



How is media content and outreach supporting young Zambians to make sexual and reproductive health decisions?

This briefing summarises endline research that evaluated phase three of the youth-focused *Tikambe* (Let's Talk) project, which used media and interpersonal communication to reduce sexual and reproductive health (SRH) risks among young Zambians. From 2020–2024 this project phase was implemented by BBC Media Action and funded by the Swedish International Development Cooperation Agency (SIDA).

“It is important to inform young people on issues affecting them around their sexual health because if we don't as parents, leaders, we are putting them at risk and they usually just end up experimenting on what they see on smartphones.”

Parent, Kasama



Context

People under 25 years old represent approximately 53% of Zambia's total population.¹ The SRH of this cohort is characterised by several factors that are outlined below.

Early sexual debut: Despite living in a conservative country, young Zambians start sexual relations early in their lives. Some 12% of females and 16% of males aged 15–24 first had sexual intercourse by the age of 15.²

Low contraceptive use: Only 12% of young Zambians aged 15–19 years use contraception.³ Only 2.3% of married women in this age group (i.e. 15–19) use condoms, though this rises to 5.4% among unmarried sexually active women and girls.⁴

High levels of teenage pregnancies: Between the ages of 15 and 19, 29% of women in Zambia have given birth or are pregnant.⁵ Teenage pregnancy is more common in rural areas.

School dropout and re-entry: From 2007–2014, 120,024 Zambian girls became pregnant and dropped out of school. Some 86% of these pregnancies happened in primary school. While Zambia has a school re-entry policy, only 38% and 59% of primary and secondary school girls, respectively, returned to school after pregnancy.⁶

¹ Population Council and United Nations Population Fund (UNFPA) (2018) *State of the Youth in Zambia Policy Brief: Education, Unemployment, and Poverty Reduction*. Lusaka. Available at: <https://zambia.unfpa.org/sites/default/files/pub-pdf/Brief-Policy-Youth-Zambia-FINAL%20%283%29.pdf>

² Central Statistics Office (2014). *Zambia Demographic and Health Survey*.

³ Central Statistics Office (2018) *Zambia Demographic Health Survey 2018*.

⁴ Central Statistics Office (2018) *Zambia Demographic Health Survey 2018*.

⁵ Central Statistics Office (2019) 'Demographic and Health Survey Key Indicators' in *Demographic and Health Survey*.

⁶ SIDA (2019) *End of Project Evaluation of the BBC Media Action Radio Waves and Tikambe Projects in Zambia*.

The Tikambe project

The *Tikambe* project operated at national, provincial, district and community levels in Zambia. It used both media and interpersonal communication to provide information to young Zambians about their sexual and reproductive health and rights (SRHR), to reduce their vulnerability to SRH risks.

It achieved this through two approaches:

- Strengthening the technical capacity of radio stations to produce engaging quality programmes and public service announcements (PSAs) on SRHR.
- Interpersonal communication through young volunteers engaging in peer-to-peer education, community awareness-raising, delivering youth-friendly services in health clinics and teaching comprehensive sexual education (CSE) in schools.



In this briefing, “*Tikambe* media” refers to the media content (on TV, radio and Facebook), and “*Tikambe*” or “*Tikambe* project” refers to the combination of the media and interpersonal communication.

In 2014–2019 the project was implemented in two phases and four provinces of Zambia (Central, Copperbelt, Lusaka and Northern), in collaboration with Restless Development. Restless Development is a non-profit global agency that supports the collective power of young leaders to create a better world.

Tikambe phase three

From 2020–2024 the third phase of the *Tikambe* project aimed to support young people aged 14–24 across Zambia’s Central, Copperbelt, Lusaka and Northern provinces to make more informed decisions, speak out about their SRHR and improve their uptake of SRH services. It also continued to target harmful gender and social norms around decision-making in relationships, integrating themes of sexual- and gender-based violence (GBV) in *Tikambe* programming.

During this phase, BBC Media Action supported eight local radio stations to produce a total of 448 radio, TV and social media PSAs and 261 drama segments to support the uptake of healthier SRH behaviours among young Zambians by strengthening their ability to take confident decisions and actions in relation to their SRH.

Tikambe programming provided accurate, practical and relevant information about SRH. It created a safe space for young people to discuss SRHR and aimed to prompt for family and community discussion on related topics. It covered issues including safe sex, contraception, SRH services and decision-making in relationships. It also highlighted the importance of several key factors:

- Sex and relationship education in schools and communities
- Access to affordable contraception methods for young people
- HIV and sexually transmitted infection (STI) prevention and treatment
- SRHR and gender equality
- Youth-friendly SRHR services, including mental health support

In addition, community-based facilitators conducted outreach activities including SRHR clubs at youth-friendly spaces.

Tikambe's media content and outreach activity worked in line with the CSE curriculum and was tailored to one of two age groups – those aged 14–19 or 20–24. For example, for the use of contraception, content targeted at the younger age group covered what a condom is and how to use it while content targeting the older group covered themes around deciding to use condoms and negotiating contraceptive use in relationships.



Research methodology

The evaluative survey was conducted in 16 districts across the four focal provinces (Central, Copperbelt, Lusaka and Northern) in September and October 2023. In the 16 districts, the research team selected a regionally representative sample of 1,411 young men and women aged 14–24 years old from randomly chosen households across both urban and rural areas.

In addition, researchers conducted 311 interviews with purposively selected young men and women across schools in Kabwe and Kasama districts to provide a sufficiently robust sample size to evaluate outcomes from the project's interpersonal initiatives conducted by project Partner Restless Development.

The research aimed to understand levels of knowledge, behaviours and attitudes towards SRH among young Zambians who had been regularly exposed to the *Tikambe* project compared with those who had not been regularly exposed to it. Categorical variables were compared using chi-square test.

Researchers used regression analysis to establish the association between accessing *Tikambe* media and levels of knowledge of and attitudes towards key SRH issues, and uptake and discussion of positive SRH behaviours. This enabled BBC Media Action to understand this relationship while controlling for social and demographic factors (such as gender, age, educational level, relationship status and province) that might have influenced respondents.

To explore the impact of multiple interventions on key health outcomes the research team created separate models for exposure to *Tikambe* media content only, and exposure to a combination of media and interpersonal communication (via Restless Development).

Spotlight on 14–17-year-olds: Who is most in need of support?

The evaluation found that the *Tikambe* project target age group (aged 14–24) lagged behind 18–24-year-olds in terms of knowledge, attitudes and practices around SRH.

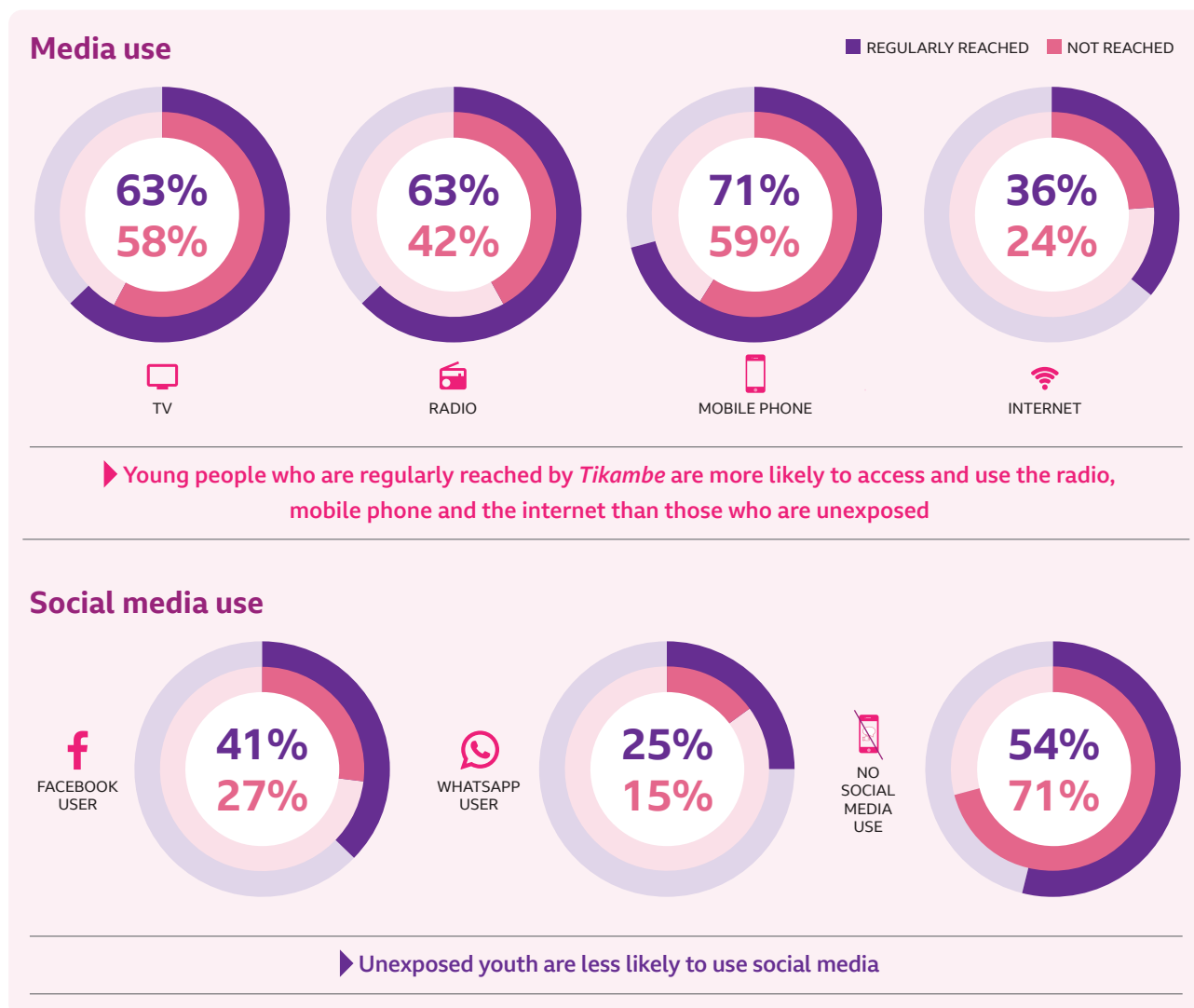
Zambia recently passed an amendment to the 1918 marriage act to adopt the Zambian Constitution's definition of the term "child" as someone who is 18 years old or younger. To assess the impact of the project on young people under 18, the evaluation separately analysed 14–17-year-olds who were regularly reached by *Tikambe* and those in the same age group who were not reached by *Tikambe*.

Research findings: Reach

Who accessed Tikambe media (TV, radio or Facebook)?

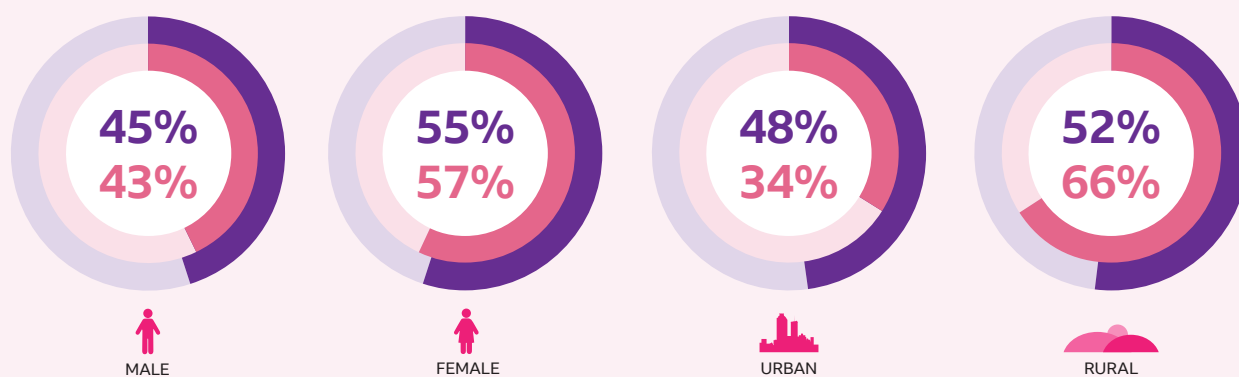
- *Tikambe* media reached approximately 599,988 young people (35% of young Zambians across the four focal provinces). Its audience was 46% male and 54% female, reflecting the gender profile of 14–24-year-olds in those locations.
- *Tikambe* media reached a broad spectrum of young Zambians, including those living in rural areas (45%) and those with low educational and income levels.
- 20% of the young people reached by *Tikambe* (approximately 119,998 people) were regular listeners who listened to at least every other episode. Over half (58%) of those reached listened regularly. The programme reaches a similar percentage of male (49%) and female (51%) young people regularly.
- *Tikambe* media regularly reached more people in the youngest age bracket (14–17 years old) (41%), followed by those aged 18–20 (32%) and those aged 21–24 (27%).

Figure 1: Demographics and media usage of 14–17-year-old research participants who are regularly reached and not reached by *Tikambe*



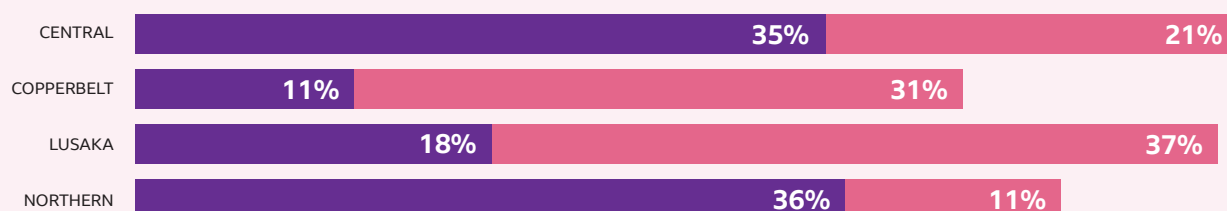
Gender and location

REGULARLY REACHED NOT REACHED



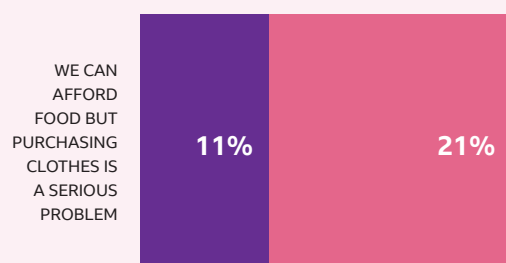
► Unexposed youth are more likely to be rural

Province

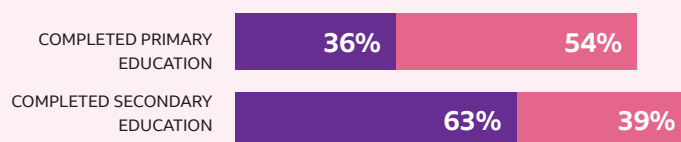


► Unexposed youth are more likely to live in Copperbelt and Lusaka provinces

Household income level



Education level



► Unexposed youth are more likely to have a basic level of education (primary only)

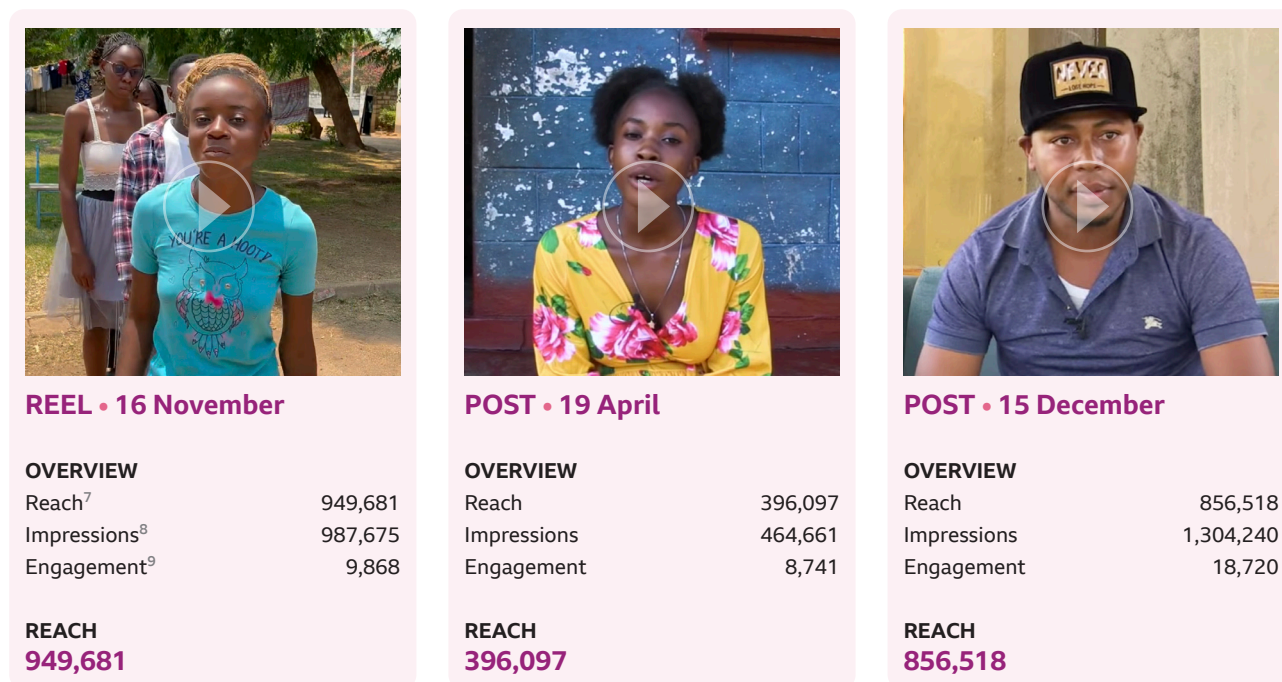
Results are statistically significant at 0.05 level

Social media reach and engagement

Throughout phase three, SRHR social media content was posted on the *Tikambe* Facebook page. Page visits grew by 5.3%, generating 15,342 new followers that were within the age range of 15-25-years-old and with a total reach of 25.2 million over the period of September 2022 – August 2023.

Among the survey respondents, 6% said they had accessed or seen content on the *Tikambe* Facebook page.

The three *Tikambe* posts with the greatest audience reach and engagement achieved a combined total of 2.2 million people, generating 37,329 “likes”, comments or shares.



Phase three of the project also include a phone service that young people could use to raise questions about their SRH. A total of 203,230 callers accessed this service.

Reach of Tikambe media and interpersonal communication

Who accessed Tikambe?

- The combination of interpersonal communication and *Tikambe* media (on TV, radio or Facebook) reached some 462,848 young people (27% of young Zambians across the four focal provinces).
- The audience reached by this combined content was 47% male and 53% female, reflecting the gender profile of all 14–24-year-olds in the target provinces.
- This combination reached nearly half of young rural residents (48%) and just over half of young urban residents (52%).
- Nearly half of the young people reached by this combined content were in the youngest age group (aged 14–17), a third were aged 18–20 and 21% were aged 21–24.

⁷ Reach: Reach refers to the number of unique users who saw the content at least once.

⁸ Impressions: Impressions are the number of times any content from your Page or about your Page entered a person's screen.

⁹ Engagement: Engagement refers to the total number of likes or reactions, comments, shares and replies on all your content.

Research findings: Impact

Providing accurate, trusted and clear information

Young *Tikambe* media audience members reported learning useful and relevant information from the radio programmes. The programmes achieved this by inviting sexual health professionals to discuss these topics and give young listeners the opportunity to call in and respond to what they heard. This radio magazine format gave young people a voice and the opportunity to learn more about SRH.



The *Tikambe* Team had a chat with Dr Faith (second left), who answered questions on pregnancy.

Young survey respondents said that they particularly enjoyed segments of the programme that featured expert information from healthcare professionals.

The topics young people felt they learned most about include:

- Contraceptive use
- STIs and HIV
- Preventing teenage pregnancies

This is backed up by the **increased knowledge and understanding of SRHR among youth who were regularly exposed to the combination of *Tikambe* media and interpersonal communication**. The endline survey showed that *Tikambe*'s listeners were significantly more likely to be aware of and know about SRH issues. For example, regression

analysis (controlling for other factors) showed that young people aged 14–24 who were regularly reached by *Tikambe* were 2.7 times more likely to know about different STIs than those unexposed, and were 1.1 times more likely to name different types of family planning methods than those unexposed.

Activities contributing to the observed change

In phase three of the *Tikambe* project, 448 interactive weekly radio and TV programmes were produced by eight partner radio stations. And the radio stations produced and aired 261 single dramas to promote conversations among young people on the taboo themes of sexuality, relationships, pregnancy and access to SRH health services, and parent-child health discussions. Some episodes were repeated to enhance audiences' recall and retention of key information.

Community-based facilitators conducted outreach activities including SRHR clubs at youth-friendly spaces, which covered topics relating to life skills, social and gender norms, SRHR and cultural beliefs.

Spotlight on 14–17-year-olds

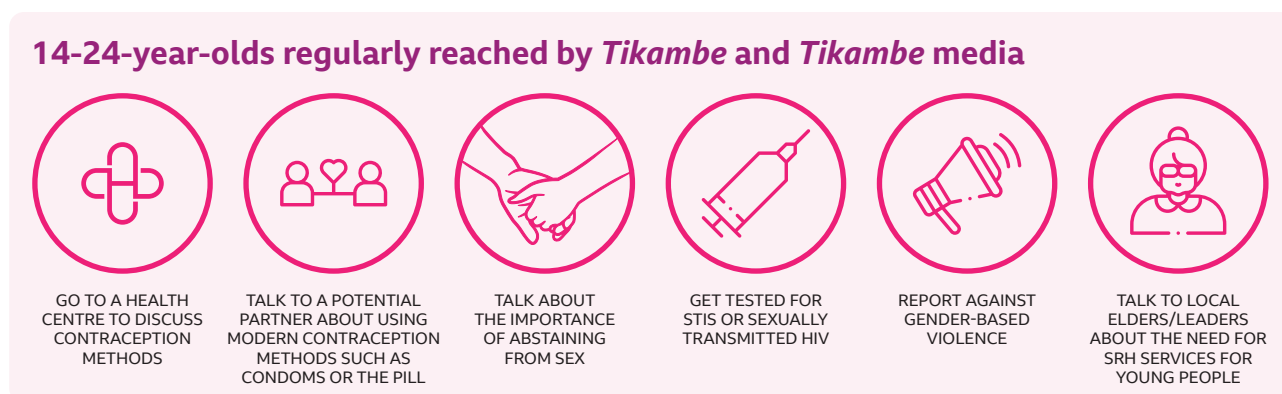
- The majority of young survey respondents were able to mention at least two ways to avoid STIs. Young 14–17-year-olds regularly exposed to *Tikambe* were significantly more likely than their unexposed peers to be aware of different types of STIs (78% versus 68%, respectively).

Results are statistically significant at 0.05 level

Increasing young Zambians' confidence to protect their SRH

In Zambia, young people hold back from accessing SRH services for reasons including fear of discrimination and a lack of youth-friendly health workers. The evaluation found that youths who were regularly exposed to *Tikambe* are significantly more likely to feel “very confident” in taking various positive SRH actions including going to a health centre to discuss contraception and access STI tests, or discussing contraception and SRH issues with others. Regression analysis supported this finding.

Figure 2: Confidence of young people who are regularly reached by *Tikambe/Tikambe* media to practice positive SRH behaviour



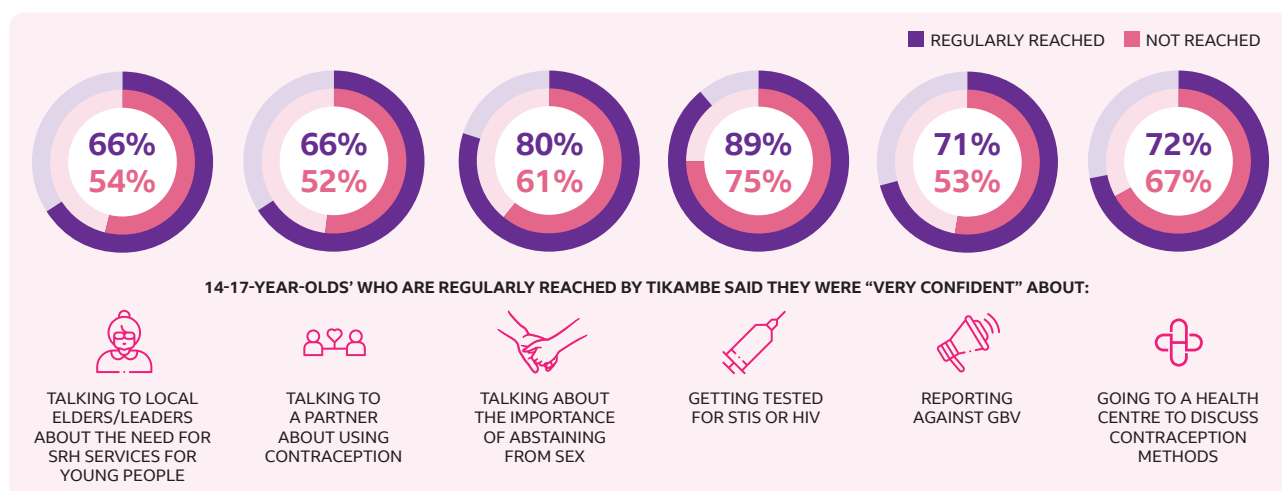
Result is statistically significant at the 0.05 level for those regularly exposed to *Tikambe* and *Tikambe* media, except for ‘reporting against GBV’ which is not statistically significant for those regularly exposed to *Tikambe* media.

Activities contributing to the observed change

In addition to *Tikambe* media, BBC Media Action and Restless Development organised various outreach events that were carefully designed to help participants develop a deeper understanding of their bodies, rights and the importance of open communication in relationships. These events increased demand for contraceptives including condoms and facilitated a greater uptake of SRH services, strengthening links between healthcare facilities and local adolescents.

This phase of the project also engaged young men and women through club sessions and provided mentoring sessions to empower young Zambians to pursue their aspirations and facilitate conversations around relationships.

Figure 3: 14–17-year-olds' confidence in managing their SRH



Results are statistically significant at 0.05 level

Prompting discussion and dialogue around SRH issues

Zambia's conservative society is deeply rooted in religious values, which contributes to young people being shy about discussing their sexual rights, even with close family members.¹⁰ Several studies indicate that adolescents who discuss SRH issues are more likely to make healthy decisions related to sex than their peers (eg, consistently using condoms with new/non-monogamous sexual partners).¹¹ And various studies, including the 2014 baseline findings for the *Tikambe* project show that young people felt embarrassed to visit health clinics to discuss SRH matters.

The *Tikambe* phase three programmes appear to have stimulated discussion on SRHR issues among audiences – the survey showed that regular exposure to *Tikambe* was associated with audiences' willingness to talk about SRH issues. *Tikambe* programmes promoted SRH discussions by engaging audience members and incorporating their views each week, giving them a sense of ownership and opportunities to make their voices heard.

Consequently, 66% of audience members aged 14–24 years reached by *Tikambe* media discussed the programme content with others, including their parents, other relatives and friends, particularly contraception and STIs. Furthermore, 92% of *Tikambe*'s audience said they would recommend *Tikambe* to others because they found it educational.

Exposure to both *Tikambe*'s interpersonal and media content was also associated with audience members' willingness to discuss SRH issues. Regression analysis, controlling for other factors, showed that those who were regularly reached by both forms of *Tikambe* content were 1.6 times as likely to say they were “very likely” to feel very comfortable discussing SRH issues than unexposed young people.

Spotlight on 14–17-year-olds

- 14–17-year-olds regularly exposed to *Tikambe* (44%) were significantly more likely to feel very comfortable talking about SRH issues than their counterparts who were not exposed to *Tikambe* (34%).

Results are statistically significant at 0.05 level



Encouraging positive SRH behaviours

Over half of the young people reached by *Tikambe* media reported as a result of listening a subsequent change in their SRH behaviour, notably in:

- Using modern contraceptives, especially condoms
- Taking measures to prevent pregnancies and STIs
- Discussing information from *Tikambe* programmes with parents, relatives, friends and others (eg, how to use modern contraceptives)

“*Tikambe*... has helped me to know where to find help and support, and I have learned that as a boy child it is OK to seek help when I am in need.”

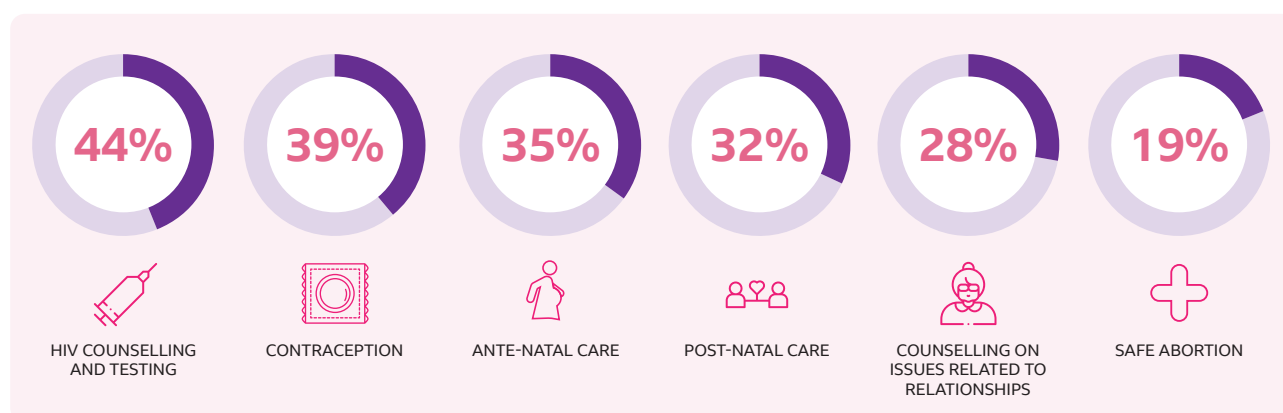
Innocent, aged 14, Kasama

¹⁰ Chilambe K, Mulubwa C, Zulu JM and Chavula MP (2023) 'Experiences of teachers and community-based health workers in addressing adolescents' sexual reproductive health and rights problems in rural health systems: a case of the RISE project in Zambia'. *BMC Public Health*, Feb 2023

¹¹ SMSNA for Patients (2023) *Young People's Barriers to Talking About Sexual Health With Their Parents and Providers*. Available at: <https://www.smsna.org/patients/news/young-people-s-barriers-to-talking-about-sexual-health-with-their-parents-and-providers>

After watching or listening to the programmes, 14–17-year-olds reported seeking various services as a result (see Figure 4).

Figure 4: 14–17-year-olds' who reported accessing the following services or discussing information on these services as a result of watching or listening to *Tikambe*¹²



Increasing awareness of youth-friendly SRH services



The *Tikambe* project aimed to drive an increase in using youth-friendly spaces, reflecting a Zambian government initiative to encourage young people to seek health services, especially SRH services. These youth-friendly spaces are set apart from other health facility premises and staffed by young people and health practitioners trained in youth-friendly healthcare and counselling. A UNESCO report identified several barriers that limited access to youth-friendly services, such as fears of being stigmatised, worries about confidentiality and a low availability of services.¹³

The endline research found that young people who were regularly reached by either or both *Tikambe* interventions were significantly more likely to be aware of youth-friendly spaces than their unexposed peers and were open to using these services. Regression analysis, controlling for other factors, showed that 14–24-year-olds who were regularly reached by *Tikambe* outreach and media were 2.9 times as likely to be aware of youth-friendly centres, and those regularly reached by *Tikambe* media alone were 1.9 times as likely to be aware of these centres than unexposed young people.

Activities that contributed to this change

Tikambe media and outreach activities created awareness about youth-friendly facilities and encouraged young people to use them by reassuring them of healthcare workers' professionalism and highlighting that fellow young people were points of contact at these centres.

All PSAs aired on various platforms alerted young people to the availability of SRH services, including youth-friendly centres. When needed, the project also put in place a system to refer young people from schools to youth-friendly services, making 839 referrals across 50 schools.

¹² Question asked: What have you done differently in terms of Sexual and Reproductive Health as a result of watching or listening to the *Tikambe* programme(s), visiting the *Tikambe* Facebook page or engaging with to a youth volunteer or peer educator from Restless Development?

¹³ UNESCO (2013). *Young People's Today, Time to Act Now. Why Adolescents and Young People Need Comprehensive Sexuality Education and SRH Services in Eastern and Southern Africa*. Available at <https://unesdoc.unesco.org/ark:/48223/pf0000223447>

Spotlight on 14–17-year-olds

- 14–17-year-olds regularly reached by *Tikambe* were significantly more likely to be aware of health centres, including young-friendly spaces than their unexposed peers (99% versus 94%, respectively).
- Regularly reached 14–17-year-olds were significantly more likely to be aware of youth-friendly centres than those not reached by *Tikambe* (41% versus 17%, respectively). They were also significantly more likely to say they would use youth-friendly centres in the near future for SRH services (82% versus 69%).

Results are statistically significant at 0.05 level

Encouraging positive attitudes towards young people's SRHR among gatekeepers

With the realisation that key influencers are central to the effectiveness of SRH interventions involving young people, *Tikambe* phase three held listening groups, awareness-raising events and community dialogue meetings across various districts where parents and community provided feedback on ways to help young people realise their SRHR.

“Before the [*Tikambe*] programme it was hard to talk to our children with other young people about issues to do with sex.”

Parent, Kitwe

Young people who were regularly exposed to *Tikambe* were more likely to feel supported by their parents and traditional leaders than those who were unexposed. Regression analysis showed that, when controlling for other factors, those who were regularly reached by *Tikambe* media were 1.3 times as likely to say that they felt “very supported” by their parents and 1.6 times as likely to say that they felt “very supported” by key people in their community e.g. traditional leaders around various SRHR issues than those who were not reached by *Tikambe* media.

During project evaluation discussions, religious leaders said that they did not feel engaged with the topic of SRHR because of societal expectations dissuading them from discussing such issues. This was reflected in survey results from young respondents.



Ba Mbuya (left) encouraging her granddaughter to share her menstruation story on *Tikambe*. Survey respondents particularly enjoyed programme segments in which young people heard from others like them.

Activities that contributed to this change

Through its listening groups, the project aimed to address the evolving needs of the target audience over the course of the project. These groups focused on getting listener feedback and input on programme content to ensure they remained relevant to young people.

Some parents and community elders who participated in some of the project activities such as community dialogues and listening groups served as ambassadors for young people by engaging in open conversations with young people about SRHR services, including contraceptives and voluntary

counselling and testing services. They also encouraged interactions between parents and children on SRH issues and increased networking between traditional leaders, religious leaders and counsellors in their area to ensure that issues affecting young people are addressed holistically.

“ I have continuously been engaged in sensitising young people on their reproductive health and [the] importance of accessing services such as HIV testing... Where they are unable to have access, I direct them to either the nearest clinic, general health centre or Restless Development. ”

Parent, Kasama

Local journalists – who form a vital link between the population and local radio stations – managed some listening groups to ensure the relevance of their programmes. These journalists received training through Restless Development’s Community Volunteers programme and regular mentoring and training from BBC Media Action.

Spotlight on 14–17-year-olds

- The 14–17-year-olds regularly exposed to *Tikambe* regularly were significantly more likely to feel supported by their parents around their SRHR than those who were unexposed (57% versus 45%, respectively).
- Most of the young participants in this study live with their parents and siblings. *Tikambe* media listeners usually listen with their family (65%), giving the programmes potential to influence parents and siblings. Considering that in some parts of Zambia it is taboo for young people to discuss sexual health with their parents, this could have far-reaching impact.

Results are statistically significant at 0.05 level

Young audience members’ positive attitudes towards decision making norms

The *Tikambe* project was designed to help young people understand and question harmful and discriminatory norms in relation to decision-making to foster an acceptance of gender equity.

This evaluation found that young *Tikambe* audience members showed positive attitudes towards decision-making norms around contraceptive use. Further, regression analysis, controlling for other factors, showed that those who were regularly reached by *Tikambe* were 1.9 times as likely to say that they “strongly agree” that girls/women in my community decide if they want to use contraceptive methods to avoid pregnancy.

Spotlight on 14–17-year-olds

- 14–17-year-olds regularly reached by *Tikambe* (51%) were significantly more likely than their unreached counterparts (34%) to “strongly agree” that girls or young women in my community decide if they want to use contraception to prevent pregnancy.

Results are statistically significant at 0.05 level

Activities that contributed to this change

The project used drama as a key vehicle to help shift social norms that limit young people’s freedom, aspirations and confidence to practise healthier sexual behaviours. As noted above, 261 drama segments were produced and aired to promote conversations with and between young people around SRH topics.



Conclusion

At the start of the *Tikambe* project, baseline research among young people in Zambia revealed low levels of confidence in discussing SRH with others, including with health workers, and low levels of seeking SRH services and to practising safe sex.

Tikambe media content, and outreach activities conducted by Restless Development, both tailored to the target age group and reflecting Zambia's CSE curriculum, have been effective in improving SRH knowledge, attitudes, confidence, discussions and practices among young Zambians aged 18–24. Young *Tikambe* media audience members found the content highly educational. Project activities also contributed to parents and children overcoming local taboos to discuss SRH issues.

The evaluation found that 14–17-year-olds' SRH knowledge, attitudes and practices lagged behind those of youths aged 18–24. To explore this further, this study focused on the data on 14–17-year-olds across the four focal provinces to examine the differences between those who were regularly reached by *Tikambe* and those who were not.

It found that 14–17-year-olds who were regularly reached by the intervention demonstrated better levels of SRH knowledge, attitudes and practice compared to their unexposed peers. The strongest results were observed among those who were regularly exposed to both *Tikambe* media and interpersonal communication, reiterating the importance of multiple interventions to achieve desired outcomes.

This evaluation demonstrates evidence of multi-platform interventions which combine comprehensive education via mass media promoting knowledge, behaviours and community support for SRH together with outreach activities e.g. peer education to enable young people realise the sexual and reproductive health rights and make well-informed, beneficial decisions in these areas. Additionally, it highlights that young people especially those aged 14–17 who are unexposed to educational interventions of this nature may be left behind in realising their SRH rights, hence the need to prioritise this intervention among this age group.

Acknowledgements

This project briefing was prepared thanks to funding from Swedish International Development Cooperation Agency (Sida). The content of the briefing is the responsibility of BBC Media Action. Any views expressed should not be taken to represent those of the BBC itself or of any donors supporting our work.

The authors would like to thank BrandComm Limited, which conducted the evaluative research, as well as the BBC Media Action team in Zambia who carried out the qualitative research with journalists and media practitioners.

We would like to thank our colleagues Soren Johannsen, Sonia Whitehead, Kaushiki Ghose, Patricia Sinyangwe and Boyd Chibale for input and feedback.

The authors would also like to thank all research participants who participated in the research.

Authors: Akunna Penny, Nick Chasimpha and Muk Yin Haung Nyo

Copy editor: Lorna Fray

Designer: Marten Sealby

Cover image: From the *Tikambe* social media page

Follow us on social media:



Registered charity number (England & Wales): 1076235

Company number: 3521587

Registered office: Broadcasting House, Portland Place, London W1A 1AA

Tel: +44 (0) 20 7481 9797

Email: media.action@bbc.co.uk

Web: bbcmediaaction.org

©BBC Media Action 2024