itad

A360 Evaluation Findings Synthesis: No 3.

Adolescents 360 Evaluation

The A360 journey: how are girls in Nigeria and Ethiopia experiencing A360, and what factors affect whether they continue or discontinue contraception?

ADOLESCENTS 360

Avenir Health

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

Photo credit: Benjamin Schilling

Introduction

Adolescents 360 (A360) is a four-year (2016-2020), $30 million initiative to increase adolescent girls' access to and demand for modern contraception in Nigeria, Ethiopia and Tanzania. A360 used human-centered design alongside other disciplines to develop innovative country-specific interventions through an iterative process of research, testing, prototyping and piloting ideas with girls and other stakeholders. A360 is implemented by Population Services International (PSI) and works in partnership with IDEO.org, the Center on the Developing Adolescent at the University of California at Berkeley, and the Society for Family Health Nigeria (SFH). It is co-funded by the Bill & Melinda Gates Foundation and the Children's Investment Fund Foundation.

The Adolescents 360 (A360) program has invested heavily in designing and delivering a unique experience for girls, from initial exposure to service provision and follow up. This experience is meant to be delivered consistently for girls across the three A360 countries (Nigeria, Ethiopia and Tanzania), but A360 monitoring systems have not been set up to monitor fidelity to girls' intended journeys through the program. As A360 entered its final year, staff sought further evidence on how girls were experiencing the interventions, and the factors affecting whether girls continued contraception in the months following adoption. In summer 2019, the following research question was identified by A360 staff in collaboration with Itad:

In selected study sites where A360 began implementing 6-12 months previously, how do girls who adopted a contraceptive method through the program perceive their experiences of mobilization, programmatic engagement, clinical counseling, service delivery, and follow up; and what are the factors contributing to girls' contraceptive continuation or discontinuation?

The process evaluation conducted research in Ethiopia and Nigeria to investigate this question, between July and November 2019.

Cover photo credit: Benjamin Schilling

Methodology

Itad is working in collaboration with the London School of Hygiene & Tropical Medicine (LSHTM) and Avenir Health to independently evaluate and distil lessons from the A360 program. The process evaluation component evaluates how A360 has played out in implementation, and aims to provide analysis and learning to support adaptation and course correction.

Participatory Action Research case studies were introduced into the process evaluation in 2018, in order to help respond to A360's 'burning questions.' Research questions are co-developed with A360 program staff, with rapid, light touch data collection and analysis conducted independently by the evaluation team. Participatory sounding workshops provide a space to discuss findings with implementers and co-create implications for the program.

For this study, the process evaluation team worked with PSI Ethiopia and SFH in Nigeria to identify data collection sites and key stakeholders. Data collection was conducted by two process evaluation researchers in each country. The research team visited two kebeles[1] in two regions of Ethiopia (Oromia and Amhara) where the A360 'Smart Start' intervention was implemented, and two facilities in Ogun state, Nigeria, where the A360 '9ja Girls' intervention was taking place. A360 had been active for at least 6 months across all sites, allowing the study to investigate factors affecting whether girls continued or discontinued contraception after adopting a method through the program.[2]

In-depth interviews (IDIs) were conducted with girls who had adopted a contraceptive method through A360 within the previous year, identified using program records with the support of service providers. A greater proportion of discontinuers were purposively sampled, in order to allow the study to explore reasons for discontinuation in more depth. A small number of A360 staff, government stakeholders and community members were also interviewed.

During the analysis stage, insights from the study were triangulated with additional data collected in Nigeria and Ethiopia for the process evaluation in 2019, as well as relevant insights from earlier rounds of data collection.[3]

Find out more about A360 evaluation, and all our publications to date, on the Itad website: https://www.itad.com/project/evaluation-of-adolescents-360/

Photo credit: Benjamin Schilling

Table 1. Stakeholders consulted

Stakeholder	Ethiopia		Nigeria	Totals
	Amhara	Oromia	Ogun	
Girls	14	15	32	**61**
(Continuers)	*(7)*	*(5)*	*(11)*	*(23)*
(Discontinuers)	*(7)*	*(10)*	*(21)*	*(38)*
Service providers (government providers and A360 staff)	1	1	5	**7**
Other A360 staff (e.g. mobilizers and supervisors)	1	2	6	**9**
Government and community members	3	2	2	**7**
Totals	**19**	**20**	**45**	**84**

1 A kebele is a cluster of villages, the smallest administrative unit in Ethiopia.

2 While many discontinuation studies wait until 12 months have elapsed since adoption to measure discontinuation, we considered a six-month elapsed time period would give us sufficient insight for this qualitative study and for this group of adolescent girls, where discontinuation rates are typically high. (See Blanc, A. et al. 2009. Patterns and Trends in Adolescents' Contraceptive Use and Discontinuation in Developing Countries and Comparisons With Adult Women. International Perspectives on Sexual and Reproductive Health. 35(2): 63-71. [Link]

3 In 2019, a 'Full Round' of data collection was conducted in Nigeria and Ethiopia, comprising interviews, focus groups, observations and sensemaking workshops with girls, service providers, government, A360 staff and AYSRH stakeholders in two kebeles in Oromia and one health facility in Ogun. See the A360 Process Evaluation Methodology paper (2019) for more detail on the methods used.

Targets unmarried girls (15-19) in Southern Nigeria

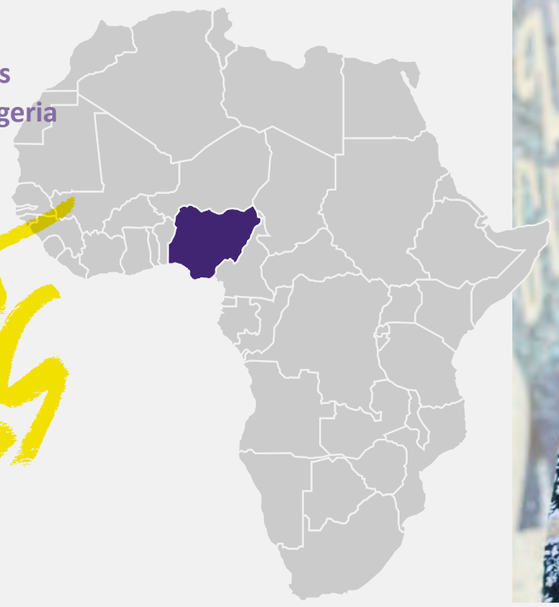


Photo credit: Emma Beck

Figure 1: 9ja Girls 'User Journey'

"I'm intrigued

Mobilization

Curious: She hears about 9ja Girls from a mobilizer, from her mom, or from a peer. She feels curious, and decides to attend counselling because it feels relevant and she feels supported by her community

Photo credit: Emma Beck

"I'm inspired and motivated

Aspirational engagement

Girl with a plan: She drops into weekly Life Love and Health Classes and develops a Life Map. She learns vocational skills and feels confident she can use them to generate income

Inspired and delighted: She feels inspired and delighted by the 9ja Girls branding and messaging

Listened to and supported: She feels listened to and supported by A360 to make a plan for her future

"I feel respected & safe

Contraceptive counselling and service delivery

Girl with a plan: She feels invited to share her vision for the future with the service provider, and sees contraception as relevant and valuable to achieving her plan

Safe and confidential: Opt-out moments in Life Love and Health classes and private walk-in appointments mean she feels safe and comfortable to talk to a provider, without others judging her and without being rushed or pressured

Listened to and supported: She feels listened to and supported, trusts and understands what she is hearing, and feels it is relevant to her goals for herself

Future orientation: She decides to try a contraceptive method to help her achieve her goals, and is provided her method of choice, for free, on the spot

"I feel supported

Follow up

Trust and continuity: She feels able to come back to the health center whenever she has questions or needs more contraceptives. She receives follow up calls from providers, and feels supported to access the services she needs

Future orientation: She continues to see contraception as relevant to her goals for herself

Government

Local government works with SFH to select facilities, recruit and train providers and mobilizers, and conduct supportive supervision

Community

Communities are engaged through a sensitization meeting and informally through mobilizers and providers. Moms Sessions are held twice-monthly with mothers of adolescent girls

Mobilizers

Young community mobilizers recruit girls door-to-door and in community spaces, moms refer their daughters, and peers tell their friends about 9ja Girls

Service providers

A360 Young Providers work alongside existing government providers in Public Health Centers. Providers are trained and supported by A360 to deliver youth friendly services

What is 9ja Girls?

9ja Girls combines walk-in one-to-one contraceptive counseling with life-skills sessions for unmarried girls.[4] Girls hear about the program from paid mobilizers, their friends or their mothers.[5] Girls can choose to drop in to a Life Love and Health (LLH) class at a nearby public health clinic, or go directly to the clinic for a walk-in appointment.

The LLH classes teach girls life and vocational skills, encourage girls to think about their future plans, and discuss how contraception may help girls achieve their goals. The classes also include an 'opt-out moment' in which all girls get the chance to see a service provider one-on-one, in order to reduce stigma.

Contraceptive counseling is delivered by Young Providers (who are recruited and paid by A360, and work full time in public health clinics) or by government health workers. All providers are trained in youth-friendly service provision and use counseling protocols that focus on issues that are of most concern to girls (such as secrecy and fertility), and link contraception to girls' future goals. After girls adopt a method (for free, on-the-spot), service providers follow up with phone calls to remind them of future appointments and check how girls are doing.

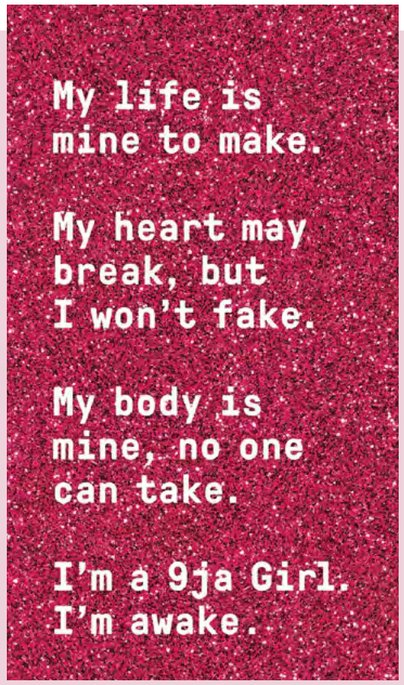


Photo credit: IDEO.org

Figure 2: The 9ja Girls mantra

How are girls in Nigeria experiencing their journey through 9ja Girls?

This section is structured according to the stages in the 9ja Girls 'User Journey' on pages 3-4, which depicts the key 9ja Girls touchpoints from mobilization through to aspirational engagement, service delivery and follow up.

"I'm intrigued" – Mobilization

Most girls (95%) hear about the program through a paid mobilizer, and girls told us that mobilizers are friendly and make them feel comfortable and at ease. Around half of the girls in this study were motivated by curiosity about the LLH classes or the desire to learn new skills – especially vocational skills. The other half were more interested in the chance to access free contraceptive services, in order avoid the risk of abortion, or to space their next child. This suggests that the 9ja Girls combination of life skills and contraceptive services, and parallel channels (walk-in and class-based) helps appeal to girls with different needs and priorities.

> "My friend told me that they will teach us skills and provide support on how we can manage our love relationships... if we have any issue with our boyfriends or anything bothering us that we cannot share with our mothers, we can come here and share it with a counsellor and we will be helped.
>
> Continuer, Ogun

However, unmarried girls in Ogun who use contraception face high levels of community stigma, which hinders mobilization (see Box 1). The support of mothers is crucial for many unmarried girls, and staff view the regular mothers' sessions as important to build community support. But these reach a relatively small number of mothers, and under 3% of girls hear about the programme through their moms.

4 Some married girls also access services through 9ja Girls: five of the girls included in the PAR study in Nigeria were married.

5 Some mothers are also involved in twice-monthly sessions which aim to open conversations about contraception and sensitize them to the program.

'I'm inspired and motivated' – Aspirational engagement

The process evaluation found that Life Love and Health classes have built skills and helped girls see how contraception might help them achieve their future plans. Girls said they had learned about their health, goals, and how to navigate relationships with boys. They also reported that 9ja Girls had enhanced their confidence and self-esteem. Some girls directly quoted the 9ja Girls mantra (see Fig.2):

"My life to make, my body is mine, no man can take… she [the counsellor] told me that with great determination, every goal is achievable."

Others were using the 9ja Girls Life Map tool to identify their aspirations and how to achieve them.

"This method that I have adopted will help me in achieving my goal, with it, there is no fear of teenage pregnancy. Because, if I should get pregnant, I won't be able to further my education." **Continuer, Ogun**

Other process evaluation research in Ogun found that the vocational and life skills training elements of 9ja Girls were also helpful in building community buy-in – with community members very appreciative that the program is teaching girls skills. This appears to help 9ja Girls operate with a degree of community support despite the high levels of stigma mentioned above.

The vocational training (which teaches practical skills such as bead and soap making) was particularly popular among girls, and the primary draw for many to join the program. Participants in both this study and other process evaluation research gave several examples of girls in Ogun using their new skills to earn money – e.g. through makeup artistry or selling soap. However, staff report some dissatisfaction among girls and parents, because the skills training does not offer enough variety for those who attend multiple classes. This can lead to girls becoming

BOX 1: COMMUNITY STIGMA IN OGUN

Pre-marital sex is highly stigmatized in Ogun, and many people believe that contraception encourages promiscuity. Common myths and misconceptions about side effects also impede community support – including concerns that contraception will cause infertility or other harmful side effects. In a process evaluation sensemaking workshop with girls in Ogun who had taken part in 9ja Girls, one group was asked to tell a story about a girl who had not taken part in the program, and what her life is like now.

"Fadeke is a community girl who has not taken part in 9ja Girls. Fadeke's friend Abigail invited her to come and join 9ja Girls, but she didn't join because of the community's belief that every 9ja Girl is always coming [to the clinic] for a method. Fadeke refused to participate in 9ja Girls because people in her area believe that 9ja Girls is only promoting contraceptive use and that contraceptive use can negatively affect her life and that she might misbehave."

bored, and parents not allowing them to continue because they are not learning anything new. Some girls also felt they needed more support after the classes, to buy equipment and materials to put their skills into use.

"Here she introduced me to makeup and gele [head-ties]. I came like twice then I became very interested and sought my mummy's permission to learn it… now I am a professional makeup artist with my own studio… if I did not get the idea from here I am most likely not going to know it and I would still be at home sleeping." **Discontinuer, Ogun**

Finally, the study found some evidence that LLH classes may facilitate longer-term relationships with girls who are not yet ready to access contraception, making sure they know where to go if and when they need it. Three girls had maintained contact with 9ja Girls through attending LLH classes, adopting a method a few months later.

> "She explained contraception to me but I was not interested that day. I came back to her later because I was having issues with my boyfriend and I can't discuss that with my sister or my mum… so I saw her like a sister and like a friend… I later made up my mind that I wanted to adopt a contraceptive.
>
> Discontinuer, Ogun

'I feel safe and respected' – Contraceptive counseling and service delivery

Girls interviewed for the study generally reported feeling safe, listened to, supported and comfortable during contraceptive counseling sessions with service providers, and said they felt free to ask questions. All girls reported being offered a range of contraceptive methods, including the pill, implants and injectables, and the majority said they were informed of potential side effects. In most cases, girls were able to receive their choice of method on the spot, either on the same day or almost immediately after the session. Other girls returned to access a method at a later stage, if they wanted time to think about it or to consult with boyfriends, husbands or mothers. There was no evidence of girls feeling pressured to adopt a particular method, and girls said they were encouraged to come back to the health center if they had any questions or concerns.

"She [the service provider] attended to me well, she was friendly, and she talked to me as if we were mates. She was very jovial. I was just free with her, because she never pestered me, what I was not willing to say, she never forced me to say it."
Discontinuer, Ogun

These positive findings reflect significant investment from A360 in improving counseling quality in Nigeria over the past year of the program, through introducing new tools and improving supervision. Other process evaluation research in 2019 also found that providers are using the A360 counseling choice book and algorithm, and corroborated that counseling is generally of a high quality. However, the process evaluation has found some challenges with the 'opt-out moment' in LLH classes, during which girls have the opportunity for a one-on-one contraceptive counseling session every class. Some girls are uncomfortable to adopt a method during the opt-out moments, in case friends guess they've done so based on how long they spent with the provider. Staff report that

BOX 2: WHO ACCESSES THE ASPIRATIONAL COMPONENTS WITHIN 9JA GIRLS?

A360 monitoring data shows that the majority of girls who adopt a contraceptive method are walk-in clients who go to clinics directly – meaning that most adopters do not experience the LLH classes and aspirational messages within them. A360 staff felt that classes appeal more to younger girls, with older girls (18-19) being more interested in simply directly accessing a service. However, A360 has designed the walk-in counseling protocol to include some of the aspirational content, using the 9ja Girls mantra and messaging to link contraception to goals during the session. This had resonated with some of the girls interviewed for this study. One girl explained: *"The essence of 9ja Girls is to preserve our future. I will be able to reach my goals if I protect myself from unwanted pregnancy."*

some girls from the LLH classes come back as walk-in clients to adopt a method instead. Fear of detection due to prevailing community stigma also has an impact on girls' choice of methods, encouraging girls to choose methods that are less likely to be seen.

"I chose the injection because I don't want anybody to notice contraception on me. I can't take the pill because my parents can see it in my bag, my friends can see it and they will take me as a bad girl." **Discontinuer, Ogun**

'I feel supported' – Follow up

Girls said that they felt comfortable returning to the health center and asking the service provider follow up questions about contraception. Several girls had returned to ask questions, mainly about side effects they were experiencing, but also for advice about their lives and relationships in general. Providers are also proactive in following up with girls after counseling sessions. Next appointment cards are routinely distributed at the end of each session, along with providers' numbers. Providers also take girls' numbers, and call or WhatsApp them when they are due to return for their next appointment, as well as checking up shortly afterwards if they receive a long acting method. The follow up process is formalized through call logs, which are reviewed by PSI staff during supportive supervision.

> "[The service provider] always called me when my injection is about to be due… that calling has been so helpful, I am sure that I would have been missing my date if not for her reminder because I am too forgetful. Continuer, Ogun

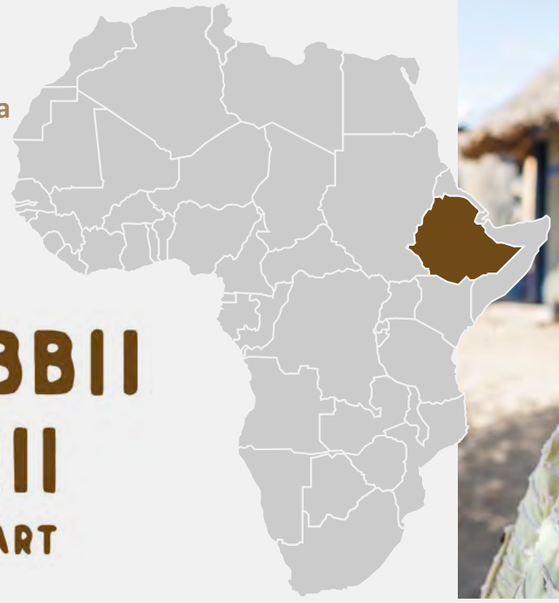
However, providers reported that follow up is challenging, as many girls do not have their own phones or change their numbers after appointments, and some give false numbers. In some cases, service providers use mobilizers to follow up with girls in person if they miss appointments or need to renew their method. This strategy is not particularly sustainable, as mobilizers change as the program targets new areas.

Finally, the process evaluation has found that girls often keep their contraceptive use secret from their family and community, which means they lack support to continue, and can face backlash if they experience side effects. This is discussed further below.

"I will feel bad [if people know I'm using contraception] because I am sure they will gossip about me. There is a woman in my neighbourhood, who called me one day and asked if I am taking any drug, I said no, then she asked, "Why are you losing weight?' I answered nothing and she then said, 'If you are using any family planning method you better go and stop, you are becoming thinner every day'" **Girl, Ogun, Process Evaluation 2019**

Photo credit: IDEO.org

Targets married girls
(15-19) in rural Ethiopia



JALQABBII
GAARII
SMART START

Photo credit: Benjamin Schilling

Figure 3: Smart Start 'User Journey'

Government

Government engaged at national, regional and woreda level to support site selection, recruitment, training and supervision. A360 Adolescent Health Officer sits in the local health office

Mobilizers

Women's Development Army volunteers and youth champions support Health Extension Workers to mobilize girls and their husbands to participate in Smart Start

Service providers

Health Extension Workers trained and supported to deliver the program by A360 Smart Start Navigators. Government support HEWs to continue implementing Smart Start after Navigators transition out of the community

Community

Community kick off meeting held to generate buy-in. Community engaged informally through A360 staff, Women's Development Army and Health Extension Workers

"I'm intrigued

"I'm inspired and motivated

"I feel respected & safe

"I feel supported

Mobilization

Curious: She and her spouse hear about Smart Start from the Woman's Development Army, Health Extension Worker, A360 staff, community leaders or Youth Champions. She feels curious and agrees to attend a counselling session, because it feels relevant to her and she feels supported by her husband (and mother-in-law)

Aspirational engagement

Girl with a plan: She and her husband are invited to identify and share their vision for the future and develop a financial plan

Inspired and delighted: She and her husband feel inspired and delighted by the Smart Start visual tools and branding, and the financial planning messages

Listened to and supported: She feels listened to and supported by A360 to make a plan for her future

Contraceptive counselling and service delivery

Girl with a plan: She sees contraception as relevant and valuable to achieving her plan for the future

Safe and confidential: She feels safe and comfortable to talk to the Health Extension Worker through 1-1 or couples contraceptive counselling, without others judging her and without being rushed or pressured

Listened to and supported: She feels listened to and supported, trusts and understands what she is hearing, and feels it is relevant to her goals for herself

Future orientation: She and her husband feel focused on achieving their plan. They decide to try a contraceptive method to help achieve their goals. She is provided her method of choice for free, on-the-spot, or a short time later at the health post

Follow up

Trust and continuity: She feels able to come back to the health post whenever she has questions or needs more contraceptives. She receives follow up calls and visits from Health Extension Workers and Women's Development Army volunteers, and feels supported to access the services she needs

Future orientation: She continues to see contraception as relevant to achieving her financial plan

What is Smart Start?

Smart Start uses financial planning as an entry point to discuss contraception with newly married girls and their husbands in rural areas. It works through the nationwide Health Extension Program, which is staffed by Health Extension Workers (HEWs) and supported by the volunteer Women's Development Army (WDA).[6]

In most of the country, PSI-employed Smart Start Navigators work alongside HEWs in communities for an initial six week period when Smart Start is first introduced – however, this role does not exist in Amhara as the regional government did not want an additional structure in their context. Girls and their husbands are reached through door-to-door visits, and invited to attend a counseling session at their home or the local health post.

Smart Start Navigators and HEWs use a visual discussion guide to provide financial and contraceptive counseling, encouraging couples to consider how contraception can help them achieve their financial goals, and providing methods on-the-spot for free. After the six-week initial implementation period, Smart Start Navigators move on to a different community, leaving HEWs and WDAs to continue implementing the program with the support of regional PSI and government staff. Through their constant presence in the community, HEWs and WDAs are able to follow up with girls regularly and support them to continue accessing contraceptive services.

Photo credit: Benjamin Schilling

How are girls in Ethiopia experiencing their journey through Smart Start?

This section is structured according to the stages in the Smart Start 'User Journey' on pages 12-13, which depicts the key Smart Start touchpoints from mobilization through to aspirational engagement, service delivery and follow up.

'I'm intrigued' – Mobilization

Smart Start is successfully using existing, trusted local structures to reach girls. Most girls interviewed for this study were mobilized at their homes by a HEW, WDA volunteer or PSI Smart Start Navigator, and many girls appreciated this visit given their busy schedules. Other girls heard about Smart Start from their friends, families, in-laws or kebele leaders.

The integration of WDA volunteers into Smart Start has been a real success story (although the network is not uniformly active across all areas). Because of the decentralized structure, WDAs are able to focus on households in their neighborhoods, where they know who is eligible for the program. Process evaluation fieldwork in 2019 suggested that WDAs are well known and respected in communities. They are able to connect with girls through sharing their personal stories – which often drives them to want to help girls avoid challenges they have faced themselves.

> "When the girls aged fifteen to nineteen years get married at an early age, I don't want them to go through the challenges I faced before. I was very happy when I first heard about the program.
>
> Women's Development Army volunteer, Oromia, Process Evaluation 2019

Girls decided to attend counseling for a number of reasons. Several were curious about the financial planning component – which is introduced using a simple visual brochure, designed to be used by WDAs with low literacy – and were interested to learn more about the idea of building assets to lead a better life in future. Others were simply interested in accessing contraceptive services, in some cases because the initial mobilization visit had been enough to convince them that contraception was relevant to them, or because they were encouraged to use contraception by their mothers and sisters. Finally, several girls responded to a request to come for a meeting at the health post before knowing what Smart Start was about, reflecting the fact that HEWs are well known and trusted in their communities.

"[I came because] I respect the invitation. I don't want to miss the meetings" **Continuer, Amhara**

Although husband engagement is a core component of the Smart Start model, mobilizers struggle to reach husbands (see Box 4). This is because men are often out at work, or living away from the kebele.

"We don't often come in contact with [husbands]. Even when we go door to door, the men are always working outside the home, even during dry season. We often find the women only. It is when we teach through the church that we would normally reach men." **Health Extension Worker, Amhara**

6 The WDA is a national structure established by the government in around 2011, consisting of (unpaid) volunteer women who support various government development programs in their communities.

BOX 3: SMART START TAPPING INTO COMMUNITY CONCERNS

The process evaluation suggests that Smart Start is succeeding in tapping into community concerns about resource availability, and building on existing acceptance of family planning for older women – which has been widely promoted by HEWs for years. Many community members mentioned concerns about lack of resources, land and economic opportunities, driving migration and a desire for smaller families. Through linking contraception to resource management, Smart Start is helping to widen the window of acceptability for family planning to include newly married girls, not just older mothers. Smart Start is also helping HEWs see the importance of serving girls with contraception, when before they did not.

"Our family will encourage us to come attend [Smart Start]. Because, our family don't want us to live the kind of life they are living. They want us to live a better life."
Girls, Oromia, Process Evaluation 2019

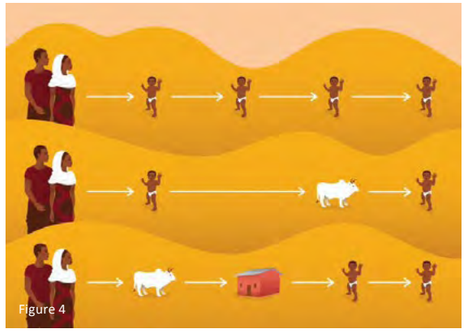


Figure 4

Figure 5

'I'm inspired and motivated' – Aspirational engagement

Smart Start's financial planning counseling resonates strongly with girls and their husbands. Many girls in this study were inspired to make a financial plan, and gave detailed descriptions of how they were working towards these plans. This had helped demonstrate the relevance of contraception to many girls, who talked about family planning as something that could help them achieve their goals.

> She taught me about family planning and how to plan for future life. Following that advice, I started using the implant and I am now saving 300 birr a month. After I save the money I want, I will start my own business breeding chickens. Then after I fulfil all this, I want to add one more child.
>
> Continuer, Oromia

The visual Smart Start Discussion Aide (see Figure 4) helped girls understand the counseling messages, and many girls referred to the examples and images in the guide to explain the link between financial and family planning.

"She showed us that the child who didn't get enough to eat got skinny and weak and the one who got enough to eat got bigger and healthy… I thought, I never want to go through that kind of thing. I was certain. So, I started using the three year [method]." **Continuer, Amhara**

Financial planning counseling is typically delivered by PSI Smart Start Navigators, with HEWs taking the lead on contraceptive counseling. However, the process evaluation has raised some concerns about HEW capacity and confidence to deliver the financial planning component without Navigator support. Girls in Amhara (where HEWs are not supported by Navigators) were less clear on the details of their financial plans, and less excited and motivated about achieving them – and unlike girls in Oromia, none mentioned working with their husbands towards their financial goals.

Figure 4: Image from Smart Start Discussion Aide

Figure 5: Picture drawn by girls during a Sensemaking Workshop in Oromia in response to the question: 'What is life like for a girl after adopting a contraceptive method through Smart Start?' The group drew a range of assets (including a house, crops and livestock), and a healthy child.

BOX 4: ENGAGING HUSBANDS IN SMART START

Most girls said they wanted their husbands to come to counseling sessions with them. Husbands' participation is a significant predictor of adoption – multivariate analysis of A360 monitoring data shows that girls whose husbands took part in counseling were over twice as likely to adopt contraception, even after adjusting for other factors. However, monitoring data up to March 2019 showed that husbands joined counseling in only 16% of sessions in Amhara, and 42% of sessions in Oromia. There are also some risks when they do join. Process evaluation observations suggest that when husbands are present, this can limit time and space for girls to speak and ask questions.

Whether or not they attend counseling, husbands' support is a significant enabler for girls to access contraception. Most girls across both kebeles said they had consulted with their husbands either before or immediately after deciding to adopt a method. In cases where the husband disagreed, the girl was not able to go against his wishes.

"After the counseling I went home and discussed with my husband… I decided to use the three-year method but now my husband has made me stop." Discontinuer, Amhara

This often means that girls are not able to receive contraception 'on the spot,' as they need to seek their husbands' permission first. It also means that in areas of high migration, girls are not able to adopt a method until their husbands return, due to the prevalent belief that wives who use contraception while their husbands are away are unfaithful or more at risk of sexual assault.

'I feel respected and safe' – Contraceptive counseling and service delivery

Most girls said they felt comfortable and happy with the contraceptive counseling, and trusted what they'd heard – in part because they knew and trusted the HEW. Girls reported learning about various different methods of contraception, including the pill, implants and injectables, although some were unable to remember the various pros and cons. This finding is echoed in other process evaluation research in 2019, in which girls and husbands reported that counseling had helped allay their fears about contraception, and dispel rumors they had heard in the community.

> I was afraid about the [implant] when I heard about it from other people. But now I am convinced, after I heard about it from the Health Extension Worker.
>
> Girl, Oromia, Process Evaluation 2019

Photo credit: Benjamin Schilling

However, this study and other process evaluation research have found that many misconceptions still remain for girls – including fears that certain methods may cause infertility or cancer, or are not suitable in rural contexts. In many cases these fears influenced girls' decision about which method to choose. The method mix in Ethiopia skews heavily towards injectables (72% of adopters in 2019) – the process evaluation suggests this is influenced by familiarity, community myths and misconceptions, and availability of stocks at the health post.

Some girls in both regions also did not hear (or remember) accurate information about side effects from the HEW, and some girls may have been given misinformation, or felt pressured to adopt particular methods. For example one girl said the HEW had told her that condoms are not good for women who want to give birth as "her uterus will not prepare a good child", while another reported that the HEW had said the injectable would "suck the body" and "dry the blood." It appears that HEWs sometimes recommend the implant over other methods – driven by concerns about potential delayed return to fertility after taking the injection.

"Most of the time, the injectable method is believed [by HEWs] to have more side effects. HEWs tend to advise woman to use the implant but they don't force." **Smart Start Navigator, Oromia, Process Evaluation 2019**

What factors support contraceptive continuation and discontinuation in Nigeria and Ethiopia?

This study investigated the reasons behind girls' decisions to continue or discontinue contraception in the 6-12 months after adopting a method through A360.

Photo credit: IDEO.org

Reasons for discontinuation

We found two main reasons for girls discontinuing contraception: experience of side effects (in Oromia and Nigeria), and pressure from husbands and family to have a baby (in Amhara). In many cases it was neither one of these factors on their own that led girls to discontinue – they frequently play out in girls' narratives intertwined with other challenges, including fears and misconceptions around contraception, lack of support from key influencers, and community stigma.

Side effects

In Nigeria and Oromia, side effects were the main reason for girls discontinuing contraception. Some girls had experienced relatively severe reactions, including dizziness, headaches and heavy bleeding. However, most girls were worried about relatively minor and normal changes to menstruation, such as more or less frequent periods, or none at all.

In Oromia, around half of the girls who discontinued due to side effects had not received a follow-up call or visit from the HEW when they were due to return for their next appointment, which may have been a missed opportunity to support and reassure girls.

> "I was not observing my menstruation as regularly as before… I came to complain and I was told not to worry, that it will come. By the third month I then observed it but it was too scanty, so I decided to stop
>
> Discontinuer, Ogun

However, half of discontinuers across Oromia and the vast majority in Nigeria had spoken to a health worker about their concerns, or attended a follow up appointment. Service providers had explained that side effects were normal, offered girls medication to deal with their issues, or offered alternative methods. Several girls switched methods at this point, but then experienced further side effects, which led them to stop using contraception altogether. Others were not sufficiently reassured when told that changes to their menstrual cycles were normal. These findings suggest that this aspect of A360 counseling could potentially be strengthened – with girls helped more actively to understand, accept or manage changes to menstruation.

"No one asked me why I discontinued; I just discontinued by myself… It is you who should respect and come on your appointment date, otherwise no one worries about you"
Discontinuer, Oromia

However, many girls were also discouraged by their husbands, mothers or in-laws, or put off by fears about alternative methods, which intersected with their experience of side effects and ultimately led to them discontinuing. This is discussed further on pages 20-22.

Discouragement from husbands, family and community

The picture in Amhara was markedly different to Oromia, in that none of the discontinuers listed side effects as a reason for stopping contraception. Instead, girls talked about pressure from their husbands and/or families to have a baby. Several girls said their husbands were initially supportive of them using contraception, but then changed their minds and decided they wanted to have a child straight away – a decision that the girl was not able to challenge. This finding may be explained by marked differences in context between the two kebeles visited for this study. Early marriage is common in Amhara, particularly in rural areas,[7] and is associated with lower levels of education and earlier first birth.[8] It is also notable that husband engagement in counseling is much lower in Amhara, meaning that in most cases A360 had not managed to reach husbands with the financial counseling messages that, in Oromia, helped increase husbands' support for contraception.

Across both Oromia and Amhara, girls face significant pressure from parts of the community, particularly mothers-in-law and older religious leaders, to become pregnant soon after marriage. In-laws typically expect a girl to give birth as soon as possible – to prove her fertility or ensure she does not leave her husband. In Oromia, some girls said they were able to resist this pressure if their husband was supportive of contraception, but resistance appeared to be more difficult if the husband was an only child or had less experience of formal education. In Amhara, in-laws appeared to have more influence on girls and their husbands, and girls had less agency to resist pressure to have a baby.

In Oromia, some husbands also encouraged their wives to give up contraception – but in most cases this was not because they wanted a child, but rather because of the side effects their wives were reporting.

"[The implant] darkened and spoiled my face, I have skin rash… I have discussed with my husband and he is the one who pushed me to remove it." **Discontinuer, Oromia**

For unmarried girls in Nigeria, mothers were often the main gate-keepers influencing girls' access to contraception. In several cases, girls' mothers discouraged or actively prevented them from continuing Contraceptive due to fears that it would affect their future fertility or encourage them to be 'wayward.' Contraception use among unmarried adolescent girls is still stigmatized in Ogun, viewed as a sign of promiscuity. Several girls (or their mothers) were afraid that family members or neighbors would find out they were using contraception, either by seeing the method itself, or noticing the side effects.

"[My mother said] if some people see [the implant] in my hand they will talk, so I should go and remove it." **Discontinuer, Ogun**

7 Amhara has one of the lowest median ages of marriage in Ethiopia, at 15.7 years compared to 17.1 across Ethiopia as a whole (Ethiopia Demographic and Health Survey, 2016)

8 See Gerthnerová, E. 2015. Early Marriage and Girls' Access to Education in Amhara Regional State, Ethiopia: Bahir Dar Special Zone Case Study. Development, Environment and Foresight. 1(2):106—122. [Link]

"My husband made me stop"

A discontinuation story from Amhara

She learned about financial planning from the HEW and went to counseling at the health post – alone, without her husband. She was really interested in what she heard. *"When I listened… it made me angry that I didn't know until then that we should focus on saving money rather than having children."*

People in her community have a saying: 'a child will grow up eating whatever he gets', but now she knows that isn't true. She decided *"I did not want to have a baby, getting headaches because of house rent and without having any assets."* She decided to use the three-year implant after discussing with her husband and convincing him. But, *"now my husband made me stop"*, because he and her mother-in-law want her to have a baby.

"She really made life difficult for me"

A discontinuation story from Ogun

She and her sister were approached by a mobilizer after school. Feeling curious about the vocational and life skills training, she attended a Love Life Health class and (with her mother's permission) started attending the classes regularly. She found them relevant to her goals of study and work, and liked the advice on how to improve her relationship with her mother. The sessions left her feeling more confident, particularly in dealing with men who pressure her for sex. At first she didn't take up a method, but when she got a boyfriend she decided to have a contraceptive injection. However, she became scared after experiencing heavy menstruation.

"After I collected the injection, my menses came for nine days, I was scared. And I came to complain that my period had always been five days, now nine days, she said it is part of the side effect, later on, my period ceased, I didn't see it again, that was when I stopped the injection."

She went back to the service provider and changed to pills, but was unable to hide them and was told to stop by her mother and aunt.

"[My mother] really made life difficult for me, the moment she was aware of my contraception use… [she] discouraged me, saying, 'it will affect you, it will do this and that to you, is not good, you haven't given birth, stop it, it is bad.' With all this, I became so scared… so I stopped it and made up mind that I am not going to collect it again…And to now make the matter worse, I didn't see my period, so I am afraid, I hope that I am not already pregnant."

Photo Credit: A360 Ethiopia

Fears, myths and misconceptions
Fears and misconceptions around contraception influence discontinuation in a number of ways.

Firstly, girls often fear minor and normal side effects such as changes to menstruation, as discussed above. For example, one girl in Nigeria who adopted the implant feared that blood was building up in her body after her menstruation stopped. "*If it's not coming out, where is it going to? Is it storing somewhere?*" In some cases (especially in Ethiopia), the process evaluation has highlighted weaknesses in counseling or service provider capacity, suggesting girls are not always informed sufficiently about potential side effects, or are sometimes misinformed by health workers who themselves hold misconceptions about certain methods (as discussed on p.17 above). In other cases girls had been educated and reassured side effects were normal – either during the initial counseling session or in follow up appointments – but this was not enough to convince them. Some girls said they were scared these changes indicated a risk to their fertility, which A360 formative research highlighted as a crucial concern among girls across all three of their focus countries.

"When I asked them why they were stopping they said that they heard [contraception] can make you infertile. Some say they will re-start after they have a baby." **Health Extension Worker, Amhara**

Secondly, misconceptions about certain methods limit the number of options that girls (or in some cases, service providers), see as acceptable or relevant, which potentially makes girls more likely to discontinue if the first method they try doesn't work for them. In Oromia, some girls were unhappy with alternative options suggested by the Health Extension Worker due to fears linked to community misconceptions about contraception, such as the belief that pills would burn their stomachs, or the implant would disappear in their bodies. One girl in Nigeria switched to pills but then discontinued after unearthing alarming stories on Google:

"I used [the pill] for some days and I said 'let me just check on it online'… I saw it that if you use it for like 5 years it can cause cancer, I stopped it and I actually screenshot it and sent it to my boyfriend so he will know the reason why I stopped it."
Discontinuer, Ogun

Third, fears and misconceptions held by husbands, mothers or community members can create additional pressure for girls to discontinue. For some discontinuers in Oromia, husbands were unhappy about girls switching to other methods – one husband did not let his wife switch to an implant because he knew someone who had experienced negative side effects.

"I was bleeding for two weeks in a row"

A discontinuation story from Oromia

She learned about Smart Start when she came to the health post. After financial counseling, she felt happy and motivated, and made a financial plan: *"I want my child to grow well… I want to save as much as I can from what I get."* Her husband didn't attend the counseling with her, but he was happy when she told him what she learned. She started on the injection, but experienced an increase in her menstrual flow. *"I was bleeding for two weeks in a row, I have back pain and headache, losing blood like that will make me so weak."* She talked to the HEW about it, who reassured her that it would be OK after a while, but it got worse. Her husband encouraged her to discontinue: *"he said, 'you were a normal person before you were using this method,' and advised me to stop it."*

She knows about alternative contraceptive methods, and the HEW encouraged her to try the implant, but she refused. *"I feared it may be painful to me, and also I heard that there were women who became pregnant after they inserted that method."*

She didn't come for her follow up appointment because she was sick, and nobody followed up with her, so she is now relying on the natural method. She does still have questions though – she wants to know why the injection increased her menstrual flow like it did.

Reasons for continuation

In most cases, girls' decision to continue or discontinue contraception could not be clearly attributed to any difference in counseling quality. Rather, two factors stood out as important to support continuation in both countries: the support (or absence of opposition) of key influencers, and active follow up from health workers.

Support (or absense of opposition) from husbands and family
In both countries, influencers play a crucial role in supporting continuation – whether through active support or tacit acceptance. In Oromia, there was some evidence that the aspirational component of Smart Start helped girls maintain husbands' support, with examples of husbands working together with girls to achieve joint financial plans.

In Nigeria, some girls said that they had the full support of their mothers or husbands to use contraception, while other girls lacked active support but rather did not face explicit opposition. In some cases, girls said they had persuaded husbands or parents after initial resistance.

> "I didn't tell my husband before taking the method, but when I got home, I told him and he was frowning at it, I begged him that I am sorry and he became calm with it.
>
> Continuer, Ogun

"We have a plan"

A continuation story from Oromia

She has one child already and does not want to have another child yet. Her family is encouraging her to use family planning. She attended the Smart Start counseling session alone, but came home afterwards and discussed it with her husband and they agreed together to adopt a method. She was happy to learn about financial planning from Smart Start and has begun to start saving.

"We have a plan to buy a plot of land to harvest food, in order to stop buying from the market."

She previously had many fears about family planning, and worried that the three-month injection would make her infertile. The HEW reassured her about the injection, but fears about the implant remain.

"She advised me to use the implant, but I refused… [as] some say it may be difficult to fetch water with your hand."

After receiving the injection, she experienced some mild side effects. She came to the health post with questions about her irregular periods and felt reassured by the HEW that everything was fine. She remembers to come for her appointments every three months as the date is written on her Goal Card. She feels supported to continue using contraception by the HEW, who visits her home and encourages her.

"I loved the way she counselled me"

A continuation story from Ogun

She was invited to 9ja Girls by a friend and was interested in the LLH messages. She enjoyed the first Life Love and Health classes session and went for one-to-one counseling.

"[The service provider] told me not to be afraid to share, that whatever I shared with her is confidential. And when I shared my mind with her, I so much loved the way she counselled me on it, it was beyond my expectation, I found her advice so useful."

She attended LLH sessions for 3 months before adopting a method (condoms), then changing to pills, then again changing to the implant. Her worries about irregular menstruation or possible pregnancy were addressed by the provider. Her mother does not oppose her using contraception but does not fully support it either. She sees contraception as helping her ensure she can achieve her goals of completing her studies and going to university.

Photo Credit: IDEO.org

Support and reassurance from health workers
Several girls reported that regular phone calls and other proactive follow up from service providers had helped them to continue with contraception. Across Nigeria and Ethiopia, the girls who had continued despite experiencing side effects had been sufficiently reassured during follow up appointments. One question that arises from this finding is: what is the difference between these girls, and those who discontinued despite the reassurances of service providers? In some cases, continuers' side effects were resolved, while in others it appears that girls were more trusting of the answers they received, or did not experience other discouraging factors in the way that discontinuers did.

> "The method I am using now makes my menstruation irregular, my husband told me to ask the question if this problem may have effect on my health later... [The HEW] told us that it has no problem... I was worried before but relieved after she gave me the answer.
>
> Continuer, Oromia

However, several girls who had continued contraception still held misconceptions about other methods, which had not been fully addressed in the counseling. This potentially makes discontinuation more likely if girls do eventually experience side effects, by limiting the range of contraceptive options deemed safe and acceptable to them.

"My period became too heavy and prolonged, I came to complain and I was given a drug to correct it and now my period is now normal."
Continuer, Nigeria

Photo Credit: Benjamin Schilling

Desire to achieve goals
The aspirational components of A360 (life skills, entrepreneurial and financial planning counseling) in some cases directly provided a strong motive for girls to continue, while in others appeared to help bolster the support of key influencers. Most continuers in Amhara said they wanted to wait until they had their finances in order to make sure their children could grow up 'in good situations'. In Nigeria, several girls felt that contraception would help them to obtain their goals, and planned to continue using it until they feel ready to have children.

> The use of contraception is helping me to achieve my goals... even if my boyfriend is demanding sex, I cannot get pregnant hence I won't be distracted from my studies, I will be able to finish secondary school and further to university
>
> Continuer, Ogun

However, although the aspirational components of A360 appear to provide a motive for girls to continue using contraception, this is often not enough on its own to outweigh the main factors that contribute to discontinuation discussed above. Many of the girls who discontinued contraception also mentioned the financial or life-skills training they had received, and continued to feel this was relevant and useful. In Oromia, several discontinuers said they were still saving money and following the financial plan they had developed through Smart Start. Most were still keen to avoid pregnancy and a number were relying on the natural method after concluding that modern contraception was not for them.

"I am saving the small amount of money that I get from my husband and I have a plan to buy hens, then after that I will use that saving for my child." **Discontinuer, Oromia**

In Amhara, messages about the importance of spacing had resonated with girls, and several discontinuers said they would use contraception again to space future children so they could be healthy. In Nigeria some of the discontinuers also commented on how useful they had found the program, regardless of the fact that contraception 'didn't work out' for them.

"It has really benefited me, there was a time I was considering maybe after secondary [school] I may go and learn a trade and stop schooling, but with their encouragement I have made up my mind to pursue my education and become a medical doctor" **Discontinuer, Ogun**

Conclusion and implications

Overall, this study has found that girls' experiences of Smart Start and 9ja Girls were broadly in line with the intended User Journeys. The aspirational components of the models helped bring girls into the program and made contraception feel relevant to them, and contraceptive counseling appeared to be generally high quality, with girls reporting feeling safe and comfortable during counseling sessions.

Investigating the reasons for continuation and discontinuation uncovered an interplay of factors – in particular, girls' experience of side effects (which often tied into fears and misconceptions about contraception), and pressure or discouragement from husbands, family or the wider community to stop using contraception.

While proactive follow up from service providers helped some girls to manage side effects and continue using contraception, in many cases this was not enough to overcome deep-rooted fears about changes to menstrual cycles, misconceptions about alternative methods, or opposition from spouses, family or communities.

Photo Credit: Benjamin Schilling

Participatory sounding workshops with A360 staff helped identify the following areas of learning for the wider adolescent sexual and reproductive health sector:

Aspirational components (such as life skills, financial and entrepreneurial training) are a powerful draw for girls, help girls see the relevance of contraception to the achievement of their goals, and also help enlist the support of husbands and communities. However, effort is required to ensure these components are high quality. In Ethiopia, the process evaluation found that fidelity may be at risk when PSI Smart Start Navigators are not available to support HEWs with financial planning counseling. In Nigeria, there is a risk that skills training can create dissatisfaction if it is insufficiently varied and does not provide follow up support to help girls access materials.

Finding ways to engage key influencers is crucial.
A360 is working to engage husbands in Ethiopia and mothers in Nigeria, and this study underscores the importance of these efforts – both to enable girls to participate in the program, and to support them to continue contraception in the longer term. However, there are limits to how much a program can do to engage influencers without a dedicated community-based social norms change component, which A360 lacks. This study suggests that more needs to be done to mobilize and normalize support for contraceptive use within these groups in order to encourage continuation. A360 staff reflected that more cross-country learning would be useful, to share experience and best practice across the program.

Service providers may need additional support to help them provide accurate information about side effects, manage girls' fears and misconceptions, and proactively follow up with girls.
Fears and misconceptions are often difficult to dispel in the course of a single counseling session, and girls may need additional reassurance and support to manage normal changes to menstruation. A360 staff are considering how they might incorporate 'myth-busting' games to help address common fears and misconceptions in more depth. Proactive follow up after counseling is important to continuation and was appreciated by girls in both countries – but is also difficult and time consuming, and requires active and ongoing support from program staff and/or local government. It can be helpful to enlist community-based mobilizers or volunteers like the Ethiopian WDA to help service providers reach girls in the weeks and months after they adopt a contraceptive method.

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