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Effects of REACH Project Safe Space Intervention on Family Planning Awareness and Utilization among Adolescent Girls in Katsina State

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Abstract

Objective: Adolescence is a critical stage in human development with increase tendency of sexual activities, which may lead to unwanted pregnancies, unsafe abortion, and death. The aim of the study was to evaluate the effects of Reaching and Empowering Adolescents to make informed Choices for their Health (REACH) project intervention in improving awareness and utilization of family planning among adolescent girls.

Methodology: A posttest only nonequivalent group quasi-experimental design was adopted. Quantitative approach was employed using self-developed questionnaire for data collection. Multi stage sampling technique was used. A total of 370 questionnaires were administered with 185 each for control and intervention Local Government Authorities (LGAs).

Results: The result of the study shows that, adolescents in the Adolescents Sexual and Reproductive Health (ASRH) Project intervention communities have higher level of awareness than those in non-REACH project intervention communities ($p<0.005$) and are more likely to use family planning services as compared to non-REACH intervention communities ($p<0.005$). The study does not establish differences in awareness of family planning between married and unmarried adolescent girls of REACH intervention communities ($p>0.005$). Therefore, it is recommended that, safe space strategies should be adopted in any matters related to Adolescents Sexual and Reproductive Health (ASRH).

Conclusion: Safe space is effective in improving adolescents sexual and reproductive health.

Keywords: Adolescents • Contraception • Abortions • Awareness

Abbreviations: REACH: Reaching and Empowering Adolescents to make informed Choices for their Health; LGA's: Local Government Authorities; ASRH: Adolescents Sexual and Reproductive Health; CVR: Content Validity Ratio

Introduction

Adolescence is the transition from childhood to adulthood. It is estimated that, adolescents (10-19 year) form one-fifth of the world's population and 85 percent of them are from developing countries [1]. Adolescents are a significant demographic force in Nigeria, constituting about 22% of the population [2]. Nigeria has a young population with about 44% of the population less than 15 years, with median age of 17 years, median age at first marriage for women ages 20-49 17.2 years; median age at first sexual intercourse 17.9 years, and median age at first birth for women age 20-49, 19.6 years. Childbearing begins early with about half of Nigerian women of reproductive age becoming mothers before the age of twenty [3]. (Federal Office of Statistics, 2003). Rural areas tend to have higher fertility rates 148 and urban 70 for 15 to 19 year olds. [4]. About 250 out of 1000 adolescent pregnancies in Nigeria end in unsafe abortion and of the estimated 600,000 induced abortions annually adolescents contribute 60%. Yet, the level of contraception among sexually active adolescents is low, which results in high teenage pregnancy, unsafe abortions and maternal mortality [3].

Globally, there is an upsurge in the call for investing in the health and well-being of adolescent. Studies established the increase number of adolescent engaging in premarital sex as well as early marriage especially in the northern part of the country [2]. However, findings from various studies showed that, there are low level awareness and utilization of contraception among adolescents especially in the rural areas [3]. This could explain the reason why about 10 to 15 percent of total births in the world (about 12 to 18 million a year) take place among teenage mothers [3]. The UN demographic data indicates that in many of the developing and industrialized countries, births to women fewer than twenty years of age represent a growing proportion of all births. Adolescent abortions are estimated to be up to 4.4 million per year, most of which are unsafe because of being performed illegally and under hazardous circumstances by quacks [4].

In a country like Nigeria with socio-economic diversity there is likelihood of increase in adolescents engaging in sexual activities leading to increase number of unwanted pregnancies and abortion [5]. Therefore, in region like this there is need for a program that target adolescent with a special package to educate them on Family planning and Adolescents Sexual and Reproductive Health (ASRH) issues in general. Based on the reason above and in line with the global effort to improve sexual and reproductive health of adolescents, Reaching and Empowering Adolescents to make informed Choices for their Health (REACH) Project was implemented. The project adopted a safe space approach in creating awareness about sexual and reproductive health among adolescents in Zamfara, Katsina and Gombe states [6]. REACH was a 3-year gender responsive Adolescent Sexual and Reproductive Health project funded by Canadian Government with and ultimate outcome of improved sexual and reproductive health of adolescent girls and boys (aged 10-19) in Gombe, Katsina and Zamfara states in Nigeria. REACH Targeted 100,000 Married and Unmarried Female and Male Adolescents 10-14 and 15-19 years in 6 LGAs of 3 Nigerian states. These states are Gombe state (Balanga and Duku LGAs),

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Katsina state (Rimi and Sandamu LGAs) and Zamfara state (Talata Mafara and Kaura Namoda LGAs) [7].

The project adopted safe space strategies to provide information regarding ASRH in which family planning is inclusive. It was conducted in a form of weekly sessions for nine sessions with a maximum of 20 adolescents per group. Each group will conduct nine different sessions on ASRH and facilitated by two trained facilitators.

Although few studies highlighted the level of awareness and utilization of family planning among school adolescent girls in Nigeria that has not been established in the Zamfara, Katsina and Gombe states where REACH project was implemented. Therefore, this study will evaluate the effects of the REACH project safe space approach on awareness of family planning and its utilization among adolescent girls.

Methods

Research design

A posttest only nonequivalent group's quasi-experimental design was adopted. Quantitative approach was employed using self-developed questionnaire for data collection. Multi stage sampling technique was used where 2 LGAs were randomly selected to compare with the 2 implementing LGAs. Each LGA was divided into ten wards. List of the communities was obtained and one community from each ward was randomly selected by lottery method and from each community ten (10) participants were taken using systematic sampling to complete 400 samples size. (4 LGAs, 40 wards, 40 communities).

Instrument for data collection

For the data collection, self-developed questionnaire was used. 185 for the intervention group and 185 for the Control Group. The questionnaire has three sections; Section a deals with the demographic information of the respondents, Section B has 10 questions, testing the awareness of individual about family planning and Section C has 3 open ended questions, it captures the Adolescent Practice towards family planning [8-10].

Validity

The questionnaire was submitted for review by panel of 5 experts on ASRH for face and content validity. For Content Validity Ratio, (CVR) each item was assessed by the panel using a 3-point scale (essential, useful but not essential, not necessary). The feedback received and CVR was calculated using Lawshe (1975), method:

$CVR=n_e-(^{N/}{}_2)/^{N/}{}_2$

For awareness section the CVR is 1.2 (minimum acceptable value is 0.99 for 5 panel) while CVR for practice was 1.1.

Reliability

Crombach alpha obtained from the pilot study as the internal consistency reliability measure with 10 adolescents was 0.84 for awareness and 0.75 for practice.

Results

Demographic Characteristics, Awareness of Adolescents about Family Planning, Practice of Family Planning among adolescents are tabulated below (Tables 1 and 2).

In the table above, with the p-value of .002 it shows that, there is significant difference in awareness of family planning between REACH intervention communities and non-REACH intervention communities (Table 3).

The table shows that, significant difference exists between REACH and Non-REACH implementing communities in the use of family planning. Therefore, the null hypothesis is rejected (P=0.000).

Table 1. Demographic characteristics.

Variables	Category	Number	Percentage
Respondents age in years	15-17	275	74.3
	18-19	95	25.7
		370	100
Religion	Islam	354	95.68
	Christian	16	4.32
		370	100
Educational level	Primary	218	58.92
	Secondary	85	22.97
	Islamiyah	67	18.11
		370	100
Marital status	Unmarried	331	89.46
	Married	34	9.19
	Divorce	5	1.35
		370	100

Table 2. Awareness of adolescents about family planning.

Reach intervention and non-Reach intervention	N	Mean	P-value
Reach intervention	185	18.43	0.0002
Non Reach intervention	185	11.56	
Total =1			

Table 3. Practice of family planning among adolescents.

Reach intervention and non-Reach intervention	N	Mean	Std. Deviation	Std. Error Mean	P-Value
Reach intervention	185	1.88	0.325	0.024	
Non Reach intervention	185	1.45	0.499	0.037	0.000
Use family planning method in the past 6 months?					

Discussion

From the findings of this study, the 74.3% of the respondents are between the age of 15-17 years and 95.68% are Muslim by religion. 58.92% finished primary school. Majority (89.46%) are unmarried. This could be as a result of the majority is between the ages of 15 and 17.

Present study established that, adolescents in the REACH intervention communities have higher level of awareness of family planning compared to those in non-REACH Project intervention communities ($p<0.005$, X=18.43, and X=11.56). This is in agreement to the study in India [11], where awareness level of family planning methods in adolescent girls of different socio-economic groups in rural sectors, in central Indi was found to be more among adolescents in awareness program than those in non-awareness program. Similarly, Awareness of family planning methods was high among the respondents surveyed, but the utilization was poor in a study by [12]. Furthermore, this study found that there is no statistical significance difference (p=0.165) in terms of awareness of family planning between married and unmarried adolescent girls in REACH intervention communities. This could be due to the same level of information received by both adolescents during the safe space sessions. As for the non-REACH project intervention communities, difference between the mean of married and unmarried adolescents exists and so it

is concluded that the difference in awareness of family planning among adolescents between Married and Unmarried in non-REACH intervention LG is statistically significant (P<0.005).

For the use of family planning among adolescent girls, the study found the adolescents who attended safe space sessions to use family planning service (P=0.000, X=1.88, SD=0.325) more than those in other communities (X=1.45, SD=0.499). The major reason for the use of family planning are: to space between children, rest before next pregnancy, and for economic reason. So also the reasons given for not use among non-users were: not been sexually active, it is against tradition, need of more children, lack of approval by the husband, fear of infertility and fear of bleeding [6,12,13].

Conclusion

This is contrary to the findings of in west Nigeria, who concluded that, family planning services were available but not well-utilized and rather worrisome most adolescents were not worried about unplanned pregnancy and consequences of unprotected sex. However, this is similar to the findings of Beekle, where adolescents were found to use family planning services.

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Conflict of Interest

Authors declare there is no Conflict of interest.

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