



Measuring Sexual and Reproductive Health and Rights in Adolescents

Adolescent Sexual and Reproductive Health and Rights (ASRHR) Measurement in Born On Time

Born On Time (BOT) strives towards *inclusivity* in measurement with adolescents. Acknowledging the importance of promoting youth voice on issues related to ASRHR, and the unique challenges of measurement on these topics with adolescents as *primary respondents*, BOT is using a participatory, mixed-methods approach that allows adolescents to share their unique perspectives and lived experiences regardless of parity or marital status, and with consideration for a wide age range. With these guiding principles in mind, the following outcome measurement strategy was developed for adolescent beneficiaries:



Household survey for WRA (15 - 19 years old) with a live birth in less than 2 years, at baseline and endline; on a variety of sexual and reproductive health (SRH) topics, including contraceptive use, access to and utilization of Family Planning services, and other SRH-related topics. We observe that the vast majority of respondents are married, which is expected in BOT country contexts. Male partners/family members are also surveyed where available.

Focus group discussions (as part of a Gender and Adolescent Assessment), on topics including cultural and religious taboos, myths and beliefs; gender roles and norms, power dynamics and access to resources, and other topics; conducted in sex-segregated groups with both married and *unmarried* adolescents (15 - 19 years old), as well as other decision makers and duty bearers in their communities.



Key informant interviews with Health Care Providers (HCPs), Community Health Workers (CHWs), religious leaders, government officials, etc. on barriers to accessing ASRH services, and on community norms with regards to household-level SRH decision-making practices; Intimate Partner Violence (IPV); Child, Early and Forced Marriage (CEFM); and male engagement across the continuum of care.

Health Facility Assessment at a sample of health facilities, including modules on SRH services and on adolescent friendliness of service provision. Standards and criteria on adolescent friendliness were adapted from the *WHO Global Standards for Quality Health Care Service for Adolescents*, and include: (1) provider competency; (2) facility characteristics; (3) appropriate package of services; and (4) adolescent health literacy.



The Born On Time Adolescent Survey

To better mitigate the unique challenges of measurement on ASRHR topics with adolescents as *primary respondents*, a separate, quantitative Adolescent Survey is also being conducted for adolescents *without child*. This group was not included in the HH survey exercise, because: an internationally validated and/or standardized tool does not exist for adolescents <15 years; and the household setting was expected to produce response bias considering current challenges with *under-reporting* SRH behaviours, for reasons including, but not limited to, suboptimal privacy and confidentiality.

Using Audio Computer-Assisted Self Interview (ACASI) Surveys in Bangladesh

In January 2018, BOT conducted an ACASI survey with adolescents *without child*, ages 13 – 18 in Bangladesh. This survey covered a variety of SRH topics including menstrual health management, SRH knowledge and practices, attitudes towards early marriage and early pregnancy, etc. The survey was *self completed*, was conducted outside of the household, and was facilitated by a known CHW – providing optimal privacy and confidentiality for the respondent. The survey was also audio-enabled, and inclusive for adolescent respondents with low literacy and/or numeracy. 684 adolescent boys and girls without child, age 13 – 18 years, participated in the survey; 20% of boys and 25% of girls were under the age of 15.



CONTACT:

Marie Bettings, Program Director, *Born on Time*

1 World Drive | Mississauga, Ontario | L5T 2Y4 | Marie_Bettings@worldvision.ca