

Community Mobilization and Youth Reproductive and Sexual Health: Findings from Intervention Studies in India

In India, social norms and restrictions concerning young women's mobility and access to resources severely limit their ability to access reproductive health information and services. Decisions about a young woman's care are typically made by others in her household—husband, parents and parents-in-law. This situation provides a strong case for youth reproductive health programs that involve parents, partners and the broader community. However, few such community mobilization programs have been thoroughly evaluated. Intervention studies by the International Center for Research on Women (ICRW) and five partners used and evaluated various community involvement strategies to improve youth reproductive and sexual health. What follows are some lessons learned on the effectiveness of these approaches.

Community Mobilization Strategies

A variety of strategies were used across interventions to mobilize or otherwise involve the community:

- Consult with key community members, parents, other decision makers and youth before the intervention started;
- Mobilize or create community-based groups to participate in implementation;
- Solicit and incorporate community input during the life of the intervention;
- Recruit and train community members as field staff to implement the intervention;
- Work with parents and in-laws to shape and implement interventions; and
- Hand over responsibility for implementing interventions to the community at a set time.

Each partner consulted with the community before starting the intervention and subsequently used a different combination of approaches:

- The Foundation for Research in Health Systems (FRHS) specifically tested social mobilization as an approach.
- Swaasthya created social support groups of mothers and daughters, hired young community women (*didi*) as interpersonal communicators, and tested sustainability by handing over the intervention to the community.
- The Institute for Health Management, Pachod's (IHMP) programs incorporated continuous community input and worked closely with parents. Local women also were hired as teachers for the life skills program and as motivators in the nutrition program.
- KEM identified and trained young men and women as peer educators and lay counselors.
- Village-based health aides formed the crux of the Christian Medical College, Vellore's (CMC) intervention, which tested the effectiveness of health aides versus a female doctor.

Effectiveness of Community Mobilization Approaches

ICRW and its partners expected community mobilization to result in: (1) a positive change in desired outcomes; (2) creation of a supportive and enabling environment for adolescents to exercise their reproductive rights; and (3) generation of local capacity, ownership and sustainability.

Affecting a positive change in desired outcomes: Evidence of the effectiveness of community involvement in changing desired outcomes was mixed and varied across outcomes and studies:

- Knowledge and use of services increased more in FRHS's social mobilization approach than its government services approach for some but not all outcomes. Social mobilization was better at influencing outcomes affected by traditional beliefs, such as the need for postnatal care, because this approach was able to work with mothers-in-law who controlled access to postnatal care - and encourage them to discard harmful beliefs and keep positive ones.
- Interaction with the Swaasthya community field worker (*didi*) was strongly associated with improvements in girls' perceived self-determination and their menstrual hygiene. The effect of social support groups - the other type of community involvement - was mixed.
- The CMC village-based health aides were better able to reach, examine and treat young women with symptoms of reproductive tract infections than was a female doctor who was not based in the community.

Creating an enabling environment: Community involvement was unequivocally important in creating a supportive environment for girls and young women, which allowed them to voice their needs and access reproductive health information and services:

- The FRHS community mobilization approach was able to increase young women's confidence and change the attitudes of mothers-in-law toward the need for reproductive health care for young daughters-in-law.
- The Swaasthya and IHMP interventions were able to increase unmarried girls' confidence and thus enabled them to negotiate marriage, friendships with boys and future life choices.
- The KEM study appears to have changed community attitudes toward reproductive health knowledge for unmarried girls; parents have requested such interventions for unmarried girls as well as married youth.

Increasing local capacity and sustainability: Involving the community has increased local capacity such that at each intervention site, a group of community members has been



trained in different aspects of youth reproductive health. The evidence on sustainability is mixed. IHMP's life-skills program appears sustainable as indicated by the fact that as of 2006, it was in its third year and the number of girls enrolled had increased dramatically since the first year. Evidence from Swaasthya's sustainability study shows that while the community was not able to continue implementing the program per se, the changes in key outcomes achieved in the first few years of the intervention have been maintained.

Key Challenges

- Program teams must be constantly attuned to addressing community members' concerns.
- Having community members as implementers, while critical, can impose additional resource and time burdens because they may not have the initial skills they need and may require frequent refresher training.
- Involving the community can raise expectations and result in demands beyond the scope of the project.
- Maintaining continuous community involvement through the life of the project remains a challenge.

For further information contact:



Christian Medical College, Vellore (CMC)

Dr. Jasmine Prasad, investigator,
jasminep@cmcvellore.ac.in



Foundation for Research in Health Systems (FRHS)

Dr. Alka Barua, principal investigator;
frhs.mysore@gmail.com



International Center for Research on Women (ICRW)

Rohini Pande, Sc.D., project director, rpande@icrw.org
Kathleen Kurz, Ph.D., director, reproductive health and nutrition, kkurz@icrw.org
Sunayana Walia, reproductive health specialist, swalia@icrwindia.org
Kerry MacQuarrie, research associate, kerry@icrw.org
Saranga Jain, research associate, sjain@icrw.org



Institute of Health Management, Pachod (IHMP)

Dr. Ashok Dyalchand, director, ihmp@vsnl.com
Nandita Kapadia-Kundu, Ph.D., principal investigator, ihmpp_agd@sancharnet.net.in



KEM Hospital Research Centre

Surinder Jaswal, Ph.D., co-investigator, surijas@tiss.edu
Dr. Laila Garda, co-investigators, kemvnr@vsnl.net



Swaasthya

Dr. Geeta Sodhi, director, swaasthya@satyam.net.in

About the Adolescent Reproductive Health Program in India

The International Center for Research on Women (ICRW) collaborated with partners in India from 1996 to 2006 on multi-site intervention studies aimed at improving youth's reproductive health. The partners are Christian Medical College (CMC), the Foundation for Research in Health Systems (FRHS), the Institute for Health Management, Pachod (IHMP), KEM Hospital Research Centre, and Swaasthya. The research program, Adolescent Reproductive Health Program in India, was funded by the Rockefeller Foundation.