

Addressing the SRH needs of married adolescent girls: Lessons from a case study in India

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Outline

- **Situation of married adolescents and key factors underlying vulnerability**
- **Intervention for newly married, first time pregnant and postpartum young women, Gujarat and West Bengal**
- **Lessons learned**

Situation of married adolescents

Majority of sexually active females are active within marriage

% of young women aged 20-24 married by age 13, 15, 18	
	20-24
Proportion ever married	78.8
% married by age 13	8.9
% married by age 15	23.5
% married by age 18	50.0
% married in adolescence (by age 20)	67.1

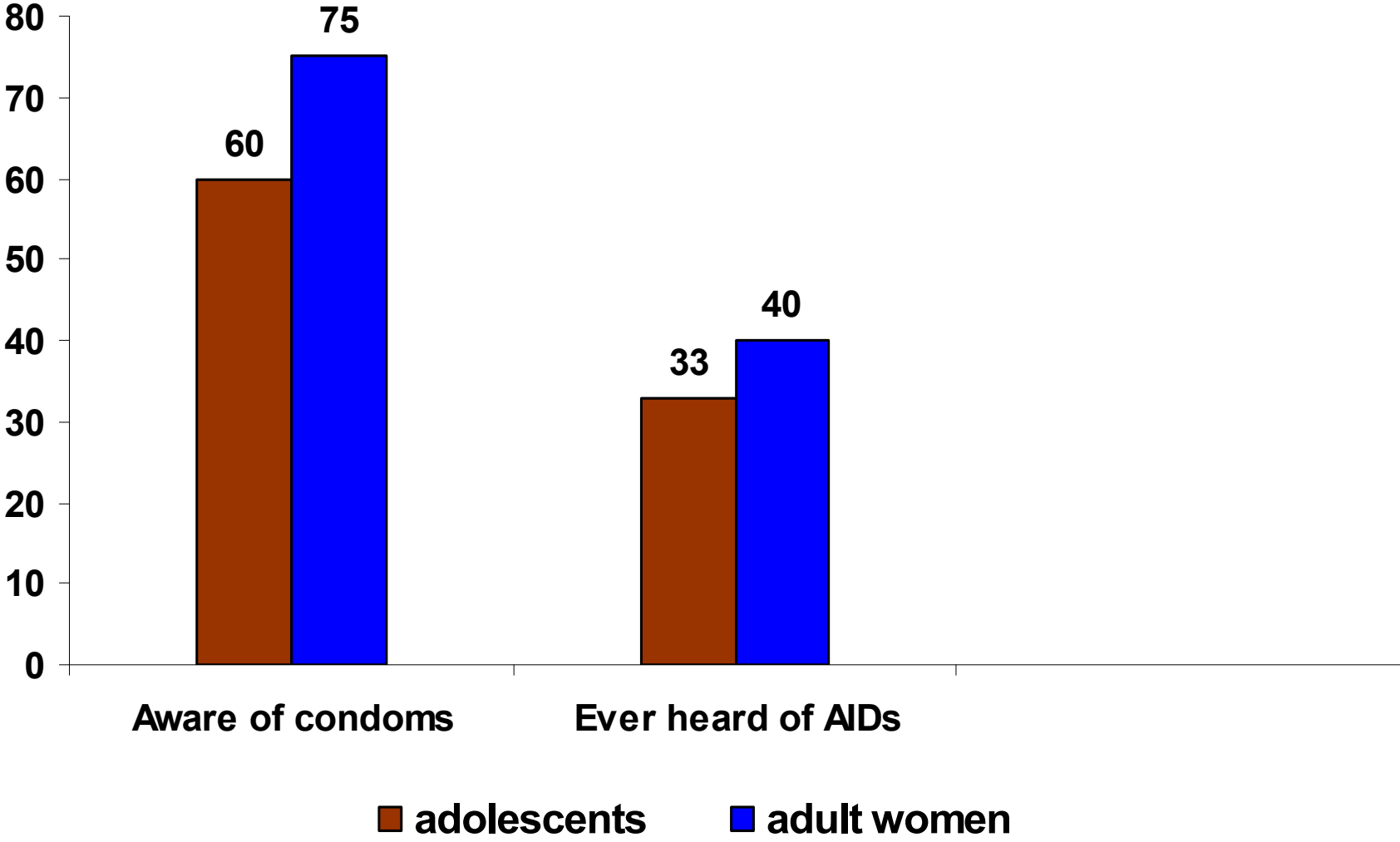
Source: IIPS and ORC Macro 2000

SRH situation of married adolescents

- **% married women 15-19 with 1+ children: 48%**
- **Early pregnancy: >1 in 5 by age 17**
- **19% of TFR contributed by 15-19 year olds**
- **Nearly 15% stunted and 20% anaemic**
- **High rates of maternal morbidity and mortality**
- **Neonatal mortality (63 vs. 21) and low birth weight**
- **RTIs, STIs among “low risk” young married women**
- **HIV rates high among youth**

Key factors underlying vulnerability

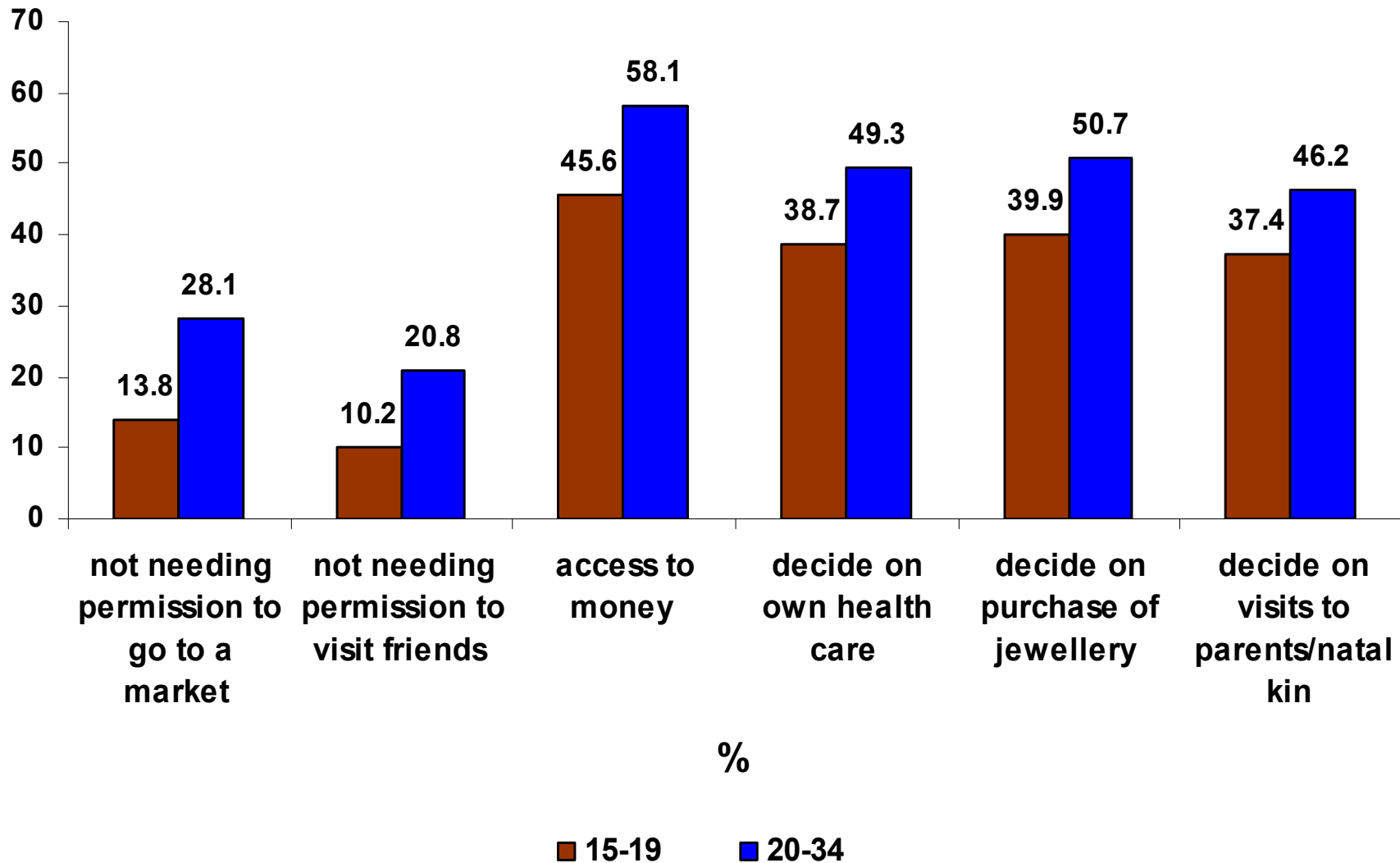
Lack of awareness



Source: IIPS and ORC Macro 2000

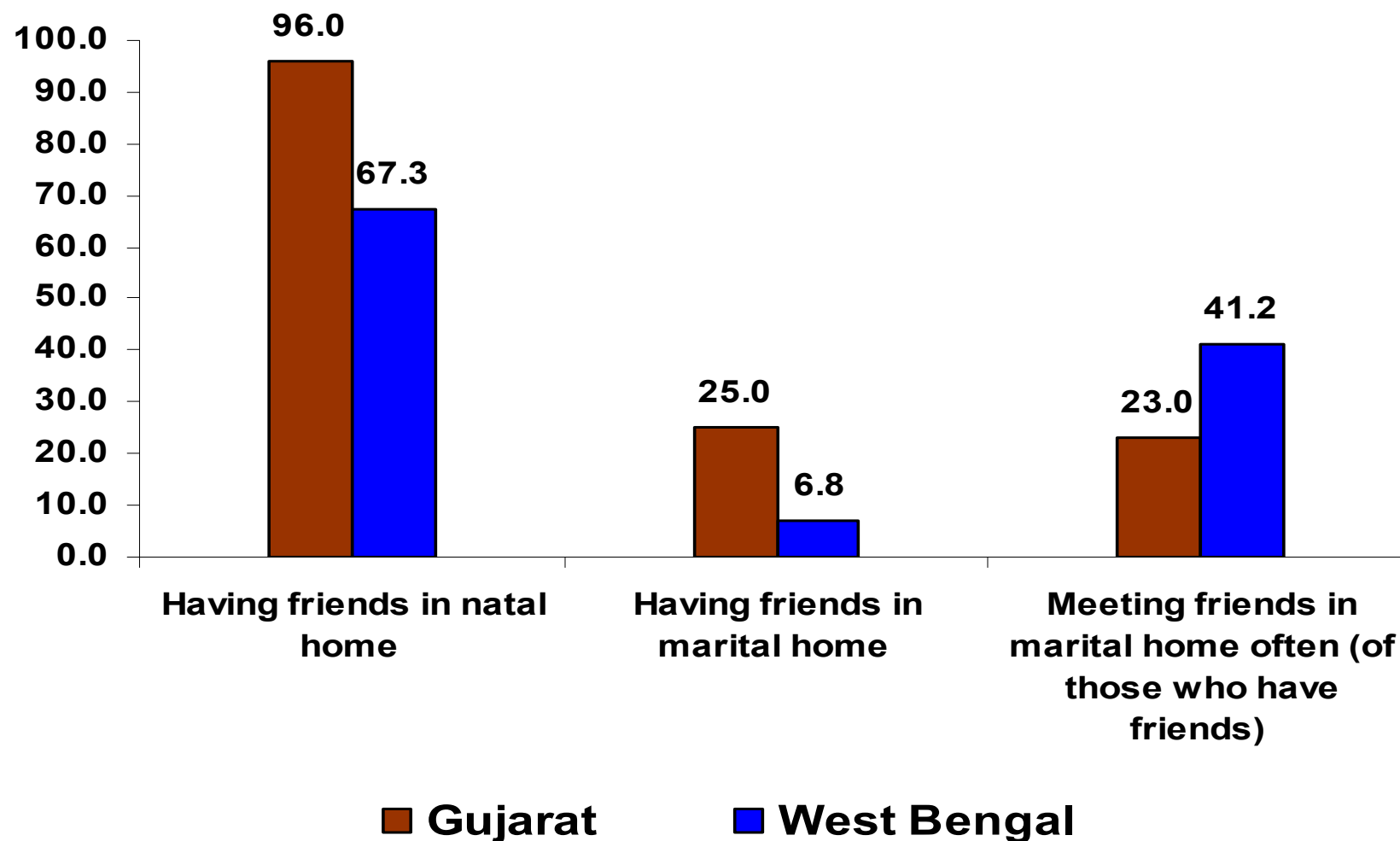


Limited autonomy



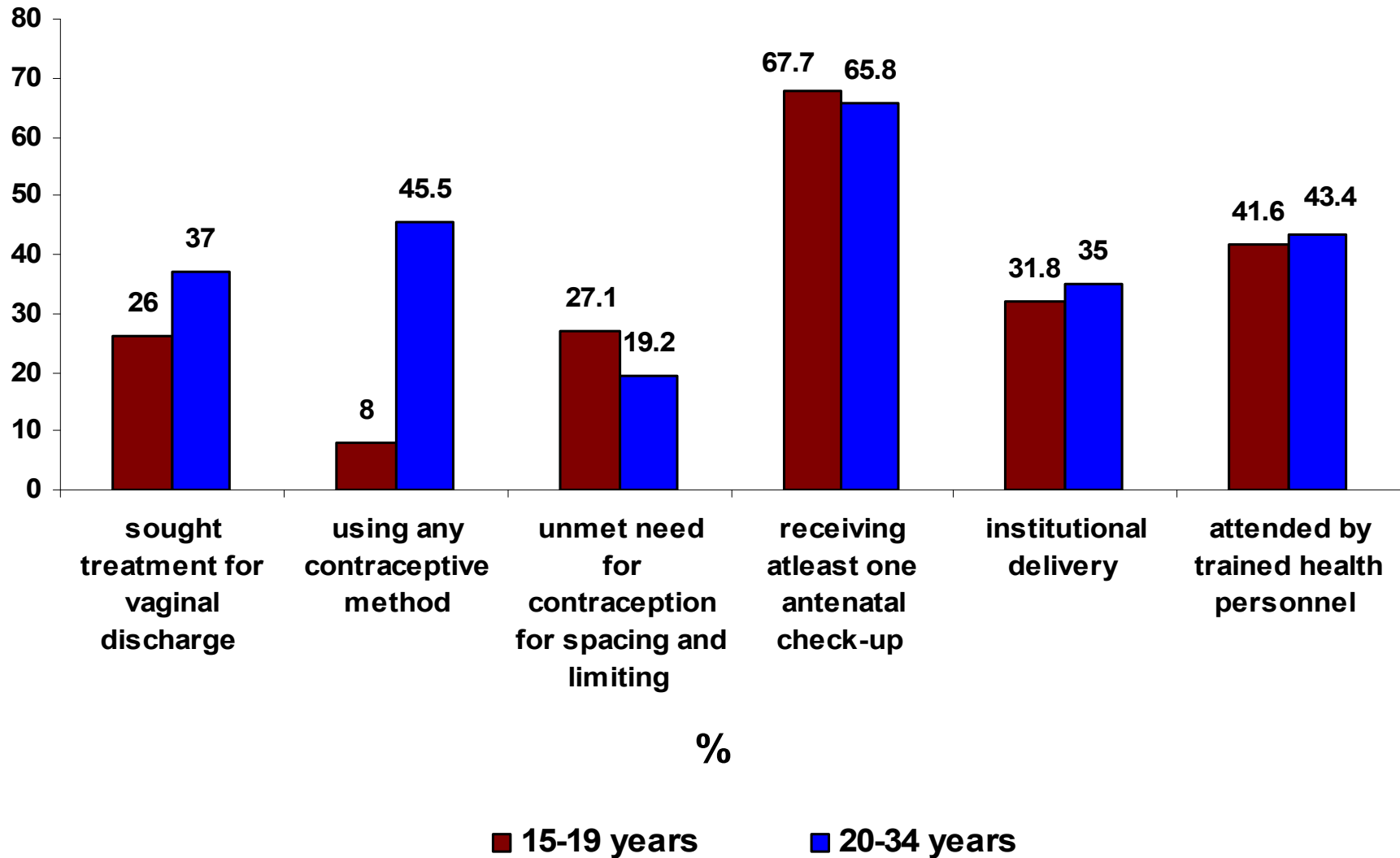
Source: IIPS and ORC Macro 2000

Limited peer networks and connections



Source: IIPS and Population Council, 2004

Limited use of services



First Time Parents Project

Intervention for newly married, first time pregnant and postpartum young women, Gujarat and West Bengal

Objectives

- **To develop and test an integrated package of health and social interventions focused on the period surrounding new marriage and first birth that would:**
 - **Enable young women to access social support**
 - **Enable young women to participate in decision-making and act in their own behalf**
 - **Improve married adolescents' reproductive & sexual health knowledge & practices**
 - **Improve providers' capacity to meet the special needs of young couples**

Partners and sites

- ***Partners***

Child In Need Institute, Kolkata, West Bengal

Deepak Charitable Trust, Vadodara, Gujarat

IIPS, Mumbai

- ***Sites***

12 villages (23,000 population) in Kolkata

12 villages (24,000 population) in Vadodara

Intervention components

- **Group formation/ social networking**
- **Provision of SRH information**
- **Facilitating utilization of health services**
- **Orienting health care providers**

Group formation and social networking

How and what:

- **Community organizers identify potential participants via health workers and help to smooth girls participation with mothers-in-law, husbands, etc**
- **With facilitation by project staff, groups establish participant roles**
- **Groups typically meet for 2-3 hours fortnightly**
- **Members learn to identify their needs & concerns**

Cont...

Cont...

Group formation and social networking

How and What:

- **Participatory games for gender sensitization, reproductive health, relationship issue, life-skills development**
- **Nutrition demonstration classes etc**
- **Organizing welcome ceremonies for newly married members; couple outings etc**
- **Exposure visits to offices of local elected officials (panchayats), banks, health facilities etc**

Provision of SRH information: HOW?

- **Home visits**
- **Written materials**
- **Clinic counseling**
- **Group discussions targeted at young women and husbands**
- **Opportunistic interactions with other influential adults**

Provision of SRH Information : WHAT?

		Recently married	First time pregnant	First time mother
1.	Planning for a baby	XX		XX
2.	Contraception	XX		XX
3.	Voluntary, safe sex including HIV transmission routes	XX	XX	XX
4.	How husband can be supportive, sharing responsibilities, gender sensitivity	XX	XX	XX
5.	Danger signs and pregnancy care		XX	
6.	Developing a birth plan		XX	
7.	Male-female decision-making & communication etc.	XX	XX	XX
8.	Post partum care			XX
9.	Infant care			XX

Facilitating utilization of health services

		Recently married	First time pregnant	First time mother
1.	Providing condoms and OCs through peers and clinics	XX		XX
2.	Improved antenatal services through NGO clinics and government sub-centres		XX	
3.	Counseling to young couples	XX	XX	XX
4.	Encouraging couples to develop a delivery plan		XX	
5.	Encouraging skilled attendance at delivery		XX	
6.	Postpartum home visit within 6 weeks, with bimonthly follow-up visits			XX

Orienting providers

How:

- **Regular workshops to orient providers about special needs of married adolescents and young couples**
- **Training of traditional birth attendants on safe delivery practices**
- **Supplying contraceptives, safe delivery kits etc**

Observations from monitoring data

- **Over 750 young women participating in group activities**
- **Formation and management of emergency health funds by some groups**
- **Livelihoods identified as a priority and skill building opportunities demanded and training initiated**

Observations from monitoring data

- **Over 1700 young women and 1100 young husbands reached with RH information**
- **Improvements in reproductive health practices, e.g., institutional delivery**
- **Improvement in spousal interaction and intimacy**

Lessons Learned

Lessons

- **Diversity within the subset of married adolescents needs to be addressed**
- **Reaching out directly to young women with information & services is essential**
- **Involving husbands increases spousal intimacy, gender sensitivity and male involvement in FP and pregnancy related care**
- **Programme offers opportunity to engage young couples in safe sex discussions and HIV related counselling**
- **Addressing married girls' social disadvantage is possible but requires specially directed efforts**
- **Orienting health providers about the special needs of married adolescents is critical**