Addressing Gender-Based Constraints in Youth Reproductive Health: Findings from Intervention Studies in India

For young women and men, both married and unmarried, gender-based constraints influence sexual behavior and attitudes, and restrict knowledge and access to reproductive health services. ICRW and five partners conducted intervention studies to assess gender-based constraints and test models that address them. The findings reveal it is possible to address these constraints and improve young people's reproductive and sexual health knowledge and use of services in a relatively short time. To do so, key actors in adolescents' social environment family elders, peers and health care staff need to be involved.

Findings

Understanding gender-based constraints: Gender inequality affects young women's access to reproductive and sexual health services regardless of whether they are married. Young married women most who are sexually active and many who are ready for childbearing need access to reproductive health information and services, yet these women typically are at the bottom of the social hierarchy and must depend on family elders for that access. Because of social taboos surrounding reproductive and sexual health, many young married women are too embarrassed to voice their needs and instead forgo health services. In rural Tamil Nadu, 53 percent of married women ages 16-22 reported symptoms of reproductive tract infections (RTIs), but two-thirds of them did not seek treatment, largely because of perceived stigma and embarrassment.

The social taboo of seeking reproductive and sexual health services is even more pronounced for young unmarried women. Unmarried adolescent girls are denied access to information about sexuality and reproductive health and are expected to remain silent about these issues because they are unmarried and female. Consequently, unmarried women have limited access to information and services, even though they may be sexually active, or, in some environments, vulnerable to sexual harassment. Young girls in some parts of India face "eve teasing," the practice of men singling out unmarried girls for public cat-calls, whistling, some physical contact, and in extreme cases, sexual assault. Girls armed with information and life skills training are better prepared to deal with these situations.

Gender norms inhibit boys and men as well. Young men are not aware of or are ashamed to acknowledge or seek care for their own sexual or reproductive health issues. In rural Tamil Nadu, men who have sexually transmitted infections (STIs) often are associated with "having a wrong relationship," a common term for extramarital sex or sex with a commercial sex worker. As such, men only seek STI treatment when symptoms become severe. Norms that label maternal care as "a woman's affair" also limit husbands' participation in care for their young wives. In Ahmednagar, Maharashtra, only half the men who said that husbands should accompany their wives for antenatal and postnatal care actually did so; the proportion fell to one-third for delivery care.

Addressing gender-based constraints: ICRW and its partners conducted intervention studies to test models that aim to improve youth reproductive and sexual health. These programs addressed several of the constraints identified above. Swaasthya's interventions with unmarried girls in Delhi increased girls' knowledge of reproductive and sexual health, cognitive and life skills, confidence to negotiate and discuss marriage and childbearing with parents and elders, and confidence to tackle sexual harrassment. By the endline conducted for Swaasthya's intervention in Delhi, more than twice as many girls who interacted on a one-on-one basis with a Swaasthya *didi* (community field worker) had significantly better knowledge of reproductive and sexual health than girls who had not had this opportunity.

The Institute for Health Management, Pachod's (IHMP's) interventions in rural Maharashtra increased the age at marriage and improved nutritional status among young girls. IHMP's evaluation showed that girls who never attended its life skills course were more than two-and-a-half times more likely to get married before 18 than girls who completed the course. In study areas from 1997 to 2001, the age at marriage rose from 16 to 17; control areas had no change. Comparisons of IHMP's nutrition intervention and control sites show a significant increase in the intervention site compared to the control site in the percent of girls who eat more than three meals a day, suggesting a change in earlier norms whereby girls would typically eat last and least.

Other programs with young married women and their partners in Maharashtra and Tamil Nadu improved knowledge of reproductive and sexual health among married youth, changed attitudes among family members such as mothers-in-law and husbands, provided sexuality counseling to young married couples, and provided effective and accessible STI treatment. The KEM study in Maharashtra increased young married women's awareness of the need for regular antenatal care and the use of condoms to prevent HIV transmission, but less so the importance of partner treatment in the management of STIs. The Foundation for Research in Health Systems (FRHS) in its study in Maharashtra used community-based approaches to change attitudes among mothers-in-law and husbands. Such approaches also were more effective than traditional service delivery approaches in changing deeply entrenched behavior. The use of postnatal care, for instance, increased from 36 percent to 83 percent in the community mobilization intervention compared to an increase from 46 percent to 66 percent in the other approach.

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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.