

YOUTH POWERED



Irrelevant, Dangerous, and at Odds with My Identity and Dreams



Qualitative research findings using human-centered methodology in Ethiopia, Nigeria, and Tanzania reveal emotional dynamics complicating contraceptive use among adolescent girls

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→ Agenda



1. Background | *A360 in its disciplinary context*
2. Methods | *Youth partnership for evidence-based design*
3. Findings | *Themes across three country profiles*
4. Interpretation | *Considerations for contraceptive youth programming*
5. Discussion | *Learning exchange*



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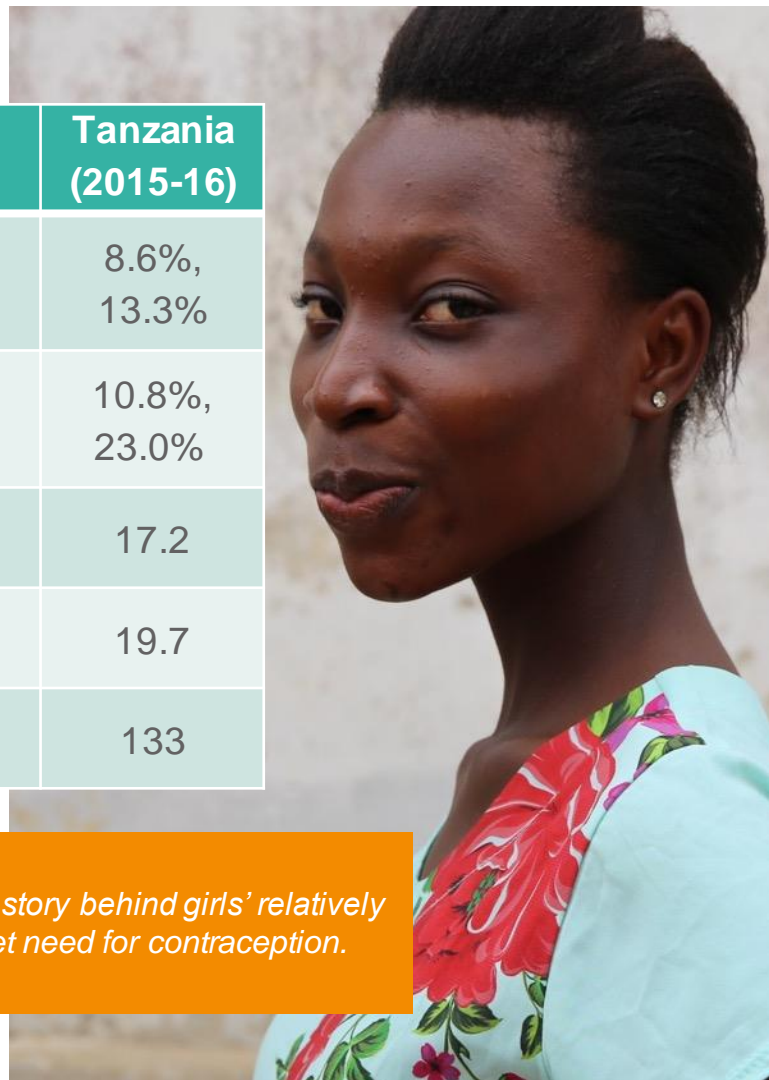


Background



	Ethiopia (2016)	Nigeria (2013)	Tanzania (2015-16)
mCPR all girls 15-19 currently married girls 15-19	7.4%, 31.8%	4.8%, 1.2%	8.6%, 13.3%
Unmet need all girls 15-19 currently married girls 15-19	4.7%, 20.5%	6.2%, 13.1%	10.8%, 23.0%
Median age at first sex women age 25-49	16.6	17.6	17.2
Median age at first birth women age 25-49	19.2	20.2	19.7
Adolescent fertility rate (Births per 1,000 girls aged 15-19 per year)	80	122	133

→ Aiming to understand the story behind girls' relatively high fertility and low unmet need for contraception.





Adolescents 360

- January 2016-June 2020
- USD 30 million
- Ethiopia, Tanzania, Nigeria

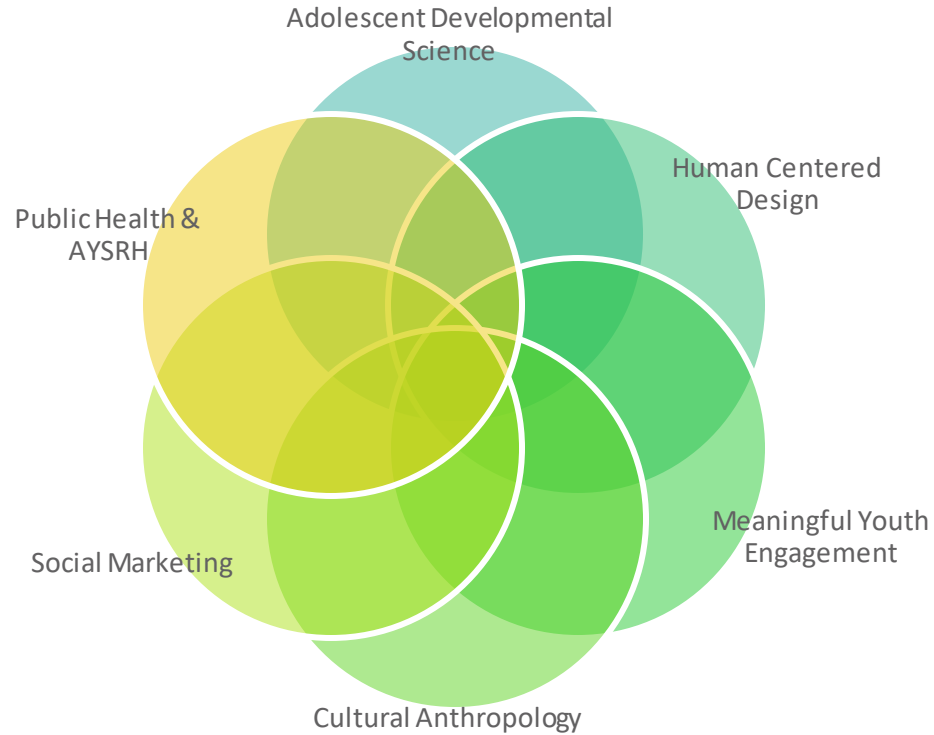
Aims:

- Increased demand for and access to modern contraceptive services among adolescent girls aged 15-19
- Cost-effective interventions through a transdisciplinary approach



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A360's Disciplinary Context



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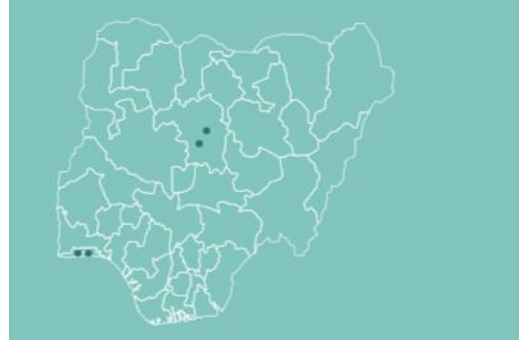
Methods

Methods



✓ Ethiopia

- ▶ IRB approval
- ▶ Addis Ababa, Afar, Oromia, Tigray
- ▶ 294 semi-structured interviews



✓ Nigeria

- ▶ IRB approval
- ▶ Kaduna & Lagos
- ▶ 365 semi-structured interviews



✓ Tanzania

- ▶ Consent obtained
- ▶ Bagamoyo and Morogoro; Dar Es Salaam, & Mbeya
- ▶ 100+ semi-structured interviews



- Adolescent girls, adolescent boys, mothers, fathers, male partners, community influencers, providers and caregivers

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Similar *but* not the same

✓ Qualitative inquiry to inform design

- ▶ Site selection rationale
- ▶ Interview Guide
- ▶ Note taking & observation
- ▶ Inductive group approach to synthesis & grouping of themes
- ▶ Interpretation based on discussion rather than frameworks
 - Formulate “how might we” questions as basis for ideation
- Prototyping to test and try

✓ Qualitative inquiry for research

- ▶ Site selection rationale
- ▶ Theory or Framework
- ▶ Interview Guide
- ▶ Transcription & back translation
- ▶ Interrater reliability testing (when >1 analyst is coding)
- ▶ Inductive &/or Deductive Coding
- ▶ Codebook
- ▶ Analytical approach
- ▶ Hypothesis & in some cases, hypothesis testing

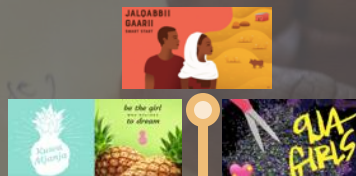


A360: At a Glance

Sept- Dec 2016



Data collection to inform design



January- Dec 2017

Prototyping, Vetting, & Refinement through the transdisciplinary approach



Storyboard



Rapid Prototyping



Get Feedback



Integrate Feedback and Iterate



Jan 2018- present

Evidence-based adaptive implementation as engine for scale

MAINTAIN AN ADAPTIVE FOOTING

INTERVENTIONS ARE NEVER FULLY OPTIMIZED PRIOR TO IMPLEMENTATION.

Apply structured processes to quickly refine and ensure the intervention responds to the needs of girls, and the health system actors who serve them.





Findings

Six Dominant Themes Across Countries

Anxiety & uncertainty about how to secure a stable future

Misalignment between sexual behavior, contraceptive use & identity

Motherhood as the and achievable dream

Contraception as threat to dreams

Isolation & mistrust

Girls' (complex) connections to their mothers



Anxiety & Uncertainty About How to Secure a Stable Future

“We want to change ourselves to have a better future with lots of money.”

*-Married girl,
Ethiopia*

“My parents give me N100 for [all meals]. It’s not enough. Not even enough for breakfast. So how do I eat? **I need to take care of myself.**”

-Unmarried girl, Nigeria

Girls perceive a norm of insecurity, and desire future stability. Having one’s own money is seen as a means of asserting control over the current situation. This manifests in entrepreneurialism, a sense of urgency to act, as well as increased exposure to transactional and/or coercive sex—for example, when jobs cannot be found.

--Unmarried and married girls, Tanzania and Nigeria

Misalignment Between Self-Identity & Sexual Behavior

“Family planning is not for girls in school. It is for married girls, for birth spacing.”

-Unmarried girl,
Ethiopia

**“I’m not
having sex. He
had sex with
me!”**

-Unmarried girl,
Nigeria

“What if you are a virgin and your boyfriend said he wants to have sex with you and you use a condom, so are you still a virgin?”

--Unmarried girl, Nigeria

Self-identification as sexually active (whether to external audiences or to one’s self) was complex, at times harrowing. Girls’ perception of their sexual activity status itself was often shifting, given infrequent, transactional, or coercive sex, adding layers of complexity to whether girls identify as “sexually active.”

-Girls in Tanzania, Nigeria, and Ethiopia

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Motherhood as the Achievable Dream

“Having the first child is respect. You start to be called by the name of your child...”
-Unmarried girl, Ethiopia

“I want to go to school. Even if I do not work, I will help my children with their school work.”
-Unmarried girl, Nigeria

“If you don’t have a job and can’t continue your education, then **having a child is the only profit you have.**”
-Married girl, Ethiopia

Motherhood was near universally discussed as a central, dependable life joy for girls. Where other joys exist, in an unpredictable and challenging life, none were deemed as reliable as the dream, goal, joy of becoming a mother.

--Girls in Tanzania, Nigeria, and Ethiopia

Contraception as Threat to Dreams

“They say
contraception is good,
but not for me it’s not
good. **It will
destroy your
womb.**”

-Unmarried girl, Nigeria

“*[A girl who uses
contraceptives]* might age and
not get the child when she
wants it.”

-Mother of adolescent girl,
Ethiopia

“**The girl will be
toad-jumping** if
contracepted– from
one man to another.”
-Father of unmarried
girl, Nigeria

Contraception as a cause for fear due a perceived threat to fertility, as well as (social) security. Though a too-early or mis-timed pregnancy was also a source of shame, this was ultimately a more acceptable, and temporary hardship as it was still a path to motherhood.

--Unmarried girls in Tanzania, Nigeria

Isolation & Mistrust

“If a [unmarried] girl is sexually active, **the community will hate her and isolate her.**”
--Unmarried girl, Ethiopia

“Your worst enemy can be your best friend.”
-Unmarried girl, Nigeria

“I don’t trust my boyfriend. I don’t trust men. Men are the worst!”
-Unmarried girl, Nigeria

A sense that men, providers, and even friends cannot be trusted, and that girls must navigate a challenging gauntlet to arrive at a secure future— largely on their own and/or in secrecy.

-Married and unmarried girls, Tanzania, Nigeria, and Ethiopia

Girls' (complex) Connection to Their Mothers

“My mom would understand, but she would scold me.”

-Unmarried girl, Nigeria

Many girls discussed their desire for support and information from a trusted source, and for some, their mothers served as that figure in their lives. At the same time, girls discussed mothers as figures from whom to hide knowledge about their lives, and/or information they are accessing.

Some girls held this dual view. Others fell starkly in one of the two camps.

-Girls in Tanzania and Nigeria



Discussion



THE OLD FRAMING

Traditional adolescent and youth SRH research yields meaningful data, yet lacks an emotional connection to the work.

1

When you become sexually active.

2

Use contraceptives!

3

So you can finish school and stay healthy.

4

And achieve all your dreams.

REFRAMING THE BENEFITS OF CONTRACEPTIVES, WITH AND FOR ADOLESCENTS

Adolescents 360 listens to what girls say they want to deliver sexual and reproductive health (SRH) services when and how they need.



"I have dreams but no idea how to achieve them."

"I'm all alone in this."

"I'm living for today."

"As long as I am not using contraceptives, I am not sexually active."

"I trust my mum most."

"Motherhood is my dream. Infertility would be more tragic than being a mother too soon."

"You are offering me shame and infertility. It is worse to be known to be contracepting."



GIRLS NEED TO FEEL SEEN, HEARD AND RESPECTED.

THE A360 FRAMING

Girls' insights help design resonant SRH solutions responsive to girls' needs and desires.

1

Your current needs are important!

2

What's your dream? Set a goal, make a plan!

3

Contraceptives are a first step to achieving your immediate goals.

4

Whenever you are ready, you can have a baby.

ADOLESCENTS
360

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“There are things known and
there are things unknown, and in
between are the doors of
perception.”

— Aldous Huxley



*Thank
you!*

 Adolescents 360

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