CASE STUDY:

Adolescent Sexual and Reproductive Health Programming in Goma, Democratic Republic of the Congo

Annex 2: Detailed findings from target adolescent groups

1. Enhancing adolescent knowledge and positive attitudes

Target Adolescents 1: Pregnant adolescents and adolescent mothers

In total, 30 girls between 13 and 18 years participated in the pregnant adolescents/adolescent mother activities. Fourteen girls were in Group 1 and 16 girls were in Group 2 at baseline. Thirteen and 15 girls were in Groups 1 and 2 at endline, respectively. The mean age for both groups was 16.5 years. The three participants under 15 years took part in Group 2, most likely as a result of news of the support group spreading in the community and particularly vulnerable girls feeling comfortable to participate. The vast majority (25) were unmarried and living with a family member. Some of these girls reported living with a partner (5) or having a partner who either fled or was away fighting. Five adolescents—aged 14-17 years—were married. Only three of these girls reported living with their husbands; one was a 17-year-old mother in a sero-discordant couple. Three out of the 30 girls had given birth within six months of starting the support groups, and another three gave birth in the month of their participation. Table 1 shows activities offered to the groups.

Table 1: Adolescent mothers support groups conducted in October and November 2013

Sessions conducted and kits distributed	Group 1	Group 2	Total
No. support group sessions offered at Murara Health Center	4	4	8
No. newborn kits distributed	14	16	30
No. adolescents who participated in at least one support group session	14	16	30
No. adolescents who participated in all 4 support group sessions	14	16	30

In terms of knowledge, attitudes and intentions, select findings are presented in Table 2. While improvements were observable, none were statistically significant. Often, this was as a result of already positive baseline levels or a small sample size.

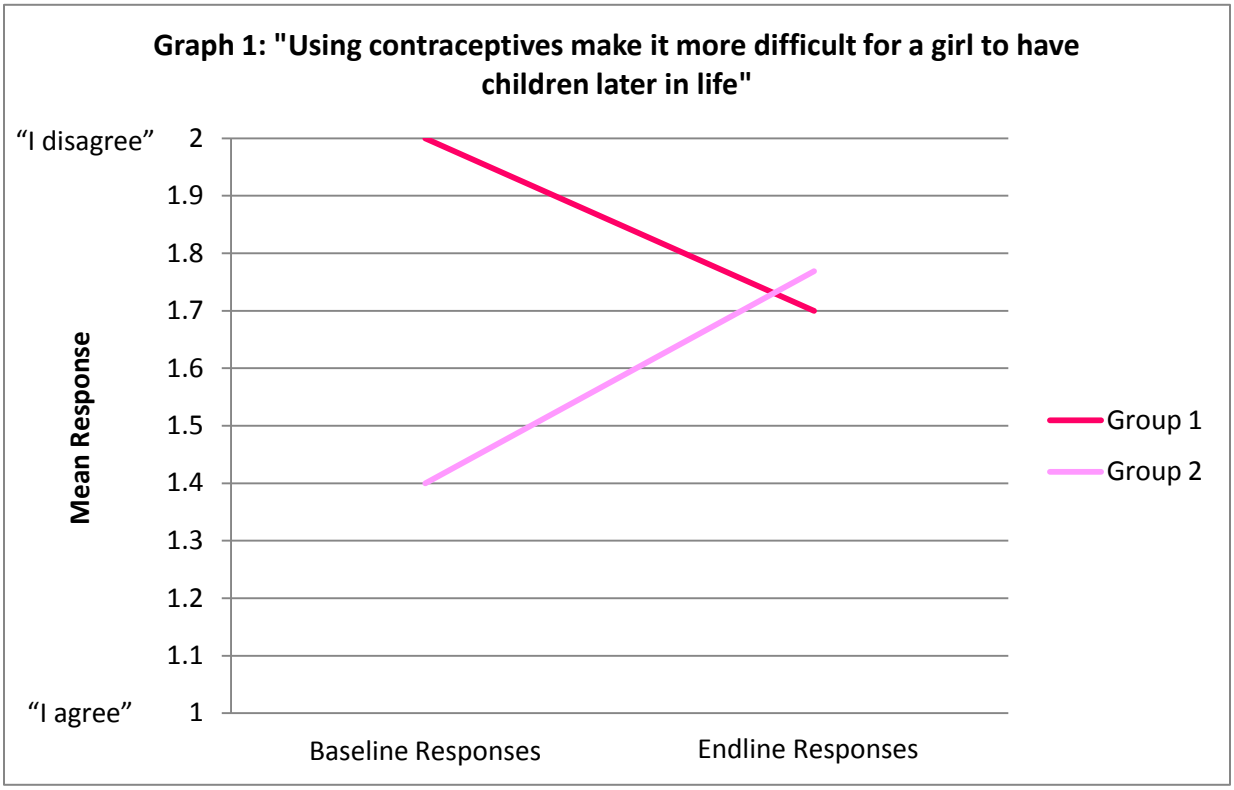
Table 2: Select changes in knowledge, attitudes and intentions				
Changes in…	**Overall** (p<.05)	**Group 1** (p<.05)	**Group 2** (p<.05)	**Type of significant change**
1. Knowledge regarding most likely time during a girl's menstrual cycle where she could become pregnant	No	No	No	None
2. Desired time intervals between births	No	No	Yes	None overall; negative change for Group 2
3. Attitudes regarding a girl's use of contraception and difficulties having children later	No	No	No	None
4. Intentions to use contraception in the next 12 months	No	No	No	None
5. Knowledge regarding length for exclusive breastfeeding	No	No	No	None
6. Confidence to refuse sex if she does not want it	No	No	No	None
7. Perceived ability to access SRH information and services when necessary	No	No	No	None

When asked during which part of the monthly cycle a woman has the greatest chance of getting pregnant, participants chose between the following options: "during menstruation," "in the middle of the cycle," "just after the end of the cycle" or "just before the period." Group 1 recorded 12 baseline and endline responses, and Group 2, 11 baseline and 14 endline responses. Despite no significant changes, both groups showed improvement with more correct response of "in the middle of the cycle" at endline.

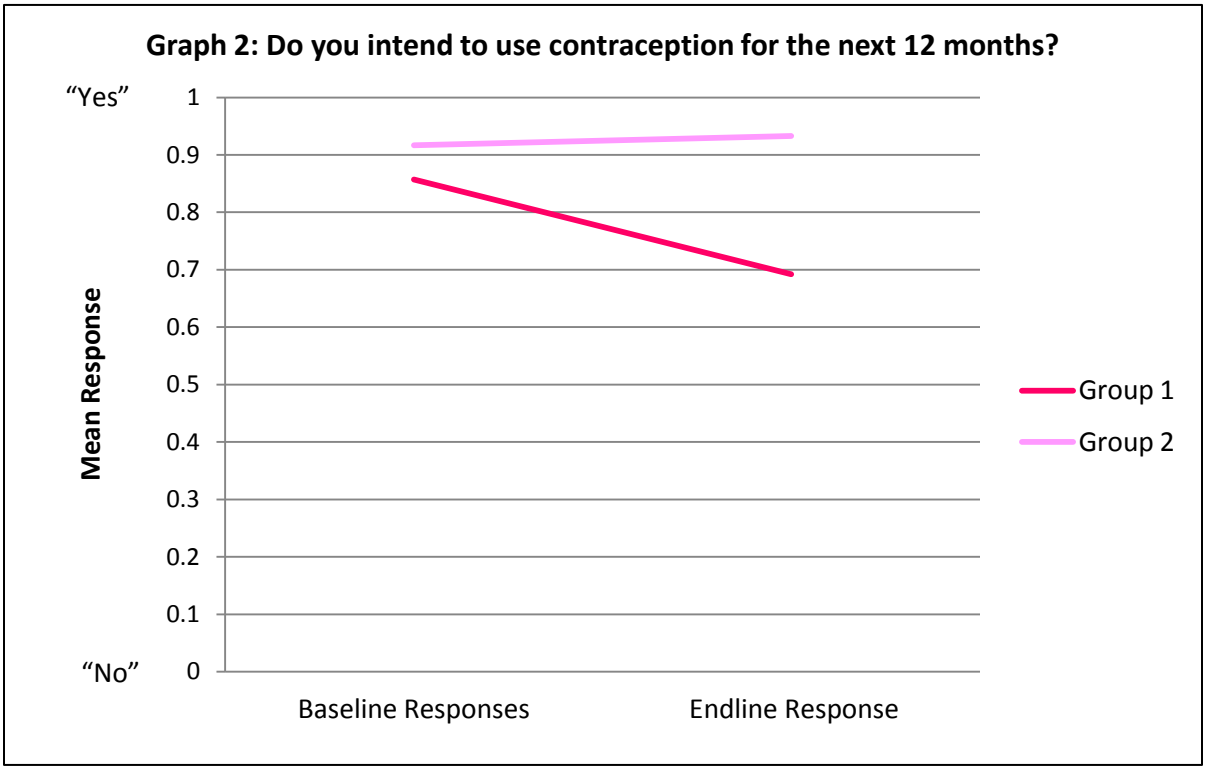
When surveyed about the amount of time (in years) participants felt they should wait between births to become pregnant, Group 1 reported 13 responses at both baseline and endline, with a mean of 3.0 years between births. Group 2 recorded 16 responses at baseline and 14 responses at endline. The mean at baseline was 3.625 years between births, which significantly decreased to 2.357 years at endline ($p = .040$). While a significant decrease was observed in the second group, the birth interval is still more than two years, which is the minimum WHO-recommended age of spacing between births.[1]

When asked whether participants agreed or disagreed with the following statement: "Using contraceptives make it more difficult for a girl to have children later in life," participants in Group 1 seemingly disagreed more at baseline than at endline, while those in Group 2 were closer to disagreeing with the statement at endline. Neither were significant changes (see Graph 1).

[1] WHO, "Policy Brief: Birth spacing — report from a WHO Technical consultation," 2006. Available from http://whqlibdoc.who.int/hq/2006/RHR_policybrief_birthspacing_eng.pdf.

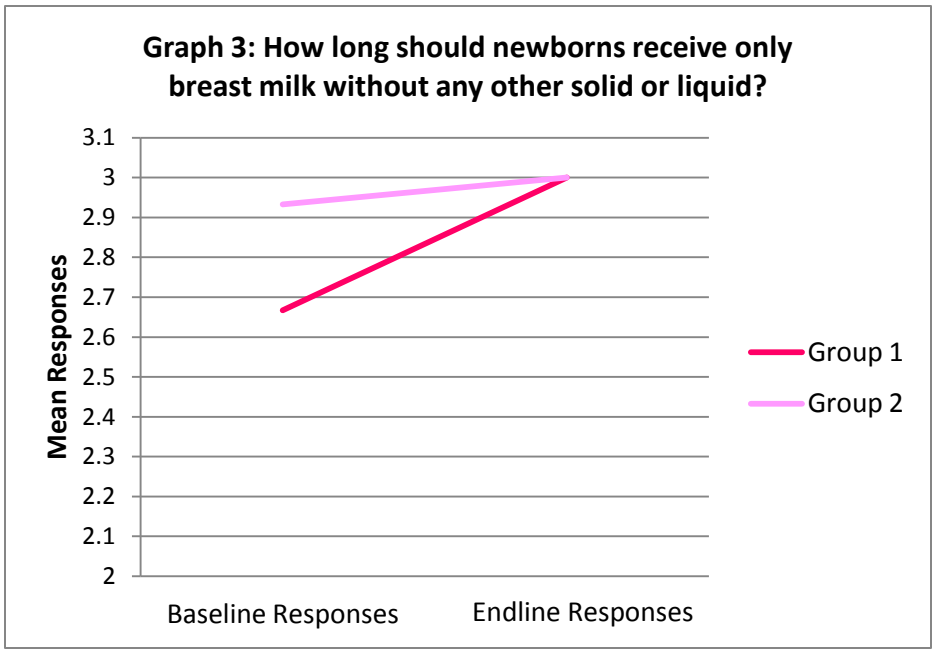


When asked whether participants planned to use contraception in the next 12 months, nearly twice as many girls responded at endline than at baseline for Group 1. Group 2 recorded a slight average increase in intentions to use contraception (p = .876). While no significant change was found in both groups (see Graph 2), the overall increase in responses in Group 1 possibly suggests a positive impact of attending the support group sessions for increasing awareness and confidence among pregnant adolescents and new mothers in deciding whether or not they would use a family planning method within the year.



Participants were further asked how confident they would be in refusing sex any time they did not want it. Among the options of "very confident" they could refuse sex, "somewhat confident" and "not confident," responses hovered between "confident" and "very confident," with no significant changes across time.

When asked the correct amount of time newborns should receive only breast milk without any other solid or liquid, responses varied at baseline for both Groups 1 and 2, while all participants answered the question correctly at endline, noting "0-6 months" (see Graph 3).



Response Key:
1: 0-3 months
2: 0-5 months
3: 0-6 months
4: more than 6 months

Target Adolescents 2: In-School adolescents aged 12-14 years

Activities conducted among peer educators are listed in Table 3. The peers were responsible for sensitization during basketball matches, holding discussion groups, convening card games, distributing condoms and performing in theater. The basketball games and theater reached more students than the two grades, and many students shared their intention to adhere to abstinence or use condoms. The two theater performances were attended by 821 first- and second-year students, as well as by 19 teachers. A third performance was held in the internally displaced person (IDP) Camp Mugunga 1, where mass sensitization was held.

Table 3: Peer educators	
Number of training sessions held for peer educators	4
Number of support sessions held for peer educators	5
Number of trained peer educators	12
Number of peer educators in Lycée Kimbilio	6 (3 boys, 3 girls)
Number of peer educators in Institut Maendaleo	6 (3 boys, 3 girls)
% of adolescents trained as peer educators who are active during pilot period	100%

At baseline, 695 students from the two schools participated in the five-question questionnaire administered to all students in the two participating grades. Among them, 445 were from Lycée Kimbilio, while 250 were from Institut Maendaleo. Across schools, 304 participants were boys (156 from Lycée Kimbilio and 148 from Institut Maendaleo) and 383 were girls (282 from Lycée Kimbilio and 101 from Institut Maendaleo).

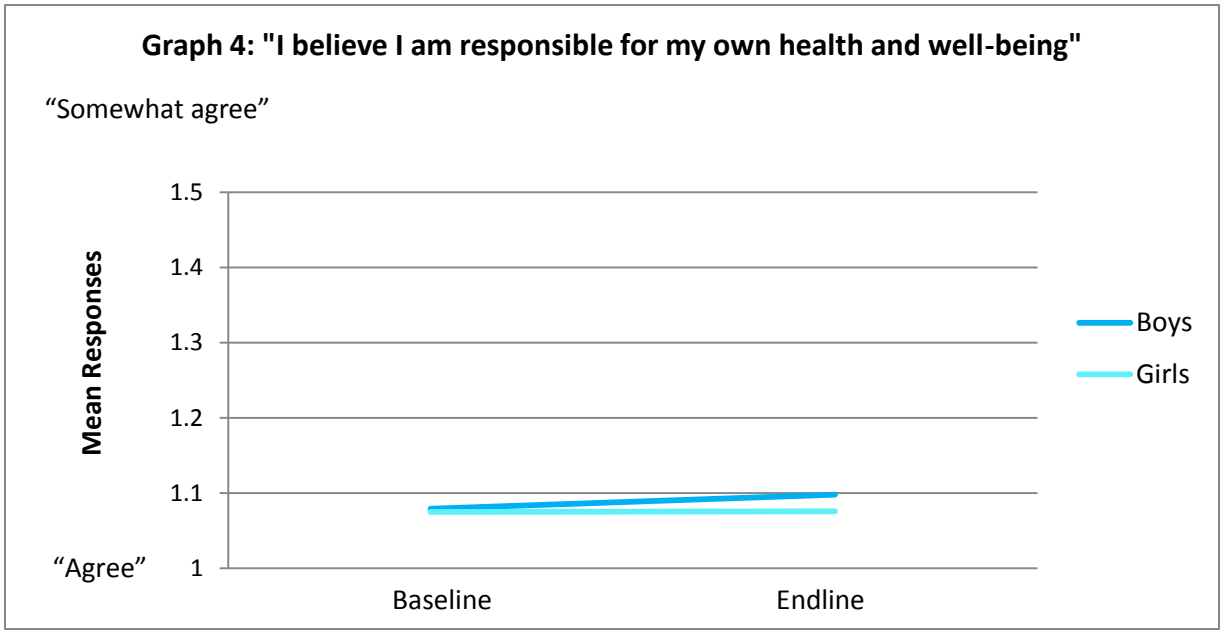
At endline, 781 students from two schools answered the questionnaire, 394 from Lycée Kimbilio and 387 from Institut Maendaleo. Across schools, 375 students were boys (139 from Lycée Kimbilio and 236 from Institut Maendaleo) and 405 were girls (254 from Lycée Kimbilio and 151 from Institut Maendaleo). The larger number of students at endline is likely a result of absenteeism on the day the baseline questionnaire was administered. Some students at both baseline and endline were beyond 14 years of age due to conflict that disrupted their education. The results from the five questions are shown in Table 4 below.

Table 4: Changes in attitudes by sex				
Statement	**Overall** (p<.05)	**Boys** (p<.05)	**Girls** (p<.05)	**Type of significant change**
1. I believe that I am responsible for my own health and well-being.	No	No	No	None
2. Both the girl and the boy are equally responsible to prevent unwanted pregnancy.	No*	**Yes**	No	Improvement for boys only
3. I can refuse sex with my boyfriend/girlfriend, even if s/he insists.	**Yes**	**Yes**	No	Improvement overall, primarily from boys
4. I can use a condom correctly.	**Yes**	**Yes**	**Yes**	Improvement
5. I can seek sexual and reproductive health information and services if I need them.	**Yes**	No	**Yes**	Improvement overall, primarily from girls

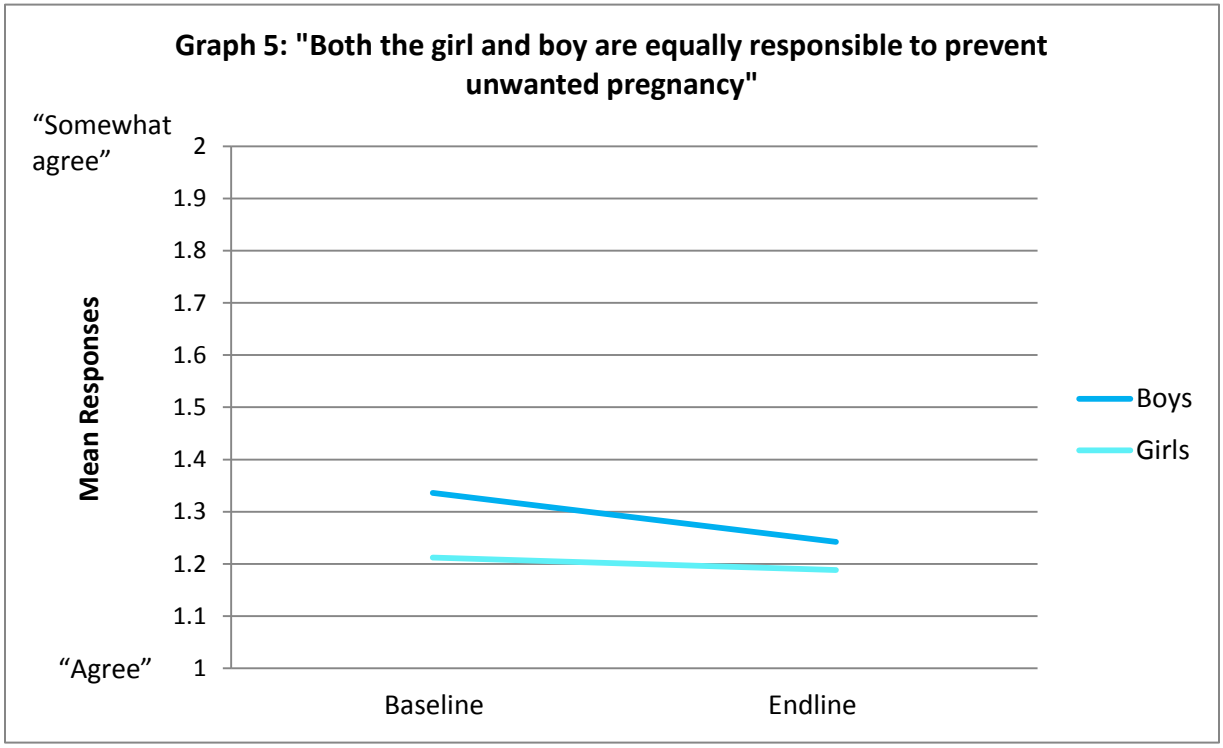
*The overall difference is statistically significant at the p<.10 level, but is the product of averaging a difference among males that is large and significant at the p<.05 level, with a difference among females that is small and not statistically significant.

In terms of the extent that adolescents believe they are "responsible for their own health and well-being," at baseline, both boys and girls primarily responded that they "agree," with mean scores of 1.079 and 1.075,

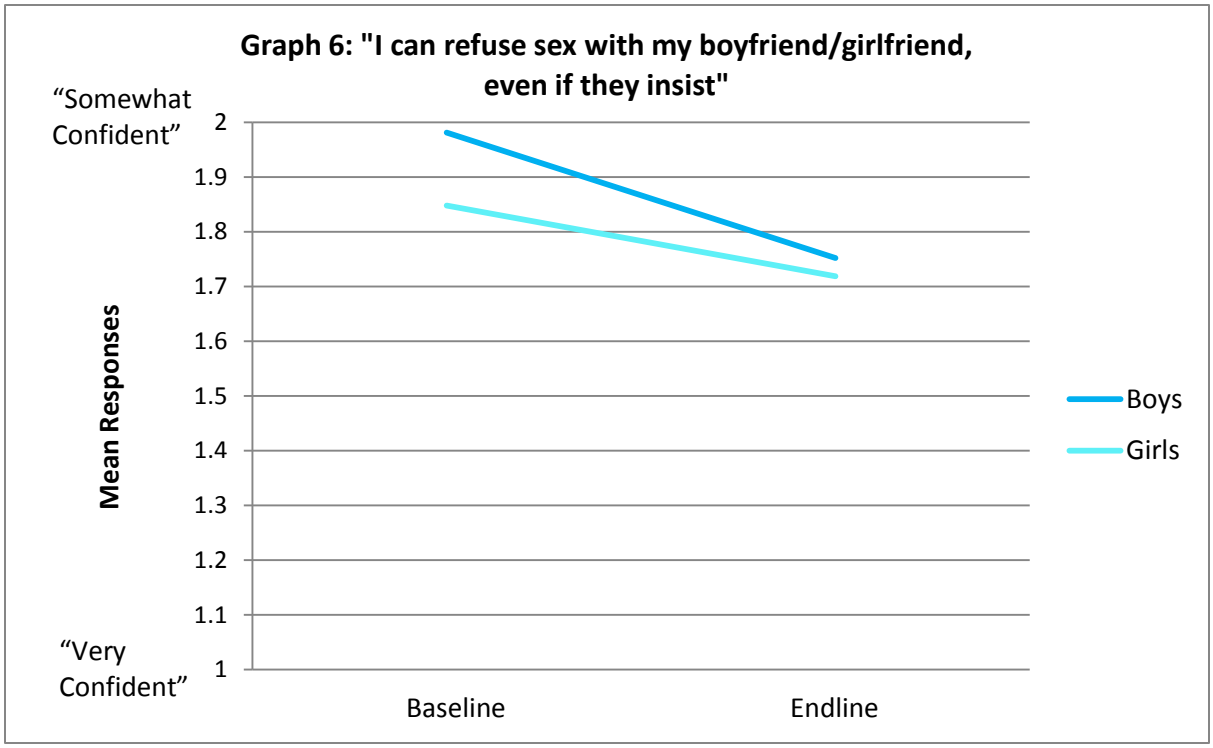
respectively. Both groups reported slight changes when surveyed a second time, with a mean of 1.098 for boys and 1.076 for girls. The closer to "1" the mean is, the more they "agree" (see Graph 4).



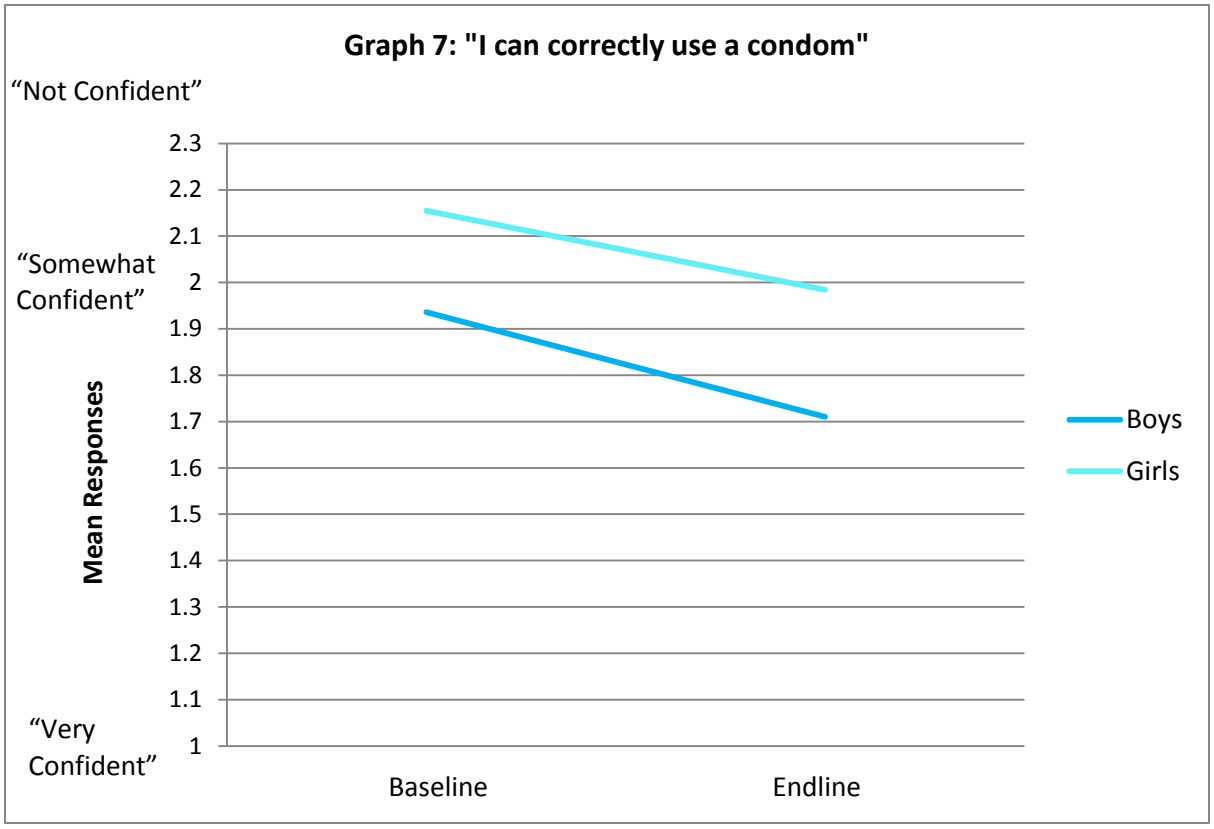
When asked if "both the girl and boy are equally responsible to prevent unwanted pregnancy," both boys and girls agreed with the statement overall. There was some improvement between initial and final responses, with a lower score implying that the respondent was more likely to "agree" that both sexes were responsible. When initially surveyed, boys recorded a mean response of 1.336, which improved to 1.242 when surveyed again. This change was significant ($p<.05$). Girls recorded an initial mean response of 1.212, which improved to 1.188 at endline (see Graph 5).



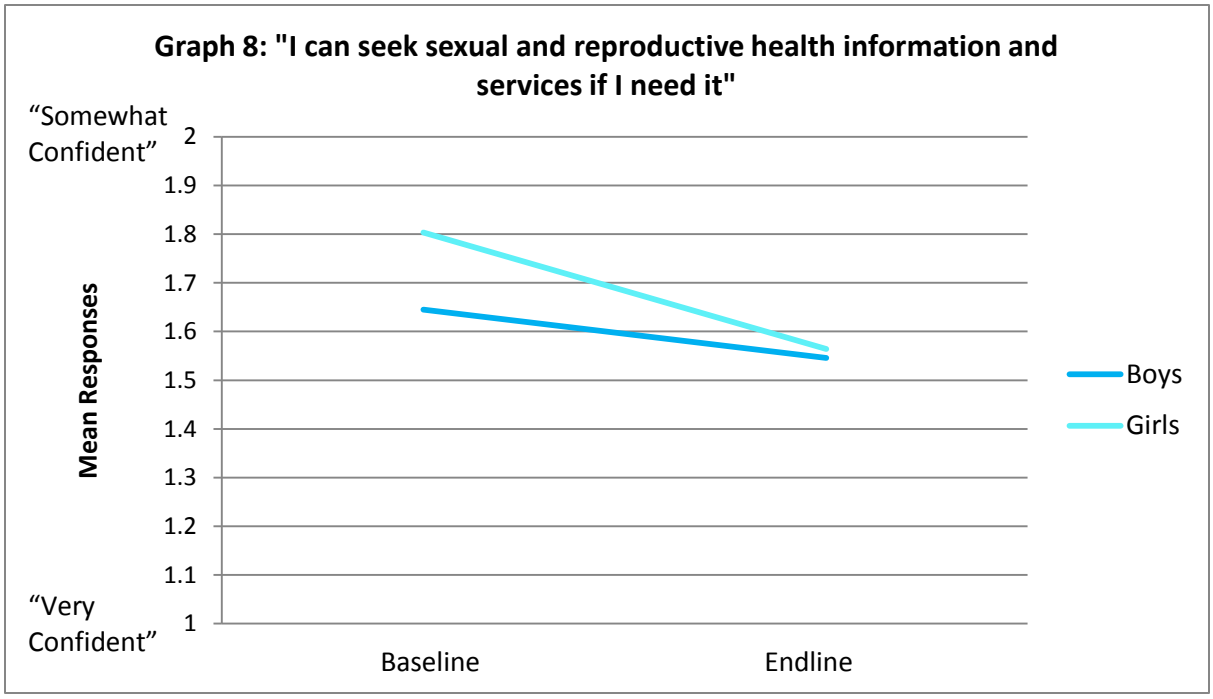
When asked about confidence to refuse sex, both boys and girls showed improvement between initial and final responses. The change in confidence for boys was significant ($p < .01$), with a mean of 1.981 that improved to 1.752. Girls also showed a slight improvement, with a mean response of 1.848 at baseline and 1.719 at endline. The closer the mean is to 1, the more confident the students (see Graph 6).



When asked how confident participants were in using a condom correctly, both boys and girls reported means close to being "somewhat confident" when initially surveyed. Both boys and girls made significant improvements between their baseline and endline responses. The mean at baseline for boys was 1.936, which improved to 1.710 at endline ($p < .01$). Girls recorded a mean of 2.155 at baseline and 1.984 at endline ($p < .05$). As a group, overall results improved significantly ($p < .001$) (see Graph 7).



The last question surveyed participants' confidence levels to seek SRH information and services. Girls recorded the most significant change towards higher confidence (close to "1") between baseline and endline, with means of 1.803 and 1.564, respectively ($p < .001$). Boys also showed improvement in confidence with a mean of 1.645 at baseline and 1.546 at endline (see Graph 8).



In terms of differences in school, while no significant differences between the two schools were found at baseline for statements 1 and 5, large, significant differences were found between the two schools in baseline scores for statements 2, 3 and 4. The reason for this is not known.

Table 5: Changes in attitudes by school

Statement	Overall (p<.05)	Lycée Kimbilio (p<.05)	Institut Maendaleo (p<.05)	Type of significant change
1. I believe that I am responsible for my own health and well-being.	No	No	No	None
2. Both the girl and the boy are equally responsible to prevent unwanted pregnancy.	No	No	**Yes**	Only at Maendaleo, but not overall
3. I can refuse sex with my boyfriend/girlfriend, even if s/he insists.	**Yes**	No	**Yes**	Improvement overall, primarily from Maendaleo
4. I can use a condom correctly.	**Yes**	No	**Yes**	Improvement overall, primarily from Maendaleo
5. I can seek sexual and reproductive health information and services if I need them.	**Yes**	No	**Yes**	Improvement overall, primarily from Maendaleo

The program further produced large, significant differences between the two time intervals for statements 2-5 at Institut Maendaleo, but no significant change of any kind at Lycée Kimbilio (see Table 8). However, no overall change at Lycée Kimbilio may imply some students changing a lot, or different rates of change in the students at the two schools.

Based on self-reports at endline, among the 443 students that were referred by Save the Children or peer educators to relevant services, 212 completed the entire referral, while 160 completed the referral partially. Only 40 students reported that they did not follow up at all.

We want this project to continue and not just for the first two classes but for everyone. (Intensive student group participant)

In terms of the intensive in-school adolescent groups, while 39 students took the baseline questionnaire, 33 completed the endline. Among those that completed the baseline, 19 were from Lycée Kimbilio and 20 were from Institut Maendaleo. In terms of sex, 17 were boys (6 from Lycée Kimbilio and 11 from Institut Maendaleo) and 22 were girls (13 from Lycée Kimbilio and 9 from Institut Maendaleo). Among the 33 endline participants, 17 were from Lycée Kimbilio and 16 were from Institut Maendaleo. Among them, 18 were boys (9 from Lycée Kimbilio and 9 from Institut Maendaleo) and 15 were girls (8 from Lycée Kimbilio and 7 from Institut Maendaleo). A comparison of the intensive group's performance against the rest of the two grades is displayed in Table 6.

Table 6: Changes in attitudes among intensively followed students as compared to all students			
Statement	**All students** (p<.05)	**Intensive group** (p<.05)	**Type of significant change in intensive group**
1. I believe that I am responsible for my own health and well-being.	No	No	None
2. Both the girl and the boy are equally responsible to prevent unwanted pregnancy.	No	No	None
3. I can refuse sex with my boyfriend/girlfriend, even if s/he insists.	**Yes**	No	None
4. I can use a condom correctly.	**Yes**	**Yes**	Improvement
5. I can seek sexual and reproductive health information and services if I need them.	**Yes**	No	None

While overall, significant improvement was seen for three of five attitudes, in the intensive group, students only showed significant improvement in confidence to the statement: "I can use a condom correctly."

When students in the intensive group were followed up further regarding their sexual behavior, of the two that reported they were sexually active at baseline, one was using withdrawal and the other was not using contraception. At endline among students who had had their sexual debut, five students were using some form of contraception, two were not using any and one was not sexually active. Further, based on self-reports at endline, among the 12 students that were referred by Save the Children or peer educators to relevant services, 8 completed the entire referral.

Despite limited, significant changes—as a result of various probable reasons, including a small intensive group sample—improvements were still seen and qualitative feedback from participants expressed much appreciation and excitement for the opportunity to learn about their sexual health.