

# ADDRESSING ADOLESCENT FERTILITY (AAF) PROJECT

BARWANI DISTRICT – MADHYA PRADESH

SUPPORTED BY UNFPA & IMPLEMENTED BY FPA INDIA

**“Addressing Adolescent Fertility Project” (AAF) was implemented at seven block of Barwani District in Madhya Pradesh with support from UNFPA. The primary objective of this project is to increase mean age at first conception by 1 or 2 years from baseline levels among married women in 15 - 19 years and increase percentage of married couples using spacing methods up to 30%.**

The secondary objective is to promote care seeking behaviors for RH among Boys and Girls. The target group of this project was Married couples in 15 - 19 years' age group who are not using any contraceptive and who have given birth to one child, not using any contraceptive and unmarried girls/boys - both school going & out of school in 15 - 19 years' age group and their parents.

## BACKGROUND

“Right to reproductive health” is a key component of women's and men's reproductive and sexual rights. More importance is being given to reproductive health of adolescents and youth as they form a large number of our population.

According to UNFPA, adolescents are now defined between the age categories of 10 - 19 years (Early adolescent's age 10 - 14 years, late adolescent's age 15 - 19 years). The reproductive health issues especially of those girls of very young adolescents and married adolescents need special attention. Most of them are unprepared as they immediately enter into reproductive age from their childhood.

The median age at first marriage in Madhya Pradesh is 15.9 years amongst the women in the age group of 20 - 49 years and 19.9 years amongst the men in the age group 25 - 49 years. More than half (57%) of women aged 20 - 24 years got married before the legal minimum age of 18 years and 54% of men age 25 - 29 years got married before the legal minimum age of 21 years.

Adolescent fertility in country demonstrates a severe obstacle to socio-economic development and can lead to less or lost productivity. Reports indicated high maternal mortality ratio and every block in the district has high adolescent pregnancy ratio. It has been observed that in many blocks of Barwani district an unmarried adolescent mother experiences social ostracism, which results in rejection by her family and society.

The expected output of this project is to increase in mean age at first conception by 1 to 2 years from baseline levels & Percentage of married couples using spacing method increase up to 30%.

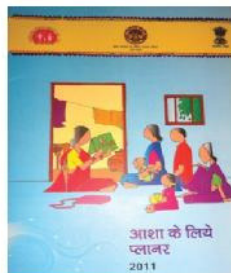




## MODEL

The key strategy of AAF Project has been to reach out to adolescent couples through Accredited Social Health Activists (ASHAs). The project involved 900 ASHAs as depot holders, counsellors and facilitators in their respective villages. ASHAs reached out to around 22,034 adolescent couples (8,282 newly married couples, 10,100 couple with one child and 3,652 couple with 2 or more children) and 81,525 unmarried adolescent boys' and girls' in 711 villages of the district.

They formed village level groups of adolescents, facilitated their meetings and provided counselling to adolescent couples for non-clinical spacing methods of contraception. AAF Project took initiatives of ASHAs capacity building by making them understand the methods and their importance while also giving courage to talk on this tabooed subject in the community they belong.



ASHAs played a very important role in the project by creating a link between the Government Health system and the targeted community for all health related services.

## SUCCESS

ASHAs' struggles played key role in achieving impressive results. More so, because they belong to same community that traditionally believes in adolescent marriages and fertility. ASHAs remained in the project despite various hurdles. Their endurance facilitated a change in them, some of them are; responding communities' ire with humility helped in anger management, acquiring tact of interaction and gaining factual knowledge helped talk with confidence. The knowledge and confidence acquired during AFP has boosted leadership quality in them. They now consider self as an important entity of the village.

Communities recognize ASHAs' elated personality and the useful change they brought in village. ASHAs have imbibed more egalitarian beliefs. Increase in their knowledge, improvement in behavior, better working style, more outreach in population and established reputation in village did not go unnoticed in domestic front as well. Ways family treated ASHAs have changed; for example, elders expecting them to give priorities to domestic chorus now ask them to first focus on work assignments.

During the course, ASHAs were empowered in term of additional knowledge, diverse skills and boosted confidence. This empowerment of ASHAs is an unintended outcome of the project. Due to ASHAs hard work and continuous efforts the CPR is increased from 2% to 40.50% which included 3489 condom users, 2181 OCP users & IUD users are 3206 till the month of June 2016.

### USERS OF SPACING METHODS OF FAMILY PLANNING AMONG MARRIED COUPLES IN 15 - 19 YEARS



## LESSONS LEARNT

- Introduce child spacing methods in region lacking its awareness and usage, more in villages as it would help in increasing acceptance; reaching out to population not addressed.
- Advocate with panchayat and take up the issues in gram-sabhas
- Address several socio-cultural hurdles that may be in future lead to more acceptability.
- Start recruiting males in the project to address men's issues as it makes it easier for ASHAs facing reluctance.
- Address misconceptions on contraceptives that impart scare for their usage would help increasing outreach.

## FAMILY PLANNING ASSOCIATION OF INDIA (FPA INDIA)

FPA India works in 18 states of India, helping people to achieve their Sexual and Reproductive Rights. FPA India is the founder member of the International Planned Parenthood Federation, United Kingdom. The Association provides comprehensive sexual and reproductive health information and services to over 30 million people, making sexual and reproductive health (SRH) care easily accessible to those who are in need, viz. socio-economically vulnerable men and women, young people, People Living HIV (PLHIV), people who use drugs, MSM (men who have sex with men), transgender, and sex workers. It has seen lives blooming and developing positively with simple interventions like access to contraceptive methods, fertility advice and counseling. With its Headquarters based in Mumbai, it works through its branches and projects in 18 states of India. For more details, please visit the website – [www.fpaindia.org](http://www.fpaindia.org)

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