Investments in Adolescents can Lead to Better Reproductive Health Outcomes: Evidence from PRACHAR, Bihar

Authors:
Rema Nanda, Amit Shah, Aravinda Satyavada

Presented by:
Elizabeth Oliveras
Presentation Outline

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2. About PRACHAR Interventions
3. Adolescent Follow Up Study
4. Key Findings
5. Programmatic Learning
6. Projections from RAPID Model
7. Moving Forward – PRACHAR Phase III
Rationale for Youth Focused RH Program in Bihar

• Among women age 20-49 years, median age at first marriage is 15 yrs
• Over 2/3 of women age 20-24 years married before the legal minimum age of 18
• Among young women age 15-19, one in four have begun childbearing
• Current use of modern contraceptive by couples:
  – ‘0’ parity 1.4%
  – ‘1’ parity 6.0%
• Median interval between births is 30 months

Source: NFHS III
PRACHAR Project
(PROMOTING CHANGE IN REPRODUCTIVE BEHAVIOR)

PHASE I
2001 – 2005
Goal: Improve health and well being of women, their children and families by reducing early fertility and by practicing healthy timing and spacing of pregnancy (HTSP).

PHASE II
2005 – 2009
Objectives:
– Delay age of marriage
– Delay first child till woman is 21
– Space the second child by 36 months

PHASE III
2009 – 2012
Project Activities
**PRACHAR Approach**

Change behaviors and shift norms around HTSP by working with the entire community (audience-segmented behavior change)

- Unmarried girls and boys
- Young married couples with no children
- Young married couples with one child
- Parents of young couples, in-laws, influential community leaders
Key PRACHAR Activities

• RH and communication/negotiation skills training for adolescent girls and boys

• “Infotainment” parties for newlyweds

• Trained female and male Change Agents to conduct home visits to young married women and group meetings with young married men, parents-in-laws, and influential community members to provide information on HTSP

• Dissemination of HTSP messages through community-wide engagement, e.g. wall paintings and street theater, to sustain norm changes
Training Session for Girls

Body Map Exercise

Training Session for Boys

Human Body Charts
BCC Materials Used

- Meena Badi Ho Rahi Hai (Meena is growing up)
- Anjan Dagar Asan Safar
- HIV AIDS Puzzle
- Flip Book on 15-19 yrs Girls and boys training (Kishorawastha)
- Flip book on Family Planning (Parivar Niyojan)
- Flip book RTI and STI (Gupt Rog)
Adolescent Follow Up Study

Background: Unmarried girls and boys aged 15-19 trained during Mar ‘03–Sep ‘04; follow-up study conducted 5 years later: Oct–Nov ‘08

Objective: To examine the effect of interventions on: age at marriage, contraceptive use and delaying and spacing of births.

Methodology: Sample included:
• 306 young men and 307 young women randomly selected from a list of those who had received PRACHAR adolescent training intervention
• 306 young men and 306 young women from comparison areas who had not received any PRACHAR interventions
• Age 19-24 during the survey

Data Analysis
• Logistic regression controlling for education and caste
• Proportional hazards regression
Key Findings

<table>
<thead>
<tr>
<th>Median Age</th>
<th>Comparison</th>
<th>Intervention</th>
<th>Difference</th>
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</thead>
<tbody>
<tr>
<td>At marriage</td>
<td>19.4</td>
<td>22.0</td>
<td>2.6 years</td>
</tr>
<tr>
<td>At first birth</td>
<td>21.6</td>
<td>23.1</td>
<td>1.5 years</td>
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Relative to the comparison group, women in the intervention group:

- Were 44% less likely to be married by the time of the survey. Among those who were married, they were 39% less likely to have had a first birth at the time of the survey.
- Were almost 5 times more likely to have ever used contraception before first birth.
- Were more than 5 times more likely to have ever used contraception after first birth.
Programmatic Learning

Reaching adolescents with reproductive health training and other supportive interventions before they are married can contribute to delayed childbearing by increasing age at marriage and use of contraception before the first birth.
Projections from RAPID Model

Scaling up a project approach that delays the age at childbearing and reduces the total fertility rate in the state of Bihar over a twenty year period, could lead to:

- A 12% higher per capita Gross State Domestic Product in 2025
- 60,686 fewer maternal deaths cumulatively between 2005 and 2025
- A reduction in the infant mortality rate by three quarters by 2025 (from 62 deaths per 1,000 live births to 15 deaths per 1,000 live births). This is equivalent to 1.9 million fewer infant deaths over the twenty year period.
Moving Forward – PRACHAR Phase III (2009-2012)

Objective: Implement hybrid service delivery model in partnership with government to accelerate impact on youth fertility.

Intervention Strategy
• In agreement with the GoB, execute essential PRACHAR model in 10 blocks of Gaya district.
• Train ASHAs and Male Communicators to conduct home visits and group meetings on RH issues.
• Reach a population of 1.4 million in about 1,175 villages.

<table>
<thead>
<tr>
<th>Target Group</th>
<th>Communicators</th>
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<tr>
<td>Young married women</td>
<td>ASHAs (Government Frontline workers)</td>
</tr>
<tr>
<td>Young married men</td>
<td>Male Communicators of NGOs</td>
</tr>
<tr>
<td>Unmarried adolescents aged 15-19</td>
<td>Trainers hired by NGOs</td>
</tr>
<tr>
<td>Fathers and mothers of adolescent boys &amp; girls</td>
<td>Male communicators and ASHAs</td>
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</tbody>
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