Background

Ideation is a communication theory that posits that “people's actions are influenced strongly by their beliefs, ideas, and feelings (‘ideational factors’) and that changing them can change behavior”. Ideational factors, which include knowledge about, beliefs and attitudes towards, and self-efficacy to perform a health practice, are important to consider when measuring contraceptive behaviors and developing strategies to increase demand. Previous research on contraception ideation in Nigeria has found that improved ideation is associated with higher levels of contraceptive use and intention to use. This brief shows results for ideational factors related to perceived self-efficacy that were collected in the Youth Respondent-Driven Sampling Survey (YRDSS) in Lagos state among unmarried youth aged 15-24 years.

Results

The survey asked respondents to rate their level of agreement with seven statements that examined the respondent’s perceived self-efficacy to take action regarding contraceptive use in different scenarios:

**Within a partnership:**

- You could start a conversation with your partner about contraceptive use.
- You could convince your partner that you should use a method of contraception.
- You could use a method of contraception even if your partner does not want you to.

**In the context of community norms:**

- You could use a method of contraception even if none of your friends or neighbors uses one.
- You could use a method of contraception even if your religious leaders do not approve.

**In the context of personal capability:**

- You could obtain a contraceptive method if or when you decided to use one.
- You could continue to use a contraceptive method even if you experience some side effects.

Agreement was measured using a five-point Likert scale. Psychometric analysis of all seven statements showed high internal consistency reliability (Cronbach’s alpha of 0.834 among all respondents). The statements were developed by the Nigerian Urban Reproductive Health Initiative (NURHI) and have been used in their past research on contraceptive ideation.

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Perceived self-efficacy within a partnership

Three of the seven statements on perceived self-efficacy pertained to use or negotiation of use within a partnership [Fig. 1]. For all three statements, agreement was greater than 50% among all respondents, although a higher percentage of male respondents reported that they “strongly” or “mostly” agreed with the statements presented compared to female respondents. The statement that “you could use a method even if your partner does not want you to” received the highest percentage of disagreement among females (27.3%) of all three partner-related statements.

Figure 1: Level of agreement on statements related to perceived self-efficacy within a partnership

![Percentage of respondents](chart1)

Perceived self-efficacy within the context of community norms

The next two statements presented looked at perceived self-efficacy within the context of community norms: prescriptive norms from religious leaders and descriptive norms from friends [Fig. 2]. Over half of young women and men “strongly” or “mostly” agreed that they could use a contraceptive method even if no one in their social circle uses one. Half (49.6%) of female respondents compared with two-thirds (66.1%) of male respondents “strongly” or “mostly” agreed that they could use a method if their religious leaders disapproved.

Figure 2: Level of agreement on statements related to perceived self-efficacy considering community norms

![Percentage of respondents](chart2)
Perceived self-efficacy within the context of personal capability

The final two statements presented asked about perceived self-efficacy given specific personal conditions: whether one could obtain a method if desired and whether one could continue to use a method if s/he experienced side effects [Fig. 3]. The largest share of female respondents “strongly” or “mostly” disagreed (45.0%) with the statement, that they could continue to use a method even if they experienced side effects, indicating that side effects may still be a key reason that young women may not choose to use contraception. Disagreement was also highest for this statement for male respondents (28.6%) compared to the other six.

Figure 3: Level of agreement on statements related to perceived self-efficacy considering personal capability

Conclusion & Recommendations

The results on contraceptive ideation within the domain of perceived self-efficacy are positive overall, with high levels of agreement, but point to areas where increased exposure to communications messaging and outreach could improve ideation and contraceptive uptake. While respondents in this study reported high levels of perceived self-efficacy overall, actual use of contraception in this sample was low (19.1%), indicating that other factors play a role before uptake, despite the high confidence expressed.

In response to all seven statements, the study found gender disparities in agreement, with male respondents more likely to “strongly” or “mostly” agree with a statement compared to female respondents. Organizations working on communications strategies targeting adolescents and youth should work with young men and women to generate gender-specific messaging on contraceptive use and share those messages through channels that are most widely used by each gender. The higher level of disagreement among female respondents that they could use a method even if they experienced side effects highlights the need for balanced contraceptive counseling aimed at adolescent girls and young women and the need to clarify myths around method side effects.

About PMA Agile-YRDSS/Nigeria

PMA Agile is a project within Performance Monitoring for Action (PMA, formerly PMA2020) suite implemented by the Gates Institute at Johns Hopkins University’s Bloomberg School of Public Health, in collaboration with local research institutes and universities in PMA Agile geographies. PMA Agile seeks to establish an adaptable, replicable M&E platform for application at critical levels of program implementation, including the collection and use of routine and survey data sources that can provide rapid feedback and is cost-effective.

The Youth Respondent-Driven Sampling Survey (YRDSS) was implemented in Lagos in collaboration with the College of Medicine, University of Ibadan, and the Johns Hopkins Center for Communication Programs (CCP) among unmarried youth aged 15-24 years. YRDSS used respondent-driven sampling (RDS) methodology, a chain-based recruitment method in which study participants recruit their peers through numbered coupon distribution and enrolled 1281 participants. Overall direction and support were provided by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. YRDSS was supported through funds provided by the Bill & Melinda Gates Foundation. Data collection was conducted between February and March 2020. All results are weighted for RDS design, with a post-estimation weight for comparability with the underlying population of youth ages 15-24 in the study area.