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International Center for Research On Women

Invest on Girls, it Pays
Lessons from Interventions on Adolescents in India

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April 18, 2008

Countdown 2015 Conference, Cape Town

ICRW Studies on Adolescents Programs (2001-2006)

Ten year multi partner research program to improve reproductive health of married and unmarried youth in India

- Increase in girls age of marriage from 16 to 17 years
- Improve nutritional status of unmarried girls
- Increase in knowledge and use of RSH concerns and services, including reduced prevalence of RTIs, for married women
- Greater self confidence and increased ability to negotiate with parents and social environment
- Greater support for wives and daughter in laws RH needs among decision makers (mother in laws and husbands)

STATES AND UNION TERRITORIES OF INDIA
AFGHANISTAN
PAKISTAN
CHINA TIBET
NEPAL
BHUTAN
BANGLADESH
MYANMAR (BURMA)
SRI LANKA
ARABIAN SEA
BAY OF BENGAL
N
JAMMU & KASHMIR
Srinagar
PUNJAB
HIMACHAL PRADESH
Shimla
Chandigarh
HARYANA
New Delhi
DELHI
RAJASTHAN
Jaipur
UTTAR PRADESH
Lucknow
SIKKIM
Gangtok
ARUNACHAL
Itanagar
ASSAM
Dispur
Shillong
Kohima
NAGALAND
Imphal
MEGHALAYA
MANIPUR
Agartala
Aizawl
TRIPURA
MIZORAM
Patna
BIHAR
WEST BENGAL
Calcutta
GUJARAT
Gandhinagar
Bhopal
MADHYA PRADESH
ORISSA
Bhubaneshwar
DIU
DAMAN
DADRA & NAGAR HAVELI
Mumbai
MAHARASHTRA
National Capital
State Capital
Union Territory
Hyderabad
GOA
Panaji
Bangalore
ANDHRA PRADESH
KARNATAKA
Chennai (Madras)
PONDICHERRY
PONDICHERRY (Mahe)
Kararatti
LAKSHADWEEP (INDIA)
TAMILNADU
KERALA
Thiruvananthapuram
Port Blair
ANDAMAN & NICOBAR ISLANDS (INDIA)

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Partners and Interventions

Institution	*Sample married/un*	*Age range*	*Intervention*
CMC Vellore	Married women	15-30	Improve RTI diagnosis & treatment; *costing*
FRHS Ahmednagar	Married women and husbands	15-22	Govt RH services & comm. mobilization; *costing*
KEM Dhamari	Married couples	14-25	Health education, referrals & Counselling
IHMP Pachod & Pune	Unmarried girls	12-18	Life skills & Nutrition education
Swaasthya Delhi	Unmarried girls	12-22	Life skills; social support groups; trusted adults; *costing*

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Why unmarried girls?

- To postpone their marriage
- Expected to be innocent virgins
- Sexually active but don’t acknowledge
- Face sexual harassment
- Gender norms frown on RSH knowledge

Adolescent girls un-empowered and unable to negotiate sexual & life situations

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Key findings: unmarried girls

1. Raised age at marriage & girls' voice in marriage
2. Increased unmarried girls' confidence & power to negotiate
3. Improved iron status by changing family & dietary norms for girls

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Raised age at marriage & girls' voice in marriage

IHMP: Life skills course (1998-99)

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- One year course in several rounds – Investment 1
- Objectives:
  - Delay age at marriage
  - Increase girls' social & health status and self-esteem
- Girls age 11-18 years; focus on out of school girls
- 440 girls enrolled in the course
- Taught at village level, 5 days a week in the evening, 1½ hour sessions
- Taught by community women with 7+ years of education – Investment 2
- Case-control pre-post quasi-experimental evaluation design

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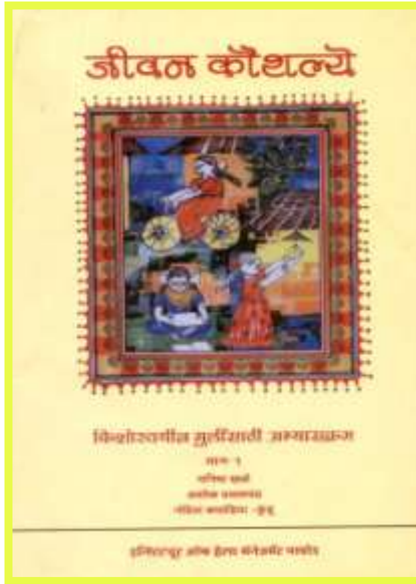
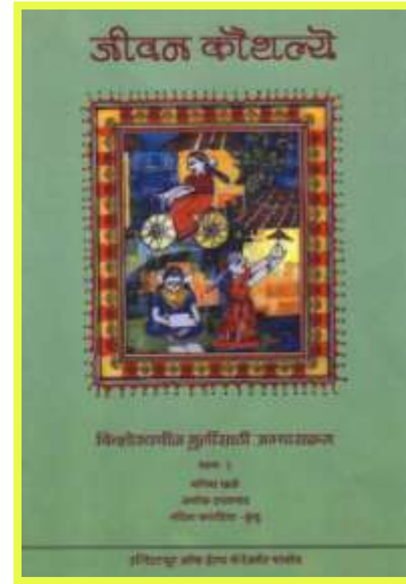
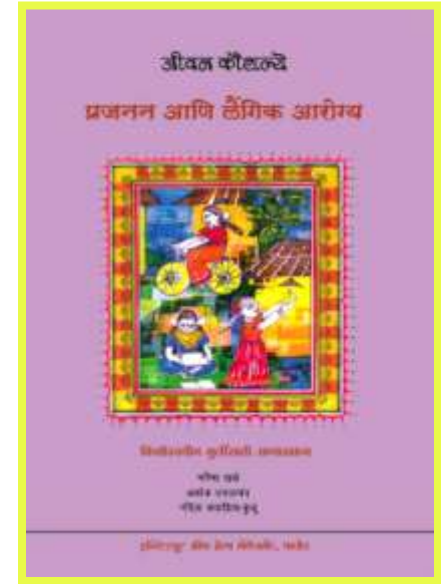
IHMPs' Life Skills Course







- 225 one-hour sessions; 22 modules
- Designed for a grassroots trainer
- Designed for out-of-school adolescents
- Training Manual for Upscalement

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Community & Parental Involvement

- Curriculum developed with parents, community & girls
- Solicited ongoing, active parental involvement
  - Monthly home visits to parents by teachers & IHMP staff
  - Monthly parent-teacher group meetings
- Combined in-class teaching & community projects:
  - Community-based nutrition education (recipe books, food fairs)
  - Non-formal education for girls (peer to peer teaching from literate to illiterate girls)

Age at marriage

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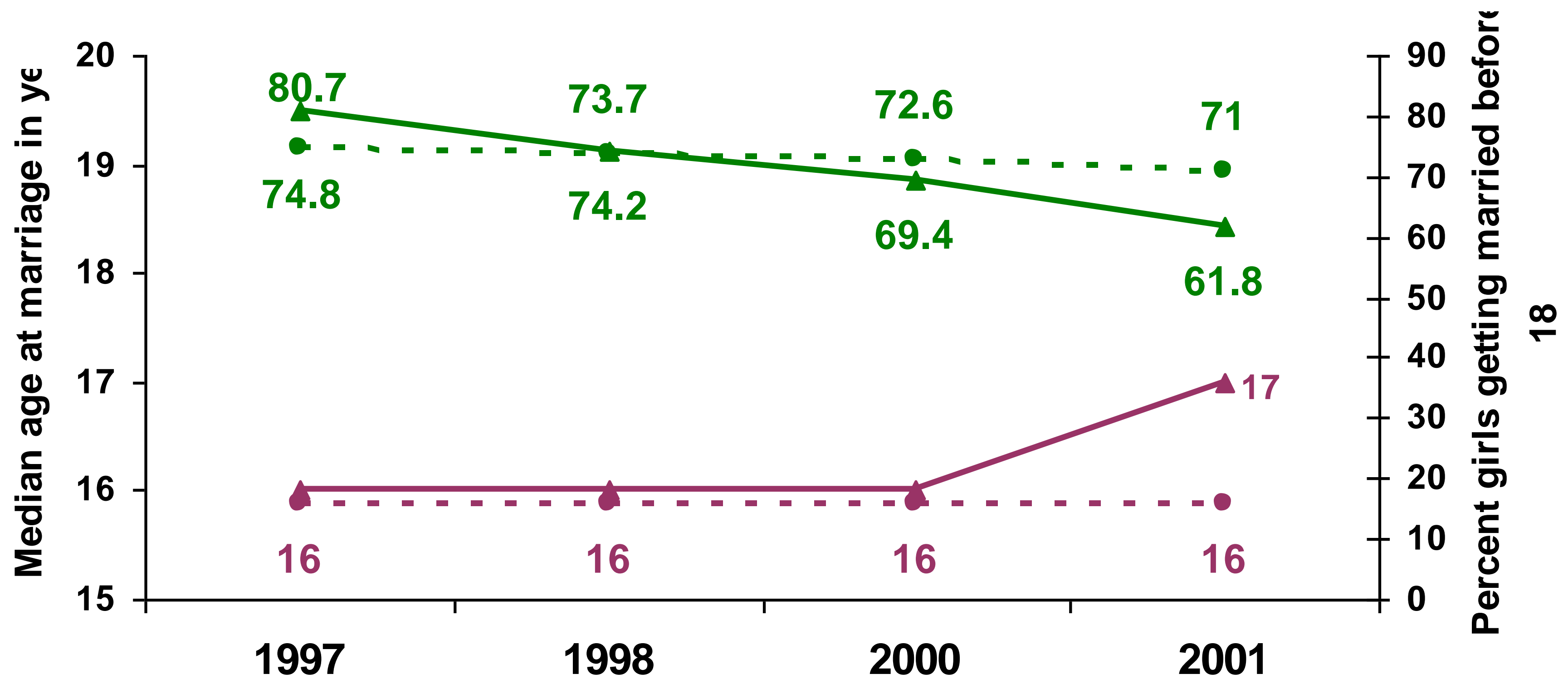
- Median age of marriage has increased from 16 to 17 yrs after 2 years of Life Skills program
- No change in Median age at marriage for girls in control site
- Full participation in program essential for impact

Raising Girls' Age at Marriage



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Characteristics that Determine Girls' Age at Marriage

Characteristic	Odds Ratio
In control area (study area)	4.0**
14-17 yrs old (11-13 yrs)	3.9**
Not school going (in-school)	2.9**
Working mother (non-working)	2.4*
N=358	

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Findings

- Age at marriage increased by one year
- Increase in self confidence and negotiation – girls can speak without fear; can go alone to bazaar; exhibited self discipline; influencing decisions in life
- Increase in RSH knowledge
- Increase in Parents' participation – fathers followed up their girls participation in the course

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"Even if my parents arrange my marriage, I will not agree until I am 18 years old. I will convince my parents about this and I am confident that they will listen to me."

- Sheetal Gajwate, 14 yrs

"We have benefited a great deal from this course. We have learnt how to speak out against injustice. I feel that just as our "tai" (teacher) has given us this life skills programme, she should similarly give it to ALL the girls from the community. This is my expectation"

- Neeta Shitole, 16 yrs

Why was it so successful?

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- Classes in the village → parents willing to send girls
- Taught by local women → parents trust for teachers
- Parents & community involved in every step
  - Consent to initial idea
  - Curriculum development
  - Observation of classes
  - Regular updates
- Classes went beyond reproductive & sexual health
  - Girls taught several practical skills, numeracy & literacy
  - Community projects → girls 'give back' to community
  - Focus on girls' empowerment & negotiation skills

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Why Married Youth?

- Newly married girls/couples
  - hardly any attention
  - tremendous opportunity
- Continuum and life cycle
- Entrée to unmarried young people

“Culture of silence” means young women suffer silently from reproductive & sexual morbidities

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Key findings: married youths

1. RH Knowledge Increased
2. Culture of Silence Broken
3. Use of Health Services Increased
4. RH Improved

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RH Knowledge Increased

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FRHS: Approaches to Improve RH

- Objective
  - Test comm. mobilization (CM) vs. improved gov't health service (GS)
- CM strategy: community-based orgns
  - Harnessed indigenous youth and women's organizations
  - Interactive health education
- GS improvement strategy: govt. service quality
  - Training & sensitizing govt. health workers to youth RH
- Women < 22 years (1800+), husbands, mothers-in-law
- 2-yr intervention period
- 2x2 case-control pre-post design: CM, GS, CM+GS, control

CMC: RTI/STI management

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- Objective
  - Effectiveness of village health aide vs lady doctor: RTI/STI diagnosis, treatment, prevalence
- 2 study arms: village health aide (Arm A); doctor (Arm B)
  - Identical protocol based on WHO RTI/STI protocols
  - Health aides provided care in Arm A; referred to dr. in Arm B
  - Self-reports, clinical diagnoses, laboratory tests
- 4,586 women 15-30 years; as many husbands as possible
- 2-yr intervention period
- Pre-post quasi-experimental design without control group

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Knowledge -- FRHS

Increased knowledge of:	Greatest Increase in:			
	CM	GS	CM+GS	Control
Maternal health	√			
FP side effects	√			
Abortion is Legal	√			
Reproductive morbidities			√	
Infertility			√	

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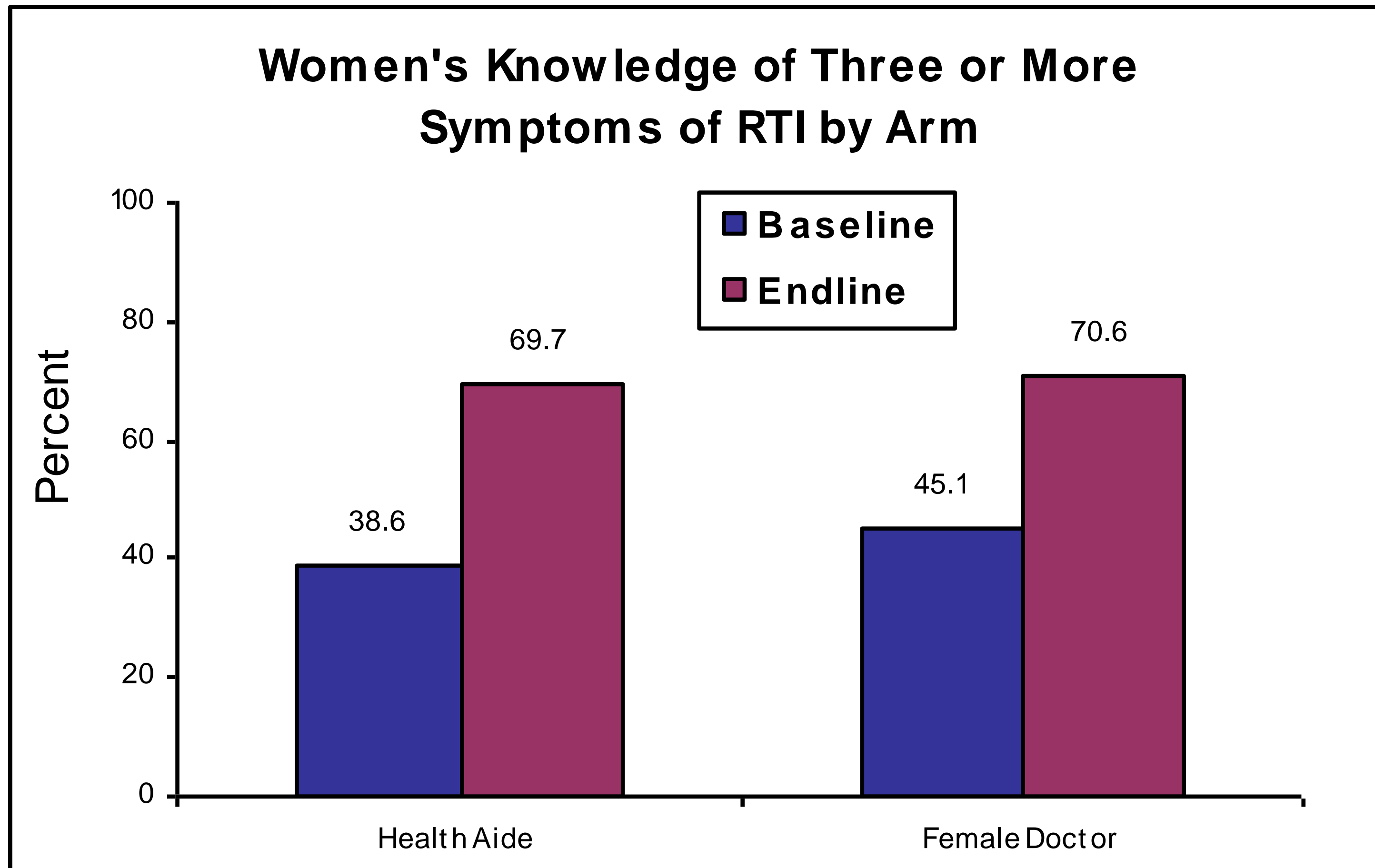
Knowledge - CMC



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Culture of Silence "Cracked"

- Support of decision-makers attained
  - ("gatekeepers")
- Couple communication begun

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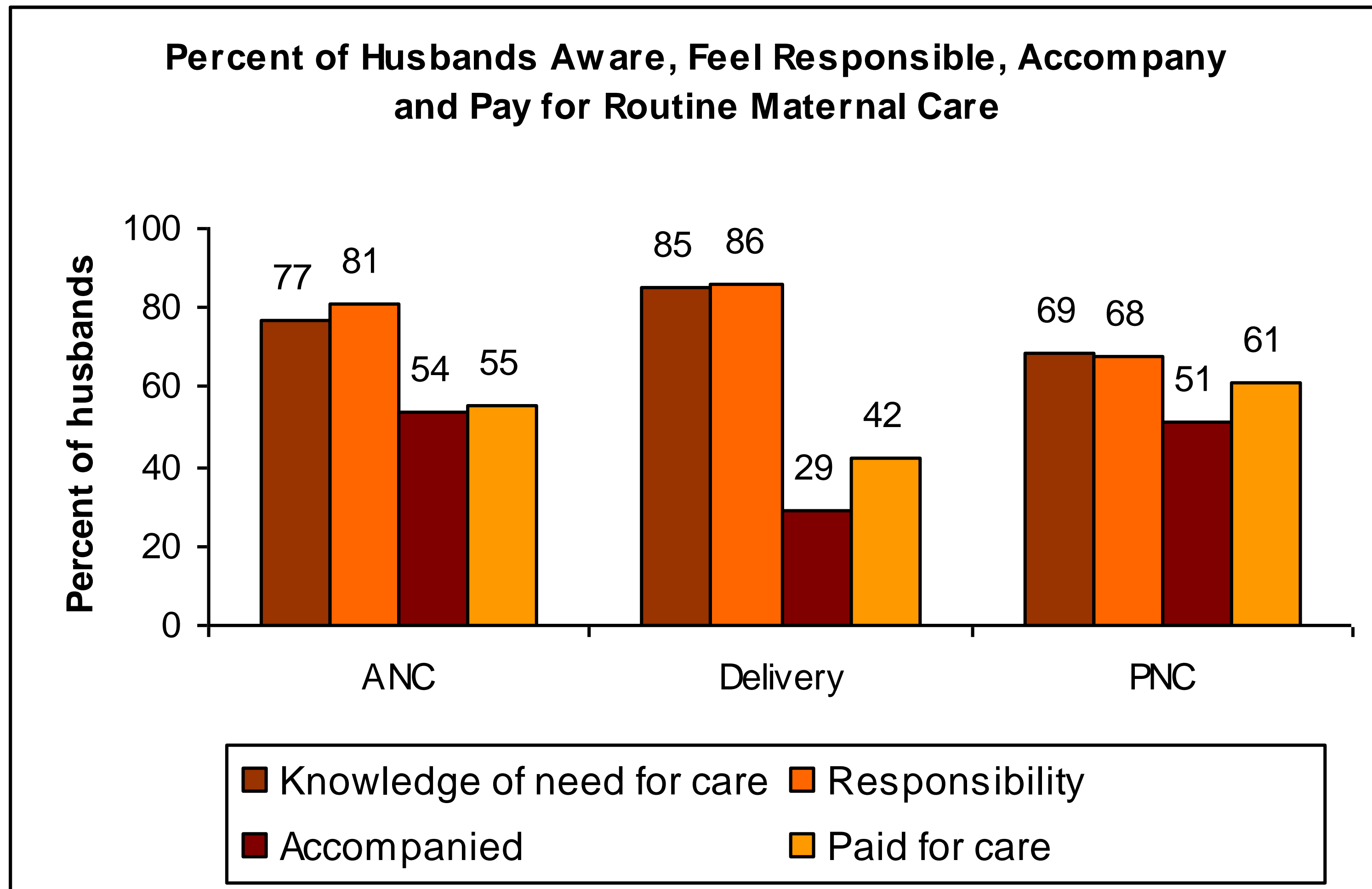
Culture of Silence – Husbands, FRHS



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Culture of Silence -- Mothers-in-Law, FRHS

"...Now-a-days these girls go to the doctor, take medicines and make a lot of fuss about pregnancy...I am not convinced about all this care and medicines."

(Mother-in-law, FRHS study, Maharashtra, 1996-98)

"I think this new system of care is good for the health of the mother and the child. This generation is lucky we did not have such system"

(Mother-in-law, FRHS study, Maharashtra, 2003)

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Culture of Silence – Husbands, FRHS

She had registered at the local government center. I had gone with her but I was made to wait outside… I don't know about the advice give to her as I was outside.

(husband, age 25, FRHS study)

Use of Health Services Increased

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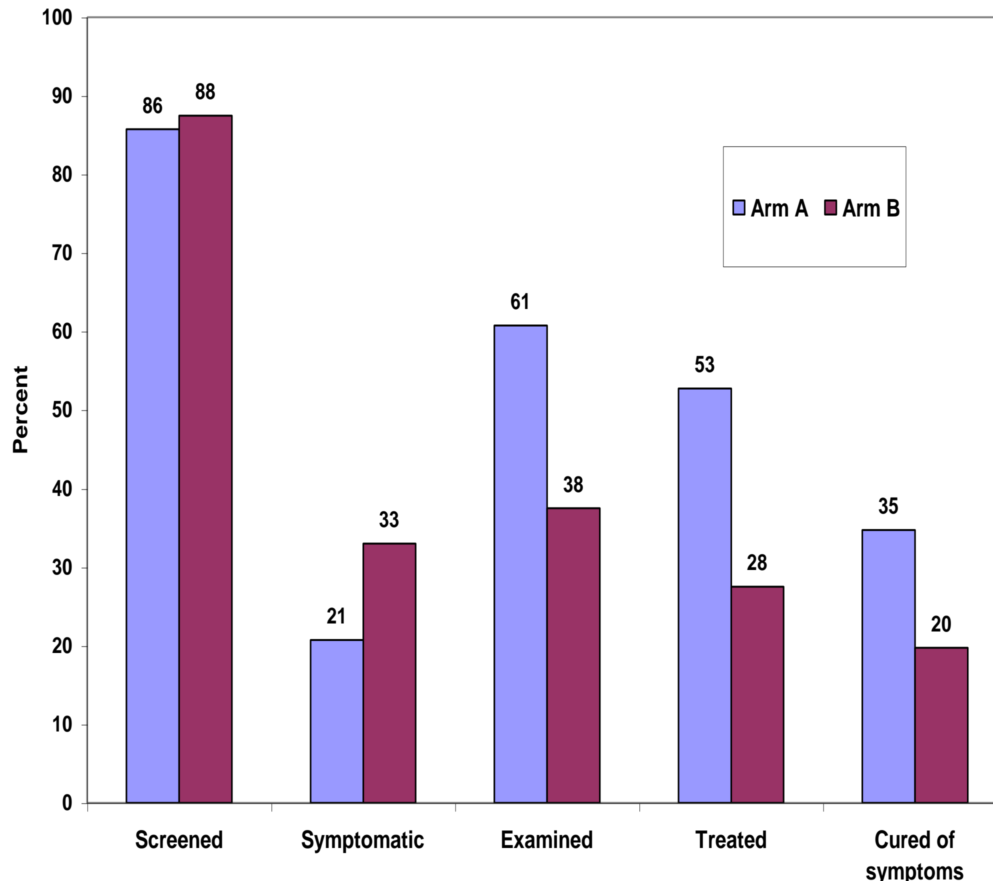
Improving Use of RTI/STI services: Health Aide or Doctor?



- Equally effective at screening for RTIs
- Health aides reached more women
  - Examination
  - Treatment
  - Curing of symptoms
- Health aides in the community more accessible than a central doctor

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Improving Use of Services -- FRHS

Increased use of RH services:	Greatest Increase in:			
	CM	GS	CM+GS	Control
Full ANC	√			
Post natal checkups	√			
Temporary contraception	√			
Partner treatment of STIs	√			
Treated problems during pregnancy	√	√		
Care, high risk deliveries			√	
Permanent contraception			√	
RTI/STI treatment, young women			√	

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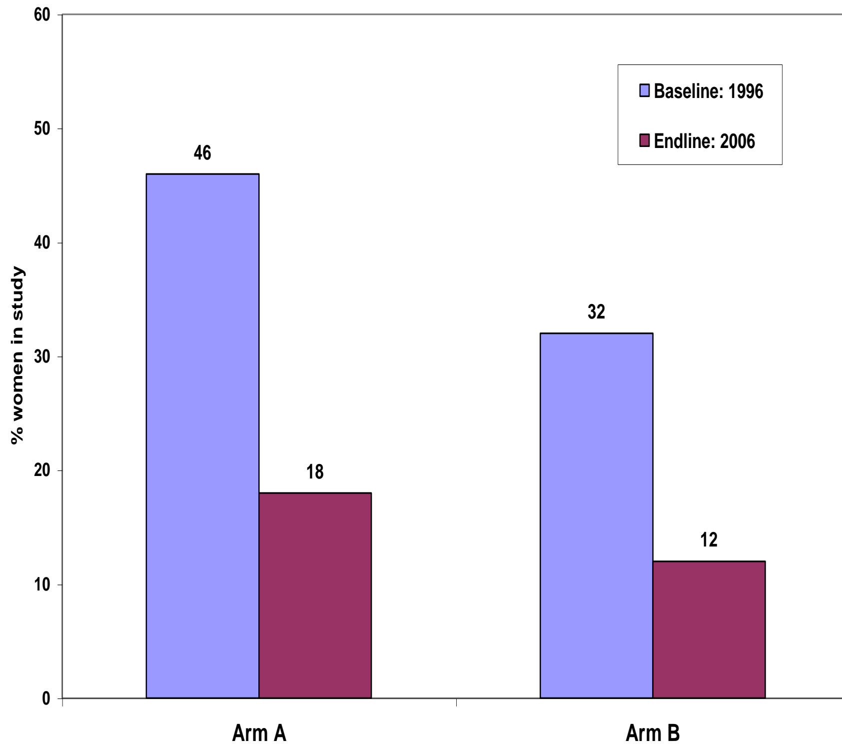
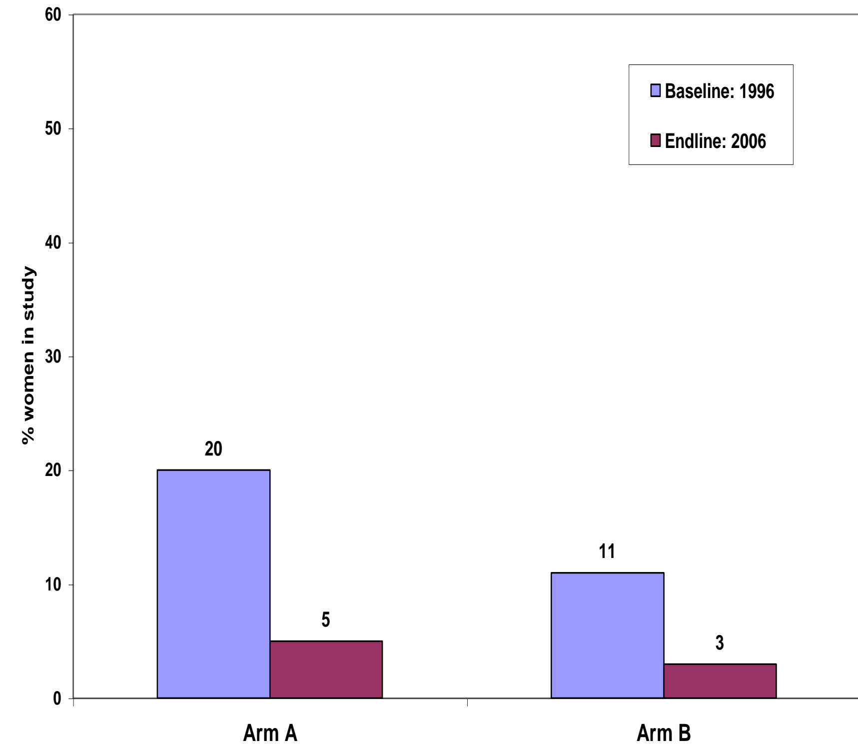
RH Improved

Decreasing Prevalence of Infections: Health Aide or Doctor?



RTI reduction:
Health Aide: 61%
Doctor: 63%



STI reduction:
Health Aide: 75%
Doctor: 73%

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To summarize

- Investing on Adolescents programs such as Life Skills can raise the age at marriage
- Girls participating in life skills program increase self-confidence & negotiation skills
- Knowledge among women and men can readily increase – couple communication can enhance health seeking

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contd

- Culture of silence can be "cracked"
  - Norms about YRH can change
  - Community mobilization is effective tool
  - Especially w. focus on gatekeepers – husbands, mothers-in-law
- Use of health services can be increased
  - Community based workers are key - investment
  - They can provide essential health information and care
  - Health providers capacity can be enhanced - investment
- RH of adolescent girls can be improved
- Programs scalable