

RHRC CONSORTIUM MONITORING AND EVALUATION TOOLKIT

ADOLESCENT REPRODUCTIVE HEALTH ASSESSMENT PROTOCOL

Purpose An assessment of adolescent reproductive health is used to inform program planning that will be responsive to the special strengths and needs of adolescents within the community.

Description An assessment of adolescents' RH should use a combination of qualitative and quantitative methods as described throughout this ToolKit. This protocol offers an overview of the issues to be considered when assessing adolescent reproductive health in refugee and displaced situations. It provides links to a variety of sample tools adapted for adolescents.

Ethical Considerations

WHO has prepared guidelines for research on reproductive health involving adolescents, "Guidelines for research on reproductive health involving adolescents," which can be accessed in full at: http://www.who.int/reproductive-health/adolescent/core_instruments.en.html. Excerpts from these guidelines follow.

Legal and Ethical Issues

There are no clear ethical justifications for excluding from research adolescent subjects below the age of legal majority. If there are reproductive health problems that are restricted to, or occur also in, adolescents which cannot be solved with existing knowledge, there is an ethical duty of beneficence and justice to conduct appropriate research to address these problems.

Parents (or guardians) have legal and ethical responsibilities to provide dependent adolescents with preventive and therapeutic health care. Sound research equips parents to discharge such legal and ethical responsibilities. Parents have the best interest of their children at heart, and therefore should have no reason to deny dependent adolescents participation in sound research that could improve preventive and therapeutic care.

In general, the law does not grant parents veto power over decisions of mature (that is, competent) adolescents who decide to participate in research on their reproductive health. In such cases where adolescents are or are about to be sexually active, investigators commit no legal offence in undertaking research that promises a favorable benefit-risk ratio. However, where the law specifically denies decision-making authority to mature or competent adolescents below a given age, that provision must be respected.

Guidelines

1. Before undertaking research involving adolescents, investigators must ensure:
 - (a) that the information to be gained could not scientifically be obtained from adult subjects;
 - (b) that a goal of the research is to obtain knowledge relevant to the health needs of adolescents;

- (c) that the risk presented by interventions having no direct benefit to the individual subject is low and commensurate with the importance of the knowledge to be gained; and
- (d) that the interventions intended to provide direct benefit are at least as advantageous to the individual subject as any available alternative.

Among adolescents, younger subjects should not be enrolled when older adolescents are scientifically suitable for recruitment as research subjects. When the specific objective of the research is to gain information about young adolescents, for example, about pregnancy or lactation in 12-year-olds, then research involving this age group is ethically justified.

2. Unless specific legal provisions exist, consent to participate in research should be given by the adolescent alone. Capacity to consent is related to the nature and complexity of the research. If adolescents are mature enough to understand the purpose of the proposed study and the involvement requested, then they are mature enough to consent.

3. The ethical principle of confidentiality must be adhered to in research involving adolescents.

4. Even when consent to the participation of adolescents is granted by parents or by both adolescents and their parents, confidentiality must be maintained.

5. Institutions participating in research involving adolescents must be sensitive to the needs of adolescents and should have the appropriate staff and facilities to care for this population group.

6. In circumstances where researchers intend to report adolescent behavior to any authorities, the adolescent subject must be made aware of the possibility of such reporting prior to their involvement in the research

Approvals

Before you begin a study, you must obtain certain permissions for ethical, political and logistical reasons. Some groups you may need to obtain permission from include UNHCR, Ministry of Health, civil authorities in your district, community representatives, your own organization and partner organizations. The consent of the individuals interviewed is always required.

Informed Consent

Every individual has the right to refuse to participate, or to refuse to answer specific questions. The interviewers must respect this right.

Privacy

It is important that the data collection process be conducted in a manner that is comfortable for each person, and in which the individual is able to speak openly and honestly.

Confidentiality

The interviewers may not discuss the participants' answers with anyone, except the supervisor when clarification is needed. Individuals' names or other identifying information should not be linked to any responses.

Data Collection Forms

Data collection forms will vary with the methodology to be used.

[Click here](#) for a sample Focus Group Discussion Guide for Adolescents.

[Click here](#) for a sample population-based survey tool for Adolescent Reproductive Health.

[Click here](#) for a sample in-depth interview guide for adolescents.

Sampling Plan

There are many considerations that come into play when designing a research study. Compromises are always being made on decisions such as sample size, acceptable error levels and sources of bias, based on the availability of resources (time, money, personnel).

For a community-based survey of adolescents the following method for determining sample size is a conservative approach, and so should work in many situations.

The formula for calculating sample size is:

$$N = \frac{Z^2(p)(q)}{d^2}$$

- **Z** refers to the confidence limits of the survey results. If you would like to be 95% confident in your results, $Z=1.96$.
- **p** refers to the proportion of the population with the attribute you are looking for. $q=(1-p)$ If we had the data already, p and q would be very easy to calculate. Since we must estimate the proportions, we should be as conservative as possible. It is safest to maximize the variation, by assuming a 50/50 split in responses across questions.
- **d** refers to the desired precision of the estimate (for example, your results are accurate within a range of plus or minus 5%).

So, using these figures in the equation above, we get:

$$N = \frac{(1.96^2)(.5)(.5)}{05^2} = 384$$

Given this calculation, we find that we would need a sample size of 384 to be 95 percent confident of our overall results, within a range of plus or minus 5 percent. That is to say, $N = 384$ is the sample size to use if we want observed percentages to be within plus or minus 5 percent of the unknown population parameter. This means our results will be a true reflection of the population 19

out of 20 times, although in a given instance, we don't know whether we are truly one of the 19/20 or if we are that 1/20 exception.

You can see that these numbers do not change based on population, as long as the population is 10,000 and above. If you wanted to always have a sampling error of plus or minus 5 percent and always have the most conservative estimate of your response distribution (that is, assume a 50/50 split in responses to your questions), your sample would always be 384. For populations under 10,000, this formula does not apply and you should consult the "Handbook for Family Planning Operations Research Design," Second Edition, by Andrew A. Fisher, John E. Laing, John E. Stoeckel, and John W. Townsend. It is published by the Population Council, who can be contacted at www.popcouncil.org. Another statistics textbook could be consulted for sampling strategies for populations under 10,000, or you could consult with a statistician.

If a simple random sample of the population is not feasible, cluster sampling may be used. [Click here](#) for an explanation of cluster sampling.

If your sampling units vary considerable by size, you may want to use Probability Proportional to Size (PPS) sampling. [Click here](#) for an explanation of PPS sampling.

Interviewer and Supervisor Characteristics

The ideal interviewers:

- are close in age to the respondents – this is significant when working with adolescents. With proper preparation, adolescents can be trained as interviewers,
- have good communication skills in the local languages,
- are comfortable discussing reproductive health topics, and are open to learning about reproductive health,
- recognize that discussing sexuality for young people can be a difficult task, particularly if the interviewers have children of the same ages, and that they need to be able to separate their personal beliefs from their professional responsibility to the adolescents,
- will respect the dignity of respondents and confidentiality required of the assessment process,
- are interested and motivated to work,
- will reflect well on your organization in the field,
- have technical skills or training (depending on your subject),

Special Note: It is important to recognize that interviewers and supervisors will be expected to deal with issues of sexuality among young people who may be their own children's ages. They may feel that they are condoning sexual activity when their particular ethical or religious beliefs are opposed to sexual activity for young people. This predisposition can affect how they work with the adolescents.

Researchers and program managers need to ensure that interviewers and supervisors have the time to become comfortable discussing sexuality and reproductive health issues with young people.

Field supervisors should also exhibit all these characteristics, though it may not be possible or appropriate for supervisors to be adolescents themselves. Supervisors should have previous data collection and reproductive health experience and be highly organized. Their responsibilities are to ensure that the sampling plan is followed, ensure that the interviewers are administering the data collection process correctly, resolve interviewers' questions and respond to community questions or concerns.

Supervisors can be drawn from your organization and/or Ministry of Health staff. It will be extremely valuable for supervisors to be involved in the pre-tests and revisions of the data collection procedures and interviewer training.

Interviewer Training

Interviewers should receive 3-5 days of training conducted by the field supervisors. The training emphasizes practice with the data collection instrument so that the interviewers are entirely familiar with it and are comfortable asking the reproductive health questions to adolescents. Training should also cover all field procedures the interviewers are expected to follow, such as how to select households/individuals into the sample and how to ensure confidentiality. Training should include basic reproductive health technical information, so the interviewers can communicate with the respondents on the topic.

Please see the Protocols for Focus Group Discussions, Community-based Surveys and In-depth Interviews for more detail on the content of interviewer training.

Time Frame

To be determined by your organization. Using several methods for data collection can be very time consuming, so organizations must make the time commitment from the start of the process. From the beginning of the planning to completion of the analysis and report can easily fill 4-6 months, especially if the staff have other responsibilities. The field work itself should be completed within 4 weeks.

Analysis Plan

The data for quantitative analysis can be processed using any database or survey software, such as Epi Info, EpiInfo 6, SPSS, SAS or Microsoft Access. (The advantage of Epi Info is that it can be downloaded for free from the cdc.gov web site <http://www.cdc.gov/epiinfo/>. Before each use of Epi Info, check the website for updates.)

For qualitative data as generated from focus group discussions or in-depth interviews, responses are analyzed by arranging them in the general categories identified in the discussion guide. After the responses are arranged, the range of positions or opinions can be identified. The analysts can summarize the various opinions, assess the degree of consensus or differences expressed by the groups and synthesize the themes or patterns that emerge. Software also exists

for Computer-aided Qualitative Data Analysis. QSR has two products, NVivo and N6. (http://www.qsr.com.au/products/productoverview/product_overview.htm)

It is the decision of the researcher to determine how to analyze their data.

Use of Data

Data gathered from adolescents can be used to establish baseline measures for project objectives or other key desired results, and/or to better understand the socio-demographic and program-related factors associated with different aspects of adolescents' reproductive health. Later in the project, findings from follow up data collection exercises can be compared to baseline findings.

Dissemination

Summary and detailed reports should be written. [Click here](#) for an example of a report of adolescent reproductive health data collection. The detailed report is most likely to be of interest to your organization and the national and provincial Ministry of Health and perhaps some of the NGOs working on similar topics. The summary report will have a broader distribution to other NGOs and Ministry offices in other provinces.

In addition to the written reports, you should present the survey results to communities as part of its education activities.

Additional Resources

[Click here](#) for Pathfinder's "A Rapid Assessment of Youth Friendly Reproductive Health Services" from their Technical Guidance Series (text)

[Click here](#) for Pathfinder's "Clinical Assessment of Youth Friendly Services: A Tool for Assessing and Improving Reproductive Health Services for Youth" (data collection instrument)

[Click here](#) for FOCUS's "A Guide to Monitoring and Evaluating Adolescent Reproductive Health Programs" Part I (text)

[Click here](#) for FOCUS's "A Guide to Monitoring and Evaluating Adolescent Reproductive Health Programs" Part 2 (data collection instruments)

[Click here](#) for a bibliography of adolescent RH resources prepared by the Women's Commission for Refugee Women and Children.