

Improving the Reproductive Health of Married and Unmarried Youth in India

Replicating an Adolescent Girls' Reproductive and Sexual Health Program in Naglamachi, Delhi

Programs that address adolescent girls' health and development often are confined to specific locations and target groups. Little is known about the process and effectiveness of replicating promising efforts and reaching a wider adolescent population. Swaasthya tested a community-based intervention model for improving adolescent reproductive and sexual health, which showed positive changes in reproductive health for adolescent girls. The model was tested in Tigrī, a resettlement colony in Delhi, and subsequently adapted and replicated in Naglamachi, another slum area in Delhi, to determine if such replication would result in similar outcomes. New challenges arose.

Replication Process

Although Swaasthya essentially used the same Tigrī model structure—skills-building modules; a communication-education package; using trained Swaasthya field workers (*didi*) to disseminate information; and a social support component—staff modified certain implementation details to incorporate differences in the new population and lessons learned from the Tigrī experience. Swaasthya had not worked in Naglamachi, so before the program was implemented, it conducted perspective and sensitization trainings with Naglamachi staff and the community. Tigrī program staff also served as resource persons and trainers for a new cadre of community implementers recruited from Naglamachi. The project established monitoring and supervision protocols to document the program's transference and replication. Based on lessons learned in Tigrī on the need to work with boys, Swaasthya conducted skills-building modules with boys and recruited a popular male teacher; this effort, however, was not sustained after the teacher left the program. Swaasthya also documented and analyzed the costs of replication.

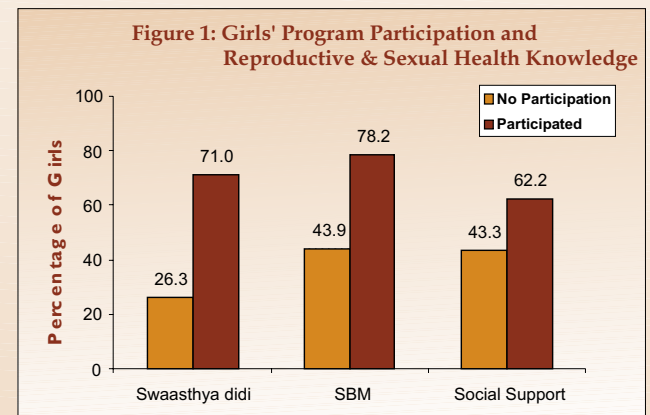
Evaluation Methodology

Swaasthya evaluated the Naglamachi intervention program based on two cross-sectional surveys of both married and unmarried girls, ages 12-23. An initial qualitative rapid appraisal was administered before the baseline to assess the area's needs and characteristics. The baseline survey covered 294 of 477 girls, ages 12-19. After two years, an endline survey was conducted with 365 of 697 girls, ages 12-23. The sample sizes varied because a group of new families entered Naglamachi during the program period. Process monitoring was used to

map the progress of all three intervention components.

Project Findings

Bivariate and multivariate analysis assessed the effect of Swaasthya's intervention model elements (skills building, communication-education package, and social support) and intermediate outcomes (reproductive knowledge, support perceptions and life perspective) on final outcomes. The final outcomes were perceived self-determination, defined as girls' perception of their ability to participate in marriage decisions; and menstrual hygiene behavior. The quantitative results were augmented by qualitative data: eight focus group discussions and 27 in-depth interviews with girls and mothers. To assess the model's replicability, staff compared the Naglamachi results with those from the original intervention in Tigrī.



Effect of girls' intervention participation on reproductive knowledge, support perceptions and life perspective: Girls who participated in Swaasthya's Naglamachi program were more likely to perceive gatekeepers such as mothers, who control access to reproductive information and services, as supportive; have more knowledge of reproductive and sexual health; and have a more positive perspective on life than girls who did not participate. Similar effects had been found in Tigrī.

Effect of intervention and intermediate variables on changes in girls' attitudes and behavior: The skills-building module—a critical input in Tigrī—did not have a statistically significant association with either of the main outcomes in the replicated Naglamachi program. On the other hand, girls' interaction with the Swaasthya *didi* was significantly associated

Figure 2: Comparison of Tigri and Naglamachi Results

Variable	Self-Determination Menstrual Hygiene			
	Tigri	Nagla	Tigri	Nagla
Swaasthya <i>didi</i> Skills-building module	1.76**	2.76**	1.60*	1.71*
Social support Gatekeeper support	7.51**	1.99*	1.99	1.64
Reproductive and sexual health knowledge	0.33**	0.87	0.70	1.18
Positive perspective	1.66**	1.08	3.95***	6.70***
	3.60***	2.48**	2.13***	1.37
	1.34	1.83*	0.90	1.06

*N=401 (Tigri), 394 (Naglamachi) *p<0.10 **p<0.05 ***p<0.001*

*Logistic regression, with odds adjusted for age and education
Source: Swaasthya-ICRW*

with improvements in both outcomes in Naglamachi and Tigri, suggesting that Swaasthya had more success in replicating the effectiveness of the *didi*'s interactions than the skills-building module. Among intermediate variables, gatekeeper support had the strongest influence on both outcomes in Naglamachi.

Replication Challenges and Insights

- Recruiting appropriate and committed staff in Naglamachi was difficult, possibly because Swaasthya had not previously worked in this area.
- During the project, the city government decided to demolish the Naglamachi slum, which meant staff had to

accelerate the intervention process.

- The start-up costs were substantial, despite the fact that it was a replicated model, possibly because Naglamachi was a new area and required greater effort.

Replicating an Adolescent Girls' Reproductive and Sexual Health Program in Naglamachi, Delhi (2003-2006)

Objective: Test the feasibility, effectiveness and costs of replicating a successful adolescent reproductive and sexual health model.

Structure:

Process elements tested for replicability:

- Ability to train and sensitize staff community-based facilitators;
- Ability of the facilitators to adapt their attitudes and practices to run the program; and
- Costs of replicating.

Intervention elements tested for replicability:

- *Skills-building modules* included a set of seven training modules to build girls' understanding of "self" and increase their capacities and life skills to deal with social and health-related situations.
- *Communication-education package* disseminated information through interpersonal communication with trained Swaasthya field workers (*didi*).
- *Social support* created support networks for the girls by forming women's and adolescents' community groups that met monthly.

Target group: Married and unmarried girls, ages 12-23.

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

Swaasthya is a nongovernmental organization that works in urban slums and poor areas in Delhi, India, with adolescent girls and adult women. The 2003-2006 intervention study tested the feasibility, effectiveness and costs of replicating the Tigri model, which focused on increasing the life skills and confidence of young, unmarried girls to improve their sexual health and their ability to negotiate their environment. It was part of a broader multi-partner program, led by the International Center for Research on Women (ICRW), aimed at improving girls' reproductive health. That research program, the Adolescent Reproductive Health Program in India, was funded by the Rockefeller Foundation.