

WORKSHEET #1: MAKING SENSE OF PRIMARY AND SECONDARY RESEARCH

Zanbe Example

This example is based on the Zanbe “Let’s Talk About It!” program introduced in Part 1 of the I-Kit to show how the program managers used research (primary and secondary, quantitative and qualitative) to better understand the SRH problem and determine if they needed any additional information. Comments are provided in text bubbles. The fictional data used to complete this Worksheet can be found in the Resources section at the end of this Essential Element. You may want to review this data yourself to see how it is used and where it appears in this Worksheet.

1. What is the SRH problem that you plan to address for urban youth (e.g., unintended pregnancy, HIV, STIs, maternal mortality, unsafe abortion, etc.) and why did you choose to address this problem?

Unintended pregnancy among urban adolescents, 15 to 19.

Our donor requested that we focus on this population, as well as younger adolescents at risk of becoming this population. Total project focus is adolescent girls and boys, 10 to 19.

2. What is the percentage of urban youth affected by the SRH problem and what might this mean for your program?

In DHS Table 5, 21 percent of girls 15 to 19 in urban areas are already mothers or pregnant with their first child. The urban percentage (21.4 percent) is slightly lower than their rural peers (24.4 percent). The poorest segment of the population (lowest wealth quintile) had the highest percentage of girls who had begun childbearing.

Although the data is not separated by age for urban and rural, the percentage of pregnant adolescents is lower among the younger ages (1.6 percent for 15 year olds) and higher among the older ages (57.6 percent for 19 year olds). This data might support segmenting the audience to reach those who have not started having sex with a prevention message (i.e., delaying sex or contraception) and those who have already given birth with a child spacing message.

There was no DHS table for “unintended pregnancy” among urban adolescents between the ages of 15 and 19, so the age of mothers having their first child was used as a proxy for this question. The program would benefit by focusing on lower-income areas of the city.

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3. What are the demographics (age, gender, education level) of the urban youth that are affected by this SRH problem? The list below gives you an example of the type of information you need to answer this question.

a. Age:

15.5 percent of urban women ages 15 to 24 have had sexual intercourse before age 15 and 52.5 percent of the women ages 18 to 24 have had sexual intercourse before age 18 (DHS Table 13).

The program might want to address delayed sexual debut for girls 10 to 14 and contraceptive access for those 15 to 19.

b. Gender:

Adolescent girls, since they are the ones who get pregnant; and young men, since they are seen as the contraception decision-makers.

c. Education level:

Young women with no schooling are twice as likely as those who go to secondary school to have had sex by age 15 (18 percent compared with 9 percent) (DHS Table 13).

Literacy levels are low among 15- to 19-year-old women who have no schooling or primary school, with only 28.7 percent of them able to read a whole sentence and 20.8 percent cannot read at all (DHS Table 3).

If the program decides to focus on the younger age group, they will need to find the literacy level for out-of-school women younger than 15.

d. Other (specify: _____):

On a weekly basis, older adolescents (15 to 19 years old), are more likely to listen to the radio (75 percent), watch TV (24 percent) or read a newspaper (23.3 percent), and urban adolescents have higher percentages than their rural peers (DHS Table 4).

While the DHS data does not have a table specifically on adolescent pregnancy and living arrangements, other studies show that unintended or early pregnancy occurs more frequently among poorer youth, who do not live with one or both parents.

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4. What KAB are known for urban youth on this SRH problem?

a. Knowledge:

Knowledge of any modern contraceptive methods is high (98 percent) among all women (DHS Table 8, not shown here, there was no information specifically for 15 to 19 year olds).

The program does not need to focus as much on the basic knowledge of contraception; however, they need to learn more about whether young women know the details about different methods.

b. Attitudes:

A recent qualitative report from the University of Zambe showed that it is more socially acceptable for married women and young women over age 20 to use contraceptive methods. However, it is socially unacceptable for 15 to 19 year olds to use contraception because they are not supposed to be having sex at that age.

c. Behaviors:

Among urban never-married women ages 15 to 24, the percentage that have never had sexual intercourse was 49.8 percent (DHS Table 14).

Among urban never-married women ages 15 to 24, the percentage that had sexual intercourse within the past 12 months and used a condom was 54.7 percent (DHS Table 14).

Among unmarried sexually active 15- to 19-year-old girls, 54.9 percent are not using any method, and the main methods for those that are using are the male condom (24.3 percent), withdrawal (9.9 percent) and injectable (9.6 percent) (DHS Table 7).

This data lead us to wonder why sexually active adolescents are not using contraception and what would be the best methods to promote contraception among them.

While condoms are the most used method, we don't know if they are used consistently and correctly.

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5. Based on the information you have reviewed, what other questions do you need answered in order to identify the urban youth most in need of your SBCC program to address this SRH issue and how do you plan to get these questions answered? Record your additional questions and thoughts on how to answer them in the chart below.

Think of other things you would like to know about young people's behaviors, beliefs, aspirations and values:

- Are there some groups of young people you would like to know more about? For example, younger adolescents or street children?
- Are there some issues you would like to know more about, for example, information on illegal abortion or on the taboos surrounding SRH?

| Additional Questions: | Possible Ways to Find Answers: |
|---|---|
| <ul style="list-style-type: none"> • <i>What targets has our country set to reduce rates of unintended pregnancy?</i> | <ul style="list-style-type: none"> • <i>Review government documents</i> • <i>Interview a family planning unit staff member at the MOH.</i> |
| <ul style="list-style-type: none"> • <i>The DHS data is for the country as a whole. Are the urban women in Zambe similar to the country data or are there differences?</i> • <i>Which 10 to 19 year olds are most likely to become pregnant or to make a girl pregnant?</i> • <i>What are the different SRH needs of those aged 10 to 14 compared to those 15 to 19 or 20 to 24 year olds?</i> | <ul style="list-style-type: none"> • <i>Interview nurses or administrators in public and private Zambe family planning and antenatal clinics.</i> • <i>Review secondary research.</i> • <i>Conduct primary research with young women and men of different age groups.</i> |
| <ul style="list-style-type: none"> • <i>What are the gender norms that impact 10- to 19-year-old girls?</i> • <i>How are relationships between 15 to 19 year olds perceived in the city? By young people? Their influencers?</i> • <i>How do 15- to 19-year-old adolescents feel about contraception? Are there myths or barriers we need to address?</i> • <i>What do we know about the different barriers, facilitators and motivators to using contraceptives for in-school vs. out-of-school adolescents?</i> • <i>Where do urban adolescents access contraception and contraceptive services, and what is that experience like?</i> | <ul style="list-style-type: none"> • <i>Conduct focus groups with a few different segments of urban 10 to 19 year olds, e.g., those not attending school, those with children, etc., to explore gender norms and these other questions.</i> • <i>Conduct in-depth interviews with parents and health care providers to explore these topics among others.</i> |

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TIME TO REFLECT

Before you move on, take a moment to reflect on your experience with this Worksheet.

What are the three key pieces of information you learned from filling out this Worksheet?

- 1. We should consider segmenting our audience by age and focusing on delayed sexual debut for 10 to 14 year olds and contraceptive access for 15 to 19 year olds.*
- 2. We should consider using radio as a communication channel because it's so popular in the urban environment.*
- 3. Since early sexual debut is correlated with being out-of-school, we may want to focus on the out-of-school adolescent population.*