

How well did an intervention to improve adolescents attitudes towards contraception, abortion, and sexual violence work in southeast Nigeria?

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Background

- Contraceptive use remains the most effective method for the prevention of unintended pregnancies yet, adolescents' need for contraceptive use remain unmet in Nigeria.
- In Nigeria, adolescents aged 15-17 (9.9%), 18 (30.6%), and 19 (37%) years have begun childbearing (1)
- Among the sexually active unmarried women surveyed, adolescents aged 15-19 years have the highest (64.5%) unmet contraceptive need (1)
- About 8.2% of adolescents in Ebonyi state have begun childbearing and the state records the second highest unmet contraceptive need (23%) among sexually active adolescents aged 15-19 years (1)
- Effective engagement of young people in designing and implementing interventions ensures that their SRH needs are addressed (2).

Study objective

This paper contributes to new knowledge on the factors that predict positive attitudes towards condom use, contraception, abortion, and sexual violence among adolescents in urban and rural communities of Ebonyi State, Nigeria, as part of the evaluation of a multi-faceted intervention.

Methods

Data collection methods

Cross-sectional mixed-method study using quantitative and qualitative study approaches.

- ❑ The study was undertaken in 3 rural & 3 urban LGAs in Ebonyi State, southeast Nigeria
- ❑ 6 intervention communities & 6 non-intervention communities
- ❑ The study population consisted of unmarried adolescent boys and girls (aged 13-18 years)

Adolescent SRH Intervention

Community-based and school-based interventions were implemented in six purposively selected communities.

- ❑ Training formal and informal SRH service providers - school teachers, peer health educators, primary healthcare workers, patent medicine vendors, and community health volunteers.
- ❑ Establishment of school health clubs
- ❑ Community Campaign
- ❑ Routine supportive supervision to the trained service providers

Data collection methods

Quantitative

- Household survey – adolescents and heads of household
- A total of 855 - 413 adolescents from six intervention communities and 442 from six non-intervention communities.

Qualitative

- Focus group discussions – adolescents
- were purposively selected based on their participation in school-based or community-based adolescent SRH intervention activities.
- 4FGDs (F/M) - for each schooling status (in/out-of-school)

Data analysis

Quantitative

- Descriptive & Multivariate statistics

Qualitative

- Framework analysis

Note: interviewer-administered pre-tested questionnaire was adapted from the WHO illustrative questionnaire for interview surveys with young people (3)

Quantitative Results

Variables	Attitude towards condom use	Attitude towards contraception	Attitude towards abortion	Attitude towards sexual violence
Mean (standard deviation)	1.130(0.84)	0.850(0.76)	1.478(0.70)	0.208(0.47)
	Coefficient (p-value)	Coefficient (p-value)	Coefficient (p-value)	Coefficient (p-value)
Socio-demographic variables				
Gender(female)	-0.000(0.9)	-0.049(0.04)**	0.011(0.75)	0.023(0.41)
Level of education completed (senior secondary)	-0.094(0.04)**	-0.036(0.23)	0.104(0.02)**	0.002(0.95)
Location of residence (urban)	-0.059(0.09)	0.043(0.07)	-0.177(0.00)***	-0.006(0.83)
Age	0.047(0.00)***	0.025(0.00)***	-0.003(0.80)	-0.013(0.15)
Working for pay (yes)	-0.004(0.93)	0.005(0.88)	0.035(0.45)	-0.057(0.13)
Non-demographic variables (believes, awareness, and behaviours/ participation)				
Received SRH interventions	0.053(0.59)	0.004(0.89)	0.023(0.82)	-0.134(0.09)
Heard about SRH information campaign (yes)	0.062(0.16)	0.0023(0.42)	-0.091(0.03)**	-0.025(0.47)
Participated in SRH information campaign (yes)	0.041 (0.02)**	0.042(0.47)	0.090(0.26)	0.104(0.11)
Discussed sex-related matters with someone in the past year (yes)	0.031(0.41)	0.059(0.2) **	0.002(0.95)	0.043(0.09)
Believe that SRH information and services should be provided for adolescents	-0.456(0.37)	0.178(0.94)	-0.435(0.39)	0.886(0.03)**

Qualitative Results

- The FGDs showed that with participation in school- and community-based interventions, adolescents became:
 - ❖ bolder in their decision to use condoms when engaging in casual sexual intercourse
 - ❖ more confident and assertive to say no to sexual harassment and to forced sex.
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“Yes, it has added value to me because before the school health club was established, I was not bold enough to say no to sex, but now I’m bold enough. Sex is not by force.” - Female adolescent FGDAF)

“When we go to the playground, we used to have sexual intercourse with them [girls] there without using anything, sometimes we will be touching their breasts and other things but now we carry a condom in our pocket in case anything [casual sexual intercourse] happen” – male adolescent FGDAB)

- They make use of condoms to prevent unplanned pregnancies and unsafe abortion
- Adolescents reported that the attitudinal change in condom use decreased the occurrence of parents arresting male sexual partners for getting adolescent females pregnant in the communities.

“Some things changed because before now, you will see several cases where the family of a girl will arrest a boy because he is responsible for their daughter’s pregnancy but it is no longer happening now in this community” – Male adolescent FGDIZ)

Conclusion

- Our findings suggest that implementing interventions such as SRH information campaigns in the community and the establishment of school health clubs to provide SRH education prompts adolescents' positive attitude towards condom use, contraception, abortion, and sexual violence; thereby, decreasing adverse SRH outcomes among adolescent boys and girls.
- It is recommended that further research and implementation of interventions should consider reflecting the different adolescent diversity to ensure that the adolescent SRH interventions effectively address a variety of demographic and non-demographic factors that predict their SRH attitudes.

References

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