

Improving the Reproductive Health of Married and Unmarried Youth in India

Influence of Men and Boys on Youth Reproductive and Sexual Health: Lessons from Intervention Studies in India

Although programs that seek to improve youth reproductive and sexual health often focus on girls and young women, men and boys play key roles as fathers, brothers and partners - often as decision makers. That said, young men and boys also face constraints in addressing their own reproductive and sexual health needs.

The International Center for Research on Women (ICRW) and five partners in India conducted intervention studies between 1999 and 2005 to investigate strategies for improving youth reproductive and sexual health. Although most of these studies focused on young women, some interventions worked specifically with boys, men or couples. All studies generated findings about the potential importance of men and boys to improving youth reproductive and sexual health, both in improving their own health as well as participating in young women's health decisions. These lessons fell into three categories: (1) men's and boys' experiences with health and sexuality, (2) men's involvement in women's reproductive health, and (3) couple dialogue for improving the reproductive health of both partners.

Men's and Boys' Experiences of Health and Sexuality

- The Foundation for Research in Health Systems (FRHS) study in rural Ahmednagar district, Maharashtra, engaged youth groups of men up to age 35 in health education sessions as part of a community mobilization effort to improve young women's reproductive health. FRHS found that young men chose a slightly different set of health education topics than did the young women in the program. Men were interested in the following topics: sexually transmitted infections (STIs), including HIV; sexual performance, particularly effects of promiscuous sexual behavior on performance and fertility; and drug abuse.
- Many program staff and practitioners report that unmarried boys are the most difficult to involve in health programs. Swaasthya's project in New Delhi's slums tried to engage boys in its intervention by integrating health messages with entertainment videos. Keeping boys in the program, however, was a problem because they often left when they found employment.

Men's Involvement in Women's Reproductive Health

- Parents of girls enrolled in the Institute for Health Management, Pachod's (IHMP) life skills course in rural

Aurangabad District, Maharashtra, were supportive of this activity. Fathers were particularly engaged in reviewing the curriculum, and a majority of fathers (70 percent) were keenly interested in the program and kept track of its progress by discussing it with their daughters.

- In the FRHS study, a majority of the young women's husbands (nearly 75 percent) were aware of basic maternal health, though many considered it a "woman's affair." A similar majority reported accepting responsibility for the treatment of any problems that could arise in pregnancy or delivery. Qualitative data suggested that husbands were willing to participate in their wives' maternal care. Yet, no more than half of the men actually accompanied their wives for routine maternal care. Their participation was likely constrained by the norm that maternal care is a woman's affair, and by health facility staff who often require husbands to sit outside the office during their wives' appointments because the health centers lack privacy.

Couple Dialogue for Improving Reproductive Health

- The KEM study in rural Maharashtra, which provided health education to young married couples, offers lessons about couple dialogue. In many cases, women could not attend sessions but learned the health messages from their husbands who did attend the sessions. This was particularly true of wives' awareness about the need to avoid heavy work during pregnancy, the signs and symptoms of STIs, and the use of condoms to prevent HIV/AIDS and other STIs.
- In the Christian Medical College, Vellore (CMC) study for treatment of RTIs/STIs, in rural Tamil Nadu, CMC followed standard procedure: Women diagnosed with an STI were given medicine for themselves and their husbands. Often, however, women did not give the medicine to their husbands. Qualitative data suggest that women were afraid to do so and that husbands preferred to receive the medicine from a health professional. The data also found some indication, however, that couples did talk about the existence and severity of the wife's infection as well as the mutual nature of the infection and therefore the need for mutual treatment.
- While social norms often dictate that women are responsible for infertility, women are constrained from seeking care because husbands and in-laws often control resources and decide when and if women can seek treatment. Interestingly, the FRHS study found that husbands also feel responsible for infertility. Results also



showed that the perception of infertility often increased conflict between husband and wife, and decreased frequency of or desire for intercourse. This occurred for three often interrelated reasons: Young rural couples often are uninformed about infertility treatment; they rarely discuss their problem; and infertility treatment can take a long time to yield a pregnancy. Providing sexuality counseling to couples helped address this conflict and points to the important role of couple dialogue for infertile couples.

Recommendations

- Programs seeking to improve youth reproductive and sexual health should address young men's questions and concerns about sexual performance and promiscuous sexual behavior because they appear to be paramount for young men and therefore present an entry point. Engaging men on these topics may also lead to

opportunities for discussing broader issues of men's and women's reproductive health, and the effect of gender roles on health status and health-seeking behavior.

- Young men and boys can be engaged in health programs through techniques such as entertainment videos, but program practitioners need to plan around the likelihood that employment opportunities will compete for men's time and possibly curtail participation.
- Programs should build on the fact that fathers often are interested in the welfare of their adolescent daughters and solicit input from fathers for programs that focus on girls.
- Young husbands may be more knowledgeable and interested in the maternal health of their wives than is sometimes assumed, and they could be motivated to be more actively involved in maternal health programs for their wives.
- Couple dialogue could be a vehicle for improving reproductive health and deserves further investigation and programmatic refinement.

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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.