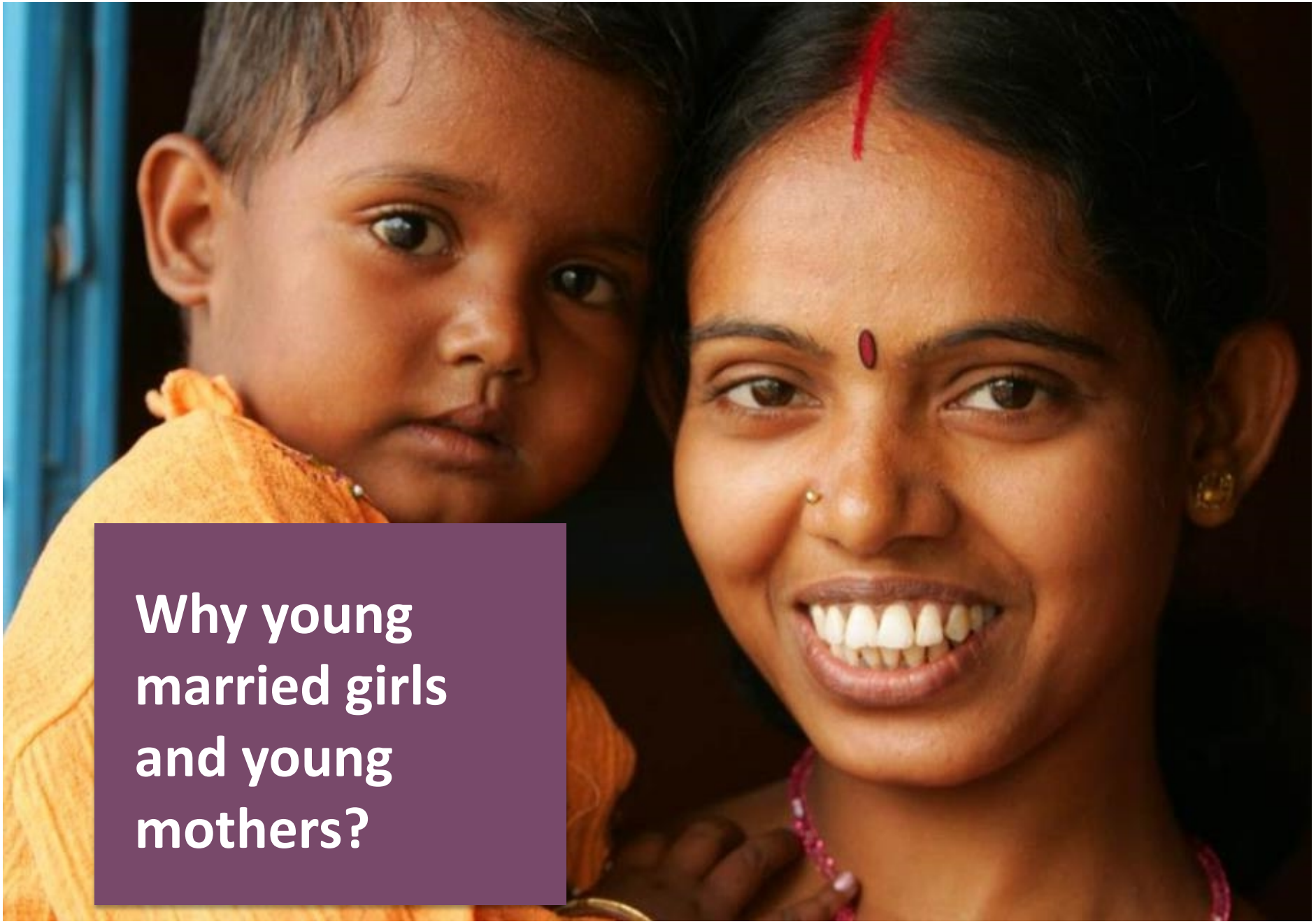
Pathfinder INTERNATIONAL

A GLOBAL LEADER IN SEXUAL AND REPRODUCTIVE HEALTH

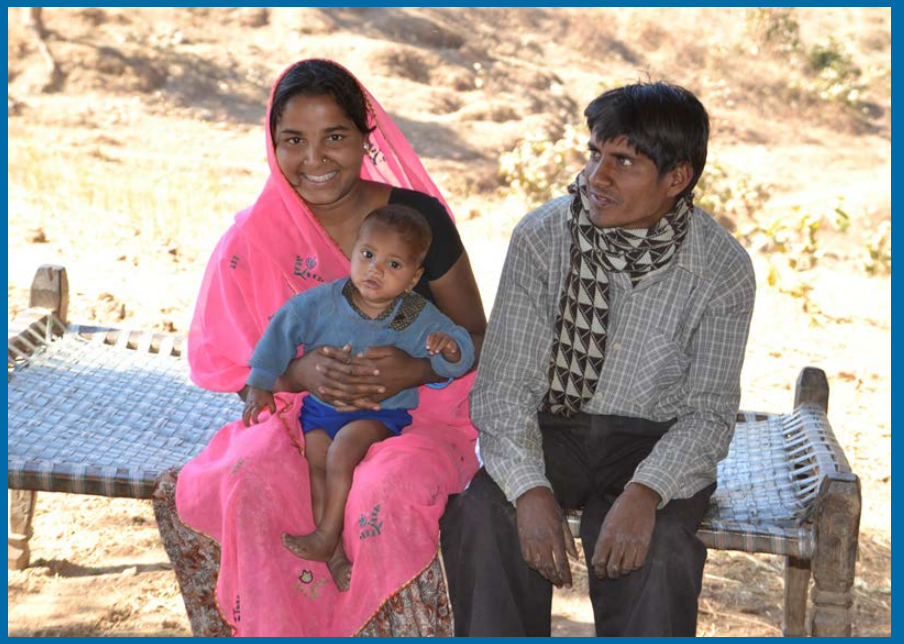
From India to West Africa: Tailoring Programs to Reach Married Adolescents and First Time Parents

Tanou Diallo, West Africa Regional Representative


Why young married girls and young mothers?

PRACHAR PROJECT IN BIHAR, INDIA

Changing behaviors and norms related to early marriage and childbearing.



PRACHAR OBJECTIVES

1. Delay the first birth until the age of 21 by:
    - Increasing girl's age at marriage
    - Increasing use of contraceptives

2. Ensure spacing of at least three years between the first and second births by increasing post-partum use of contraceptives

PRACHAR APPROACH

- **A life-cycle approach**
  - Unmarried boys and girls (12-14; 15-19)
  - Married young people and first time parents (15-24)
  - Key influencers/decision makers: mothers in laws, community leaders
- **Ecological model**: Recognizing girls and young women have such little power over when and if they get married and have children, PRACHAR included interventions to empower girls and young women and influence the social and structural environment around them

PRACHAR APPROACH

ADOLESCENT BOYS AND GIRLS

Young adolescent girls (age 12-14), and older adolescent girls and boys (age 15-19) receive separate age-appropriate and life-stage specific AYSRH training

NEWLYWED COUPLES WITH NO CHILDREN

- Newlywed couples targeted together through "welcome ceremonies" combining education and entertainment
- Married women reached via home visits by female change agents
- Married men reached via group meetings by male change agents

PREGNANT OR POSTPARTUM WOMEN (1ST OR 2ND CHILD)

- Women pregnant with their first or second child reached via home visits and group meetings by female change agents
- Postpartum women reached via home visits by female change agents only

COUPLES WITH ONE CHILD

- Women with one child reached via home visits and group meetings by female change agents
- Men with one child reached via group meetings by male change agents

PARENTS AND MOTHERS-IN-LAW

- Community meetings
- Mothers-in-law participate in home visits for daughters-in-law performed by female change agents

COMMUNITY AT LARGE

- Street theater
- Wall paintings
- Puppet shows
- IEC materials

RESULTS: INCREASED CONTRACEPTIVE USE AMONG YOUNG MARRIED COUPLES AND FIRST TIME PARENTS

- Adjusting for parity, education, caste, and age at marriage, young women in the PRACHAR intervention area were nearly **4 times** more likely to utilize contraception.

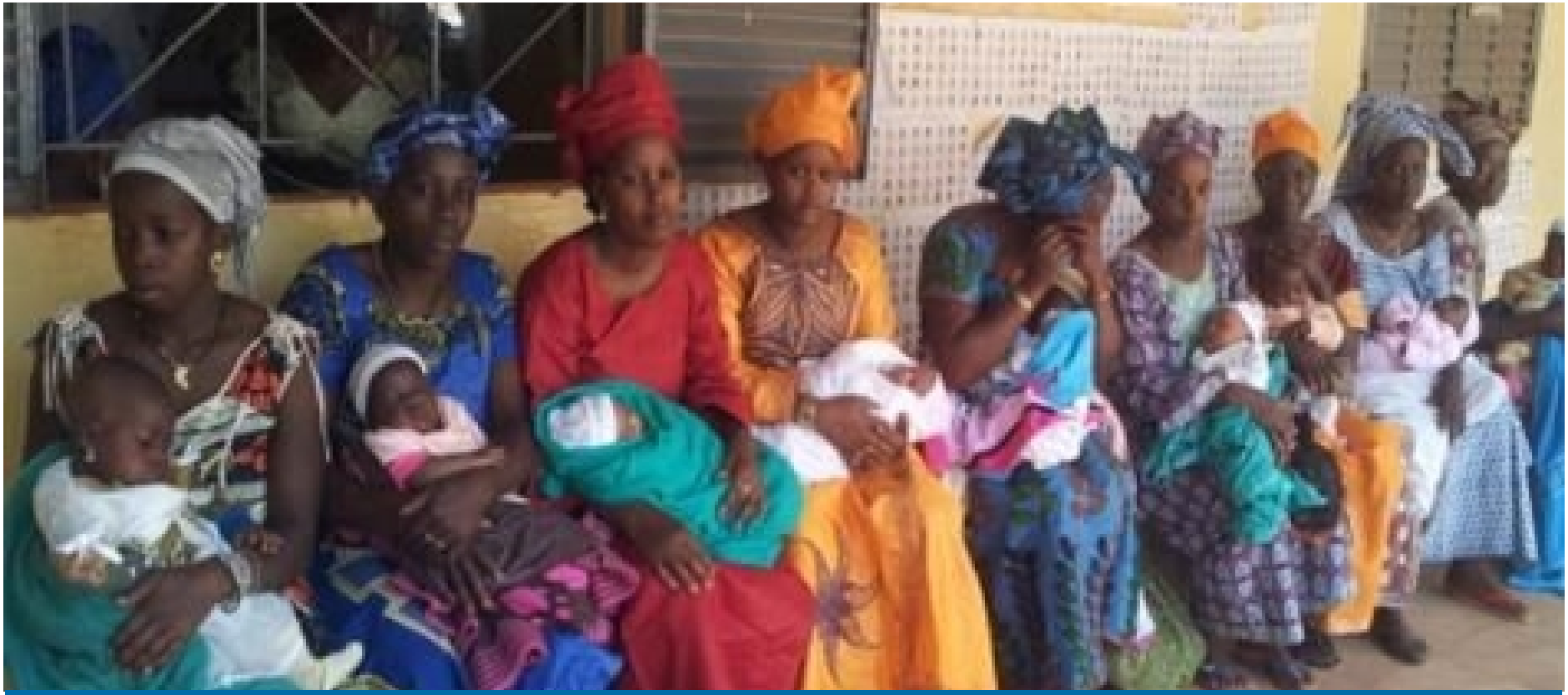
- Young women using contraception to their delay first pregnancy rose from **3% to 16%** in the intervention area (vs. 2% to 3% in comparison area).

- Young women using contraception to space second pregnancy rose from **6% to 25%** in the intervention area (vs. 4% to 7% in comparison area).

Daniel E, Masilamani R, Rahman M. 2008. *The effect of community-based reproductive health communication interventions on contraceptive use among young married couples in Bihar, India*. International Family Planning Perspectives. 34 (4): 189-197

LESSONS LEARNED: REACHING MARRIED YOUNG WOMEN AND FIRST TIME PARENTS IN INDIA

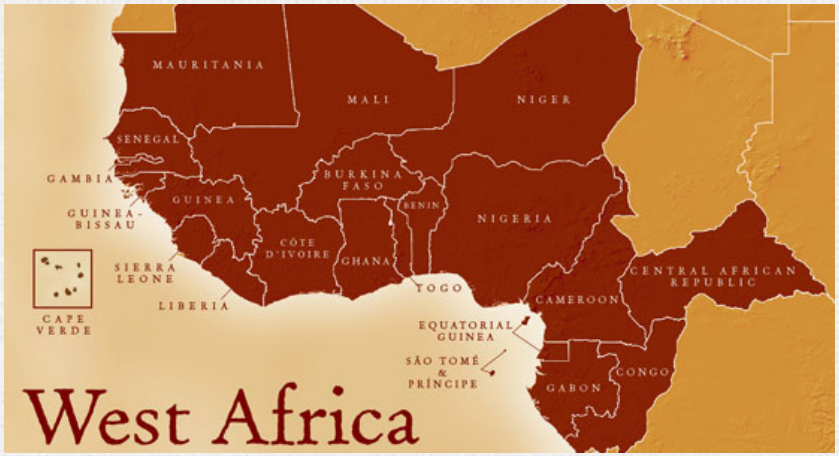
- Must simultaneously empower young women and engage male partners
- Engaging mothers-in-law as well as the larger community is essential for normative change
- Home visits are an important way to reach young women with limited mobility and high opportunity costs to leave the home
- Linkage with appropriate and respectful SRH services, including postpartum contraception, is critical
- Working with and building capacity of local partners ensures success and sustainability



From India to West Africa

BACKGROUND: WEST AFRICA REGION

- 7 West African countries are among the 26 countries with the highest growth rate and highest unmet need for contraception (≥20%) in the world
- Of 20 “hotspots” for child marriage in the world, 7 are in West Africa
- In Guinea and Niger over 75% of women were married by age 18 and over 25% in each country were married by 15
- Nearly all childbearing occurs in the context of marriage, with pregnancy often happening very soon after marriage
- Very low use of contraception among young women; Modern method CPR for 15-19 year olds:
  - 7.4% in Guinea
  - 5.9% in Burkina
  - 1% in Niger



SIMILARITIES AND DIFFERENCES: WEST AFRICA AND INDIA

Similarities:

- High prevalence of early marriage followed by immediate childbearing
- Limited mobility for married women (e.g., can't leave home without accompaniment)
- Strong community and family, especially in-law, pressure to marry and bear children quickly

Differences:

- Health service system in Guinea, Burkina, and Niger weaker than that of Bihar
- Higher likelihood of girl being married to older man with several other wives in West Africa
- Religious beliefs
- Tradition of women's groups for savings (Seres) in West Africa

KEY ADDITIONS/ADAPTATIONS DUE TO DIFFERENCES

- Stronger emphasis on strengthening the health system, community-based distribution, and linkages with services
- Different interventions for males to attract older male partners

- Considerations for how to engage co-wives
- Additional small group activities for young women building on tradition of “Seres”

PROGRAM DESIGN AT A GLANCE

Who: Young married women and their partners, including first time parents

What: Healthy timing and spacing of pregnancies and increased access to SRH services

Where: 3 francophone countries in West Africa (2 sites in each country)

How: Build the capacity of local partners (BURCASO and SOS- JD and the IPPF affiliates in Guinea and Niger) to implement an evidence-based approach, drawing on the ecological model and lessons from PRACHAR

KEY INTERVENTIONS

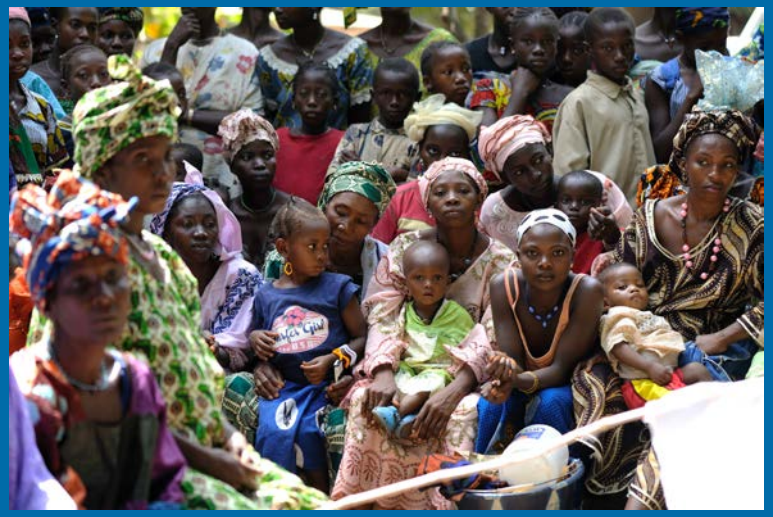
- Structural
  - Collaborate with MOH and local partners to advance and disseminate AYSRH strategic plans
  - Support integration of youth-friendly services at public sector health facilities, with added focus on married young women
- Social
  - Establish community groups (“safe spaces”) to empower young women, using behavior change tools like narratives to foster dialogue and knowledge
  - Use home visits to engage mothers-in-law and co-wives in dialogue on HTSP
  - Work with existing men’s groups to improve knowledge of contraception, HTSP and foster gender-equitable decision making
  - Train religious leaders using adapted curriculum
- Individual
  - Conduct home visits to young married women on HTSP
  - Community based distribution of contraceptives

PROGRESS TO DATE

- Close partnership with Guinea MOH to improve service quality for young people, including National AYSRH Plan and National Standards and Guidelines and training curriculum
- Tools and resources translated and developed including:
  - YFS facility assessment, supervision checklist
  - Community-based activity cards addressing gender, GBV, and SRH
  - Adolescent contraception counseling cue cards
- Initial training and work with CHWs, peer educators to identify married adolescent girls, form small groups for support and empowerment
- Engagement with husbands, in-laws, religious, and community leaders

NEXT STEPS

- Continue community-based program in Burkina Faso and Guinea
- Begin work in Niger
- Documentation of the program by Evidence to Action (E2A), USAID centrally-funded cooperative agreement



Pathfinder INTERNATIONAL

A GLOBAL LEADER IN SEXUAL AND REPRODUCTIVE HEALTH

Thank You!

twitter.com/PathfinderInt

facebook.com/PathfinderInternational

Youtube/user/PathfinderInt

WWW.PATHFINDER.ORG