Reproductive Health of Young Adults in India: The Road to Public Health

Pathfinder International's RHEYA Project Demonstrates Widespread Community Results in Youth Reproductive Health

September 2006

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For nearly 50 years, Pathfinder International has been a leader in bringing Reproductive Health and Family Planning to poor and underserved communities around the world. Pathfinder believes that reproductive health is a basic human right and that when women and men are given control over their reproductive lives through knowledge and access to quality family planning, they gain the ability to significantly improve the health and welfare of their families and communities.

Pathfinder supports communities and individuals in learning to make responsible choices about their reproductive lives. Representing more than 50 percent of the developing world's population, adolescents and youth are the focus of many projects, as their reproductive choices will influence coming generations. Pathfinder has always promoted maternal and child health care and works to prevent unsafe abortions by making sure that everyone has access to quality family planning methods.

Pathfinder in India

Pathfinder International has been working in India since 1999. Current programs are located in urban slums and rural areas of five states across India, including Delhi, Bihar, Rajasthan, Maharashtra, and Karnataka.

Promoting Change in Reproductive Behavior

In a culture with long-standing traditions of early marriage and childbearing, Pathfinder works to promote knowledge and understanding of the dangers of adolescent childbirth, the personal health benefits of delaying the first birth until a woman reaches age 21, and spacing subsequent children by at least 3 years through initiatives funded by the Bill and Melinda Gates Foundation and the David and Lucile Packard Foundation.

Photo: Wendy Swirnoff

Combating HIV/AIDS

Pathfinder International integrates HIV/AIDS and sexually-transmitted infection (STI) prevention, care, and support with its reproductive health programs in India, focusing especially on high prevalence districts of Maharashtra. With the generous support of the Bill and Melinda Gates Foundation, this project prevents the transmission of HIV/AIDS and STIs through behavior change communication, STI treatment, voluntary counseling and testing, and supporting vulnerable groups to adopt safe behavior. Interventions address mostly sex workers and their clients.

Access to Safe Abortion

With support from an anonymous donor, Pathfinder worked in selected districts of north Karnataka to improve access to safe abortion services. Primary care practitioners were trained in the use of manual vacuum aspiration and medical methods for first trimester abortions. Community-based communication activities for women increased their awareness of issues related to safe abortion and enabled them to seek services early on from qualified providers and to be provided with quality counseling on family planning methods.

Cover photo: Wendy Swirnoff

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FROM KNOWLEDGE TO NEW DECISIONS

"My parents married very young and had many children; they knew nothing of contraception. But we have learned about contraception and prevention. We can delay a first child until we are old enough to bear children — we will be healthy and make life happy." (S. is 15 years old. Her parents pushed her to marry, but with the knowledge and training she gained from Pathfinder, she convinced her parents to let her stay in school.)

A boy in the audience added, "Bearing a child is not enough. Rearing the child is the main thing and we must learn how to prepare for having children. I will teach my wife about this when I marry."

In a street play, this husband mourns his very young wife who died in childbirth. His friend had told him of the dangers of early childbirth, but he ignored the warning. His grief is all the greater for his guilt.

Photos: Jenny Wilder

Adolescent Reproductive Health: The Road to Public Health in India

Over the life of the project, RHEYA reached nearly 22,000 adolescents with training and knowledge, and 3,571 young couples with information and skills to delay the first child and space later pregnancies. It has educated and sensitized more than 2,800 parents and other influential adults, and has reached nearly 23,000 other individuals through community street plays, workshops, and other activities. Expanding on the model developed by RHEYA, the PRACHAR Project reached more than 90,000 adolescents and young adults with reproductive health and family planning information in Bihar, as well as another 100,000 parents and influential community adults.

Pathfinder International

In 1999, with the generous support of the Bill and Melinda Gates Foundation and unrestricted seed money committed by the Pathfinder Board of Directors, Pathfinder International launched the first phase of what has been a seven-year model pilot project in four states of India working to change the attitudes and behavior of adolescents and young adults related to reproduction and empowering them to take control over their reproductive lives and health. Decades of experience around the world have shown that readily available health services alone do not improve health standards. A stunning example is the fact that, though vaccines have been available since the 1940s, large proportions of the developing world's children remain unvaccinated. In India, 40 percent[1] of all children are not fully immunized. Communities themselves must demand, seek, and utilize health services, overcoming decades—if not centuries—of understanding ill health as an act of God or a result of one's fate.

The *Reproductive Health of Young Adults in India* (RHEYA) Project has improved the overall utilization of reproductive health and family planning services primarily by changing popular beliefs and knowledge about early marriage and childbearing and the importance of spacing children to improve their chances of surviving and thriving. In selected areas of the states of Tamil Nadu, New Delhi, Rajasthan, and Madhya Pradesh, Pathfinder partnered with four local nongovernmental organizations in developing highly effective interventions that reached nearly 22,000 young people from underprivileged communities with adolescent sexual and reproductive health (ASRH) information. The genius of the project rests in its simultaneous reaching and communicating with parents, in-laws, and community and religious leaders—virtually all of the people who influence the opinions and decisions of young people—as well as the young people themselves.

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The RHEYA model has since been replicated with separate funding in the state of Bihar through the PRACHAR Project, further refining the original approach and proving its effectiveness when applied to scale.

Adolescents: The Vulnerable Generation

More than 81 percent of the people of India live on less than $2 per day[2]; despite amazing economic progress, much of the country remains crushingly poor. Throughout the world, the largest population of youth in history is now entering their reproductive years, and India is home to 30 percent of those between the ages of 10 and 24.[3] Indian women bear an average of 3.0 children,[4] promising a doubling of the country's population in 41 years. And Indian women—like those in many developing countries—bear their children very young. The median age of marriage for girls is 16.7[5], well below the legal age of 18. Given little knowledge of or access to contraception, their childbearing is telescoped into adolescence and early adulthood. Twenty-eight percent of women give birth before the age of 18,[6] and the median age

[1] National Family Health Survey (NFHS) 2, 1998-1999.
[2] Population Reference Bureau 2005, World Population Data Sheet (*www.prb.org/datafind*).
[3] PRB 2006.
[4] PRB 2005.
[5] NFHS-2 1998-1999.
[6] PRB 2006.

Village Head Fatu Nambarbar has become an expert in family planning. "Now everyone wants fewer children," he says. "We used to say that it's better to have more hands to work the field. Now we know it's best to have only as many children as we can afford to feed."

Photo: Wendy Smirnoff

of sterilization is 25.7[7]. Figures from NFHS 2 1998-1999[8] indicate that at least 25.6 percent of women between the ages of 15-19, and 18.4 percent between 20-24 would like to space their children further apart but have no ability to do so. In fact, only five percent of married women between the ages of 15-19, and 21 percent between 20-24, use modern methods of contraception.[9] Access to reproductive health and family planning for these young people could lower birth rates to dramatically slow the population doubling rate.

The government of India has aggressively addressed the problem of population for more than 30 years, but its messages have been mixed, with a dominant focus on promoting small families and the use of sterilization after two or three children. From the government's message, "a small family is a happy family," people infer that its aim is to limit the population. Families tend to see contraception as a government need, rather than as something that is to their personal advantage. Pathfinder directly addresses that perception, persuading women and men to understand contraception and the timing of pregnancies as an important means of personal autonomy and improvement in their personal lives.

Within India's tragically high maternal mortality rate of 540 per 100,000 births[10], adolescent girls are twice as likely to die in childbirth as women in their twenties[11]. For those between the ages of 10-14, this risk is five times higher[12], due to their emotional and physical immaturity and their inability to seek and use adequate health care during pregnancy and childbirth.[13] For these same reasons, the children of young mothers are 50 percent more likely to die than those born to mothers aged 20-29.[14] Child spacing is even more important for an adolescent than for a mature woman, because an adolescent is not fully developed and pregnancy retards her own growth. A child born less than 24 months after a previous birth is nearly three times as likely to die as a child born after a gap of 48 months or more.[15] Further, unwanted teenage pregnancies often lead to abortions, and 16 percent[16] of maternal mortality in India is due to unsafe abortions.

Finally, adolescents are the age group most vulnerable to Sexually Transmitted Infections (STIs) and HIV/AIDS. As of July 2005, 32.42 percent of people living with HIV/AIDS in India were between the ages of 15 and 29.[17] The general level of knowledge about sexuality and reproduction, personal hygiene, and STIs is extremely low, as little is shared on these culturally embarrassing topics between mother and daughter, father and son, teacher and pupil, or even between friends.

Adolescents: Agents of Change

The role of sexuality and reproductive health in a woman's life is great. A young girl in a poor Indian village, who learns how to control and take responsibility for her reproductive life, can truly change the course of her entire future, from delaying marriage and children to acquire education, to making healthy decisions about sexual activity and preventing STIs and HIV/AIDS, to taking steps to ensure healthy pregnancies and care of newborn children.

Thus, in India (as in much of the developing world), an urgent focus on adolescents is the key to several major public health concerns - reducing maternal and child mortality, the prevention and treatment of

[7] NFHS-2 1998-1999.
[8] Ibid.
[9] Ibid.
[10] PRB 2000.
[11] World Bank 1998.
[12] Zabin and Kariagu (1998).
[13] NFHS-2, 1998-1999.
[14] Ibid.
[15] *Healthy Timing and Spacing of Pregnancies: A Pocket Guide for Health Practitioners, Program Managers and Community Leaders*, Extending Service Delivery Project (*www.esdproj.org*), 2006.
[16] NFHS-2, 1998-1999.
[17] Monthly updates on AIDS, NACO 31 July 05.

HIV/AIDS, empowering women, improving their health, ensuring family well-being, and reducing population growth rates. In all areas, adolescents lead in their need for education and access to quality services. At the beginning of their reproductive lives, their needs are urgent, because healthy decisions and adopted practices can ensure a lifetime of good health and well being for themselves and their families.

Fortunately, adolescents also bring curiosity and readiness to learn that offer promise of flexible thinking and significant behavior change.

This woman volunteered to be trained as a "satisfied adopter" of birth control. With her knowledge and information, she counsels her neighbors on the advantages of contraception, the differences between methods, and how to obtain them.

The RHEYA Project—High Quality Targeted Communication

RHEYA's goal was to delay early marriage, increase the use of contraception by young couples to delay the first child and space subsequent children, and to reduce the use of abortion as a method of contraception. The project was carried out in a variety of poor rural and urban districts in four different states, proving its adaptability in varied settings. The Project was designed to reach a broad population of both in- and out-of-school, married and unmarried adolescents between the ages of 12 and 19 with information and important skills to improve their sexual and reproductive health and ensure responsible behaviors as they mature and enter adulthood.

Community Trainers—A Lasting Resource

To accomplish this extraordinary outreach, Pathfinder determined that a critical number of local teachers, healthcare providers, and change agents had to thoroughly understand key issues in reproductive health and family planning and learn how to talk about them comfortably with young people. Over the course of the RHEYA Project, Pathfinder trained 139 peer educators and community volunteers. Another 134 formal trainers and 79 informal healthcare providers (traditional birth attendants and rural health providers) were trained in contraception. Finally, 81 school teachers and staff from local nongovernmental partner organizations and consultants were trained as Adolescent Sexual and Reproductive Health Trainers. All of these people will remain in the community long after RHEYA is concluded.

Traditional Birth Attendants or dais *are the only birthing assistants available to many women in rural communities. These* dais *attended 12 workshop sessions on the childbirth process, infection prevention, and counseling women on breastfeeding and postpartum contraception.*

Photos: Wendy Swirnoff

The Life Stage Approach to Social Change

The RHEYA Project model was groundbreaking in India in recognizing the necessity to develop messages and means of intervention appropriate to the specific needs and interests of young people at different life stages. This project was the first of its kind in India to address the specific needs of out-of-school youth (the vast majority) on this scale, and to widen the focus beyond HIV/AIDS prevention to really educate young people about reproduction, contraception, personal care, and gaining access to health care.

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The success of the RHEYA (and later PRACHAR) projects depended on effective behavior change communication messages used at several levels in the community, all of which combined to change the cultural beliefs and practices that dominated the community. Within the project areas, RHEYA aimed at reaching 75 percent of all girls aged 12-14; 80 percent of all girls and boys aged 15-19; and 100 percent of newlyweds and young couples with zero or one child. (See call-out p. 3 for numbers.)

To kindle changes in behavior across an entire community, effective understanding must take root within a critical mass of people.

With RHEYA, Pathfinder learned to think big. By developing and refining training and effective messages for different segments of the community—from parents, to in-laws, to religious leaders and village elders—Pathfinder harnessed the support and approval of influential people in adolescents' lives. To kindle changes in behavior across an entire community, effective understanding must take root within a critical mass of people. It doesn't have to be everyone, but enough key people to tilt the scales of public opinion, leading to wide changes in belief and behavior—even those behaviors that have deep traditional roots.

Behavior changes in all communities were dramatic. In one intervention area of 3,225 young couples, 300 were interviewed in an endline study. Of these, 30% had adopted contraception to space the second child, compared to only 14% in a non-intervention area. The mean age at first birth in the intervention area was 21.3 years, compared to 20.7 years in the non-intervention area, and the interval

Target Groups and Interventions

Target group	Interventions
Girls 12-14	2 two-hour training sessions on menstruation, menstrual hygiene, adolescent anemia, and nutrition
Boys & Girls15-19 separately	Some in weekly 1.5 hour sessions in small groups; most in 3-day camps for 15 hr. curriculum on physical, emotional, intellectual development and how to make responsible sexual and reproductive health choices. Contraception discussed at length, as well as spousal negotiations and gender equity.
Newlyweds and couples without children	An infotainment evening and home visits by community health workers to discuss contraception, negotiation of delaying and spacing pregnancies.
Young couples with one child	Home visits by community health workers and separate group meetings for men and women.
Mothers- and fathers-in-law	An infotainment event and home visits by community health workers to persuade them to allow delaying of first child. They were particularly persuaded by the economic advantages of delayed marriage and childbearing.
Influential community leaders	Puppet shows on the advantages of delaying and spacing children. Discussed the fact that large families no longer held the advantages they once did.
Religious leaders	Respected Muslim academicians conversed with Muslim leaders in workshops on the lessons of the Koran related to family life, pointing out that nowhere is family planning forbidden
Rural Medical Practitioners	Training focused on delaying and spacing births, contraceptive use, identifying infections, and dispelling misconceptions and myths about dangerous traditional medicines and methods.
Traditional Birth Attendants (Dais)	Trained on the birth process, how to counsel a woman through labor, infection prevention during delivery, safe delivery, promoting immediate and ongoing breastfeeding, and promotion of postpartum family planning.

between marriage and first child was 27.1 months in the intervention area and 24.9 months in the control area. Similarly, the mean interval between first and second child at endline was 35.2 months in the intervention area and 33.9 months in the control area.

In the slums of Delhi, 14.6 percent of newlyweds adopted contraception to delay the first child, compared to only 1.4 percent in the control area. In both the areas, a higher use of condoms demonstrated that men in the intervention areas had accepted responsibility for contraception. These shifts in beliefs and attitudes made behavior changes possible.

The table below illustrates changes achieved by the end of the project in key beliefs and attitudes related to delaying first births and adolescent girls' confidence in negotiating and using contraception. It compares these changes with attitudes and beliefs in comparable non-intervention areas. Notably, an equally high degree of change has occurred with both boys and girls—proving that when programs involve men, and include them as partners in change, the results are great.

Many lessons and insights emerge from these projects. Communication is complex in a conservative, tradition-dominated culture. Adolescents are far from independent, and their decisions are strongly affected and guided by important people in their lives. The PRACHAR Project built on these lessons, addressing the needs of a carefully segmented population of young adults, parents, and influential community elders on a scale even larger than attempted in RHEYA.

Raji, Sanjay, and Kamal attended a residential camp for boys where they learned about sexual and gender responsibility, about treating girls as equals, and about planning children as part of planning for the future. They learned a great deal about family planning and taking responsibility for their own reproductive health.

Photo: Wendy Swirnoff

Key Beliefs and Attitudes among Girls and Boys—Intervention and Control Areas

Sample size: *Girls – Intervention area: 170; control area: 114*
Boys – Intervention area: 239; control area: 197

Description the Indicator		CASP	
		Intervention	Control
Mean Age of Respondents	Girls	16.7	16.6
	Boys	17.2	17.2
Beliefs and Attitudes			
Percent who believe that even if the husband is not willing the wife should use a method	Girls	51	10
	Boys	65	43
Intentions On Childbearing			
Percent who intend to wait for two years after they marry before they have their 1st child	Girls	85	55
	Boys	73	57
Percent who intend to use contraception immediately after marriage to delay 1st child	Girls	43	19
	Boys	44	27
Confidence in Contraception			
Percent who disagree that a young woman who uses oral contraceptive pill will have difficulty in conceiving her first child	Girls	42	10
	Boys	44	16

Engaging Higher Education in Social Change

Pathfinder has long realized that sustainable progress in the delivery of healthcare has to engage the active support of the academic establishment. Recognizing the importance of having both the knowledge and confidence to talk about sexuality in dealing with clients concerning reproductive health, Pathfinder decided to expand and share its training curriculum with faculty and students in schools of Social Work, preparing a cadre of professionals who could bring this valuable skill base to more NGOs in India. Pathfinder developed a 32 hour curriculum in reproductive and child health, in collaboration with eight schools of social work, which was taught to 262 students in 2004-2006. Several of the schools have since incorporated the curriculum into their ongoing programs, given the success of the initial trainings.

Looking Ahead

Convincing results from both RHEYA and PRACHAR projects unequivocally demonstrate the fact that deeply held beliefs and traditional behaviors can be changed even among youth, families and communities that are economically deprived and less educated. And this can happen rapidly—three years in this case. Indians have for hundreds of years concentrated great energy on marrying off their young daughters. Indian attitudes towards contraception have long been tainted by an unfortunate and very short-lived, but still remembered, history of government-enforced sterilization in the 1970s. Such traditions and attitudes are hard to dislodge. But knowledge is a powerful and universal driver of social change. So are the aspirations of youth and families for a more comfortable life. The statistics linking age of first pregnancy and spacing between children with survival and health, and the connection between small, well-spaced families and economic well being, are highly persuasive. Pathfinder introduced young people and their families to basic information about caring for their own health and the economic advantages of delaying and spacing children. These youth encountered a new idea: planning children. That led to imagining and then planning a desirable future, making choices, and envisioning possibilities for improvements. Maybe planning one's reproductive life might offer a road out of poverty? Imagining personal empowerment is extremely compelling.

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Over the next three years, Pathfinder will continue to measure the long-term impact of training and other interventions on the sexual and reproductive decision making of youth. In PRACHAR II, controlled interventions will measure whether it is possible to leave out some of the activities of PRACHAR I and achieve the same high level of results. Healthcare providers and teachers trained by Pathfinder remain in the communities and continue to influence new generations. The quality of that transformation over time will help Pathfinder further refine and apply best practices to future projects. Millions of Indians are waiting to learn these lessons.

Acknowledgements

Pathfinder is grateful to the Bill and Melinda Gates Foundation, not just for generous funding, but for being one of the first to fund adolescent reproductive health, and for providing sufficient time to work on a problem, experiment, find solutions, and actually bring about change.

The Community Aid and Sponsorship Program (CASP) and Deepalaya working in the slums of Delhi and schools in Bhopal; the Society for Rural Development in Rajasthan working in the hard-to-reach Mave Muslim villages of Deeg in Rajasthan, and the Gandhigram Institute of Rural Health and Family Welfare serving one rural block of Madurai District of Tamil Nadu all partnered with Pathfinder to convert an idea into a program that reached out to 22,000 young people and their families and communities. These partners shared Pathfinder's faith in the possibility of change. Their young staff (just past adolescence themselves) shook off their own inhibitions, gained confidence, found creative solutions, and never hesitated to change approaches and tracks when they reached an implementation hurdle. They knew that they could find a more effective way of reaching objectives. At Project's end, there was not one team member who did not feel an enormous sense of pride and achievement in the innovative work that they had fashioned, and the change they had engineered in the youth of their intervention areas.

Dr. Annie Mathew, Pathfinder's Project Manger, and Ms. Sita Shankar, Pathfinder's Training Manager, kept the RHEYA effort focused. They developed intensive training programs, and toiled to build the capacity of partner staff to implement youth reproductive health programs, holding the team together through highs and lows.

To our communication agencies, Ogilvy and Mather, Saarthak, and Ashima Kumar Graphics, we owe great thanks for assistance with converting our communication briefs and ideas into interactive communication events. Their professional communications know-how, married to our technical understanding of the issues in youth reproductive health, gave us a wide array of effective and youth-friendly communications tools to work with.

Our greatest debt is to the youth and families that RHEYA was designed to reach. They were willing to participate, open to new inputs, and always ready to evaluate and give feedback for improvement. They are now the greatest proponents of change in their communities—speaking up and speaking out as opportunities present themselves. Pathfinder remains deeply grateful for the ongoing support and commitment of our individual donors who enable us to pursue this type of programming.

Ashubi and Sadar had their son nine months after their wedding. Desperate to delay the next child, Ashubi met Grace Joshi, a Pathfinder-trained nurse and learned how to use birth control pills. Even Ashubi's mother-in-law is supportive. "She had 15 children," says Ashubi. "She wants a better life for us than she was able to live."

Photo: Wendy Swirnoff

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