

LISTEN UP!

How can social and behavior change programming improve reproductive health and family planning behaviors of out-of-school youth in the Philippines?

The Breakthrough RESEARCH project, in collaboration with De La Salle University's Social Development Research Center in Manila, conducted a targeted study to better understand which social and behavior change programming approaches are most effective for encouraging **out-of-school youth (OSY) ages 15 to 19** to adopt priority reproductive health (RH) and family planning (FP) behaviors. The study was conducted among OSY in four urban regions of the Philippines: Manila, Quezon City, Cebu City, and Davao City.

FOUR PRIORITY BEHAVIORS

- 1 Delay of sexual debut
- 2 Use of modern contraceptive methods to prevent pregnancy
- 3 Care seeking in first trimester of pregnant youth
- 4 Birth spacing of 3–5 years to prevent short birth intervals




Do existing youth programs in the Philippines adequately address the RH and FP needs of OSY?

- Only 1 of 15 programs focusing on young people in the Philippines covered in this study worked explicitly at the intersection of OSY and adolescent and youth reproductive health (AYRH). Most youth programs focused on life skills or basic education.
- Training and peer education programs dominate the programming landscape.
- Use of innovative information technology and social media in programming approaches is limited.
- The impact of existing programming remains largely unknown, as rigorous program evaluations that measure impact are rare.



Adolescent perspectives on RH and FP programs and messages: What do young people prefer?

We found that OSY obtain information from a multitude of sources including social media, the internet, and interpersonal communication with peers and parents. OSY have very specific preferences about how they would like to receive information about RH and FP:

<p>PREFERRED SOURCES</p> 	<p>MESSAGE FRAMING</p> 	<p>FACTORS INFLUENCING OSY BEHAVIORS</p> 
<p>OSY prefer sources that are: easily accessible, anonymous, trustworthy, and relatable.</p> <ul style="list-style-type: none"> • Social media platforms (e.g., Facebook) and messaging apps (e.g., Messenger) provide easy accessibility and anonymity. • OSY also seek information from interpersonal sources whom they consider relatable and trustworthy (parents, peers) or to have credibility (healthcare workers). 	<p>OSY prefer call-to-action messages framed as questions that provide information on how to get further information, services, or support.</p> <ul style="list-style-type: none"> • OSY prefer messages that are loss-framed messages about unfavorable consequences of risky behaviors. • OSY report that visual messages of negative consequences and how to avoid or mitigate these consequences will have the most impact on changing behaviors. 	<p>Social interactions with credible and caring peers and family members and information from social influencers impact the behaviors of OSY.</p> <ul style="list-style-type: none"> • Peers may have positive or negative influences on OSY behaviors. Peer influences are negative when substance abuse or alcohol consumption is involved. • Despite growing influence of social media, OSY continue to consume traditional forms of media, e.g., television, movies, and radio, as well. • Media and entertainment personalities are key influencers of OSY's RH and FP behaviors.

Social media and youth risk behaviors

OSY prefer, and enjoy access to, social media for information regarding AYRH. However, there are some downsides to social media as well:

- Information on reproductive health and family planning behaviors on social media may be inadequate, misleading, or inaccurate.
- Social media is one of the primary mediums where young people initiate risky behaviors (e.g., on Facebook and in messaging groups). Some young people exchange explicit images, videos, and messages through social media and communicate with each other on social media regarding these risky behaviors.

How can this information be used to address the RH and FP needs of OSY in the Philippines?



Work together: Existing programs reaching OSY with life skills and basic education should partner with programs tailored to the RH and FP needs of OSY, especially for those aged 15 to 19.



Keep youth protected: Programs should monitor and, if possible, work directly with popular social media platforms such as Facebook, to ensure that they are safe, do not encourage risky behaviors, and protect young people from inaccurate and misleading information.



Get the framing right: Social media messages should be framed according to the preferences of young people, for example, using call-to-action messages that are framed as questions and loss-framed messages about unfavorable consequences of risky behaviors. Integrate messages about substance abuse where relevant.



Respect the culture: SBC programming must be designed to be sensitive to the cultural, social, and religious norms of the Philippines, recognizing that culture is a central theme in how reproductive health and FP behaviors are shaped.



Expand your audiences: AYRH programs should also target those who OSY report to be trusted advisors, including parents, peers, and healthcare workers with messages on how to speak to youth about these issues.



Evaluate effectiveness: It is critical that these programs are evaluated for effectiveness in order to ensure that only programs that have proven success are scaled up and expanded, and programs with limited success are refined and improved.



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