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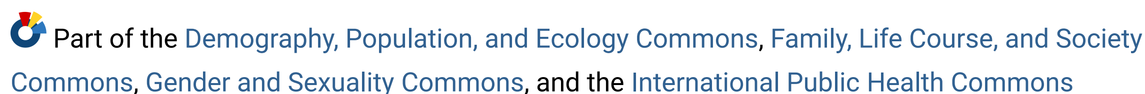
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promoting healthy, safe, and productive
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Empowering young mothers in India: Results of the First-time Parents Project

Prepared by K.G. Santhya and Nicole Haberland

In India, sexual activity among girls and young women typically takes place within marriage. Close to half of 20–24-year-old girls were married by age 18, and nearly a fifth were married by age 15. (IIPS and Macro International 2007). In some states, such as Rajasthan and Uttar Pradesh, these proportions are higher still. Nationally, as many as 30 percent of adolescent girls currently aged 15–19 are married, presumably sexually active, and under pressure to bear a first child early in the marriage (IIPS and Macro International 2007). In contrast, fewer than 10 percent of unmarried girls report being sexually experienced (Jejeebhoy and Sebastian 2004).

While sexual activity for the majority of adolescent Indian girls occurs within the socially sanctioned institution of marriage, marital sex is not inherently safe, voluntary, or pleasurable. For instance, according to retrospective studies conducted among HIV-positive women in India, a substantial proportion of young women had only one HIV risk factor: sex with their spouse (Santhya and Jejeebhoy 2007). Similarly, data suggest that a substantial minority of adolescent girls in India (13 percent) have begun childbearing by age 17 (IIPS and Macro International 2007), an especially disturbing statistic in light of the high obstetric risk associated with childbirth at

The period surrounding childbirth offers a unique opportunity to improve a young mother's prospects by helping her build a more equitable relationship with her husband and offering vital sexual and reproductive health advice.

very young ages. Moreover, a number of social and economic disadvantages are associated with early marriage, including low levels of educational attainment, limited or even nonexistent peer networks, and restricted mobility (Santhya and Jejeebhoy 2007).

Empowering young wives and young mothers by focusing on the first birth

The Population Council seeks to increase attention to and foster efforts that support married adolescent girls. To that end, the Council, in partnership with the Child In Need Institute and Deepak Charitable Trust, implemented a comprehensive intervention called the First-time Parents Project. The project was based on the hypothesis that the periods following marriage and surrounding the first birth, though characterized by greater vulnerability, offer a unique opportunity to improve the prospects of young mothers and foster more equitable relations with their husbands.

The First-time Parents Project was conducted in two settings in rural India: Vadodara Block in Gujarat and Diamond Harbour Block in West Bengal. The Council and its partners designed a two-year quasi-experimental study, with surveys at baseline and endline, to assess the effects of the intervention on young women's reproductive health knowledge and practices, partner communication and support, social networks, and personal agency. In-depth interviews supplemented the baseline survey.

The intervention focused on young women who were newly married, pregnant, or postpartum for the first time. Husbands of these young women, senior family members, and health care providers were also included. The project consisted of three mutually reinforcing components:

- Providing health education and information;
- Modifying existing pregnancy, childbirth, and postpartum services; and
- Establishing groups of married girls to reduce their social isolation and increase their agency.

Intervention activities were tailored to reflect the unique characteristics of each population and the comparative strengths of the NGO partners at each site.

Getting information directly to married girls and their gatekeepers

The First-time Parents Project provided young women and their husbands with information through various means: home visits, educational materials, counseling in clinics, group discussions, and community activities. A primary focus of the intervention was to provide information directly to young married women through home visits by female outreach workers. In addition, male outreach workers visited the husbands of these young women. Topics included prevention of reproductive tract infections; contraception; sex as a voluntary, safe, and pleasurable experience; planning for delivery of the first birth; care during pregnancy and the postpartum period; and breastfeeding. Messages also included ways for husbands to support wives during pregnancy, childbirth, and postpartum; and the importance of communication, respect, and joint decisionmaking between husband and wife.

Adjusting services to address the needs of young, first-time mothers

Project staff also worked with government and private-sector health service providers to educate them about the special needs of young, newly married couples and first-time parents. The project supplied safe delivery kits and refresher-training courses for traditional birth attendants and provided young parents with transportation to health services. Before the intervention, postpartum visits to new mothers were virtually nonexistent; during the project, home visits to new mothers were made, whenever possible, within six weeks postpartum.

Creating groups for married girls to reduce isolation and increase their agency

To address the social vulnerabilities and isolation of married adolescent girls and first-time mothers, the intervention relied on group formation. Girls were organized into groups of roughly 8–12 members that typically met for 2–3 hours every month. The aim of the groups was to increase married girls' contact with peers and mentors, to expose them to new ideas, and to help them address issues that affected them. The girls identified topics to focus on, such as legal literacy, vocational skills, pregnancy and postpartum care, gender dynamics within and outside the family, relationship issues, and nutrition. At one site, for instance, girls requested help in setting up a group savings account for emergency health expenses. Community organizers carried out most of the training, while nongovernmental organizations (NGOs) with relevant expertise addressed specialized topics such as vocational skills or savings and credit management. In addition to attending meetings, girls visited the village's administrative office, the bank, the post office, and organizations in which women's groups are active. The girls

Population Council researchers have developed and are testing an integrated package of health and social interventions for first-time parents in India.

and young women worked together on development projects, celebrated common festivals, and organized welcome ceremonies for newly married members.

To recruit girls to the groups, community organizers and female health workers visited eligible women and organized small, informal neighborhood meetings to promote project activities. Community organizers also met with the mothers-in-law and husbands of eligible women.

Monitoring data indicated that more than 1,000 young women participated in group activities, with roughly two-thirds of participants attending three or more meetings. More than 1,800 girls received an average of 3 to 6 home visits from female outreach workers, and over 1,400 husbands were contacted an average of 2 to 3 times via the home visits. About 1,000 women sought services from health clinics.

Effects of the First-time Parents Project

The intervention had significant, positive effects on girls' autonomy, reproductive health knowledge and practice, and couple relations. After controlling for other factors, young married women from both sites who participated in the intervention had significantly greater say in household decisionmaking than young married women in control villages . Girls who were exposed to the intervention in both Vadodara and Diamond Harbour were more likely to report greater freedom of movement and having a friend in whom they could confide. Girls in the intervention group in Diamond Harbour were more likely to adhere to egalitarian gender role attitudes.

Reproductive health knowledge improved significantly among program participants in both intervention sites. The effects of participation were mixed with respect to reproductive health practices, and varied considerably between sites. In Diamond Harbour, after controlling for potentially confounding socio-demographic factors and time, young women who were exposed to the intervention were significantly more likely to have comprehensive antenatal check-ups, more likely to have made delivery preparations, more likely to have had a postpartum check-up, more likely to have breastfed their babies immediately after birth, and more likely to have fed their babies colostrum. In Vadodara, after controlling for potentially confounding effects, participation had a significant, positive net effect on routine postpartum check-ups and use of contraceptives for delaying the first birth.

Findings also show that the intervention had positive net effects on partner communication. In both sites, young women who participated in the intervention were more likely to have discussed contraceptive use with their husbands. Likewise, they were more likely to have discussed timing of first pregnancy with their husbands, though the net effect was statistically significant only in Vadodara. After controlling for other variables, young

women in Diamond Harbour who participated in the intervention were more likely than women in the control villages to express their opinion when they disagreed with their husbands.

The findings from this study are very encouraging—both in exerting significant effects on the lives of married girls, and in demonstrating the feasibility of implementing a program for this vulnerable population of girls. The Council hopes to secure funding to continue the interventions and adapt them to other settings.

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