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EXECUTIVE SUMMARY

SOCIAL AND BEHAVIOUR CHANGE COMMUNICATION STRATEGY:

IMPROVING ADOLESCENT NUTRITION IN INDONESIA

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Adolescent girls in Indonesia. ©UNICEF/2017/Elizabeth Pick

Adolescent girls are consuming fruits at school. ©UNICEF/2019/Fauzan Ijazah

EXECUTIVE SUMMARY

Adolescents in Indonesia – those between the ages of 10 and 19 years – are faced with the triple burden of malnutrition with the coexistence of undernutrition, overnutrition and micronutrient deficiency. Approximately one fourth of adolescents aged 13–18 years are stunted, 9 per cent of adolescents aged 13–15 are thin or have low body mass index, while another 16 per cent of adolescents are overweight or obese. In addition, one fourth of adolescent girls suffer from anaemia.

Malnutrition has serious implications for the health of young people, impacting the well-being of current and future generations, and the economy and health of the country. In particular, the nutritional status of adolescent girls is closely linked to pregnancy outcomes and maternal and child health and survival. Malnutrition is related with gender, with higher prevalence of anaemia among girls and higher prevalence of thinness among boys.

Evidence suggests that adolescence provides a second window of opportunity to influence developmental trajectories (including growth and cognitive development), form future habits and make up for some poor childhood experiences – second only to early childhood.[1]

A qualitative-quantitative study on dietary and physical activity commissioned by UNICEF in 2017 revealed that school physical activity was minimal, seldom longer than 90 minutes a week. Furthermore, changes in dietary intake patterns have doubled the consumption of fat and processed foods. The diet diversity of Indonesian adolescents was found to be poor, with only 25 per cent consuming rich sources of iron, folate and other essential micronutrients such as animal-based foods and vegetables.

There is growing awareness that adolescent nutrition is an area that requires enhanced attention and investment in Indonesia. Both nutrition-specific and nutrition-sensitive interventions need to be combined into integrated, multisectoral responses to achieve optimal nutritional status of adolescents by mobilizing the support of various line ministries, notably health, education, religious affairs, and social affairs.

[1] UNICEF (2018), Programme Guidance for the Second Decade: Programming with and for adolescents. UNICEF, Programme Division, New York

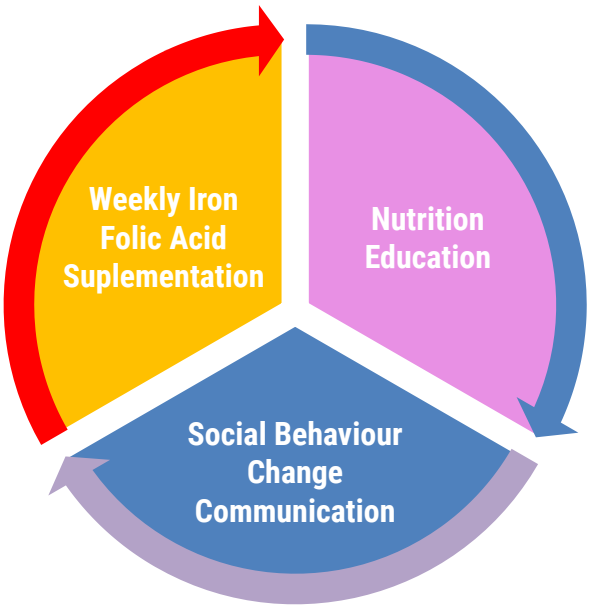
An adolescent girl is consuming an iron folic acid tablet. ©UNICEF/2019/Fauzan Ijazah

A school parade to promote nutrition messages. ©2019/Amelia Hidayah

UNICEF Indonesia together with the Government of Indonesia has embarked on a pioneering adolescent nutrition programme designed to address the triple burden of malnutrition. The programme applies a life-course framework aimed at breaking the intergenerational cycle of malnutrition. Launched in November 2018, the programme has adopted the catchy brand and tagline '*Aksi Bergizi*', translated as 'nutritious action'. Three interdependent nutrition-specific interventions were piloted from 2019 in 110 junior and senior high schools in two districts, namely Klaten in Central Java Province and Lombok Barat in West Nusa Tenggara Province. The *Aksi Bergizi* adolescent nutrition package of interventions consists of three components:

1. Weekly iron folic acid supplementation for girls to control and prevent anaemia;
2. An evidence-based, multisectoral Nutrition Learning Module incorporated into the school curriculum. It is designed to improve the knowledge, attitudes and self-efficacy of adolescent girls and boys on healthy eating and physical activity;
3. A comprehensive, gender-responsive social and behaviour change communication (SBCC) strategy that aims to empower adolescent girls and boys to improve dietary practices and physical activity with support from their families, friends and communities.

Adolescent Nutrition Programme in Indonesia



An *Aksi Bergizi* teacher training in Klaten district. ©2019/Silvia Kusuma Adhi

A nutrition education session at a school in Lombok Barat district. ©2019/Taufiqurahman

The SBCC strategy design detailed in this document follows a systematic six-stage process based on well-established SBCC planning models and principles. The strategy builds on evidence and envisions participatory and sustained efforts engaging adolescents, families, community level influentials, teachers and local service providers. This strategy document includes the following sections:

Situation Analysis	Gives a brief overview of the nutritional status of adolescent girls and boys in Indonesia, the immediate, underlying and root causes of the problem, the gaps/barriers and opportunities to optimum adolescent nutrition practices, and government and stakeholder responses so far. A look at the communication environment and a channel analysis provide robust evidence to guide strategic approaches, creative interventions and channel/media selection.
Conceptual Framework	Presents proven conceptual tools to guide in planning the strategic approaches and in designing the creative intervention. This communication strategy uses the Socio-Ecological Model (SEM), the Social Cognitive Theory and the Stages of Change Model as framework for understanding the multifaceted and interactive effects of personal and environmental factors that influence an individual's behaviours and a community's collective decision to adopt recommended practices and positive social norms. Reflecting an SEM approach, a Theory of Change is proposed to illustrate the pathways of inputs and activities of each actor or participant group for achieving the intended SBCC outputs, outcomes, change objectives and goals.
Communication Goals and Objectives	Aim to harness the power of communication to contribute to the programme goal of improving the nutritional well-being of adolescents in Indonesia. The overall goal of SBCC is to empower adolescent girls and boys with knowledge, values and skills to adopt healthy dietary practices and physical fitness activities of their choice. This SBCC strategy takes aim at the triple burden of malnutrition, addressing both under nutrition, over nutrition and anaemia, by promoting knowledge of the importance of good nutrition and physical activity as well as building skills and capacities among adolescents to adopt healthier food choices and take up more physical activities.

Strategic Approach

Details the SBCC approaches that are also referred to as intervention modalities to be linked to the implementation plan. Milestones for each modality are listed and prioritized for each phase of the programme.

SBCC intervention modalities for improving adolescent nutrition

Creative intervention design

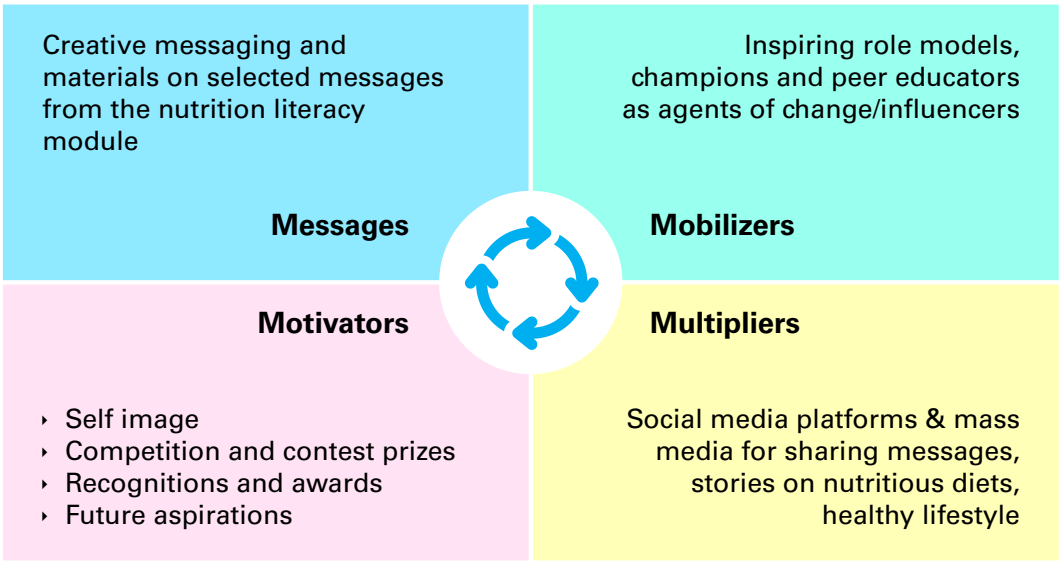
Provides an interface between the communication objectives, the adolescents as primary participants, and their involvement in innovative content creation. The design specifies outlines of key messages specific for adolescent girls and boys in the school setting. Their inputs on communication channel selection, creative content, stories, and use of their preferred electronic gadgets and social media platforms are expected to translate into doable activities for the implementation plan.

The idea is to inspire a movement for improving and sustaining adolescent nutritional status in the country through the interconnected and interdependent pillars of the creative strategy, the '4Ms', as illustrated in the figure below.

THE 4MS: INTERCONNECTED PILLARS OF THE CREATIVE STRATEGY			
1. MOBILIZERS	**2. MULTIPLIERS**	**3. MESSAGES**	**4. MOTIVATORS**
Role models, champions and peer counsellors as agents of change	Social media platforms and community media for sharing messages about nutritious diets and healthy movement	Creative messaging, edutainment and design of adolescent-friendly materials aligned with Nutrition Literacy Learning Module lessons and key messages	Positive self-image, intra- and inter-school competitions, recognitions and awards as mobilizers, multipliers and messengers

Suggested creative interventions and fun activities are listed for healthy diets and physical activity, according to the 4Ms. Stakeholders will select and decide which activities are suited and interesting to them given their contextual realities, for inclusion in the implementation plan of each pilot district. Recommendations and implementation guides will be discussed and prepared on the chosen activities and interventions.

The 4Ms – Interconnected pillars of the creative intervention design for SBCC on adolescent nutrition



Key messages for consistency and coherence, the key messages in SBCC activities were selected from the 36 lessons in the Nutrition Education Module. This resource serves as the teacher-facilitator's guide to engaging junior and senior high school students in interactive 30-minute nutrition learning activities.

The key messages are calls to action that address three main themes of anaemia prevention, healthy eating and physical activity:

Control and prevention of anaemia

- Take iron/IFA supplements
- Eat iron-rich and fortified foods
- Eat green, leafy vegetables

Healthy dietary practices

- Eat five servings (five fistfuls) of vegetables and fruits every day
- Include a fruit or vegetable with every meal
- Eat colourful vegetables and fruits
- Choose fresh foods over processed foods
- Choose water over sweetened beverages or juices
- Reduce intake of packaged foods

Physical activity

- Get 60 minutes of physical activity every day – walk more, jog, bike, dance, do aerobics, etc.
- Engage in active sports that you enjoy.

The launching of *Aksi Bergizi* programme in Klaten district. ©UNICEF/2018/Airin Roshita

Creative rallying calls and context-specific message briefs/spiels, scripts and talking points for specific messengers will be developed with participation of adolescents, teachers, parents, influencers, media and other stakeholders focusing on actions that will impact on healthy eating behaviours and physical activity. Culture- and language-specific messages will be designed or refined locally to equip messengers, channels, media and materials, as appropriate, in school and community contexts.

Implementation plan maps the planned milestones or targets and defines concomitant activities (and tasks). The plan also provides guidance on potential resources or support needed, time frame, roles and responsibilities and commitments of various government, non-governmental and private stakeholders in implementing the strategy, and an estimated cost for reaching a given milestone.

Phased approach this SBCC strategy was implemented as a pilot in 2019–2020. The next phase, national scale-up, can be implemented based on evidence, insights and lessons from the pilot.

The pilot was implemented in two districts, Klaten in Central Java Province and Lombok Barat in West Nusa Tenggara, during 2019–2020. This phase focused on supporting behaviour change among school-going adolescents. The pilot was conducted in 110 schools in Klaten and Lombok Barat.

The national phase will be conducted under the National School Health programme. This phase will involve a greater number of schools and communities in all districts of Indonesia.

Monitoring and Evaluation Framework will provide guidance on preparing an M&E plan to track progress of planned activities and measuring intended behaviour change results based on the communication objectives. It also stresses the importance of documenting promising practices and lessons learned, with tips and guides for reporting.

This comprehensive strategy document provides a framework and specific guidance for SBCC efforts aimed to improve adolescent nutrition in Indonesia. Initially planned to be piloted in two districts, the strategic approach, communication activities and key messaging can be scaled up for greater reach. The M&E framework will ensure that changes resulting from the intervention can be tracked and that there is regular monitoring

to gauge if activities are going as planned and, importantly, to ensure course corrections. The strategy emphasizes the inherent potential among adolescents to make healthier choices and decisions that can positively impact their lives and health when they have relevant information, skills and self-efficacy and are enabled to develop heightened agency.

This SBCC strategy addressing the triple burden of malnutrition among adolescents in Indonesia should be viewed as a vital contribution to an emerging area of theory and practice. The research, theory, evidence and stakeholder participation that have gone into its design are rigorous and comprehensive. It is hoped that the intervention will emerge as a cutting-edge contribution to the less-than-robust knowledge base of promising and innovative practices to improve adolescent nutrition, and that it will provide significant lessons learned in SBCC programming.

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