

Meri Sehat Mera Nirnay

A BCC campaign of SIFPSA empowering adolescents girls to make informed health decisions

A rapid assessment

1. Background

Uttar Pradesh continues to witness nearly one in every three girls being married off before the age of 18 years. Numerous studies have brought forward credible evidence that delaying age at marriage and age at first birth helps in reducing incidence of teenage pregnancy and its associated health risks in terms of high rates of maternal mortality, morbidity, increased incidence of low birth weight babies and increased infant mortality rate. Married adolescents also experience increased incidences of domestic and sexual violence, and are more vulnerable to sexually transmitted infections. The adverse socio-economic and personal repercussions of adolescent marriage and childbearing significantly impact opportunity costs - educational and lifetime opportunities for self-advancement. The teenage mothers' ability to exercise reproductive choice is limited and in most instances care seeking is often constrained.

The RMNCH+A program framework of the National Health Mission provides adequate attention to the adolescent health issues. A review of youth centers, a popular approach for reaching unmarried adolescents, reveals only a small fraction of young population being served. Those served are primarily young men who attend school or college and are often older than the target age, and only a miniscule proportion of users of reproductive health services at youth centers are young women, who again are likely to be older than the target age group. Use of these services also was generally found low.

Taking the above into account, equipping adolescents, particularly school going girls, with complete information and knowledge of reproductive health and family planning, seemed the need of the hour, propelling SIFPSA into designing and implementing a successful BCC campaign titled 'Meri Sehat Mera Nirnay' (my health - my decision) in 750 Government and Govt. aided girls' schools in Uttar Pradesh. The entire operationalization of the project was done in coordination with the Education Department wherein ten *Madhyamik* schools/ colleges were identified per district for implementing the program.

2. Project Objectives:

The campaign had two major objectives -

1. To create awareness, promote the right age at marriage and delay in first pregnancy, and
2. To capacitate the adolescent girls in taking decisions concerning the right age at marriage and right age for first pregnancy to maintain a healthy life style.

To achieve the objectives, two comprehensive workshops for school going girls from classes VIII to XII were conducted across the state. These workshops were conducted by trainers/counselors (two per district) from the field of FP, RMNCH+A, AFHS, ARSH and by staff nurses /ASHA trainers, who had been specially oriented on adolescent's personal hygiene and cleanliness, nutrition, family planning, age at marriage and delay in first pregnancy during a state level TOT.

3. Objective of the rapid assessment

The rapid assessment of the program aimed at assessing the impact of the project on *Madhyamik* Girls school/college students in terms of adolescents' knowledge and attitude concerning appropriate age at marriage, delay in first pregnancy, personal hygiene, cleanliness, nutrition and family planning etc.

4. Study design

The study was conducted in six districts- two each from three divisions (Gorakhpur, Bareilly and Kanpur Nagar) selected from twelve divisions covered during Phase I of the project. The selected districts were Gorakhpur, Kushinagar, Bareilly, Pilibhit, Kanpur Nagar and Kannauj. From each of the 06 districts, 02 schools were randomly selected and from each of the 02 schools, 30 students who had attended the workshop were selected for the interview. In all, 360 students (from classes VIII to XII) from 12 *madhyamik* girls' schools/ colleges were interviewed.

Six Counsellors and twelve Principals/Teachers (two from each of the six selected districts) were also interviewed.

5. Key findings from the rapid assessment:

- 5.1. **Understanding of the objective of the Workshop:** Almost three fifth adolescents (59.7%) reported ‘Promoting Right Age at Marriage and Birth of the First Child’ followed by ‘Cleanliness and Nutrition during Adolescence’ (58%), as being the purpose of the workshop. A miniscule 2 percent also reported ‘Entertainment’ as the purpose of the workshop.
- 5.2. **Menstrual hygiene:** More than 80% girls reported using sanitary napkins during menstruation. One fifth (20%) informed disposing off the napkins by throwing them in garbage bins, while close to 16% reported burning or burying them.
- 5.3. **Free distribution of sanitary napkins:** Two out of every three girls (65%) reported receiving sanitary napkins free of cost in school under the govt scheme.
- 5.4. **Distribution of dicyclomine tablets under RBSK (Rashtriya Bal Swasthya Karyakram):** Dicyclomine tablets are distributed under the RBSK program for managing pain during menstruation. However, only about 43.6 percent girls were aware of dicyclomine tablets being distributed in schools and at adolescent health clinics. While only about one fourth (24%) girls had ever received dicyclomine tablets.
- 5.5. **Awareness, availability and consumption of weekly IFA (Iron Folic Acid) supplements under RBSK Program:** This is an important initiative under RBSK to address problem of adolescent anemia but unfortunately, majority (60.6%) of girls interviewed were not aware of any such scheme. The percentage further dipped when it came to actually having received the blue IFA tablets in school for weekly consumption as nearly 82% girls informed they had not received any IFA tablets in school. Corroborating this further Principals/ teachers of 11 out of 12 schools selected for the study reported that they never received IFA supplements for distribution.
- 5.6. **Awareness, availability and consumption of six monthly Albendazole Tablets for deworming under RBSK Program:** Little more than half (52%) of the girls were aware of Tablet Albendazole being given for deworming in schools and almost the same number (51.3%) reported receiving the tablet in school.
- 5.7. **Status of health check-up by medical teams under RBSK:** Nearly half (49.4%) acknowledged that health check-ups were carried out under RBSK and of these, little over one fourth (26%) acknowledged being referred to the district hospital after the checkup for further investigation and treatment.

- 5.8. **Availability of clean drinking water and separate toilets for students in school:** A large number of students acknowledged the availability of clean drinking water (87%) and separate toilets (92%) in schools.
- 5.9. **Awareness about nutritious meal for overall growth and wellbeing:** More than 83% girls thought green vegetables and eggs were essential for good health and growth, followed by daal, chapaati and Rice (43.6%) and Gur-Chana (28.1%). All were aware of chaat, pakodi, pizza, burger as being low on nutritional value.
- 5.10. **Knowledge about legal age at marriage for girls:** More than four-fifth (83.1%) girls reported 18 years as the legal age for marriage of girls while another 13% mentioned 20 years as the right/legal age. Few (3.6%) also reported ‘after 24 years of age’ as the right age to get married.
- 5.11. **Adolescents’ views on ideal spacing between marriage and first birth, between first and second child and ideal number of children:** it’s heartening to observe that over 71% adolescent girls were of the opinion that the first child should be born at least after two years of marriage. Over two in every three girls (68%) thought there should be an age difference of at least three years between two children, while another one-fourth (24.4%) considered difference of two years as being appropriate birth spacing. Similarly, almost 88% considered two children as ideal family size.
- 5.12. **Adolescents’ views on probable influencers in their decision on family size:** Little over half (53.9%) of the girls interviewed said they would decide the family size in consultation with their husband, while, another 18% girls were of the view that women should follow their own wish. Over one fourth (29%) mentioned influence of other family members as being critical in deciding family size.
- 5.13. **Advantages of planning family size- ‘by choice and not by chance’:** planning family helps to ensure happy, healthy and safe future for all family members reported 67% girls, followed by ‘helps preserve health of mother and child (47%)’, ‘saves the family from financial burden’ said 28% and ‘helps in reducing maternal and infant death (17%)’.
- 5.14. **Understanding of ‘personal hygiene’:** On being asked on what they understood by personal hygiene, almost 73% retorted ‘maintaining hygiene during menstruation’, followed by ‘keeping

the body clean by bathing regularly using soap’(53%), ‘wearing clean and comfortable clothes’ (35.6%), ‘keeping hair clean’ (34%) and ‘keeping nails trimmed (32%) as aspects of personal hygiene.

5.15. **If the workshop found to be educative, entertaining and well organized:** Almost 77% found the workshop to be very educative. Close to 31% thought it was well organized and 14% found it to be entertaining as well.

5.16. **If heard about the adolescent counselling centres opened in district hospitals. If yes, ever visited for consultation:** Of the 52% who were aware of the adolescent counselling centres at district hospital, 12% reported ever visiting them.

5.17. **Awareness about the Anti-Romeo squad:** Almost 43% were found to be unaware of the state government’s initiative to curb eve teasing and crimes against women/girls in the state.

5.18. **Awareness about police complaint no. 1090:** Almost 81% of the adolescents were found to be aware of 1090 women power line number for help and support.

6. Findings from Interview with the Counsellors:

FP/ARSH Counselors, who had been specially oriented by SIFPSA during a state level ToT, had conducted the workshops for school going girls from classes VIII to XII. Interview with the counsellors from six selected districts revealed the following:

All said the workshop aimed at creating awareness amongst the adolescents about (i) right age at marriage (ii) appropriate time to have the first child (iii) maintaining personal hygiene/cleanliness during adolescence and (iv) nutrition. The counsellors informed that girls from schools where the workshops had been held visited the counselling centres in good numbers. The most common problems girls came up with were related to their monthly cycle: irregular menstruation, pain during menstruation, periods yet to begin etc. Other problems reported were: anemia, leucorrhoea, skin infection, loss of appetite, early marriage, signs of lump in breast and how to identify them etc.

All counsellors acknowledged receiving full support from the school authorities. The workshops were comprehensive and well strategized, making them engaging for the adolescents who even took active part in debates, discussions and oath taking. Prize distribution was also held. As informed by the counsellors from Bareilly, Pilibhit and Kushinagar, whatsapp groups have been created to connect principal/teacher and students.

Some suggestions made by the counsellors to make the workshops even more effective were:

- The workshop should be held at least once a year
- Parents/guardians should also be involved
- More participation should be encouraged by having more sessions planned wherever needed
- All the girls' colleges to be considered for the workshop
- Independent workshops should be held for both boys and girls
- There should be sufficient display of IEC material
- More ARSH clinics should be opened

7. Findings from Interview with Principals/Teachers:

Interview with the Principal/Teacher from twelve selected schools revealed the following:

Purpose of the workshop was thought to be 'creating awareness about hygiene and nutrition during adolescence' by all the respondents, followed by 67% stating 'right age at marriage' while 33% thought it was for 'entertainment' as well. All found the workshop to be very useful and very well conducted by the counsellors. The respondents said they extended full support to the workshop, facilitating by way of organizing debates and lectures, making arrangements for drinking water, sound/mics, generator, ensuring appropriate place for holding the workshop etc. On being asked what the girls were taught in connection with personal hygiene, 100% stated 'maintaining hygiene during menstruation' followed by 'information about sanitary napkins' (92%), 'keeping the body clean by bathing regularly using soap' (83%), 'keeping nails trimmed/cut' (75%) and 'wearing clean and comfortable clothes', 'keeping hair clean' (67%). Only 17% felt there was not enough display of IEC material. On being asked if any additional information could be shared with the girls through this workshop, some suggestions that came were- sanitary pads and soap should be supplied during the workshop, female guardians should also be made to attend the workshop, marriage related issues should be focused, students should be taught how to tackle personal relationships in present conditions, students should be taught how to control their emotions, should be advised about their future carrier etc.

All (but one) said that IFA tablets were not being distributed in school, while about 75% said Albendazole tablets were not being distributed either. However, 25% stated they received Albendazole tablets on time. Only 33% acknowledged health check-up in school by medical teams under Rashtriya Bal Swasthya Programme. Of these, 17% acknowledged students being referred to the district hospital after the checkup, when needed. After the workshop, a nodal officer had been appointed to attend to the queries/problems of the girls, as informed by 50% of the respondents. All the respondents

(Principals/Teachers) found the workshop very beneficial. All said they wanted more such workshops to be held in their school.

Suggestions made by the principals/teachers to make the workshop more effective were:

- Workshop should be organized every six months/one year
- Students of classes VI and VII should also be included
- Issues should be made part of the syllabus
- Health camps should be organized for students
- Mothers should also be involved for awareness on adolescent issues
- Regular visit by a lady doctor should be ensured.

Executive Summary

Global evidence suggests capacitating adolescent girls with complete information and knowledge on personal hygiene, reproductive health including planning family has huge health benefits in terms of appropriate health seeking behavior and healthy reproductive life with improved ability to plan their family size. To propel this concept SIFPSA undertook an innovative approach in designing and implementing a successful at scale behavioral change communication (BCC) campaign titled ‘Meri Sehat Mera Nirnay’(MSMN) (my health - my decision) in 750 Government and Govt. aided girls’ schools in Uttar Pradesh. The entire operationalization of the project was done in coordination with the Education Department wherein ten *Madhyamik* schools/ colleges were identified per district for implementing the program. Comprehensive workshops for school going girls from classes VIII to XII were conducted in selected schools across the state with an objective to create awareness and capacitate adolescent girls in promoting right age at marriage, delay in first pregnancy, appropriate birth spacing, and to maintain nutrition, hygiene and healthy life style.

To understand the impact of the campaign a rapid assessment was conducted covering six districts-two each from Gorakhpur (Gorakhpur and Kushinagar), Meerut (Meerut and Ghaziabad) and Kanpur Nagar (Kanpur Nagar and Kannauj) divisions from twelve divisions covered during Phase I of the project. Two schools were randomly selected from each district and 60 students who had attended the workshop were interviewed covering a reasonably high sample size of 360 students. Additionally, six counsellors and twelve principals/teachers (two from each selected district) were also interviewed.

The key findings from the rapid assessment show that most of the adolescent girls (77%) found the workshop to be very educative and well organized. They could clearly identify objectives of the workshop as being promotion of right age at marriage and birth of the first child (60%) followed by cleanliness and nutrition during Adolescence (58%). In terms of menstrual hygiene practices, though more than 80% girls reported using sanitary napkins, only 16% reported appropriate disposal by either burning or burying the used pads. Two third girls reported receiving sanitary napkins free of cost in school under the govt scheme. Nearly 43.6 percent girls were aware of availability of dicyclomine tablets for pre. menstrual pain and even lesser numbers of girls (24%) had ever received dicyclomine tablets in schools and at adolescent health clinics. More than 83% girls thought green vegetables and eggs were essential for good health and growth, followed by daal, chapaati and Rice (43.6%) and Gur-Chana (28.1%). All were aware of pizza, burger and likes as being of low nutritional value. More than four-fifth (83.1%) girls reported 18 years as the legal age for marriage of girls while another 13% mentioned 20 years as the right/legal age. Few also reported ‘after 24 years of age’ as the right age to get married. It was encouraging to learn about the adolescents’ views on ideal spacing between

marriage and first birth, between first and second child and ideal number of children. Over 71% adolescent girls were of the opinion that the first child should be born at least after two years of marriage. Over two in every three girls (68%) thought there should be an age difference of at least three years between two children, while another one-fourth (24.4%) considered difference of two years as being appropriate birth spacing. Similarly, almost 88% considered two children as ideal family size. Little over half (53.9%) of the girls interviewed stated they would decide the family size in consultation with their husband. Over one fourth (29%) mentioned influence of other family members as being critical in deciding family size, while another 18% girls were of the view that women should follow their own wish. Most adolescents (67%) felt planning family helps to ensure happy, healthy and safe future for all family members followed by 'helps preserve health of mother and child (47%)', 'saves the family from financial burden' (28%) and 'helps in reducing maternal and infant death (17%)'.

Interview with the counsellors and principals/teachers revealed the need for more such workshops. Few suggestions received from them to make the workshop more effective were: such workshops should be organized every six months/one year; students of classes VI and VII should also be included; mothers should also be involved for awareness on adolescent issues; regular visits by a lady doctor should be ensured; participation should be encouraged by having more sessions planned wherever needed; independent workshops should be held for both boys and girls; there should be sufficient display of IEC material; more ARSH clinics should be opened.

The supply related issues in terms of availability of free sanitary napkins, IFA supplements, de-worming tablets and other medicines under RBSK program need improvement. Though these are issues beyond the campaign mandate, they influence practices promoted under the campaign.

All in all, SIFPSA led BCC campaign 'Meri Sehat Mera Nirnay' has been successful in planning, implementation and achieving the desired results in terms of influencing the right behavioral change and healthy practices, which the views expressed by the adolescent girls interviewed under the study clearly reflect and which is also corroborated by the views of the counsellors and principals/teachers from the selected schools.