

Taruni

sexuality and contraception: Engaging youth through community entrepreneurship

Introduction

Lack of access among poorer young women to information, counseling and services for reproductive health underlies low use and high unmet need for contraception. This lacuna is compounded whenever they face uncertainty and anxiety about becoming pregnant. Preventing or dealing with unwanted pregnancy often entails psychological or social costs, which when coupled with the inability to seek information or calmly take informed decisions, can lead to avoidable stress and non-use of services among young women.

The Taruni intervention is being implemented by Action Research & Training for Health (ARTH) since Dec 2014, enables women to readily self-assess their pregnancy status, seek information and commodities from neighbourhood entrepreneurs, consult a telephone helpline, and easily access RH counseling and services at primary care clinics backed by escorted referral to specialists. All these interventions aim to enable reproductive choice and greater adoption of contraceptives and other reproductive health services, on part of young women aged up to 30 years. The 1st phase was implemented in the population of 1,80,000 population, the 2nd phase has scaled up the intervention across 2 blocks and utilizes field experience as a platform for communicating and advocating the safeguarding of choice and reproductive rights within India's Family Planning Program in the run up to 2020. The 3rd phase has started from July 2020 with focusing major activities: consolidating and refining Taruni model, contraception based research, and advocating for contraception and SRH services in north Indian states.

Goal

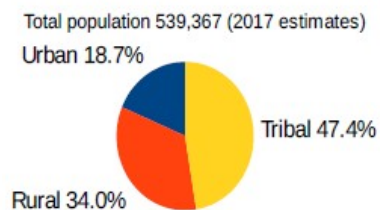
To contribute to lowering the fertility rate by demonstrating delivery of integrated sexual & reproductive health (SRH) information and services for young women, in a manner that widens contraceptive choice and avoids reliance on method specific targets or incentives, and to utilize the experience to advocate for changes in India's National Family Welfare Programme



Implementation Area

Taruni-2 is being implemented across 11 clusters covering a population of 5,39,367 in 479 villages of Udaipur & Rajsamand districts. Each cluster covers 35,000 - 50,000 population and is mobilized by community mobilizers or Taruni Preraks, who select, train and support entrepreneurs at village level to serve 700-1000 persons.

Field area by population characteristics



Major interventions and key results

Selection and training of Community Health Entrepreneurs (Taruni Sakhis)

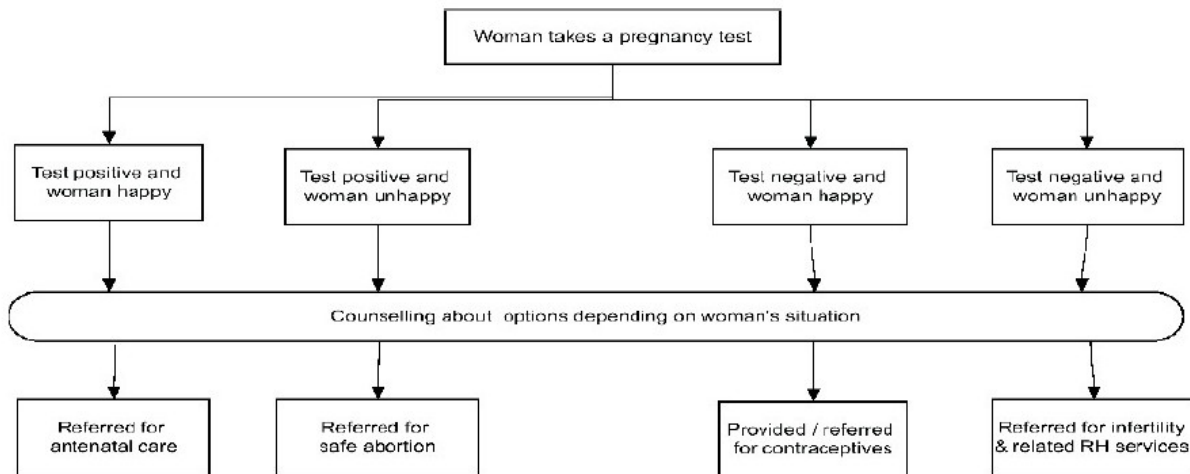
Taruni Sakhis (community health entrepreneurs-CHEs) distribute kits to women in the community

These are young school educated women living in poorer sections of the community, carefully chosen by trained community mobilizers and oriented at spot for about 2 hours on pregnancy testing and contraceptives through educational videos and demonstration. They are subsequently invited to attend quarterly training. They proactively encourage women to use the helpline, distribute nominally priced pregnancy test kits, condoms, oral pills, EC pills and sanitary pads, and offer to refer or accompany women to the nearest clinic as needed.



Till date, June 2020, more than 900 CHEs have been identified. 596 have trained, of which 573 are working actively. To promote the work of CHEs volunteers in the campaign, awareness generation measures like wall paintings, hoarding, pole kiosks, pamphlets, village awareness campaigns, meetings with SHGs groups and orientation of adolescents in high schools have been conducted at scale.

The following diagram illustrates how pregnancy testing can lead to greater reproductive choice among women.



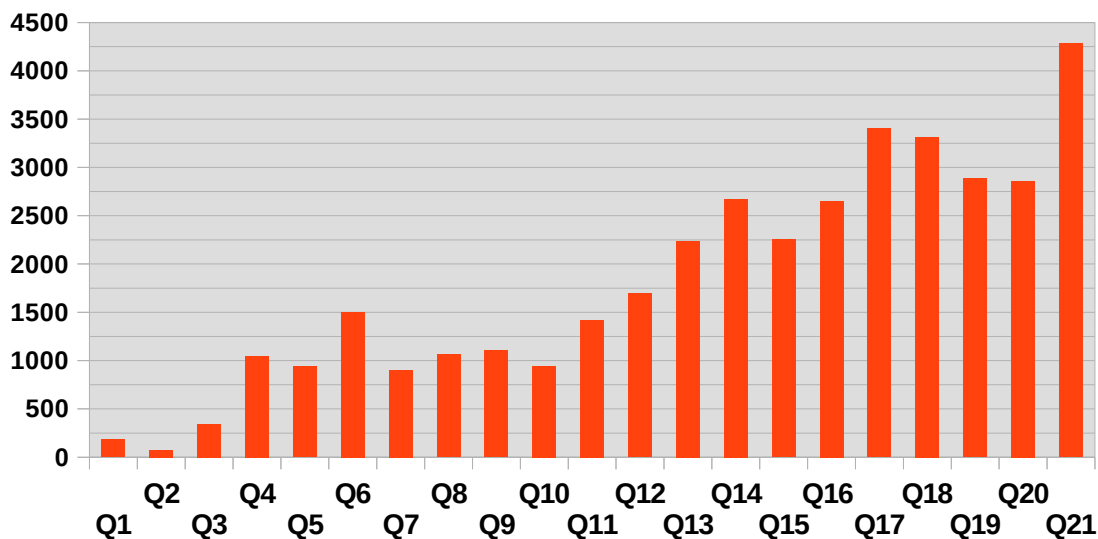
Access to RH commodities and information on care options, from neighbourhood volunteers

A total of 37,808 SWAYAM Jaanch kits (pregnancy test kits), 23,675 oral contraceptive cycles, 12,485 condom packets, 2758 emergency pill packs, 17,102 sanitary pad packets (of 8 each) and 1269 menstrual cups (Ritucup) were provided by CHEs to the community at nominal, below market rates during the period April 2015 to June 2020. To smoothen supplies of commodities to CHEs, a supply chain system has established whereby a supplier undertakes

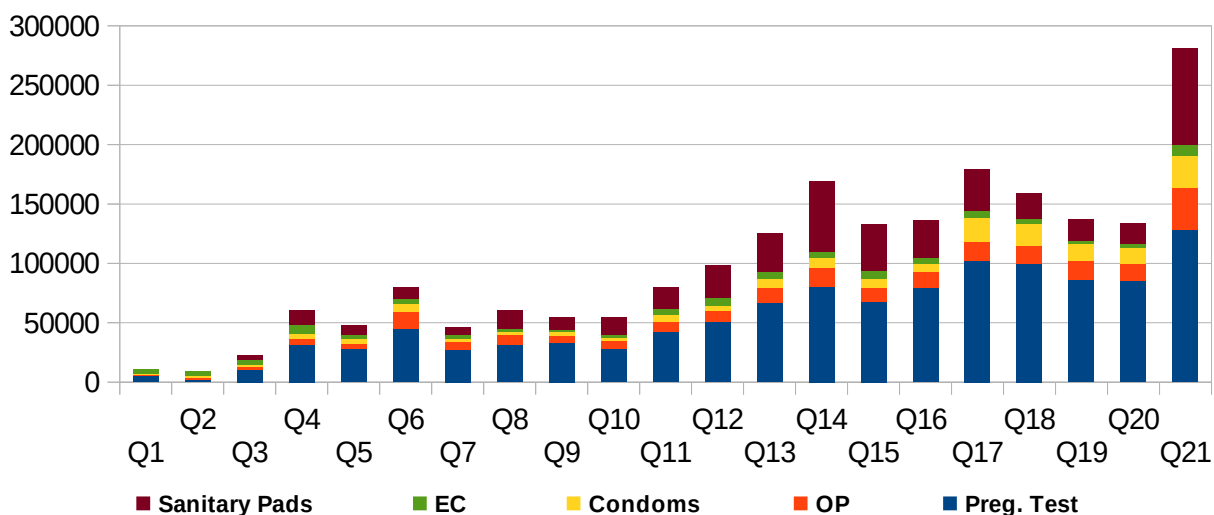
trips to deliver supplies to CHEs as per demand. The quarter Q21 indicates the period of Apr -June20, during which countrywide lock-down was announced due to COVID19 coerced millions of labours to return back home from the migrated destination. The sudden cohabitation of spouses increased the demand of contraception. During the temporarily collapse of family planning services due to engagements of local health workers in COVID management works, the demands were fulfilled by CHEs in their areas.



Quaterly Sales of Swayam Jaanch (Pregnancy test) kits; 37,808



Sales values of commodities by Quater (INR)



Telephone Helpline

At any time between 9 am and 5 pm on weekdays, women can call the helpline for advice regarding their health (especially reproductive health), irrespective of whether or not they have self tested. In case they have tested themselves, women can of course seek help on their options, based on the test result, and their reproductive intentions at that point.



The call centre helpline is run by a team of 4 social workers who counsel and guide women on reproductive health options over phone and help them to take a decision.

Incoming calls: Women – members as well as non-members, can contact the 9 am to 5 pm helpline at 8003 112 112 or 1800 313 12 9999 (toll free). Depending on the situation, helpline operators provide advice, suggest products that can be acquired from the local CHEs or market, suggest a visit to the nearest clinic, or referral to a hospital.

Outgoing calls: Call centre counselors call up women who have undergone abortion or delivery at an ARTH Health centre 1-2 months after the event, to educate her about post partum contraceptive options.

Besides these, the call centre also performs management functions by receiving and making calls to entrepreneurs regarding supply of commodities/ participation in training and/ or referral services to the community.

During the period April 2015 –June 2020, the call centre handled 20,242 incoming & 19,973 outgoing calls. Most incoming calls were related to contraception, followed by unwanted pregnancy and menstrual related problems. Outgoing calls were related to post partum and post abortion contraception follow up, and managerial calls were about supplies of commodities, training invitations, etc. After initiation of countrywide lockdown, the call centres has sent text SMS to 9433 users and 5255 voice SMS on importance of the Family planning management during the crucial period.

Taruni clinics staffed by nurse-midwives and visiting doctors

Taruni clinics operate within four health centres – 1 urban and 3 rural. Trained, locally resident nurse-midwives are available at the clinic on daily basis while a doctor (gynecologist) visits one to two times a week. 75,137 young women visited the clinics for RH services. During this period, 1584 LNG-IUS, 9583 doses of DMPA, 168 copper-Ts, 5024 MTPs and 4681 deliveries were provided to women of the area.

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