The Use of Narrative for Behavior Change in Adolescent and Youth Sexual and Reproductive Health

**Resource Brief
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swath of the world's demography. Because narratives are received in the light of our own personal stories and the contexts in which we live and the youth population is made up of many diverse groups, it is important to contextualize narratives so that they resonate with the unique circumstances of the young people reached. While stories used with youth can depict role models to illustrate healthy behaviors, they can also create a strong platform for open dialogue and interactions to be an effective vehicle for change.

Currently, efforts to promote behavior change among young people are often fragmented by the different public health discourses and sub-disciplines of behavior change, narrative/entertainment-education, and adolescent and youth sexual and reproductive health (AYSRH). Each sub-discipline looks at the topic through its own lens, which has led "narrative + behavior change + youth" to be less than the sum of its parts. This resource brief offers a summary of discussions among experts around these issues and recommendations that can be applied when using narratives in behavior change programs for youth.

Webinar & Technical Exchange Event

The Webinar

On June 4, 2015, Pathfinder International and its global flagship project for strengthening family planning and reproductive health services—the Evidence to Action (E2A)

About E2A

The Evidence to Action for Strengthened Family Planning and Reproductive Health Services for Women and Girls Project (E2A) is USAID's global flagship for strengthening family planning and reproductive health service delivery. The project aims to address the reproductive healthcare needs of girls, women, and underserved communities around the world by increasing support, building evidence, and facilitating the scale-up of best practices that improve family planning services. Awarded in September 2011, this five-year project is led by Pathfinder International, in partnership with the African Population and Health Research Center, ExpandNet, IntraHealth International, Management Sciences for Health, and PATH.

Background

Built upon human interaction and the fundamental ways we perceive information and acquire knowledge, narratives[1] have the potential to motivate and support health behavior change in a far more engaging and three-dimensional way than do message-focused, informational and educational approaches.[2] Given the burgeoning youth population in many countries around the world and the failure of global health programs to reach them effectively with more traditional communication approaches, narratives can be used to spark conversations—with the potential to change harmful health behaviors—among a wide

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1 In this brief, narratives are defined as stories that are used an emerging tool for motivating and supporting health behavior change among youth.
2 Petraglia J. (2007). Narrative Intervention in Behavior and Public Health. Journal of Health Communication, 12:5, 493-505.

Project—cohosted a webinar and technical exchange among experts in behavior change and AYSRH. The technical exchange directly followed the webinar: Whose Story is it Anyway? The Use of Narrative for Behavior Change in AYSRH. During the webinar, presentations from specialists in the fields of AYSRH, behavior change, and narrative examined the theoretical underpinnings and practical implications of addressing youth health needs.

Cate Lane, USAID youth advisor, moderated the webinar. She pointed out the need for participatory narratives that allow young people to challenge their own attitudes and beliefs as well as those of their communities. She said successful narratives may require public health practitioners to relinquish some degree of control to ensure that they are truly participatory and reflect young people's perspectives.

Regina Benevides, E2A's senior youth advisor, spoke about the challenges of how to increase coverage and scale up interventions, and how to engage youth in a context-specific way to address their health needs. She highlighted the complexity that comes with AYSRH programs: they deal with topics that are sensitive, intimate, and involve taboos; they are challenged by imbalanced gender, age, economics, and power dynamics; and they must address young people's limited access to quality and equitable information and services. She said we therefore need to take a closer look at the diversity of youth and tailor behavior-change programs to the different targeted youth populations.

Joseph Petraglia, Pathfinder International's senior behavior change advisor, examined the difference among narratives that function as ads, parables, and inkblots. These functions of narrative differ in several respects, with the ad being the most information-driven and top-down approach, the parable serving to provide models of behavior and response to risk, and the inkblot being most suited to dialogue and participation. With the inkblot, information is pulled from the audience rather pushed to it, which can be a very effective method for responding to the heterogeneity of youth.

Amy Hill, director of the Silence Speaks program with the Center for Digital Storytelling, talked about what qualities make narratives especially powerful and how public health practitioners can better influence how information is received. She said the inkblot approach encourages youth to share their own stories, in their own words, and on their own terms, which is the foundation of effective storytelling. She also emphasized the need to appropriately contextualize the story and train those who are presenting it.

Following the webinar, 28 experts joined to watch the E2A film Binta's Dilemma, developed as part of its University Leadership for Change project at Abdou Moumouni University in Niger.

E2A is using the narrative in the film (Binta's Dilema) as part of a comprehensive approach to behavior change that encourages conversations among young Nigeriens about culturally controversial topics, including contraception, unintended pregnancy, and the societal pressures on young women to bear children once they are married. The film provided a case study for how narrative is being used to change sexual and reproductive health behaviors and was a bridge to the technical exchange meeting that followed.

The Technical Exchange Meeting

Building on the discussion generated by the webinar, the technical exchange allowed the experts to: share, examine, and analyze approaches for using narrative to change sexual and reproductive health behaviors and identify guiding principles that can be applied by practitioners when developing, implementing, and evaluating narrative-focused behavior-change interventions. Participants broke into three rotating groups. Three experts facilitated the group sessions, which were organized around a guiding question and an initial best principle proposition designed to encourage debate and stimulate ideas for additional guiding principles.

Each group contributed guiding principles that can be applied to three stages of using narratives for behavior-change interventions: the development of the narrative itself, the implementation of the narrative intervention, and the evaluation of how the narrative was implemented. Participants then voted on their three top choices for guiding principles under each of the three aforementioned stages. This resource brief includes the additional guiding principles that won the most votes and recommendations based on the selected guiding principles.

Developing narratives for youth: the creative process

Facilitator: Lenette Golding, External Communications Manager, Futures Group, Health Policy Project

Best Principle Proposition: Conduct formative research with young people to ensure that any resultant narratives reflect their realities.

Summary of discussion on the initial proposition:

Participants agreed that before public health practitioners begin to develop narratives for young people, they should conduct formative research to determine the contexts and populations in which the narratives will be used. The development process should be participatory and should offer the youth involved practical skills, but at the same time employ those with the necessary talents and abilities. Pretesting or concept testing with a segment of the population and adapting the narrative accordingly can be a useful approach to ensure the stories being delivered are appropriate in the local context. Practitioners leading the narrative development process should set clear objectives for the narrative and follow them, and they should have a realistic plan for how the narratives will be disseminated. Like all public health interventions, government perspectives should be taken into account during the design and development process, but should not supersede what the formative research concludes or hinder the objectives set forth for the narrative. In terms of content, narratives should sometimes lend themselves to the kind of ambiguity that allows the listener to fully engage from their own perspective, but at other times, they can be more prescriptive, depending on the population to which they are being delivered. Irrespective of their inherent ambiguity, narratives should always reflect elements of emotional intensity, fidelity, credibility, and cultural realism.

Additional Guiding Principles

1.   Engage youth in a participatory manner throughout the entire development process.

2.   Identify narrative type and purpose, and clearly lay out objectives and how they will benefit target audience from the beginning, ensuring the objectives are upheld during the entire process.

3.   Conduct formative research and pretest narratives to ensure the audience finds them emotionally engaging, realistic, credible, and culturally appropriate.

Using narratives for behavior change among youth

Facilitator: Regina Benevides, Senior Youth Advisor, Evidence to Action Project

Best Principle Proposition: Facilitators of narrative-based activities must be specially trained to help youth relate stories to local circumstances.

Summary of discussion on the initial proposition:

Participants agreed that each population and context is unique. The way a narrative is used and what that narrative says to one group of youth may therefore differ from the next. The person chosen to facilitate the narrative and how the narrative is facilitated will drive how it is received. The facilitator must be respected and accepted by the young people in the audience. It is therefore important to allow time to grow trust between the facilitator and audience, and to engage local talent in sharing the narratives.

With youth, the implementers should consider whether it is appropriate to have youth themselves develop, facilitate, and disseminate the narratives for enhanced credibility and understanding among their peers. Because each narrative is unique, those leading behavior-change programs for youth must think about the stories as being "transferable" from one program to another rather than "replicable," with adaptation as a foundation of the implementation process. Although the shape of the narratives themselves may change, certain guiding principles, including those below, should be adhered to during implementation and scale-up. Participants also pointed out that public health practitioners must not underestimate the time and resources it takes to develop and implement context- and population-specific narratives, and should plan their programs in a timeframe that allows for effectiveness, evaluation, and engagement of youth in narrative development and implementation.

Additional Guiding Principles

1.   Have facilitators keep dialogic space open, create opportunities for audience to share stories, and establish trust with audience.

2.   Ensure principles, processes, and methodologies are scalable and transferable to other contexts.

3.   Advocate with evidence of impact, feasibility, and cost of integrating narrative approaches into broader AYSRH programs.

Evaluating narratives used to encourage behavior change among youth

Facilitator: Joseph Petraglia, Senior Advisor for Behavior Change, Pathfinder International

Best Principle Proposition: Evaluation of narrative-based activities should never assume a standard informational content and be critical of "dosage" or "exposure effects."

Synthesis of discussion on the initial proposition:

Participants pointed out that before selecting an appropriate evaluation technique, it is important to understand the function of the narrative—that is, the nature of the interaction and the level of exposure within the population being reached. That being said, measuring behavior change as a result of exposure can be problematic. The listener may converse with family members, friends, and other community members, sparking conversations about what they have heard and unconsciously enhancing the true exposure effect of the story told. At the same time, defining the "success" of the intervention may be an iterative process, and evaluators should not expect that everyone will react in a given way. During the evaluation, both quantitative and qualitative information should be gathered, and narrative techniques for conducting the evaluation itself should be considered. Triangulation among mixed evaluation methods is also useful. To truly measure the impact of narrative interventions, their impact on policies and communities—and not just individuals—must be measured.

Additional Guiding Principles

1.   Conduct process evaluation, not just in terms of quantities, but also in terms of quality of audience interaction with the story and with others' response to the story.

2.   Elicit and assess what participants themselves count as success.

3.   Determine the kind/function of a narrative before determining what an appropriate evaluation technique might be.

4.   Be alert to community- and policy-level impact rather than just a focus on the individual.

Recommendations for employing narrative approaches

1.   Have youth engaged in a participatory manner throughout the entire development process. We know that youth respond to participatory narratives that allow them to challenge their own attitudes, values, and beliefs. Although public health practitioners are often more comfortable providing expert advice to young people, there need to be participatory discussions with youth during the narrative-development process in order for the youth to own and identify with the story and for the story to be a true vehicle for change. Through narrative, young people can explore different meanings, and they can bring different perspectives to the conversation, giving them the opportunity to dialogue cognitively and socially by tapping important affective and cultural dimensions of behavior.

2.   Identify narrative type and purpose, and clearly lay out objectives and how they will benefit the target audience from the beginning, ensuring the objectives are upheld during the entire process. When using a participatory process to develop narratives, it is important to structure discussions and narrative development around objectives that clearly serve as stepping stones to achieving the desired behavior changes among the targeted population.

3.   Conduct formative research and pretest narratives to ensure the audience finds them emotionally engaging, realistic, credible, and culturally appropriate. Because each youth population is inherently unique, to elicit behavior change or productive conversations that can lead to behavior change, it is essential to know the population you are working within and to develop stories that can reveal their sociocultural norms, power dynamics, and wishes and desires. During the pretesting phase, any gaps in the plotline or character development that are not well understood by the audience should be addressed.

4.   Have facilitators keep dialogic space open, create opportunities for the audience to share stories, and establish trust with the audience. The facilitators responsible for presenting the story will inevitably play a prominent part in how the story is received. Facilitators should be both trusted and skilled, with the ability to evoke emotions and invite reflection, rather than being bossy or demanding. Young people themselves should be considered for facilitation roles, as many young people may be more open to discussing sensitive topics with their peers.

5.   Ensure principles, processes, and methodologies are scalable and transferable to other contexts. Although each narrative should be contextualized so that it resonates with the target population of youth, the process of narrative development, implementation, and evaluation should follow guiding principles, such as the ones presented in this brief, so that the process can be scaled to other contexts and populations.

6.   Advocate with evidence of impact, feasibility, and cost of integrating narrative approaches into broader AYSRH programs. It is important to document the process of narrative development, implementation, and evaluation to generate evidence that can be used to garner support for similar behavior-change interventions and taking those interventions to scale.

7.   Conduct process evaluation, not just in terms of quantities, but also in terms of quality of audience interaction with the story and with others' response to the story. While it is important to know who and how many people you are reaching with the narrative, it is equally, if not more important, to know how your audience is receiving the story. Their level of engagement, affinity with content, and responses to the stories being presented will ultimately allow you to better gauge how the narrative could potentially be used as a vehicle for change. A primary audience who is more engaged will also be more likely to talk about the narrative with their friends, family, and community, potentially furthering its reach.

8.   Elicit and assess what participants themselves count as success. Determining the success of a narrative, particularly in a truncated timeframe, can be a challenge. Engaging the audience to determine its success—how it sparked discussions, thought processes, and ultimately changed the cultural conversation—can be indicators of success.

9.   Determine the kind/function of a narrative before determining what an appropriate evaluation technique might be. The function of the narrative and what it is trying to achieve—whether it is being used as an ad (information-driven), parable (role modeling), or inkblot (participatory) —will inform the evaluation technique applied. Evaluators should remain open to revising their causal model.

10. Be alert to community- and policy-level impact rather than just a focus on the individual. Effective stories will likely spread beyond the initial group of individuals reached. It is important to be aware of what is happening in surrounding communities, and, if possible, to determine if any shifts in attitudes or behaviors can be attributed to the narrative itself. Policy changes that may take place following use of the narrative should also be examined. Community- and policy-level impact should be considered during development and implementation of the narrative.

List of Resources/Publications

Listen to the webinar: Whose Story is it Anyway? The Use of Narrative for Behavior Change in AYSRH

View webinar presentations:
Regina Benevides, E2A Project
Amy Hill, Center for Digital Storytelling
Joseph Petraglia, Pathfinder International

Interactive
E2A's film used with its behavior-change project in Niger: *Binta's Dilemma*

Over the course of a four-day digital storytelling workshop led by the Center for Digital Storytelling's Silence Speaks program and Marie Stopes International, youth in Ghana shared their experiences, made audio recordings of these personal narratives, captured still images and video clips, and edited these materials to create the short videos presented here.

Video tutorials by Alive and Thrive

Harnessing the Power of Videos: A Video Storytelling Training Toolkit for Organizations Working with Adolescent Girls, a guide from The Global Fund for Children

Articles
Connelly, R.M., & Clandinin, D. J. (1990). Stories of experience and narrative inquiry. *Educational Researcher*, 19, 2-14.

Fiske, S. T. & Linville, P.W. (1980). What does the schema concept buy us? *Personality and Social Psychology Bulletin*, 6, 543–557.

Galavotti, C., Petraglia, J., Harford, N., Kraft, J. K., Pappas-DeLuca, K., & Sebert, A.(2005). New narratives for Africa. *Storytelling, Self, Society*, 1(2), 25–36.

Hill, A. (2008) 'Learn from my story': A participatory media initiative for Ugandan women affected by obstetric fistula. *Agenda Feminist Media Journal*, Issue 77.

Kreuter, M.W., Green, M.C., Cappella, J.N., Slater, M.D., Wise, M.E., Storey, D., Clark, E.M., O'Keefe, D.J., Erwin, D.O., Holmes, K., Hinyard, L.J., Houston, T., & Woolley, S. (2007). Narrative communication in cancer prevention and control: A framework to guide research and application. *Annals of Behavioral Medicine*, 33, 1-15.

Papa, M. J., Singhal, A., Law, S., Pant, S., Sood, S., Rogers, E. M., & Shefner-Rogers, C. L. (2000). Entertainment education and social change: An analysis of parasocial interaction, social learning, collective efficacy, and paradoxical communication. *Journal of Communication*, 50(4), 31–55.

Petraglia J. (2007). Narrative Intervention in Behavior and Public Health. *Journal of Health Communication*, 12:5, 493-505.

Petraglia J. (2009). The Importance of Being Authentic: Persuasion, Narration, and Dialogue in Health Communication and Education. *Global Health Communication,* 24(2), 176-85.

Sherry, J. L. (1997). Prosocial soap operas for development: A review of research and theory. *Journal of International Communication*, 4(2), 75–101.

Vaughan, P. W., Rogers, E. M., Singhal, A., & Swalehe, R. M. (2000). Entertainment education and HIV=AIDS prevention: A field experiment in Tanzania. J*ournal of Health Communication*, 5, 81–101.

Books

Bandura, A. (1986). *Social foundations of thought and action: A social-cognitive theory.* Englewood Cliffs, NJ: Prentice-Hall.

Bartlett, F. (1932). *Remembering: A study in experimental and social psychology*. London: Cambridge University Press.

Brooke, P. (1995). *Communicating through story characters: radio social drama*. University Press of America.

Bruner, J. (1986). *Actual minds, possible worlds*. Cambridge, MA: Harvard UP.

Fisher, W. R. (1987). *Human communication as narration: Toward a philosophy of reason, value, and action*. Columbia: University of South Carolina Press.

Green, M. C. & Brock, T. C. (2002). In the mind's eye: Transportation-imagery model of narrative persuasion. In T. C. Brock, J. J. Strange, & M. C. Green (Eds.), *Narrative impact: Social and cognitive foundations* (pp. 315–341). Mahwah, NJ: Lawrence Erlbaum.

Heath, C., & Heath, D. (2007). *Made to stick: Why some ideas survive and others die*. New York: Random House.

Mattingly, C. (1998). H*ealing dramas and critical plots: The narrative structure of experience.* Cambridge: Cambridge University Press.

Nariman, H. N. (1993). *Soap operas for social change: Toward a methodology for entertainment-education*. Westport, CT: Praeger Publishers.

Petraglia, J. (1998). *Reality by design: The rhetoric and technology of authenticity in education.* Mahwah, NJ: Lawrence Erlbaum.

Schank, R. & Abelson, R. (1977). *Scripts, plans, goals and understanding.* Hillsdale, NJ: Erlbaum.

Sharf, B. F. & Vanderford, M.L. (2003). Illness narratives and the social construction of health. In T. L. Thompson, A. Dorsey, K. Miller, & R. Parrott (Eds.), *Handbook of health communication* (pp. 9–34). Mahwah, NJ: Lawrence Erlbaum.

Singhal, A., Cody, M. J., Rogers, E. M., & Sabido, M. (Eds.), (2003). *Entertainment-education and social change: History, research and practice*. Mahwah, NJ: Lawrence Erlbaum.

Slater, M. (2002). Entertainment education and the persuasive impact of narratives. In T. C.

Brock, J. J. Strange, & M. C. Green (Eds.), *Narrative impact: Social and cognitive foundations* (pp. 157–181). Mahwah, NJ: Lawrence Erlbaum.

Other
www.silencespeaks.org
http://healthcommcapacity.org/

List of Participants in Webinar & Technical Exchange Event

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