
Female sex (Referent: males)	<b>3.96***</b> (3.00- 5.22)	<b>2.84***</b> (2.29- 3.54)	<b>1.20**</b> (1.00- 1.43)	<b>2.62***</b> (2.01- 3.42)	<b>1.37***</b> (1.14- 1.65)

p<0.1, \*\*p<0.05, \*\*\*p<0.01





# Logistic Regression Results – Côte d'Ivoire Youth-only model age 16 to 24 (n=402)

	Attitudes: It is acceptable for young people and their parents or other trusted adults to talk about reproductive health issues Odds Ratio (95% CI)	Self-efficacy: I am comfortable discussing family planning with members of my family  Odds Ratio (95% CI)	Social norms: Most parents and other adults talk to youth about their questions on reproductive health  Odds Ratio (95% CI)	Behavior: Talked to someone about SRH and/or FP in the last 5 months  Odds Ratio (95% CI)	Self-efficacy: I could go to a site where family planning methods are offered if I decided to use one  Odds Ratio (95% CI)
MMH exposure (Referent: unexposed)	<b>0.77</b> (0.47- 1.26)	1.20 (0.72- 2.01)	<b>0.69</b> (0.39- 1.22)	<b>2.83***</b> (1.54-5.21)	<b>0.66</b> (0.39- 1.12)
Female sex (Referent: males)	<b>1.26</b> (0.82- 1.94)	1.17 (0.75- 1.83)	1.10 (0.68- 1.76)	1.46 (0.92- 2.32)	<b>1.56*</b> (0.99- 2.44)

p<0.1, \*\*p<0.05, \*\*\*p<0.01





# Logistic Regression Results – Niger Youth-only model age 16 to 24 (n=2074)

	Attitudes: It is acceptable for young people and their parents or other trusted adults to talk about reproductive health issues Odds Ratio (95% CI)	Self-efficacy: I am comfortable discussing family planning with members of my family  Odds Ratio (95% CI)	Social norms: Most parents and other adults talk to youth about their questions on reproductive health  Odds Ratio (95% CI)	Behavior: Talked to someone about SRH and/or FP in the last 5 months  Odds Ratio (95% CI)	Self-efficacy: I could go to a site where family planning methods are offered if I decided to use one  Odds Ratio (95% CI)
MMH exposure (Referent: unexposed)	<b>1.29**</b> (1.01- 1.67)	<b>1.23**</b> (1.01- 1.50)	<b>1.30***</b> (1.07- 1.58)	<b>1.97***</b> (1.59-2.42)	<b>0.96</b> (0.78- 1.18)
Female sex (Referent: males)	<b>2.82***</b> (2.17- 3.68)	<b>2.07***</b> (1.70- 2.52)	1.15*** (0.94- 1.40)	<b>2.24</b> (1.83- 2.75)	<b>0.57***</b> (0.46- 0.71)

p<0.1, \*\*p<0.05, \*\*\*p<0.01





# Conclusion

## Summary

- Approximately 25% of participants (RCI) and 43% (Niger) had ever seen or heard the MMH campaign
  - Most common exposure channel was the radio, followed by social media in Côte d'Ivoire
  - Most common exposure channel was television in Niger, followed by radio
- Exposure to MMH significantly associated with increased odds of contraceptive self-efficacy, having spoken to someone about FP/RH in the 5 months preceding the survey, and reporting current use of FP in both countries
  - Reporting current use of FP only significant among women in RCI, not men; both men and women in Niger
- Adults women in RCI more likely to have talked to someone about FP/RH in the 5 months preceding the survey than adult men





#### Conclusions

- Niger had higher exposure to MMH and demonstrated stronger associations to various outcomes compared to RCI
  - Different media environments
- MMH appears to have been effective in increasing community conversations about FP/RH
- Women were more likely than men to talk about FP/RH (adults) and be more confident going to the health facility (youth)
  - -Still need to focus on increasing men's comfort/confidence to perform these behaviors





#### Thank You





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