



## Commentary

# Detailed Methodology for Systematic Reviews of Interventions to Improve the Sexual and Reproductive Health of Young People in Low- and Middle-Income Countries



Michelle J. Hindin, M.H.S., Ph.D.<sup>a,b,\*</sup>, and Amanda M. Kalamar, Ph.D.<sup>a</sup>

<sup>a</sup> Department of Population Family and Reproductive Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland

<sup>b</sup> Department of Reproductive Health and Research, World Health Organization, Geneva, Switzerland

**Keywords:** Adolescent; Young adult; Low-income countries; Middle-income countries; STI; HIV; Child marriage; Pregnancy; Repeat pregnancy; Methods

---

 A B S T R A C T

The goal of this project was to systematically review and compile evidence on interventions in low- and middle-income countries, which targeted three adverse health-related outcomes for young people (ages 10–24): (1) early pregnancy and repeat pregnancy; (2) child marriage; and (3) sexually transmitted infections including human immunodeficiency virus. We searched the gray and published literature to identify interventions and developed a scoring system to assess whether these interventions and their evaluations were of high quality. The three review articles in this volume focus on behavioral outcomes and provide a summary of interventions and evaluations that were both successful and unsuccessful in their impact on the targeted outcomes. This commentary provides the details of the methodology that are common across all three review articles.

© 2016 Published by Elsevier Inc. on behalf of Society for Adolescent Health and Medicine.

This commentary describes the common methodology for the three review articles included in this edited volume. We describe the rationale for the work and process undertaken to conduct the systematic reviews. To avoid redundancy in the articles, we provide methodological details that are common to all three review articles and detail the differences within each of the articles themselves.

## Background

The work highlighted in this supplement was based on a project funded by the MacArthur Foundation to examine

**Conflicts of Interest:** The authors declare that they have no conflicts of interest.  
**Disclaimer:** Publication of this article was supported by the John D. and Catherine T. MacArthur Foundation. The opinions or views expressed in this supplement are those of the authors and do not necessarily represent the official position of the funder.

\* Address correspondence to: Michelle J. Hindin, M.H.S., Ph.D., Johns Hopkins Bloomberg School of Public Health, Department of Population Family and Reproductive Health, 615 N. Wolfe Street, Baltimore, MD 21215.

E-mail address: [mhindin@jhu.edu](mailto:mhindin@jhu.edu) (M.J. Hindin).

effective interventions for young people, ages 10–24, to improve their sexual and reproductive health. The goal of this project was to systematically review and compile evidence on interventions in low- and middle-income countries, which targeted four adverse health-related outcomes for young people:

- Early pregnancy
- Repeat pregnancy
- Child marriage
- Sexually transmitted infections (STIs) including HIV

Countless interventions have been conducted, and a number of systematic reviews that include the outcomes in these reviews have been undertaken (e.g., [1–4]). What is unique in this volume is that we include both the gray and published literature; focus on high-quality interventions and high-quality evaluations; and assess whether these high-quality interventions were effective or not in preventing the above mentioned health-related outcomes in low- and middle-income countries.

**Table 1**  
Organizations initially hand-searched for gray literature

Early pregnancy	Advocates for Youth, CARE, CEDPA, Center for Communication Programs, EngenderHealth, Family Health International, Guttmacher Institute, International Center for Research on Women, International Planned Parenthood Federation, JSI, PATH, Pathfinder International, Population Council, MacArthur Foundation, Marie Stopes International, MacArthur Foundation, MEASURE/Evaluation, Population Services International, Save the Children, Soul City, UNICEF, UNFPA, USAID, World Bank, and World Vision
Repeat pregnancy	Advocates for Youth, CARE, CEDPA, Center for Communication Programs, EngenderHealth, Family Health International, Guttmacher Institute, International Center for Research on Women, International Planned Parenthood Federation, JSI, PATH, Pathfinder International, Population Council, MacArthur Foundation, Marie Stopes International, MacArthur Foundation, MEASURE/Evaluation, Population Services International, Save the Children, Soul City, UNICEF, UNFPA, USAID, World Bank, and World Vision
Child marriage	AED, BBC World Trust, BRAC, CARE, CEDPA, Center for Communication Programs, CEDPA, Futures, International Center for Research on Women, JSI, MacArthur Foundation, Oxfam, Packard Foundation, Pathfinder, PLAN, Population Council, Rockefeller Foundation, Save the Children, Tostan, UNICEF, UNFPA, USAID, World Bank, World Vision
STIs, including HIV	CARE, Center for Communication Programs, Family Health International, Futures, InterAmerican Development Bank, IntraHealth, International Center for Research on Women, MacArthur Foundation, PATH, Pathfinder, PEPFAR, Population Council, Population Services International, Save the Children, Soul City, The Global Fund to Fight AIDS, TB and Malaria, UNAIDS, UNICEF, UNFPA, USAID, World Bank, World Vision

STIs = sexually transmitted infections.

## Literature Searches

We conducted a systematic review of the published literature as well as hand-searched the gray literature. To compile the information across the literature identified, we developed a comprehensive data extraction template that allowed for review of both the quantitative and qualitative evaluations, as well as a ranking system to assess the quality of the intervention design as well as the quality of the evaluation design, described in detail below. We had an advisory committee of senior experts in adolescent sexual and reproductive health research review our workplan and the template for abstracting identified interventions. Additionally, we assembled a team of researchers from across the globe to help with the identification of the gray literature as well as assist with the data extraction of the identified interventions (see Acknowledgments at the end of this commentary). For each outcome, we conducted independent searches.

### Published literature

For the published literature, we searched the following databases: PubMed, Embase, PsycInfo, Cinahl Plus, Popline, and the Cochrane Databases. In conducting the searches, we identified a list of terms that described young people relevant to the specific database—such as, but not limited to, “adolescent,” “teen,” “teenager,” “juvenile,” “minor,” “youth,” “young people,” “young person,” “young adult,”—as well as a list of terms that described each of the focal outcomes: early pregnancy, repeat pregnancy, child marriage, and STIs. These terms were then combined with a list of low- or middle-income country (LMIC) and regional search terms. The list of LMICs was compiled based on the classification provided by the World Bank at the time of the search. We limited the search of the literature to those articles published from January 2000 to November 2015. For both early pregnancy and child marriage, we initially intended to simply update existing searches from a WHO evidence review [1]; however, for consistency across outcomes, we abandoned this strategy and searched de novo. We had no language restrictions. All search terms adhered to each database’s controlled vocabulary and free text terms. The search terms for the databases are shown in Tables A1–A5 in the Appendix, which can be found online.

### Gray literature

To increase the comprehensiveness of the search and identify as many interventions as possible, we also searched the gray literature for articles related to each of the four outcomes. We did this by targeting organizations known to be involved in the four focal outcomes; Web sites for each organization were explored in search of documentation of programmatic interventions related to the outcomes. Through the exploration of these Web sites, several promising programs were found but the evaluation was not available online—in these cases, we sent an e-mail to the organization to inquire about the possibility of midterm or end-line evaluations. The list of key organizations used to initially identify gray literature is found in Table 1. This list does not include organizations that were searched based on studies identified through other sources.

For both the published and gray literature, for interventions with multiple outcomes related to this project, we crosslisted them so that data were extracted for each relevant outcome. For Cochrane and other systematic reviews, we identified each listed citation. We added any interventions we found from Cochrane reviews to our list of articles to abstract and removed duplicates we had already identified.

### Title Screening

We specified a number of inclusion criteria for screening titles:

- 1) Human population;
- 2) Includes the outcome of interest (early pregnancy, repeat pregnancy, child marriage, or STIs including HIV);
- 3) LMIC; and
- 4) Intervention study

Using these criteria one team member screened titles to include, exclude, or unsure. For those that were marked “unsure” a second team member was used. If after a second screening it remained unclear, then we included the title in the list for abstract screening. In general, we erred toward greater inclusion. For example, if the age range was not clear in the title, we kept it in and reviewed the abstract.

Download English Version:

<https://daneshyari.com/en/article/1078351>

Download Persian Version:

<https://daneshyari.com/article/1078351>

[Daneshyari.com](https://daneshyari.com)