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Improving youth-friendly sexual and reproductive health services through gender transformative and intersectional approaches in Nigeria

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05/02/2025

Recruitment status
No longer recruiting

Registration date
07/02/2025

Overall study status
Completed

Last Edited
07/02/2025

Condition category
Other

[ ] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[ ] Results
[ ] Individual participant data
[ ] Record updated in last year

Plain English summary of protocol

Background and study aims

Young people in Nigeria face multiple barriers when accessing quality sexual and reproductive health (SRH) services. These barriers include discriminatory and judgmental attitudes from health providers, limited or lack of privacy and confidentiality, and adverse gender and social norms. Health system interventions designed to improve the sexual and reproductive health and rights of adolescents and young people focus largely on strengthening the capacities and skills of healthcare providers to provide youth-friendly services, without addressing underlying gender and power perspectives that shape how those services are delivered.

This project aims to increase service providers' awareness and critical thinking on gender, intersectionality (linkage with other factors such as age, ethnicity, ability, education, social status, and other potential intersecting identities), and power dynamics. It also aims to improve the uptake of and satisfaction with SRH services provided to young people. The research team, in collaboration with communities and healthcare providers, will design, adapt, and implement a multi-component intervention. This will include action learning, which entails periodic reflective meetings between researchers, health service providers and community members and representatives, and the application of economic and equity analyses to the work. Special attention will be paid to achieving gender equality and inclusion. The study will be conducted in six local government areas with the poorest SRH outcomes among young people as prioritized by the government.

Who can participate?

The participants included healthcare workers and community members from selected primary healthcare facilities (PHCs).

What does the study involve?

This study is a multi-component intervention comprising of training of healthcare providers and community members on a gender transformative approach to youth-friendly sexual and reproductive health (SRH) service delivery, and an integrated action learning process.

Participants will be randomly assigned into three groups based on the location of primary health centres (PHCs) where they work or reside.

What are the possible benefits and risks of participating?
Benefits
There are no direct benefits to participants for participating in the research project. The data gathered from the study will be very useful and the situational analysis informed the adaptation of a multi-component intervention consisting of training of health workers and an integrated action learning process.
Risks
The risk of participating in this research project is anticipated to be minimal. Participants may experience discomfort when responding to sensitive questions relating to sexuality and gender norms. Researchers have been trained to observe discomfort in participants, skip questions that cause discomfort or terminate the interview if you are unable to continue. Participants we asked to let researchers know if they experienced any discomfort.

Where is the study run from?
This study is being conducted in six local government areas (LGAs) in Ebonyi State, which has a high prevalence of teenage pregnancies and an unmet need for contraceptives among young people. The state also has a large population of out-of-school adolescents and one of the poorest health indices in Nigeria. The projected population for Ebonyi State in 2022 was 3,242,500 (based on the 2006 national census figure and a growth rate of 2.8%), with over 355,000 individuals aged 15-24 years. Healthcare in Ebonyi State, as in other Nigerian states, is provided by both the public and private sectors through a three-tier system: primary healthcare at the LGA level, secondary healthcare at the state level, and tertiary healthcare at the federal level. Most young people, particularly those from lower socio-economic groups, primarily seek care in primary healthcare (PHC) facilities and informal private sectors.

When is the study starting and how long is it expected to run for?
November 2022 to June 2025

Who is funding the study?
The study received funding from IDRC (Canada) Gender Transformation for Africa implementation research project on sexual, reproductive, and maternal health (IDRC grant number: 109809).

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Additional identifiers

Clinical Trials Information System (CTIS)
Nil known

Protocol serial number
IDRC grant number: 109809

Study information

Scientific Title
Applying a gender transformative approach to youth-friendly sexual and reproductive health services in Nigeria: a study protocol

Acronym
GTA SRHR

Study objectives
The overall objective of the research is to stimulate individual and organizational change in youth-friendly SRHR service delivery by implementing a multi-component intervention that will increase awareness and critical thinking on gender and power imbalances among health service providers, and contribute to delivery of quality and inclusive SRHR services for young people.
The specific objectives of the research project are to:
1. Determine:

1.1. Attitudes and skills of health workers in providing youth-friendly SRHR services
1.2. Attitudes and experiences of young people in accessing these services
2. Determine gender norms and other inter-related societal factors that influence the provision and uptake of youth-friendly SRHR services, and the power dynamics that are at play
3. Design (adapt) and implement a multi-component intervention that will ensure delivery of quality, gender equitable and inclusive youth-friendly SRHR services:
3.1. Capacity building of various categories of primary health care workers through training workshops on gender-transformative YFS, and on-going peer-to-peer support
3.2. Action-learning process comprising reflective meetings and co-production of action interventions between health workers, community members, SRHR program managers and researchers
4. Evaluate the impact of the intervention, in terms of:
4.1. Reach and coverage of the intervention
4.2. Acceptability and adoption of the GTA in delivering youth-friendly SRHR services
4.3. Maintenance of GTA in the delivery of youth-friendly SRHR services
4.4. Uptake/utilization of youth-friendly services (effectiveness)
4.5. Costs and consequences (value of benefits and health outcomes) of implementing and sustaining GTA in the delivery of youth-friendly services

Ethics approval required
Ethics approval required

Ethics approval(s)
approved 11/01/2024, Health Research Ethics Committee of University of Nigeria Teaching Hospital Enugu (University of Nigeria Teaching Hospital Ituku/ Ozalla, Enugu state, 40001, Nigeria; +234 42-252022; info@unth.edu.ng), ref: UNTH/HREC/2024/01/335

Study design
The research is being implemented in three phases comprising situation analysis; adaptation and implementation of intervention/strategy; and evaluation of intervention/strategy.

Primary study design
Interventional

Study type(s)
Prevention

Health condition(s) or problem(s) studied
Improve utilization and delivery of gender-equitable sexual and reproductive health and right (SRHR) services among young people

Interventions
A total of 82 primary healthcare centres (PHCs) were selected for the study due to their involvement in adolescent sexual and reproductive health (SRH) interventions prior to our research on the gender transformative approach. The randomized participants into three arms (two intervention arms and a control arm). Out of these, 54 PHCs were randomized into the training arm, while 28 were assigned to the control arm. In each PHC, two healthcare workers who provide youth-friendly SRH services were invited to participate in step-down training. Following the training, 27 out of 54 facilities that participated were further randomized to take part in the action learning interventions. In these 27 PHCs, the two healthcare workers who were trained had action learning sessions with the community leaders. In the action learning

intervention arm, two community leaders selected from the selected PHCs participated in the action learning sessions.

Training intervention: The training intervention lasted for two months. A six-day residential training workshop was organized in December 2023 to build the capacity of primary healthcare (PHC) facility workers to improve youth-friendly sexual and reproductive health and rights (SRHR) services through gender-transformative and intersectional approaches. Before the step-down training, a four-day residential training of 15 trainers at the state level was held in November 2023.

Action learning intervention: The action learning intervention was conducted for seven months, from February to August 2024. It included three distinct sessions spread across different local government areas, involving six groups in the State. The three types of action learning sessions were: i) initial meetings, which consisted of two separate sessions within each group, ii) deployment meetings, also comprising two separate sessions within each group, and iii) status update meetings. The status update meetings involved one session with healthcare workers, community members, and academic researchers in each of the six groups.

The initiation meeting sessions took place within two months, from February to March 2024. The deployment meetings were held four weeks after the initiation meetings within the respective action learning groups, and these sessions were completed within four weeks between April and May 2024. The status update sessions were follow-up meetings to discuss the implementation of agreed actions and were held twice in July and August 2024.

Intervention Type
Behavioural

Primary outcome(s)
1. Reach is measured at baseline, mid-term and post-intervention phases using attendance (training and action learning) registers, the list of PHC workers in selected PHCs, the baseline provider survey dataset, and the project records of the number of job aids distributed to PHC workers, and WhatsApp membership/participation database
2. Effectiveness is measured at mid-term and post-intervention phases using pre- and post-evaluation training questionnaires, provider survey questionnaire, exit poll client survey questionnaire, action learning meeting records and reports as well as desk review of reflective diary.
3. Adoption is measured at the post-intervention phase using a focused group discussion (FGD) guide with trained PHC workers, provider survey questionnaire, action learning meeting records, pictures, registers, and reports, FGD guide with action learning participants, and desk review of reflective diary
4. Implementation is measured at the post-intervention phase using checklists, in-depth interview guides with implementers and receipts, project implementation records (training materials, attendance registers, costs of implementation of each intervention), WhatsApp membership and participation database, and desk reviews of reflective diaries
5. Maintenance (Sustainability) is measured using structured brainstorming and in-depth interview guides with implementers, receipts and policymakers at baseline and post-intervention phases

Key secondary outcome(s))
There are no secondary outcome measures

Completion date
30/06/2025

Eligibility

Key inclusion criteria
1. Officers in charge of selected PHCs and the assisting health/community health workers in the selected primary healthcare (PHC) facilities providing/trained or have the potential of getting step-down training on youth-friendly-SRH services provision.
2. Community members were selected from the communities where the selected PHC is located.

Participant type(s)
Healthy volunteer, Health professional, Population

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
20 years

Upper age limit
70 years

Sex
All

Total final enrolment
54

Key exclusion criteria
1. Healthcare providers who are not working in the selected primary healthcare (PHC) facilities
2. Those working in the selected PHCs but are not facility managers and do not provide health services to young people
3. Health workers either participating in or who have participated in any similar interventions within the preceding year
4. Non-consenting individual providers

Date of first enrolment
23/10/2023

Date of final enrolment
01/03/2024

Locations

Countries of recruitment
Nigeria

Study participating centre
Health Policy Research Group, University of Nigeria
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Sponsor information

Organisation
University of Nigeria

ROR
https://ror.org/01sn1yx84

Funder(s)

Funder type
Government

Funder Name
International Development Research Centre

Alternative Name(s)
Centre de recherches pour le développement international, IDRC.CRDI, le Centre de recherches pour le développement international (CRDI), el Centro Internacional de Investigaciones para el Desarrollo (IDRC), International Development Research Centre: IDRC, El Centro Internacional de Investigaciones para el Desarrollo, IDRC, CRDI

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
Canada

Results and Publications

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are available from the corresponding author on reasonable request.
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IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Participant information sheet			07/02/2025	No	Yes
Study website	Study website	11/11/2025	11/11/2025	No	Yes