

YOUTH POWERED



Parental Consent: A Hinderance or Catalyst to Adolescent's Access to Contraception in South Western Nigeria



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TRIGGERISE



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Population	190.9 million
Median age	17.9
Girls 15-19 who have ever had sex	43%
Girls 15-19 who are sexually active	29%
Adolescent fertility rate	118/1,000
Teen pregnancy (15-19)	22.5%
mCPR (15-19)	2.1%

- 31% of population of Nigeria is 10-24 years old
- Adolescent fertility rate higher than the regional average
- Presents opportunity for AYSRH programming

#InMySquad

Data source: UNFPA 2017, NDHS 2013



Legal Landscape: Age of Consent

- Nigerian policies aim to support adolescent reproductive health, and include provisions regarding minimum age of consent for SRH services
 - Child Rights Act and Sexual Offense Act :
 - Minimum age of consent: 18
 - No age- or parity- related restrictions
 - For under 18, you need parental consent for invasive medical procedures
- Wide and varied interpretations of law, state by state
 - Common interpretation: requirement that girls produce *signed parental consent forms* to receive SRH services
 - Differing interpretations of what constitutes an “invasive medical procedure”



"I'LL BE THE LIGHT
OF MY GENERATION."

— UNMARRIED GIRL, EPE



The Tension

Though they are intended to safeguard adolescent health, do parental consent forms actually support girl-centered, girl-powered AYSRH programming? Or do they serve as a barrier to adolescents' access to SRH services?



Setting the Stage: Program Data from 9ja Girls

- Program monitoring data shows that girls 15-17 make up **53% of attendees** at 9ja girls events, **but only 34% of adopters** of modern contraception
- Once girls reach 18 years old, we see the uptake of condoms drop considerably (**72% condoms for 17 years old, 42% condoms for 18 years old**)

Figure 1: Percentage of 9ja Girls Adopters and Attendees Aged 15-17 and 18-19

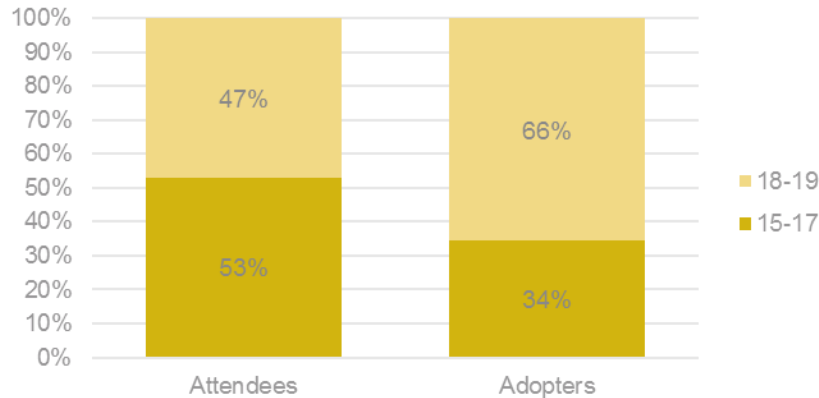
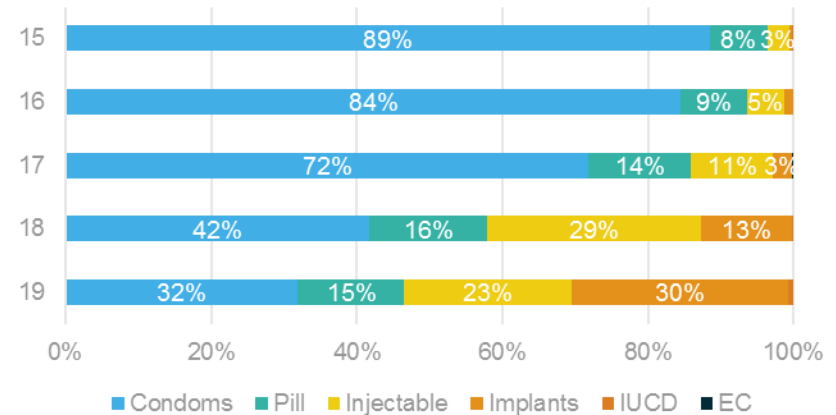


Figure 2: Method Mix by Age, 9ja Girls



Methods

Retrospective programmatic analysis

- Routine monitoring data
- 10 months period (Sept 2017- June 2018)

Participatory action research

- Key informant interviews: young providers, clinic managers, mobilizers, SMOH, SFH staff
- 4 FGDs w/ 22 adolescent girls ages 15-19
- Data collected from Nasarawa and Ogun, but results applicable across A360 programs in Nigeria





Findings

Quantitative Findings: Oyo State vs Lagos State

Central to interpretation of our findings is the assumption that girls who are given a consent form for parental signature have expressed some desire or intent to take up a long term method.

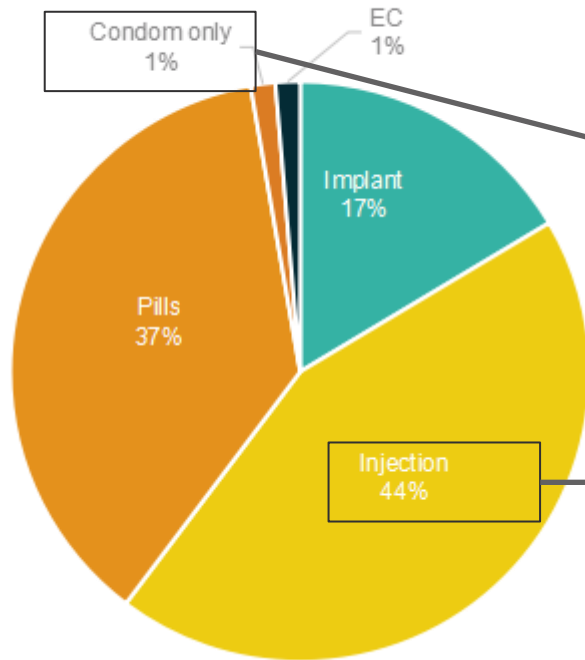
- In Oyo state
 - n= 229 girls given consent forms
 - n= 222 girls returning with signed consent forms (return rate of **96.9%**)
- In Lagos state
 - n= 61 girls given consent forms
 - n= 12 girls returning with signed consent forms (return rate of **19.7%**)
 - Small sample size limits ability to draw conclusions

Findings from Oyo state suggest that consent forms may not be as large a barrier as initially thought, though Lagos presents a different story.



Quantitative Findings: Method Mix

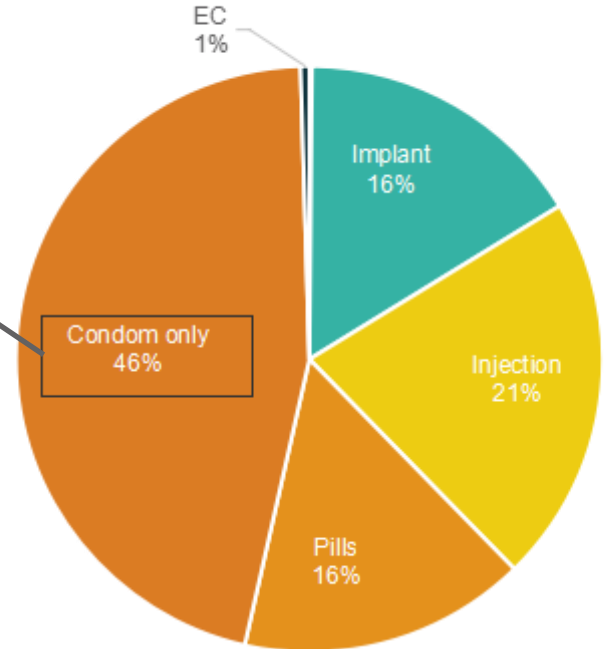
Figure 1: Method mix of girls returning with a signed parental consent form, Oyo, Nigeria



1% of girls returning with a signed consent form in Oyo take up a condom only vs. 46% in Lagos

44% of girls returning with signed consent form in Oyo take up an injectable contraceptive

Figure 2: Method mix of girls returning with a signed parental consent form, Lagos, Nigeria



Qualitative Findings: Participatory Action Research

PAR findings indicate that consent forms...

....may be falsified

*“The girls do not actually get their parents to sign the forms. I have seen a case whereby she gave her boyfriend the form to sign...
We just see the signed forms and ignore the reality about who actually signed the forms.”*

- Service Provider

...may inhibit girls from receiving their method of choice

*“**Two girls chose the implant but because of parental, they changed their mind.** They do not want them to know. They will get the injection or condom instead.”*

- Service Provider

....may inhibit providers from providing timely services

*“**I called them for consent form and they said it is not available.** I have to take out of my money to go and make photocopies rather than tell them that there is no consent form and they should come back. **Once you said today they don't have, they change their mind not to have the method again.”***

- Service Provider



The Take-Away

While our findings are not conclusive regarding the role of parental consent forms, it is clear that their value is not consistent with their intent. Parental engagement can be done well to improve the enabling environment for adolescent girls to access SRH services, but conversely done poorly (especially when differing interpretations of the federal law at a local level lead to inconsistent application), adolescents may be prohibited from accessing methods or forced to falsify consent forms to receive the method that they want, counteracting the relationship of trust intended to be built between the girl and the provider



Discussion

- Impact of parental consent requirement may be dependent on community and provider interpretation
- Indication that parental consent form requirement contradicts mandate for girl-centered programming
 - Experience delays in accessing methods
 - Impacts girls' choice of methods
 - Forces creation of mistrust between girl and provider
- Bottom line: ***Requiring documentation for adolescents to access services does not constitute meaningful parental engagement***



Conclusion

- Advocacy is needed to clarify and harmonize interpretations of the law that may inhibit adolescents' access to services
- We understand that parental engagement can be important for some girls, but our analysis suggests that this particular mechanism (i.e. signed consent forms) is not the way to meaningfully engage parents

