

# MOBILIZING MARRIED YOUTH IN NEPAL TO IMPROVE REPRODUCTIVE HEALTH

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## PROJECT BACKGROUND

### Reproductive Health for Married Adolescent Couples Project (RHMACP), 2005-2007

- **Overall Goal:** To improve the RH status of married adolescents within two districts in Nepal by increasing:
  - Married adolescents' knowledge about FP, MH, HIV and STIs
  - Providers' knowledge about the RH needs of married adolescents
  - Community and family support for RH decision making by married adolescent couples
- **Partners:** The ACQUIRE Project, CARE Nepal, Nepal MOH
- **Funded by:** USAID

### Woman and Early Marriage

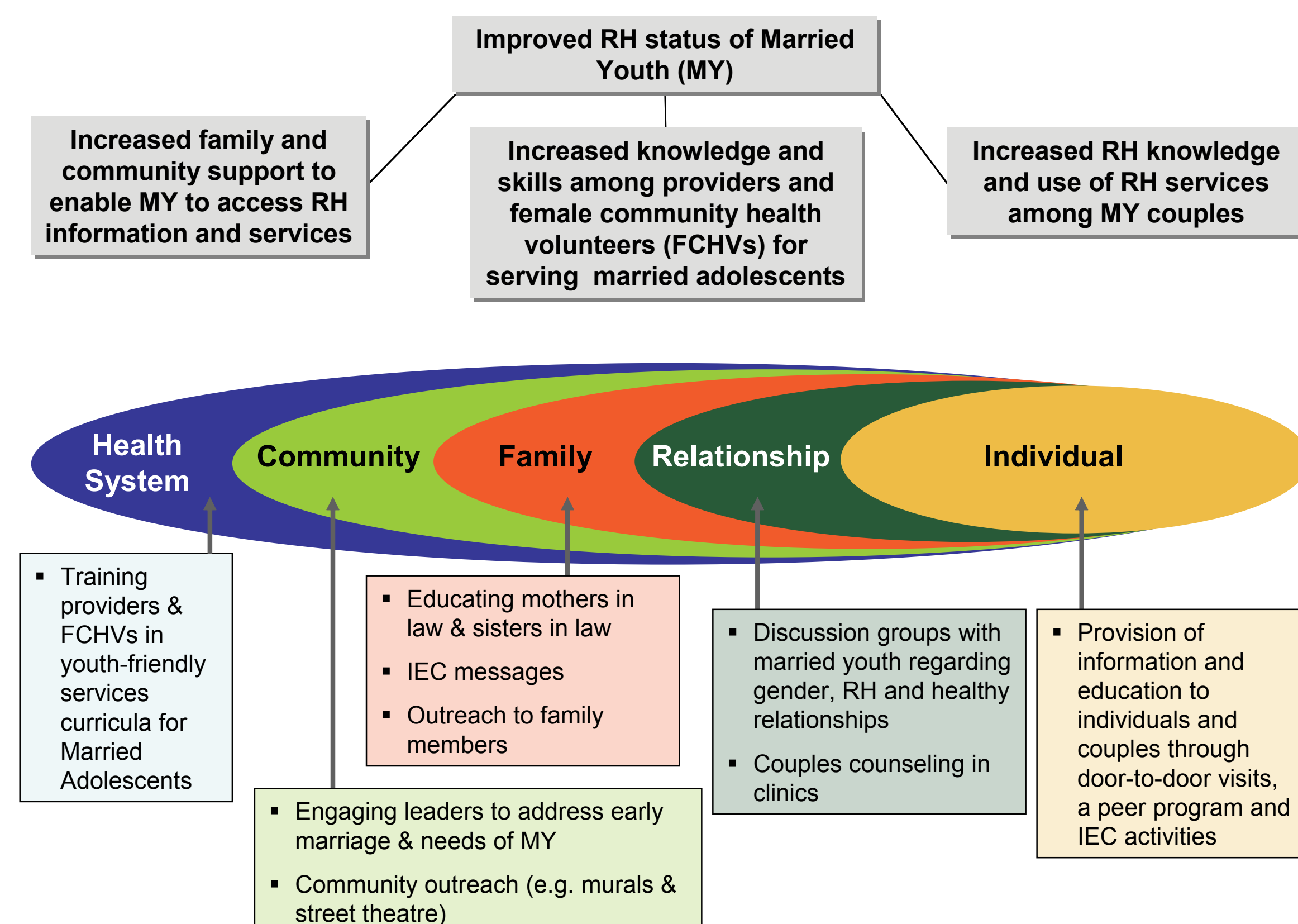
- Early marriage impacts women in several ways,<sup>1</sup> e.g.:
  - Decreased mobility, including schooling
  - Less exposure to modern media and information
  - 90% of births before the age of 18 occur in marriage
- Country context in Nepal<sup>2</sup>:
  - By age 18, 60% of Nepali women are married
  - 41% of women are already mothers or pregnant with their first child by age 19.
  - Only 9% of women aged 15–19 have ever used any modern method of contraception
  - More than one-in-four deaths of females ages 15-19 are related to pregnancy (26.8%)

### Project Scope

- Implemented in 69 out of the 183 village development committees (VDCs) in the Parsa & Dhanusha districts
- **Primary target group:** Married women < 20 years old and their husbands
- **Secondary target group:** Service providers; influential community and family members (mothers-in-laws and sisters-in-laws) and youth < 25 years old



### Program Approach: Ecological Model



## METHODOLOGY

- Surveys measured knowledge, attitudes, behaviors and practices.
- Baseline and endline surveys used household surveys structured after the DHS model.
- Sample sizes for both surveys were 960 married individuals (480 for each sex; 480 for each district).
- A 30-cluster sample of village development committees (VDC) was generated from the 69 project VDCs.
- Baseline and endline surveys used the same clusters, with resampling of respondents from VDC household listings.
- 16 females and 16 males were interviewed from each VDC, and respondents were selected from alternate households.

## DATA/FINDINGS

### Perceptions and practices of marriage, *gauna* and first birth

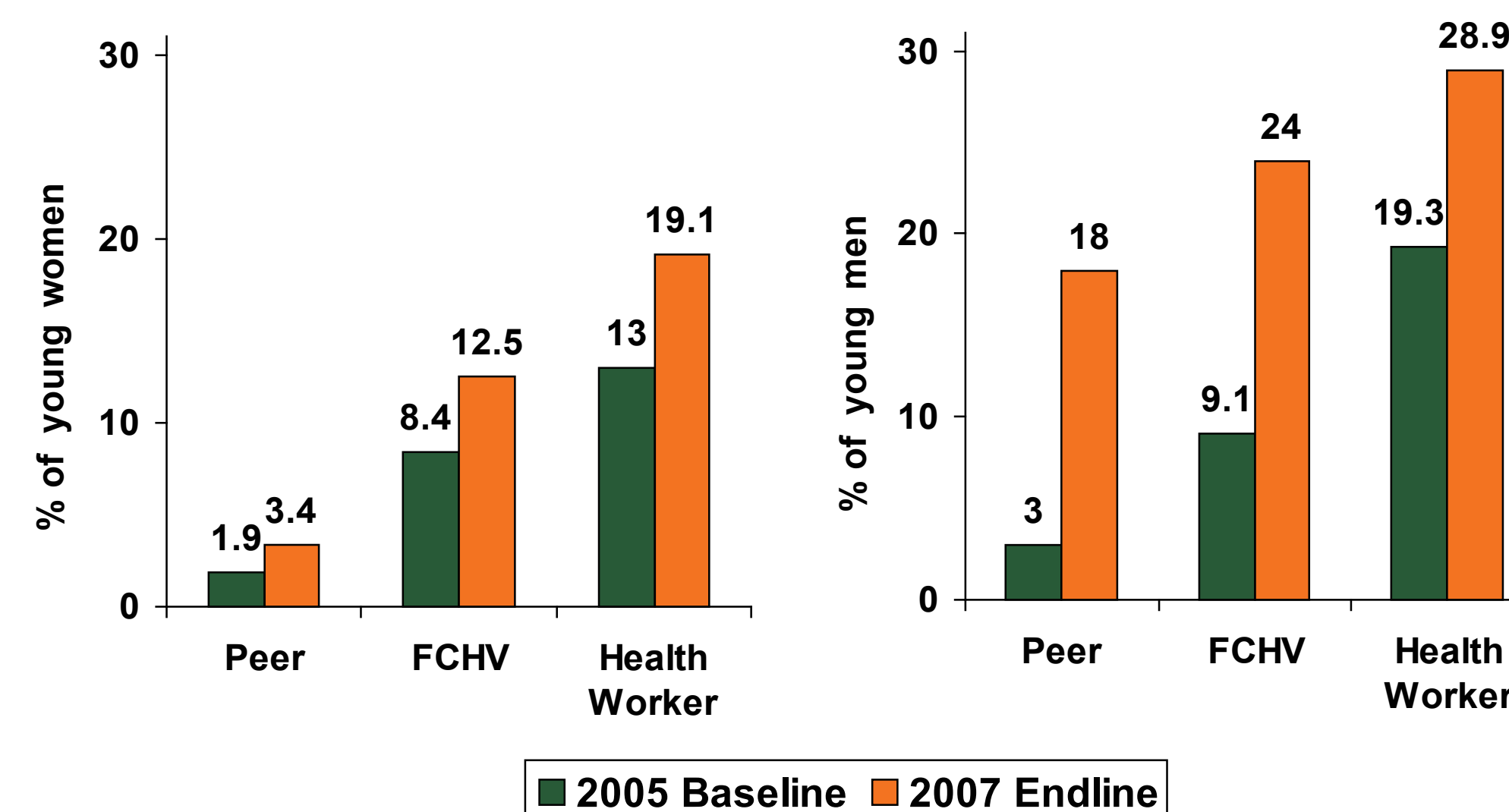
A comparison of data at baseline and endline (2005-2007) illustrate:

- Median age at marriage increased significantly, from 14 to 16 years; the median age at *gauna* rose from 15 to 16 years.
- Median age of first birth remained unchanged at 17 years old; however the intervention was too short to positively affect this outcome.
- More married youth believed that that the ideal age of motherhood was over 20 years, with 83% of female respondents and 71% of male respondents, up from 50% and 53% at baseline, respectively.

### Improved gender attitudes

Attitude	Female (%)		Male (%)	
	Baseline	Endline	Baseline	Endline
A man does not have the right to decide when to have sex with his wife	37.6	52.3	26.9	42.5
It is acceptable for a woman to insist on condom use with her partner	51.4	72.5	72.0	80.0
It is not acceptable for a man to beat his partner under certain circumstances.	82.7	87.9	69.4	82.2
A wife and husband together are responsible for decision making in family planning	37.0	65.0	57.0	79.0

### Percentage of young married women and men who received information on FP by source



FCHV= Female Community Health Volunteer

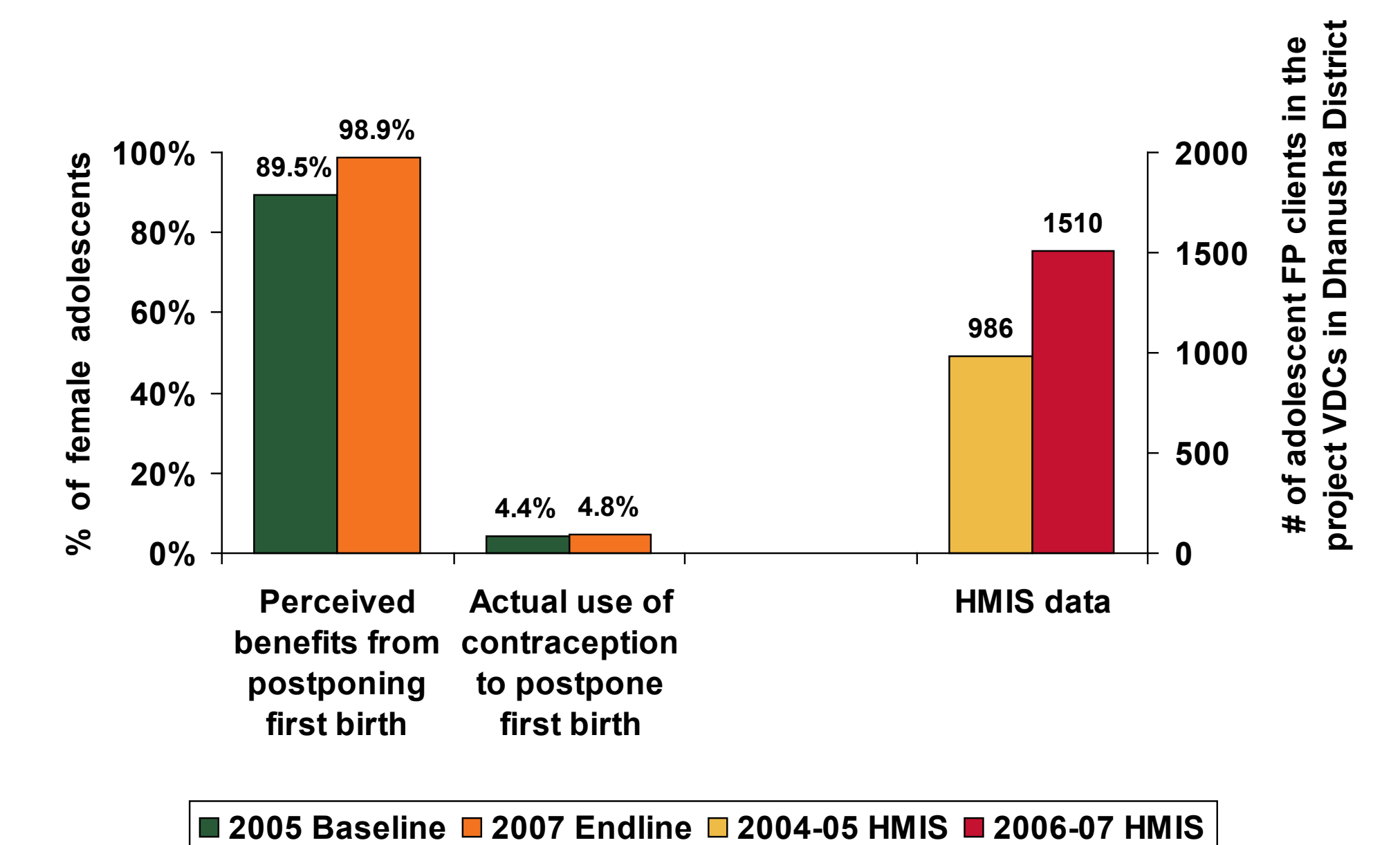
### Increased knowledge of individual family planning methods

Method	Female (%)		Male (%)	
	Baseline	Endline	Baseline	Endline
Injectables	85.4	94.7*	91.9	92.5
Pills	74.2	84.1*	71.7	84.0*
Condom	70.0	94.7*	94.9	99.3*
Implants	51.5	68.9*	39.9	43.9
IUD	19.7	25.5	26.6	28.5
Female Sterilization	94.3	96.2	98.6	98.2
Male Sterilization	67.3	78.6*	83.7	88.5

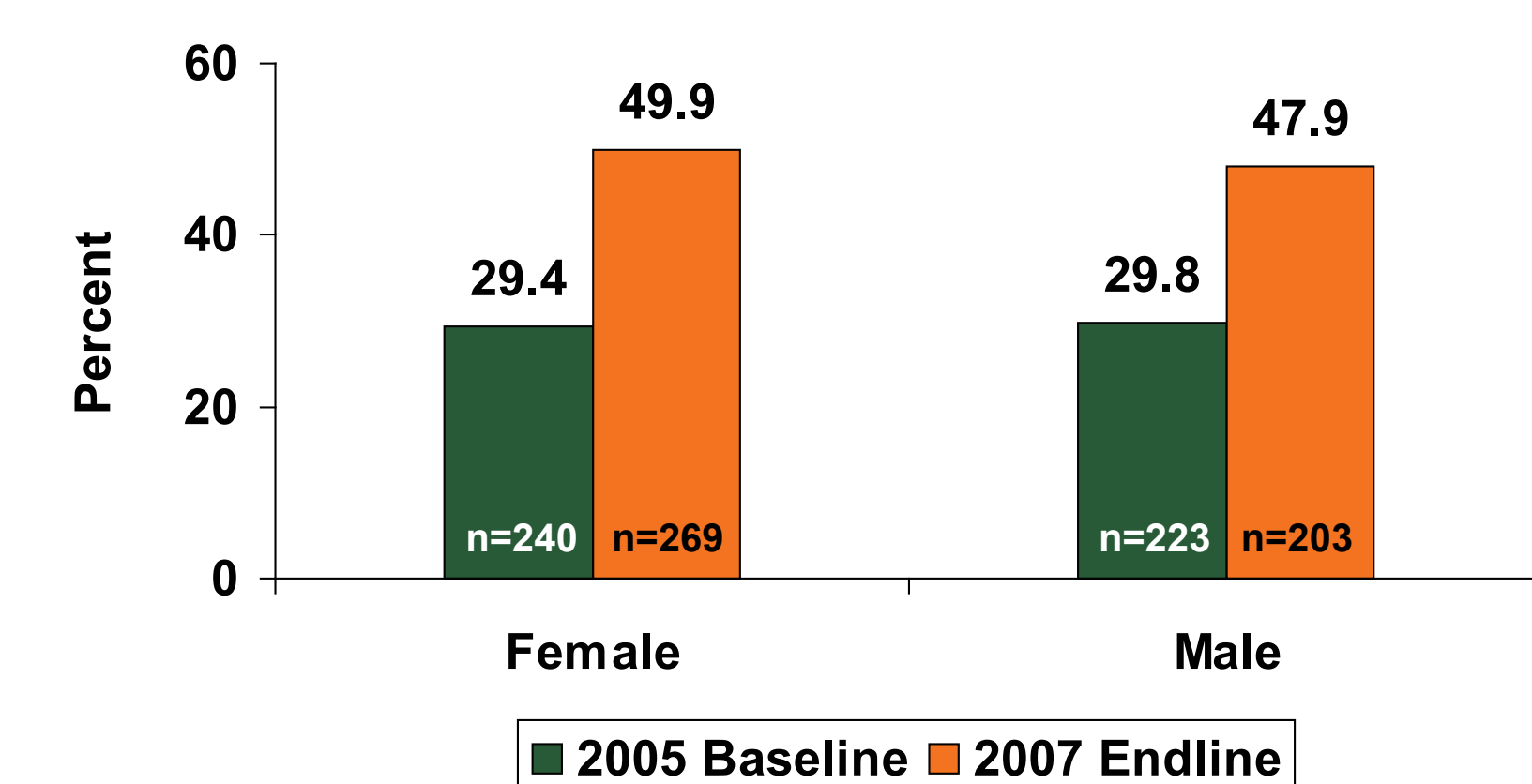
\* Difference between baseline and endline is significant at p<.05

### Use of Family Planning Methods

Female adolescents saw benefits to postponing first birth. Survey data (on left) reports slight changes in FP use, while government data (on right) shows a large increase in numbers of adolescent FP clients in project area.



### Married adolescents (with at least one live birth) making at least 4 ANC visits in the last pregnancy



## LESSONS LEARNED

- More time is needed to shift socially entrenched health behaviors, while shifts in health attitudes and perceptions come more readily
- Critical to start working with family members and in-laws (or other gatekeepers) before working with youth – continuously and consistently
- Provider leadership and advocacy training for key stakeholders & support them in advocacy efforts
- Work with older married adolescents (20+) who are more effective at reaching out to young women
- Clear integration plans need to be agreed to with local and national government officials prior to implementation.
- Scale-up of all project activities to the district level, in collaboration with the Ministry of Health and local NGOs

Photo Credits: N.Russell/The ACQUIRE Project

Sources: <sup>1</sup> Population Council, 2005. *Early Marriage and Adolescent Girls*. YouthLens no. 15. <sup>2</sup> Nepal Demographic and Health Survey 2006. More information: The ACQUIRE Project, 2008. *Mobilizing Married Youth in Nepal to Improve Reproductive Health: The Reproductive Health for Married Adolescent Couples Project, Nepal, 2005-2007.*



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