

Improving the Reproductive Health of Married and Unmarried Youth in India

Social Mobilization or Government Services: What Influences Married Adolescents' Reproductive Health in Rural Maharashtra, India?

The Foundation for Research in Health Systems (FRHS) conducted formative research on adolescent health from 1996-1998 which revealed a need to (a) improve adolescents' care-seeking for their reproductive health needs, (b) increase the awareness of mothers-in-law and husbands of the importance of care for young married women, and (c) make existing services more youth-friendly and improve their quality. In this study, FRHS and the International Center for Research on Women (ICRW) implemented, evaluated and assessed the effectiveness of alternative strategies to improve married adolescents' reproductive and sexual health knowledge and to increase their access to and use of health services. The strategies included social mobilization and strengthening government reproductive health services.

Program Structure

The program was a quasi-experimental design, spread over four primary health-center areas randomly assigned to one of four study arms: social mobilization, strengthening government services, both or neither. FRHS tested two strategies -- social mobilization and strengthening government services -- as they performed individually and together for their effectiveness in improving young married girls' knowledge of reproductive and sexual health issues and their access to related care. The social mobilization strategy was implemented through indigenous, community-based women's and youth organizations (CBOs), with some involvement of district health staff. Participating CBOs provided the venue for structured, interactive and recurrent health education sessions on select reproductive health topics, ranging from conception and menstruation to maternal health and HIV/AIDS.

The strategy to strengthen government reproductive health services complemented existing efforts under the government's reproductive and child health (RCH) program to improve the provision of reproductive health services for married youth by focusing on training health workers. This strategy worked with the state government to address specific gaps in training local health officials.

Monitoring and Evaluation

Rigorous monitoring and evaluation was built into this project and included:

- Indicators based on research questions, objectives and activities;
- Multiple, simple forms to monitor the frequency, quality and acceptability of education and training activities;
- Baseline (N=1,866), mid-term (N=2,100) and endline censuses (N=2,359) of married women younger than 22 in study areas;
- A survey of a sample of husbands (N=972) married to women younger than 22 in the social mobilization arms;
- In-depth interviews (N= 75) with mothers-in-law of

women in the social mobilization arms;

- Continuous documentation of the implementation process, including mid-stream changes; and
- Collecting and analyzing cost data for the two study arms.

Figure 1: Percent Change from Baseline to Endline, By Strategy

Variable	SM	GS	SM+GS	Ctrl
Need for full ANC	66.1	18.5	-3.4	50.2
Need for PNC	129.5	43.5	24.6	81.7
Spacing FP methods	14.4	14.1	12.4	9.7
Had PNC check-ups	40.5	-17.8	2.9	2.9
High-risk delivery care	4.7	4.2	29.8	24.4
Treatment-RTI symptoms	79.5	44.8	98.2	26.7

Source: FRHS-ICRW

Project Findings

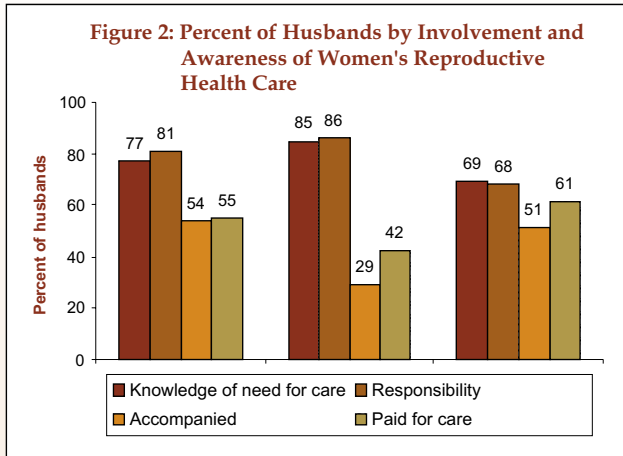
Improved knowledge and awareness of the reproductive health needs of young married women: Of the four study arms, those that included social mobilization were most effective in improving women's basic and detailed knowledge of maternal health, contraceptive side effects and abortion. All intervention sites showed similar increases in awareness of modern family planning and child spacing methods. The site that included both the social mobilization and government services strategies showed the greatest increase in basic awareness of reproductive morbidities and infertility. The site with only social mobilization, however, showed more improvements in detailed understanding about morbidity and infertility than the other sites. These findings suggest the importance of community mobilization to increase knowledge, particularly detailed knowledge, of reproductive health among adolescents.

Increased use of services by young married women: Young married women's increased use of reproductive health services was more varied across the study arms. The social mobilization site had the greatest increases in postnatal check-ups, contraceptive use (particularly of spacing methods), treatment of gynecological disorders, and partner treatment for symptoms of reproductive tract infections (RTIs), including sexually transmitted infections (STIs). The dual-strategy sites showed moderate increases in care for high-risk deliveries, use of terminal contraceptive methods and treatment of RTI/STI symptoms in young women. Notably, the government service-only site did not perform significantly better than other sites on most outcomes.

Changes in husbands' and mothers-in-law's attitudes: The husbands' survey showed that most husbands were well aware of their wife's reproductive health needs, at least in terms of maternal health (sample sizes for other outcomes were too small for conclusions). Yet even knowledgeable husbands were unlikely to be involved in maternal care because of social



Figure 2: Percent of Husbands by Involvement and Awareness of Women's Reproductive Health Care



norms that discourage men's participation and unsupportive environments in health centers. Qualitative data show that mothers-in-law the other key gatekeeper for young married women's health-seeking were much more likely to be supportive by the end of the project than they were at baseline.

Conclusions

- The social mobilization conducted in this study is relatively effective in changing young married women's knowledge basic and detailed of various reproductive health concerns.
- Social mobilization, either on its own or with improved government health services, also is effective in increasing young married women's use of reproductive health services.
- It is possible to change social norms and attitudes toward reproductive health for young married women, at least among mothers-in-law, who are often the decision makers for young brides.

Social Mobilization or Government Services: What Influences Married Adolescents' Reproductive Health in Rural Maharashtra, India? (2001-2006)

Objective: Test the effectiveness of the two strategies, singly and combined, in improving reproductive health of married adolescents.

Structure:

Social mobilization aimed at making married adolescents' reproductive health needs more visible in the family and community, empowering young married women to voice their health needs and creating demand for services for these youth (addressing 'demand' constraints).

Strengthening government reproductive health services to improve reproductive health knowledge and health-seeking behavior among married youth (addressing 'supply' constraints).

2x2 experimental design included four primary health care blocks, with one randomly assigned to social mobilization activities only, one to government services only, one to both activities and one to no activities.

Target group: Married young women, ages 16-22, their husbands and their mothers-in-law.

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About FRHS and ICRW's Adolescent Reproductive Health Program in India

The Foundation for Research in Health Systems (FRHS) is a nongovernmental organization with offices in Ahmedabad, Delhi and Bangalore, India. FRHS's youth reproductive health study in rural Maharashtra was part of a broader multi-partner program, led by the International Center for Research on Women (ICRW), aimed at improving young girls' reproductive health. This research program, the Adolescent Reproductive Health Program in India, was funded by the Rockefeller Foundation.