The use of evidence and its contribution to action in sexual and reproductive health: Lessons from contribution mapping in Nigeria

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Introduction

Despite the development of methods, strategies and structures, the translation of evidence about sexual and reproductive health (SRH) into policies and practices and ultimately better health, remains a challenge. We used a novel method, contribution Mapping to assess the use of evidence and its contribution to action in SRH research in Nigeria.

Methodology

This project was undertaken from September 2019 to January 2020. A qualitative approach was used, combining a search of the literature and policy documents and in-depth interviews (face-to-face and teleconference calls) with Nigerian stakeholders working in SRH. Eleven SRH research projects (cases) conducted in Nigeria between 2015 and 2019 were identified. These cases cut across non-governmental organizations, government agencies and academia. In depth interviews were conducted by two researchers with the use of digital audio recorders and notetaking to capture the non-verbal expressions of study participants. Each interview on average lasted about 35 minutes. Verbal and written consent were obtained before each interview. All interviews were transcribed verbatim and thematic analysis conducted.

Results

The origins of research were generally based on problems identified in SRH programming and in routine medical practice. Research team compositions among academics was generally the same. Additional research team members were recruited based on the competencies and skills which were required to complete the research projects. For the NGOs and government agencies, the research teams tended to be larger and there was a lot more interactions with stakeholder external to the research team. The underlying motivation for many of the research projects were to solve problems while also advancing career progression. The stakeholder's ability to influence changes at the policy level appeared to be largely through their membership of National Technical Working Groups in SRH. It is through this medium that they are able to share their results using mainly PUSH knowledge exchange mechanisms. Cultural sensitivity still exists around sexuality, especially for young people. Funding streams for research are not properly institutionalized. Several participants felt interaction between researchers and policy makers were insufficient. There were different mechanisms and pathways through which change happened as a result of the projects. Some achieved change by advocacy and for other stakeholders, their dissemination efforts led to interactions that became the precursors for change.

Conclusion

In Nigeria, knowledge platforms for SRH exist and some efforts are made to base policy and recommendations of research evidence. These knowledge platforms however seem to be clustered at Federal level with only minimal activity at State level.

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