ENDLINE EVALUATION OF ADOLESCENT EMPOWERMENT PROJECT IN UTTAR PRADESH

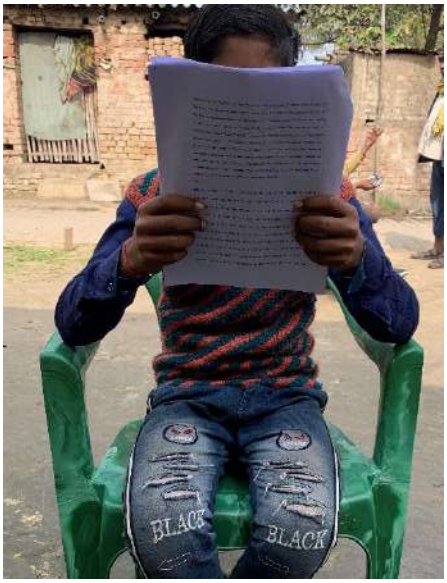

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Table of Contents

Abbreviations 6
Snapshot of findings 7
Movement in key Impact Indicators 7
1. Movement in Outcomes on Gender 9
1.1 Marriage: Qualitative assessment 9
1.2 Life choices 11
1.3 Leisure time 12
1.4 Mobility 13
1.5 Communication 15
1.6 Attitude towards girls 15
2. Movement in Outcomes on Health 16
3. Movement in Outcomes on Education 21
4. Movement in Outcomes on Violence 26
1. Introduction 29
2. Methodology 32
Sampling 32
Sample selection 32
Sample size 32
Challenges 34
3. Gender Based Discrimination 36
3.1 Context 36
3.2 Division of Household Chore and Leisure Time 36
3.2.1 Attitudes towards gender equitable division of chores 36
3.2.2 Negotiations/reassertion around the issue of domestic chores and leisure time 38
3.2.3 Change at the behavior level 40
3.3 Inter-Gender Communication and Mobility 42
3.3.1 Attitudes towards mobility of girls and Inter-Gender Communication 43
3.3.2 Negotiations/reassertion around mobility 46
3.3.3 Change at the behavior level 47
3.4 Marriage 48
3.5 In Summary 52
4. Gender-Based Violence 54
4.1 Context 54

4.2 Overall reporting on violence....54
4.3 Verbal Violence – Witnessed and Experienced....55
4.3.1 Verbal Violence Witnessed/Experienced....56
4.3.2 Reasons for Witnessing/Experiencing Verbal Violence....56
4.3.3 Type of verbal violence witnessed/experienced....60
4.3.4 Perpetrator....63
4.3.5 Reporting of Verbal Violence....63
4.4 Physical Violence – Witnessed and Experienced....65
4.4.1 Physical Violence Witnessed/Experienced....65
4.4.2 Reasons for Witnessing/Experiencing Physical Violence....65
4.4.3 Type of physical violence witnessed/experienced....69
4.4.4 Perpetrator....71
4.4.5 Reporting of Physical Violence....73
4.5 Sexual Violence – Witnessed and Experienced....74
4.5.1 Sexual Violence Witnessed/Experienced....74
4.5.2 Reasons for Witnessing/Experiencing Sexual Violence....75
4.5.3 Type of sexual violence witnessed/experienced....76
4.5.4 Perpetrator....77
4.5.5 Reporting of Sexual Violence....78
4.5.6 Qualitative findings....78
4.6 Attitudes towards Violence....79
4.7 Attitudes of Parents and Community Members....86
4.8 Awareness about Reporting Platforms....86
4.9 In Summary....87
5. Education....88
5.1 Context....88
5.2 Enrolment Status....88
5.3 Attitude of Adolescents towards education....90
5.4 Negotiations/Reassertion on Education....96
5.5 Attitudes of Parents and Community....99
5.6 In Summary....101
6. Health....103
6.1 Context....103
6.2 Demand Side - Awareness, Access and Demand for Services....103
6.3 Supply of Health Services:....108
6.4 In summary....110

7. Conclusions 0
8. Recommendations 0
Annexure I: Methodology 3

List of figures

Figure 1:- Assessment framework and timeline 30
Figure 2: Attitudes related to domestic chores and leisure time - baseline, control and endline 36
Figure 3: Attitudes of Taron ki toli members towards HH chores -change since pre-endline 37
Figure 4: Trajectory of TKT members since baseline - negotiations and reassertion around leisure time 39
Figure 5:How often do boys help in household chores 40
Figure 6: Change in mobility status of girls 47
Figure 7: Adolescent attitude towards marriage 50
Figure 8:% Adolescents who have witnessed/experienced any kind of violence within/outside family 54
Figure 9:Reasons for experiencing violence within family - Girls 58
Figure 10: Reasons for experiencing violence within family - Boys 58
Figure 11: Reasons for experiencing verbal violence outside family-girls 59
Figure 12:: Reasons for experiencing verbal violence outside family-boys 60
Figure 13:Type of verbal violence witnessed 61
Figure 14: Verbal violence experienced at home - perpetrator of violence 63
Figure 15:Reasons for experiencing physical violence within family – Boys and girls 68
Figure 16: Reasons for experiencing violence outside family -boys and girls 69
Figure 17: Types of physical violence witnessed within/outside family 70
Figure 18: Experiencing physical violence at home - perpetrator of violence 72
Figure 19: Reasons for experiencing sexual violence outside home - girls 76
Figure 20: Waiting for admissions - intervention/control/baseline gendered comparison 89
Figure 21: Adolescent Attitudes- up to which class should girls study 91
Figure 22: Adolescent Attitudes- up to which class should boys study 91
Figure 23: Attitude towards girls' education – inter-district variation within intervention villages during endline 93
Figure 24: Why should girls be educated (respondents 15-18 years category) 93
Figure 25: Why should boys be educated 94
Figure 26: Trajectory since the baseline in attitudes towards 'class up to which girl/boy should study' 95
Figure 27: Whom did the boys and girls speak to - upto which class to study 98
Figure 28: Types of health services sought 104
Figure 29: Types of counselling services received 107

List of tables

Table 1: Impact Indicator – Average age at marriage 7
Table 2: Impact Indicator - Average years at school 7
Table 3: Impact Indicator: Witnessing/Experiencing Violence 8
Table 4 - Qualitative sample 34
Table 5: Negotiations to have more leisure time than what the adolescents usually get 38
Table 6:Reassertion in case opinion not heard the first time on having more leisure time than what the adolescents usually get 38
Table 7: Average time spent on doing household chores (in minutes) 41
Table 8:Average Time spent on leisure activities in hours 42
Table 9: Attitudinal statements on IGC and mobility 43
Table 10: Negotiations/Reassertion around mobility (Girls) 46
Table 11:Adolescent attitude towards marriage- Intervention-Control and Intervention Baseline change 50
Table 12: Any kind of violence witnessed and experienced - change since baseline and from control 55
Table 13: Reasons for witnessing verbal violence within family 56
Table 14: Reasons for witnessing verbal violence outside family 57
Table 15:Types of verbal violence experienced within family - boys and girls 61
Table 16:Types of verbal violence experienced outside family - boys and girls 62
Table 17:Reporting of witnessing/experiencing verbal violence within family 64
Table 18:Reporting of witnessing/experiencing verbal violence outside family 64
Table 19: Reasons for witnessing physical violence within family 66
Table 20: Reasons for witnessing physical violence outside family 66
Table 21: Type of physical violence experienced within family - boys and girls 70
Table 22: Types of physical violence experienced outside family - boys and girls 71
Table 23: Aggregated Data - Physical violence experienced within family -perpetrator of violence 72
Table 24: Reporting of witnessing/experiencing physical violence within family 73
Table 25: Reporting of witnessing/experiencing physical violence outside family 74
Table 26: Reporting of witnessing/experiencing sexual violence outside family 75
Table 27:Reasons for witnessing sexual violence outside family 75
Table 28: Type of sexual violence witnessed within and outside family 76
Table 29: Type of sexual violence experienced outside family - boys and girls 77
Table 30: Attitudes towards violence in case of girls – Respondents 11-14 years age category 79
Table 31: Attitudes towards violence in case of girls – Respondents 15-18 years age category 80
Table 32: Attitudes towards violence in case of girls – Respondents 19-22 years age category 81
Table 33:Attitudes towards violence in case of boys – Respondents 11-14 years age category 83
Table 34: Attitudes towards violence in case of boys – Respondents 15-18 years age category 83
Table 35: Attitudes towards violence in case of boys – Respondents 19-22 years age category 84
Table 36: Drop-out proportions disaggregated by age and gender for control and intervention villages 89
Table 37: Impact Indicator - Average years at school 90

Table 38: Negotiating choices around education - class till which they want to study ...96
Table 39: Negotiating choices around education – buy mobile phone/internet connection for online classes 97
Table 40:Reassertion - Class till which one wants to study....97
Table 41:% of adolescents who visited any health facility in last 6 months....103
Table 42: Seeking services such as IFA/Sanitary napkins - change since baseline....105
Table 43: Change in proportion of adolescents who reported recieving services from ASHA, ANM, AWW 106
Table 44: VHND awareness- Intervention-Control comparison 109
Table 45: Proportion of adolescents reporting that health services have improved in their areas 109
Table 46 - Sample covered in end-line 3
Table 47 – Village wise IDIs conducted 3
Table 48 - Intervention village list changes 5
Table 49 - Quantitative survey plan....5

Abbreviations

AEP	Adolescent Empowerment Project
ANM	Auxiliary Nurse Midwife
AWW	Anganwadi Worker
BPL	Below Poverty Line
CHC	Community Health Centre
FLW	Front Line Worker
GBD	Gender Based Discrimination
GBV	Gender Based Violence
IGC	Inter-Gender Communication
MHM	Menstrual Hygiene Management
NGO	Non-governmental organization
PHC	Primary Health Clinic
PRI	Panchayati Raj Institutions
RKSK	Rashtriya Kishor Swasthya Karyakram
SHG	Self Help Group
TKT	Taro Ki Toli
VHND	Village Health and Nutrition Day

Snapshot of findings

Movement in key Impact Indicators

Indicator-wise baseline and Endline values for main impacts are as following -

Table 1: Impact Indicator – Average age at marriage

Indicator	Girls		Boys	
	Baseline	Endline	Baseline	Endline
Average age at marriage of 11–22-year girls (in years)	16.05	17.97	17.16	18.53
	16 years 18 days	17 years 11 months 19 days	17 years 1 month 28 days	18 years 6 months 11 days

Table 2: Impact Indicator - Average years at school

Indicator: Average years at school for 11–22-year-old females/males	Endline		Baseline
	Project	Comparison	
Total (11-22 years)	7.97	8.04	7.84
	7 years 11 months 19 days	8 years 14 days	7 years 10 months 2 days
Male (11-22)	7.93	7.93	7.81
	7 years 11 months 5 days	7 years 11 months 5 days	7 years 9 months 22 days
Female (11-22)	8.01	8.19	7.88
	8 years 4 days	8 years 2 months 8 days	7 years 10 months 17 days

The data for the above two impact indicators needs to be viewed within the following frame:

- Data for the above mentioned Impact Indicators has been drawn at a project level. In other words, figures for average age of marriage and average years at school in the 'project area' include beneficiary and non-beneficiary adolescents from within the project villages.
- Impact indicator 'average age of marriage' has been calculated by averaging the age of marriage of those adolescents who were reported to be married at the time of the study.
- Furthermore, since the programme began in 2016, it could not have had a control on adolescent marriages that may have taken place in 2016 or before. Therefore, in order to understand and narrow down the actual quantum of programme impact, in intervention areas only those adolescent marriages which took place in or after 2017 (when the programme was fully operational in intervention areas) have been considered for calculation of 'average of marriage'.
- The change in average age of marriage since the baseline also needs to be contextualized by highlighting that there has been a considerable decline in the proportion of respondents who were found to be married at the time of the study.
- While 6% adolescents in the age group 11-22 years in the project areas were found to be married at the time of the baseline, this figure was found to be only 1.19 % at the time of endline, indicating towards an almost 5% (4.8%) decline at the project level and impact of the programme extending beyond the beneficiary population.

Method for calculating 'average years at school' and 'average age at marriage'

Average years at school - In the listing data for 11-22 years of age, weighted mean of means (of the class that the respondents are in) for each of the **study area-gender categories** *(Project-girls, Project-boys, Comparison-girls, Comparison-boys, Project-total, and Comparison-total)* is calculated. Steps are as follows:

1. Within each gender category, mean of the last class completed by the all of the respondents is calculated
2. The mean is multiplied with the cumulative age of the particular **study area-gender categories**
3. The resultant figure is divided by the total sample size of the particular **study area-gender category**

It may be highlighted that, the weights (cumulative age of respondents within a particular **study area-gender category**) differ in Baseline and Endline listing.

Average age at marriage – In the listing data for 11-22 years of age, first the 'number of years of marriage' is calculated (Date of marriage – Date of survey). Then the 'number of years of marriage' is subtracted from the 'current age' to arrive at the **age at marriage**. This is done for each case. Then for all the married respondents, average of **age at marriage** is taken. As mentioned previously, in intervention areas only those cases of marriages have been considered to calculate 'average age of marriage' which took place in and after 2017 when the programme was fully operational.

Table 3: Impact Indicator: Witnessing/Experiencing Violence

Indicator: % of 11–19-year-old females/ males who have experienced any kind of violence[1] within and/or outside their household in last one year	**Girls**		**Boys**	
	Endline	**Baseline**	**Endline**	**Baseline**
▪ Any kind of violence experienced-within family	29%	26%	49%	40%
▪ Any kind of violence experienced-outside family	23%	9%	43%	12%
▪ Any kind of violence experienced	37%	30%	57%	44%
Indicator: % of 11–19-year-old females/males who witnessed any kind of violence against females within and/or outside their household in last one year	**Girls**		**Boys**	
	Baseline	**Endline**	**Baseline**	**Endline**
▪ Any kind of violence witnessed against females -within family	27%	29%	21%	12%
▪ Any kind of violence witnessed - within family	36%	35%	49%	28%

[1] In 'snapshot of findings' section, the endline only include intervention figures collected during the endline. The data collected for comparison is discussed ahead in the report.

▪ Any kind of violence witnessed against females -outside family	46%	52%	37%	28%
▪ Any kind of violence witnessed - outside family	61%	63%	69%	62%
▪ Any kind of violence witnessed - against females	52%	59%	42%	33%
▪ Any kind of violence witnessed	63%	70%	73%	69%

1. Movement in Outcomes on Gender

Outcome 1. Increase in agency and empowerment of adolescent boys and girls – (Individual level)

Outcome 2. Gender equitable environment for adolescents at home – (Family level)

Families have positive attitude towards empowerment of adolescent girls

Family provides supportive environment to boys to continue education

Outcome 3. Community's gender norms and roles change positively for adolescent girls - Community Level2

Outcome 4. Networks of state agency/ duty bearers recognize issues of adolescents and their rights - (State Level)

1.1 Marriage: Qualitative assessment

Indicator: Average age at marriage of 11–22-year-old girls		
Baseline	**Pre-endline**	**Endline**
▪ It is increasingly becoming acceptable for girls to not get married before the age of 18. However, often the age of children remains unknown and marriages may be taking place before the age of 18, even if reported otherwise.	▪ Most parents and adolescents consider 18 years as the threshold for girls and consider her marriage only after she crosses the mark. ▪ However, exceptions to this are areas in Siddharthnagar and Maharajganj. Owing to poverty and remoteness of some of the areas, lack of access to schools, there	▪ Most parents and adolescents consider 18 years as the threshold for marriage of girls ▪ Adolescent attitude towards marriage vis-à-vis education has improved since the baseline ▪ The platform of *Taron ki toli* members has been leveraged for collective action to put a stop to any cases of early marriages.

[2] Community level include - PRI members, SHG groups (reference group), Teachers, ASHA, AWW, ANM, NGOs (direct service providers) –

Indicator: Average age at marriage of 11–22-year-old girls		
Baseline	**Pre-endline**	**Endline**
	are still cases of underage marriage here. ▪ Analysis of information of family members of adolescents in the age group 11-19 years brought fore 19 cases of under 19 marriage within the families of TKT members.	
▪ Marriage can be delayed only if girl is pursuing education.	▪ Education used as a tool to delay marriage ▪ If education is discontinued and the girl has also passed the minimum education threshold needed to find a suitable groom, then she is at the risk of getting married	▪ Education used as a tool to delay marriage ▪ Education is also used as a tool to find a suitable groom for a girl.
▪ Increasing number of adolescents' dropout after the age of 15 years old. ▪ Reasons vary for girls and boys; Girls dropout if school is far away from their home, if she gets married or if she is required to assist in household activities or farming. ▪ Boys, on the other hand dropout if they are not performing well in school, if they are required to help with farming during the agricultural season or they often even migrate to cities to find work and earn	▪ Adolescents in most villages are finishing school up to class 12th. ▪ However, cases of drop out within the 13–17-year group emerged. Mainly found in villages of Siddharthnagar ▪ Most of the drop-outs were taking place after finishing class tenth. ▪ Absence of higher-class schools/institutions, remoteness of villages was cited to be key reasons behind it ▪ Cases of re-enrolment emerged in Gorakhpur and Ghazipur. Trainers and Peer Educators played a crucial role in supporting and encouraging dropped out	▪ There are comparatively lower dropouts in the project area as compared to the area without intervention. ▪ Disengagement due to COVID19 from regular learning and school is likely to impact performances and dropouts in case of both boys and girls

Indicator: Average age at marriage of 11–22-year-old girls		
Baseline	**Pre-endline**	**Endline**
	adolescents to rejoin schools. ▪ Instances of girls pursuing their graduation present but few. Largely a function of family's own priorities with respect to education, proximity of higher education institutions nearby and academic aptitude of the girl	

1.2 Life choices

Adolescent girls and boys able to negotiate their life choices in the family

Indicator	**Girls**		**Boys**	
	Baseline	**Endline**	**Baseline**	**Endline**
1.3. Average score achieved by 11–19-year-old females and males, who have talked about their life choices with their parents/ any other adult in their household[3]	3.23	4.34	3.33	4.34
1.3.b Number of 11–19-year-old females and males, who have reasserted their needs related to life choices with their parents/ any other adult in their household[4]	1.04	1.42	1.19	.87

Qualitative assessment **Indicator:** Females and males, who have talked about their life choices with their parents/ any other adult in their household

[3] For average score calculation, variables from Section VIII of Adolescent Questionnaire were used. All the responses reported as 'Once or Twice' / 'Sometimes' / 'Often' for having discussion with parents/other family members on specific opinions were assigned score of '1' else '0' for each of the eight specific opinions asked from adolescent. The scores were combined for each of the respondent and average score calculated where lowest score was '0' (which mean no discussion took place) and highest score was '8' (which mean adolescent discussed all the specific opinions).

4 For average score calculation, variables from Section VIII of Adolescent Questionnaire were used. All the responses reported as 'Yes' were assigned score of '1' else '0' for reasserting on all eight specific opinions asked from the adolescents. The scores were combined for each of the respondent and average score calculated where lowest score was '0' (which mean no reassertion took place) and highest score was '8' (which mean adolescent reasserted on all the specific opinions).

Baseline	Pre-endline	Endline
▪ Adolescent girls have more frequent discussions than boys on education and leisure time with their parents.	▪ Discussion and reassertion on mobility was found to be the most discussed followed by class till which they want to study. ▪ Girls were found to have discussed and reasserted their views on mobility more than boys as this is likely to be more of an issue for them compared to boys.	▪ There is an increase in discussion around life choices of adolescents with parents, higher in girls. ▪ Increase in number of adolescents, both girls and boys have negotiated for their right to more leisure time.
▪ Both adolescent girls and boys have limited discussions on marriage since the voice of the parent is more dominant on this aspect of decision making.	▪ Matters related to marriage – age and choice of bride and groom are the least discussed especially choice of bride or groom. ▪ While discussions on marriage still sensitive, in some areas girls are given the right to say no to a prospective groom or ask for a groom's picture. ▪ Discussion on leisure time was also discussed more by girls than boys	▪ Girls have more discussion around marriage as compared to boys. ▪ However, the discussions are limited to the 'age of marriage' and not on the choice of marriage. ▪ There is an increase in demand for leisure time among girls.

1.3 Leisure time

Quantitative Assessment				
Indicator: Average hours spent in a day on leisure activities of their choice				
Age group	**Girls**		**Boys**	
	Baseline	Endline	Baseline	Endline
11-14 years	3	4.0	3	4.2
15-18 years	3	4.3	4	4.8
19- 22 years[5]	3	4.0	4	4.8

[5] 19-22 years age group covered during endline but not baseline. The endline figures of 19-22 years endline compared with 15-18 years figures of baseline

Overall (11-22)	3	4.13	3	4.60
Overall (11-19)	3	4.19	3	4.50

Qualitative assessment		
Baseline	**Pre-endline**	**Endline**
▪ Majority of the girls watch TV, play with their siblings and visit their friend's house during their leisure time. ▪ Girls are not allowed to travel outside the village alone in their leisure time like boys although they did express a desire to do so.	▪ As a first step adolescents are now able to differentiate between domestic chores and leisure activities ▪ Adolescents reported a positive attitude towards more equitable distribution of domestic chores ▪ Adolescent boys reported taking up new domestic chores in the last 3-4 months however, it is largely token and sporadic ▪ The onus of household chores still lies with girls. ▪ Though there is an observable shift in attitude, it has not percolated to the level of behavior to the extent that it reduces girls' domestic burden significantly.	▪ Increasing number of adolescents both girls and boys have negotiated for their right to more leisure time. ▪ The average number of hours spent on leisure has increased across age and gender categories in intervention areas. ▪ Boys have started taking up new chores, it has not led to a substantial reduction in the burden of girls. However, the onus lies on women.

1.4 Mobility

Mobility of girls for fulfilling strategic needs

Quantitative Assessment		
Indicator: Average score achieved by the adolescents going out of the house alone and/or with any person by walking or using any vehicle (Lowest score '0' to Highest score '10')		
Age group	**Girls**	**Boys**

	Baseline	Endline	Baseline	Endline
11-14 years	5.22	6.39	6.95	6.34
15-18 years	5.15	7.59	7.37	7.97
19- 22 years[6]	5.15	7.76	7.37	8.28
Overall (11-22)	5.19	7.13	6.85	7.61
Overall (11-19)	5.19	6.99	6.85	7.46

Qualitative assessment		
Indicator: % increase in 11–19-year-old females reporting going out of the house for fulfilling strategic needs alone and/or with peer females by walking or using any vehicle		
Baseline	**Pre-endline**	**Endline**
▪ Majority of the girls are not allowed to go out of the house alone or with peer females in any situation apart from visiting schools. ▪ Girls mostly visit places like the market with their mothers only to purchase personal items.	▪ Status of mobility since the baseline and midline has improved though girls still face more restrictions on mobility than boys ▪ Since the age group selected for the study is between 12 years to 15 years visit to places such as banks and post offices are more often with parents and family members as compared to alone or with friends. ▪ In remote villages of Maharajganj and Siddharthnagar where concerns for safety are to some extent realistic, restrictions on mobility are much stricter when compared to Lucknow.	▪ Attitudes of adolescents with respect to mobility of girls and IGC have improved significantly. ▪ There are still restrictions on mobility of women in remote areas.

[6] 19-22 years age group covered during endline but not baseline. The endline figures of 19-22 years endline compared with 15-18 years figures of baseline

1.5 Communication

Indicator	Girls		Boys	
	Baseline	Endline	Baseline	Endline
11–19-year-old females and males reporting that communication with opposite sex is acceptable to them				
Both Boys & girls can talk to others outside home	32%	70%	36%	64%
Only girls can talk to others outside home	10%	7%	10%	7%
Only Boys can talk to others outside home	14%	8%	12%	7%
No boys or girls can talk to others outside home	44%	15%	41%	21%

1.6 Attitude towards girls

Quantitative Assessment				
Indicator: Average score achieved by the adolescents towards positive attitude for girls (Lowest score '0' to Highest score '11')[7] (Lowest score '0' to Highest score '10')				
Age group	**Girls**		**Boys**	
	Baseline	Endline	Baseline	Endline
11-14 years	4.90	7.23	4.23	6.62
15-18 years	4.77	8.11	5.21	7.87
19- 22 years[8]	4.77	8.40	5.21	7.61
Overall (11-12)	4.83	7.91	4.88	7.37
Overall (11-19)	4.83	7.67	4.72	7.25

Qualitative assessment

[7] Variables from Section V from the Adolescent Questionnaire were used for calculating average score on positive attitude towards girls. The responses of 'Disagree/Strongly Disagree' were assigned score of '1' for each of the statement asked from adolescents. Then all the scores were combined for each of the respondent where a respondent achieved score from '0' (which meant have total negative attitude) to '11' (which meant have totally positive attitude).

[8] 19-22 years age group covered during endline but not baseline. The endline figures of 19-22 years endline compared with 15-18 years figures of baseline

Indicator: Number of parents/ family members who have positive attitude towards empowerment of girls	
Baseline	**Endline**
▪ There is a big gap between the attitude towards empowerment and the prevailing practices. ▪ Though they believe in a girl having strong decision making and communication skills, they disapprove use of mobile phones and restrict mobility. ▪ Parents believe that education is essential for empowering girls, hence support it. Parents may delay their daughter's marriage till she is studying but it is not acceptable for a girl to get married late otherwise. There is community pressure as they consider late marriage to be shameful.	▪ Education is considered a valid reason by parents to delay marriage for some time. ▪ There has been a fall in the adverse attitude towards gender discriminatory distribution of household chores since the baseline ▪ Sub attitudes with respect to 'girls needing to learn household chores before marriage' are considerably lower when compared with other sub-attitudes ▪ Rigid norms at the community level related to IGC and mobility are acting as real barriers for these individual level attitudes to translate in action
Indicator: Number of parents/ family members place who higher importance on continuing education of boys	
Baseline	**Endline**
▪ Parents give importance to education, yet higher education is based on certain deciding factors such as aptitude and potential of the boy and the family's financial capacity.	▪ COVID19 has led to increase in pressure on boys for supporting their household in terms of livelihood.
Indicator: Community shows positive attitude towards empowerment of adolescent girls	
Baseline	**Endline**
Community does not consider late marriage as acceptable and therefore create pressure	▪ Timely marriage an important norm within community. ▪ If a girl is well educated and earning, delay is marriage is acceptable in community.

2. Movement in Outcomes on Health

Outcome 5: Adolescent girls access services from health system (Individual Level)
Outcome 6: Families allocate resources for meeting health needs of girls (Family level)
Outcome 7. Health service providers are responsive to adolescent's health needs (Community Level)

Baseline	Pre-endline	Endline
▪ More number of boys reported visiting any health facility in the last 6 months than girls	▪ During qualitative assessment number of adolescent girls and boys who reported accessing health services have improved significantly since the baseline	▪ There has been an increase in proportion of adolescents accessing health services despite COVID19. ▪ There is greater awareness of platforms such as VHNDs since the baseline.
▪ Most girls visited any health facility for general illnesses such as fever and cold	▪ Increasing number of girls visiting AWC on VHND and otherwise for IFA, deworming tablets and TT injections. ▪ Supply of these requisites is erratic.	▪ Girls do not feel hesitant to visit VHND for any illness. ▪ Supply of some key requisites (sanitary pads) erratic. Disruption in supply chain can be attributed to COVID19.
▪ Menstrual and sexual health problems not considered to require any treatment	▪ A few of adolescent girls reported visiting health facility for menstrual complications. ▪ A significant increase from the baseline in frequency of counselling/ information received. ▪ No discussion on sexual health so far.	▪ Adolescent girls and boys displayed a visible comfort and knowledge on menstrual health and hygiene. ▪ There has been a drop in proportion of counselling services received by adolescents since the midline (question not included in baseline) especially on vaccination, largely owing to COVID. ▪ Improvement in the number of adolescent girls discussing the issue of menstrual health with their mothers who in turn have also adopted some of the learnings.

Intermediate Outcome 5.1: Adolescent girls access health facilities[9] when needed

Indicator: Visited any health facility due to any reason in the past 6 months

9 Health facilities may include Sub-centre, PHC, CHC, nearest private doctor's clinic

Age group	**Girls**		**Boys**	
	Baseline	Endline	Baseline	Endline
11-14 years	35%	45%	52%	55%
15-18 years	39%	56%	52%	55%
19- 22 years[10]	39%	66%	52%	58%
Overall (11-12)	37%	56%	52%	56%
Overall (11-19)	37%	51%	52%	55%

Intermediate Outcome 5.2: Adolescent girls receive various benefits[11] from government health facilities/ workers in their village

Indicator: Received any benefit/services from ASHA/ANM/AWW/Any other government facilities				
Age group	**Girls**		**Boys**	
	Baseline	Endline	Baseline	Endline
11-14 years	13%	52%	17%	41%
15-18 years	19%	72%	23%	55%
19- 22 years[12]	19%	70%	23%	48 %
Overall (11-22)	16%	64%	20%	48%
Overall (11-19)	16%	63%	20%	48%

Indicator: Females access government health schemes and services with/by ASHA/ AWW/ ANM in their village in last 6 months (Midline includes VHND as govt. facility)		
Baseline	**Pre-endline**	**Endline**
▪ Few adolescents access health benefits and	▪ ASHA/AWW reported increased footfall on	▪ ASHA/AWW stated that demand for the services is

[10] 19-22 years age group covered during endline but not baseline. The endline figures of 19-22 years endline compared with 15-18 years figures of baseline

[11] Services include IFA tablets, Sanitary Pads, Information on Sexual and Reproductive Health

[12] 19-22 years age group covered during endline but not baseline. The endline figures of 19-22 years endline compared with 15-18 years figures of baseline

scheme. These include provision of sanitary napkins and IFA tablets under ICDS	VHND and high demand has led to pressure on the supply side.	fast reaching its previous levels despite the hiatus in services due to COVID19
▪ Those who have availed these benefits stated that availability of and access to these remain irregular	▪ ASHAs reported running out of Tetanus injections on VHND due to high demand ▪ Supply still erratic for sanitary napkins and take-home rations ▪ Increased footfall on VHND has led to higher demand for TT injections.	▪ A significant increase in demand for services such as IFA/sanitary napkins as a direct result of the mobilization carried out by the programme. ▪ The demand for health services has increased, it has led to increasing pressure on the present supply which is anyway plagued by erratic supply of essentials (sanitary napkins, take home ration).

Intermediate outcome 6.1: Parents understand health needs of females

Indicator: Number of families/parents who do not differentiate between boys and girls about food		
Baseline	**Pre-endline**	**Endline**
▪ While some stated that they provide both boys and daughters the amount of food they require, some stated that girls do not need as much food as boys do due to difference in their activities	▪ There is no evident discrimination with respect to providing nutrition at the household level. ▪ Mothers and adolescent reported alike that both boys and girls are provided similar type of nutrition and diet on a daily basis.	▪ With respect to barriers to accessing health facilities, (when asked for reasons for not visiting a health facility) it was notable that there was a statistically significant decline in the response('not allowed to go by family' since the baseline – indicating towards lowering of barriers at the family level ▪ There is no evident discrimination with respect to providing nutrition at the household level.
Indicator: Increased number of parents/ family members have knowledge on health issues of adolescent girls		

Baseline	Pre-endline	Endline
▪ Almost all parents were found to be unaware of anaemia as an adolescent health issue	▪ Limited knowledge of nutritional requirement of adolescents and related ailments	▪ Increases knowledge of nutritional requirement and menstrual hygiene among parents.
▪ Many prejudices and discriminatory practices attached to menstruation exist	▪ Mothers have limited knowledge about menstrual hygiene. However, information on menstruation received by adolescent girls has to some extent percolated at the level of mothers and other female family members	▪ Increase awareness on menstruation among women. Also, women were seen adopting learnings communicated by their daughters. ▪ Discussion among family members (particularly with mothers, sisters and sisters-in-law) around menstruation are extremely common.
▪ Menstrual health of adolescents not considered a serious health aspect	▪ Mothers have limited knowledge about menstrual hygiene. However, information on menstruation received by adolescent girls has to some extent percolated at the level of mothers and other female family members	▪ Awareness on notions and taboos around menstruation are slowly percolating to the level of other female family members of the adolescents as well
Indicator: Parents have positive attitude on discussing health needs of the girls		
Baseline	**Pre-endline**	**Endline**
▪ Girls discuss health issues only with mother or older sisters in law and other female family members.	▪ Adolescent girls prefer talking to female family members relatively closer to their age (elder sister, sister-in-law) on issues related to menstruation	▪ Adolescent girls prefer talking to female family member or female friends about menstruation. ▪ A few girls were comfortable talking among TKT members irrespective of gender
▪ Fathers do not discuss health issues with daughters	▪ Fathers do not discuss nor are as involved with the health issues of girls ▪ Adolescent girls started initiating conversation	▪ Female family members involved with health issues related to girls. ▪ Adolescent girls are comfortable sharing or

	with either trainers/ AWW/ ASHAs on MHM.	discussing their problems with trainers irrespective of gender of the trainer.

Intermediate outcome 6.2: Parents take initiative for treatment of adolescent girls in case of illness

Indicator: Number of parents/ family members have knowledge on health issues of adolescent girls		
Baseline	**Pre-endline**	**Endline**
▪ Mothers themselves lack awareness of common health problems such as anemia, need for IFA, or other health related issues	▪ Mothers lack knowledge on correct nutrition for adolescents.	▪ Mothers are aware about the need for right nutrition in adolescents.

Indicator:6.2. a Parents access various health schemes and benefits for adolescent girls	
Baseline	**Endline**
Parents had minimal awareness about health schemes and benefits available for adolescent girls	▪ Parents had limited awareness about health schemes and benefits available for adolescent girls

Intermediate outcome 7.2: Health service providers are responsive to adolescent's health needs

Indicator:7.1.a Adolescents, their parents and community perceive improvement in health services	
Baseline	**Endline**
▪ Family members and adolescents perceived quality of health services to be poor, both where provision of and access to health services and health infrastructure are concerned	▪ Adolescents reported positive change in the overall health services in their areas. However, supply side issues persist.
▪ General lack of awareness among stakeholders regarding the health facilities and benefits available	▪ Stakeholders are largely aware of health facilities available. Adolescents more aware of benefits than parents.

3. Movement in Outcomes on Education

Quantitative Assessment

Indicator: A girl can study up to any class she wants to study				
Age group	**Girls**		**Boys**	
	Baseline	Endline	Baseline	Endline
11-14 years	63%	51%	52%	49%
15-18 years	70%	64%	63%	74%
19- 22 years[13]	70%	64%	63%	82%
Overall (11-22)	65%	59%	64%	65%
Overall (11-19)	66%	58%	64%	62%

Quantitative Assessment				
Indicator: A boy can study up to any class he wants to study				
Age group	**Girls**		**Boys**	
	Baseline	Endline	Baseline	Endline
11-14 years	73%	53%	67%	58%
15-18 years	80%	68%	77%	81%
19- 22 years[14]	80%	67%	77%	82%
Overall (11-22)	77%	61%	72%	72%
Overall (11-19)	77%	60%	72%	70%

Qualitative assessment

Outcome (8.1): Adolescent girls and boys have positive attitude towards completing at least secondary education **Indicator (8.1):** Adolescent females and males having positive attitude towards completing at-least secondary education (Boys' attitude towards girl completing secondary education will also be assessed)		
Baseline	**Pre-endline**	**Endline**
▪ Girls and boys believe that they should be able	▪ Adolescents appeared to have more clarity with respect to	▪ There is a distinct albeit varying degree

[13] 19-22 years age group covered during endline but not baseline. The endline figures of 19-22 years endline compared with 15-18 years figures of baseline

[14] 19-22 years age group covered during endline but not baseline. The endline figures of 19-22 years endline compared with 15-18 years figures of baseline

to study till whichever class they prefer but did not specify secondary or higher education. ▪ More number of girls as well as boys believe that a boy should be able to study till whichever class he wants, as compared to girls.	what higher education would entail. Therefore, a significant increase in proportion of responses to 'higher education' in the case of both boy and girl respondents. ▪ Adolescent girls believe education is the means to gain respect in the society and is a critical means to achieve financial independence and respect. ▪ Education also an instrument to fulfill traditional gender expectations such as 'girls finding a good match' or 'girls preparing for their roles as future mothers'. ▪ There has been a significant improvement in the general attitude of adolescents towards education and its link with career. ▪ Adolescents started raising their voices for their educational rights as well as that of other children. Adolescents also reported having discussed their career aspirations with parents. ▪ However, lack of clarity on how to achieve their career goals	of positive movement in attitudes of adolescents towards education and pursuing career opportunities. ▪ There is an increase in demands with respect to education and economic independence from adolescents.
Outcome (9.1): Parents have positive attitude towards education of adolescent girls and boys **Indicator (9.1.a):** Parents of adolescent girls committing to finance their girl's and boy's education for secondary and beyond level		
▪ Parents are not able to commit to financing their children's education due to financial compulsions. ▪ Parents often ask boys to work part-time and finance their own education. ▪ Most parents do not believe in educating their daughter further than higher education	▪ There is a tacit range of education that a girl must have to find an appropriate groom without girls' parents having to give 'too much dowry'. ▪ Parents are increasingly expressing their desire for their daughters to receive education and pursue a career, though this approval is in effect for only certain types of employment. ▪ Financial constraint a key hurdle with respect to the	▪ Parents displayed an increasing desire to fulfil the career and education aspirations of both girls and boys. ▪ Education and good academic performance are considered virtues and respected by adolescents and parents alike.

as they do not see the investment as fruitful. This is because she would go to her in-laws and would not be able to benefit her own family.	education of adolescents especially after class 8th.	▪ However, due to COVID19 the financial constraints have also started adversely effecting education of boys and girls alike.
Outcome (9.2): Parents of adolescent girls demonstrate support for their child's education **Indicator (9.2.a):** Parents of adolescent girls allow them to go to school escorted or unescorted		
▪ Girls are allowed to go to school unescorted as it is seen as a purposeful activity and because most schools are in close vicinity of their houses.	▪ Girls are allowed to go to school (in close-by areas), escorted or unescorted. ▪ Restrictions on mobility, come into play especially in the context of girls. ▪ Girls travelling a long distance is not accepted due to safety concerns. Mobility is a hurdle only in the case of girls while financial constraint a key hurdle for both boys and girls. ▪ Parents raising their voices for better educational services. ▪ Parents are presently squashed between the increasing demand from children for their educational rights, their own desire for a brighter future for their children against reaction from the community if this combines desire pushes against existing social norms.	▪ Parents are seen raising their voices for better educational services actions taken to support the education of girls. ▪ Increase in number of girls going to school without being escorted. ▪ Girls' education is perceived as a productive activity by parents before marriage, marriage still being the most important milestone
Indicator (9.2.b): Parents of adolescent girls allow them use vehicles (cycle, bus, etc.) to go to school		
▪ Parents allow boys to use vehicles but for girls, it often depends on the distance they are travelling and their age (mobility of girls above 15 years have more	▪ Parents usually allow girls to use bi-cycles for travel to nearby areas for studies.	▪ Increasing number of parents allow girls to use bicycles/other modes of transport available for the purpose of going to school.

restrictions on mobility).		
Outcome (10): Community institutions and leaders demonstrate positive action for higher education of girls (Community Level) **Indicator (10.1.a):** Community institutions accepting/ encouraging girls and boys to continue education at least till secondary level		
▪ Community institutions accept adolescents continuing their education beyond secondary level, yet no specific action is taken to encourage it.	▪ Attitude towards education has largely remained stable since the baseline. ▪ Surface level approval towards education of girls; contingent upon norms around marriage and mobility.	▪ Community institution and members support a girl in pursuing higher education.
Indicator (10.1.b): Community institutions accepting/ encouraging girls to go out of the village to study secondary level and beyond (escorted/ unescorted, with or without vehicle)		
▪ It is largely unacceptable for girls to travel a long distance to go anywhere, including a school. This is linked with concerns to their safety.	▪ In some areas, there is gradual acceptance towards girls travelling to nearby areas for higher studies, but safety concerns overall restrict mobility of girls.	▪ It is acceptable for girls to travel in groups or unescorted to attend schools located in close-by areas. However, safety concerns persist and variations in the leeway given based on factors such as remoteness of the village, proximity of the school/college, availability of transport, urban/rural setting
Indicator (10.1.c): Community institutions who took action to facilitate higher education for girls		
▪ No specific actions were found to have been taken by community institutions to facilitate higher education. However, all community institutions and duty bearers have a positive attitude towards education.	▪ Communities' attitude towards education has largely remained stable. There is a surface level approval towards education of girls contingent upon norms around marriage and mobility. ▪ Negative stories are often highlighted to discourage any effort to move norms especially around mobility and IGC even in the context of education.	Increase in community institutions listening to demands raised by adolescents related to education.\

	▪ Parents facing some type of push back from the community	

Indicator (11.1.a) Increased advocacy for better provision and implementation of schemes /incentives/ scholarships for girls' secondary and higher education
At the endline study stage it was found that the state and district teams, through their consistent engagement at the district level were able to consolidate relationship with relevant government departments and officials and as a consequence strengthened implementation and uptake of relevant programmes and schemes. This was especially evident in the context of improving sanitation facilities for girls in schools and greater participation of district administration officials in AEP led platforms focussed on expanding education opportunities for the girl child.

4. Movement in Outcomes on Violence

Indicator:

1.1.a. Out of 11–19-year-old females and males who experienced violence within home in last one year, % increase in females/males who tried to seek help for themselves (within family or outside)

1.1.b Out of 11–19-year-old females/males who experienced violence outside home in last one year, % increase in females/males who tried to seek help for themselves (within family or outside)

1.2.a % increase in 11–19-year-old females and males who find Gender Based Violence within/ outside home unacceptable

Indicator	**Girls**		**Boys**	
	Baseline	**Endline**	**Baseline**	**Endline**
1.1.a. Out of 11–19-year-old females and males who experienced violence within home in last one year, number of females/males who tried to seek help for themselves (within family or outside)	29%	42%	33%	11%
1.1.b Out of 11–19-year-old females/males who experienced violence outside home in last one year, number of females/males who tried to seek help for themselves (within family or outside)	36 %	51%	43%	42%
1.2. Average score achieved by the respondents who finds (SCORE)15				

15 The composite score was calculated based on the questions asked in section VII of the individual questionnaire. All the variables with responses 'disagree /strongly disagree' were assigned score '1' else '0' and considered as positive attitude. In case beating a girl unacceptable, the lowest score was '0' while highest was '14' for age group 11-14 years and for age group 15-19 years the lowest score was '0' and highest score was '15'. In case beating a boy unacceptable, the lowest score was '0' while highest was '12' for age group 11-14

▪ Beating a GIRL unacceptable	6.87	11.31	7.38	10.87
▪ Beating a BOY unacceptable	6.12	10.10	6.28	9.13
▪ Beating ANY GENDER unacceptable	12.99	21.41	13.66	20.01

Baseline	**Pre-endline**	**Endline**
▪ Main reasons for being subjected to it were found to be: Not doing household chores, going out to play and going out with others, not completing homework/reading and not obeying elders. ▪ Highest percentage of adolescents reported parents inflicting verbal violence upon them. ▪ Substance abuse as a reason was in fact hardly reported as a reason for witnessing verbal violence outside family. ▪ Reporting of verbal violence experienced was lower than when verbal violence was witnessed.	▪ In the case of witnessing violence within family, 'Not doing household chores' has emerged as a common reason as cited by adolescents, followed by 'not completing homework' and 'not obeying elders. ▪ The highest percentage of adolescents reported parents inflicting verbal violence upon them followed by siblings. ▪ In the case of witnessing violence outside family, 'not obeying elders' and 'substance/alcohol abuse' have been reported in relatively higher proportions. ▪ Reporting of verbal violence experienced was lower than when verbal violence was witnessed.	▪ Reporting of violence witnessed much higher than of violence experienced. ▪ Violence within family (witnessed or experienced) reported in lower proportions compared to reporting of violence outside family (witnessed or experienced). ▪ Violence experienced and witnessed within family reported in lower proportions since the baseline. Pattern present within control areas as well. ▪ This trend contrary to qualitative findings as well as the secondary data, both of which indicate that domestic violence increased significantly in the last one year especially since lockdown – likely reason that perpetrators are at home (loss of livelihood, due to lockdown) and therefore adolescents

years and for age group 15-19 years the lowest score was '0' and highest score was '13'. Further these scores were combined to calculate average score achieved by 11-19 years on unacceptance towards beating a girl/ boy/ any gender.

		not able to openly report the issue.

1. Introduction

The 'Empowering Adolescents' project initiated in 2016 was supported by IKEA Foundation and was being implemented by the Breakthrough Trust in Uttar Pradesh for about four years till 2021. The programme has aimed to engage and empower approximately 150,000 adolescents' girls and boys aged 11-19 years in the way that they 'demand and access gender equity in health and education in their homes and community for themselves and others. Initially, the project was implemented in 7 districts (Lucknow, Varanasi, Ghazipur, Jaunpur, Gorakhpur, Maharajganj, and Siddharth Nagar) of Eastern UP, however, the project discontinued in Varanasi before completion.

The programme is chiefly rooted in the socio-ecological model theory and hence interventions are targeted primarily towards the three levels of stakeholders - adolescents, parents, and community. Across these three levels, key thematic areas that the programme addresses are health, education, gender, and violence. Additionally, there are two key implementational components in the programme as well – Training and Mass Communication. The training programme known as '*Taron ki toli*' (TKT) is conducted with adolescents aged 10-14 years every month, with the help of a facilitator (known as Trainers under the AEP). Additionally, the programme activities include multiple sessions with parents, mostly mothers of adolescents, executed without any workbook or pre-fixed training module. The programme also uses an organized set of media and communication campaigns, conducted in the form of Video Van activations, carried out at community level and theatre-based fetes and fairs at school levels, delivering messages to inform, persuade and motivate change in behavior and attitude towards reducing discrimination and violence against adolescents, particularly girls. Due to the ongoing COVID19 pandemic, the project adopted innovative strategies to provide support to adolescents in the time of crises. The programme developed a digital version of existing chapters (relevant in times of crises) to be delivered/shared through an online platform. Also, to overcome the challenge of constant support, 'Team Change Leaders (TCL)' were introduced in each (or more) villages. These TCLs were identified from the community and trained to support the existing network of TKT.

Timelines of assessments thus far: It is in this context that NRMC has been the monitoring and evaluation partner for AEP since its inception. Thus far, NRMC has conducted three studies (baseline, midline, and pre-endline) and two concurrent monitoring visits. The third monitoring visit that was planned in mid-2020 could not be possible due to COVID19 led lockdown. The baseline study was conducted in the initial phase of the programme to establish reference points for future assessments. As part of the monitoring and evaluation component, two routine monitoring visits (Jul'17 and Apr'18), primarily using qualitative data methods, were carried out in the first two years of the programme, providing feedback on the quality of execution, based on which certain critical changes were incorporated. Five months after the second monitoring visit (Sept'18), a mid-term assessment was conducted, aimed at ascertaining the direction and extent of movement in critical outcomes which the programme intended to impact. And in 2019, just before COVID19, the team conducted a pre-endline study to ascertain the direction and extent of the movement of primary and intermediary outcomes, and achievement of critical outputs. Also, the Programme Team expressed the desire to carry out an intensive quantitative assessment one year before the end line, to ascertain the thematic areas which have showcased positive, negative, or no movement. At the same time, the Programme Team carried out certain major changes in the implementation, based on the feedback and recommendations from the second monitoring visit. Interestingly, the time gap between the second monitoring visit and the mid-term assessment wasn't enough for the altered interventions to mature and reflect any major impact. As a result, the scope for the mid-term assessment was altered, though retaining the quantitative component, but shifting the focus to qualitative activities, explaining the process of impact

generated. The following figure presents a snapshot of the assessment timeline along with the programme framework (underpinned by the Socio-Ecological Model) including key themes.

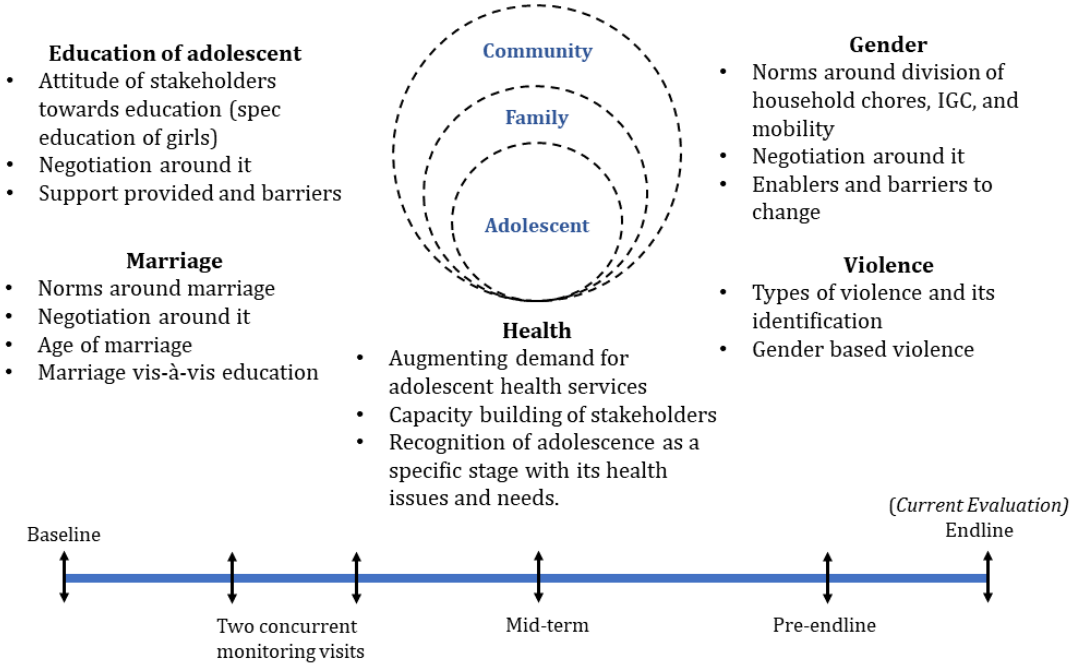


Figure 1:- Assessment framework and timeline

The COVID-19 pandemic has been the fastest-moving global public health crisis in a century, causing significant mortality and morbidity and giving rise to daunting health and socioeconomic challenges.

Health: Access to menstrual hygiene products was neglected during the initial onslaught of COVID-19. Especially during the initial phase of the nationwide lockdown, sanitary napkins were not considered in the list of essential items and there was a severe disruption in their production. Also, due to disruption in supply and restricted mobility, pregnant women and lactating mothers are at an increased risk in this current pandemic.[16]

Marriage: During the lockdown, the government's various anti-child marriage programmes were disrupted. Research has shown that a mere one-year delay in these measures, not only in India—compounded by the economic downturn—could result in 13 million more child marriages over the next decade (2020-2030) across the globe.[17]

Education: School closure due to the COVID-19 pandemic has led to a complete disconnect from education for the vast majority of children or inadequate alternatives like community-based classes or poor alternatives in the form of online education, including mobile phone-based learning.[18] Evidence from various studies suggests that short-term disruptions in schooling often lead to permanent dropouts among the poor.[19] One of the most important consequences of the lockdown and subsequent school closures has been the temporary suspension of mid-day meals

[16] The coronavirus (COVID-19) pandemic's impact on maternal mental health and questionable healthcare services in rural India - Ghosh - 2020 - The International Journal of Health Planning and Management - Wiley Online Library
[17] Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage | UNFPA - United Nations Population Fund
[18] Field_Studies_Loss_of_Learning_during_the_Pandemic.pdf (azimpremjiuniversity.edu.in)
[19] (PDF) Dropouts or pushouts? Overcoming barriers to the Right to Education (researchgate.net)

and supplementary nutrition programs, which has widespread and important implications for the nutrition and food security of children across the nation.[20]

Gender: In Uttar Pradesh, there has been a huge reverse migration due to COVID19, resulting in increased domestic workload, especially for women. A study conducted in three states (including Uttar Pradesh), showed that 42 percent of 15–24-year-olds experienced an increase in their domestic workload. The pattern has been clearer among adolescent girls (52 percent) than boys (22 percent).[21]

Gender-based violence (GBV): COVID19 has led to various socio-economic challenges, such as – livelihood and employment loss, health anxieties, financial difficulties, confinement in homes, and lack of mobility.[22] This has in-turn led to an increase in mental stress and incidence of GBV. The pandemic is said to cause a one-third reduction in progress towards ending gender-based violence by 2030.[23]

All of the above-discussed impacts are further amplified in contexts of fragility, conflict, and emergencies where social cohesion is already undermined and institutional capacity and services are limited.[24] Adolescents living under poverty in the rural India are the most vulnerable section to economic and social shocks.

[20] Learning in times of lockdown: how Covid-19 is affecting education and food security in India | SpringerLink
[21] Rapid-Assessment_Report_Youth_Survey_Covid.pdf (populationfoundation.in)
[22] Impact of COVID -19 on children: special focus on the psychosocial aspect - Minerva Pediatrica 2020 June;72(3):226-35 - Minerva Medica - Journals
[23] COVID-19_impact_brief_for_UNFPA_24_April_2020_1.pdf
[24] policy-brief-the-impact-of-covid-19-on-women-en-1.pdf (un.org)

2. Methodology

The methodology chapter discusses the research design adopted for carrying out the end-line evaluation of AEP to track and compare the movement of critical indicators against the baseline, mid-term, and pre-end line as required. Further, the chapter discusses the rationale for selection, sampling, the process of selection, quality assurance, and challenges addressed/faced during the evaluation.

The end-line evaluation adopted a **quasi-experimental, pre-post cross-section** study design using a mixed-method approach. A mixed-method approach has been deployed to collect data at the end-line using structured interviews for quantitative data and in-depth interviews (IDI) for qualitative data.

Sampling

The baseline study was conducted in 2016, which consisted of sample coverage in 'intervention only' villages. While the causal inference for the changes in values of indicators and attribution of any such change to the project interventions will be ambiguous, the end-line evaluation conducted with-without comparison using composite score matching at the end-line stage.

Sample selection

To have a representative sample across the project area and given the resources, proportionate representation from each group (boys 11-14 years; girls 11-14 years; boys 15-18 years; girls 15-18 years, girls 19-22 years; boys 19-22 years) were selected. It is noteworthy that since matching intervention villages as a baseline was undertaken during the end-line, a few villages were replaced to ensure representation of at least one model village in each district in sampling *(see Table 49 in annexures).* For matching comparison group, baseline villages were manually matched, using composite scores, with those covered during the baseline – in terms of (1) Distance from district headquarters, (2) Village population, (3) SC-ST population, (4) Presence of any educational facility, and (5) Presence of any health facility. However, there were some changes in the intervention field plan due to operational challenges as suggested by the field team. The changes are highlighted in the field plan detailed in Table 50 in annexures.

Further, each case (respondent) was matched against the baseline respondents by combining indicators such as: (a) education, (b) religion, (c) caste, and (d) type of ration card. Since there were only a limited number of adolescents under the programme, if an exact match was not available then the closest match was considered. The detailed process of matching of intervention and comparison villages and cases is detailed in

Gender Based **Discrimination**

2.1 Context

Norms around gender-based discrimination that the programme set out to shift are some of the most rigid as they are often perpetuated under the guise of preserving 'family honor' and 'pride', vague concepts closely linked with subversion of even the most innocuous display (alleged or real) of female sexuality. The sexual purity of the girl is non-negotiable to make a good match (the ultimate goal) and hence its sanctity must be unquestioned. Any aspersions, true or false, caste on the 'character of the girl' invite swift and harsh penalizations for girls. Within this frame, norms that intersect with marriage or making a good match are often sticky and hard to change. Gender based discrimination at the household level hence is justified as 'for the good of the girl'. Developments with respect to education in the last few years had created greater elbow room to negotiate or circumvent norms around marriage, leading to delay in age of marriage and greater mobility. However, with the onset of the pandemic and prolonged disengagement of girls from school, a key negotiation strategy has been weakened. Earlier school provided a respite from the household chores which as well has been absent as schools were shutdown. It is in this context that the programme outcomes at the endline may be understood and framed.

2.2 Division of Household Chore and Leisure Time

Progress in the context of equitable division of household chores and consequent increase in leisure time for girls have been assessed along the lines of (1) attitudes of girls and boys towards division of chores, (2) change at the behavior level (3) Negotiations/reassertion around the issue.

2.2.1 Attitudes towards gender equitable division of chores

In terms of adolescents' attitudes, there has been a fall in the adverse attitude towards gender discriminatory distribution of household chores since the baseline and at the same time an increase in positive attitude towards a more equitable division of household chores.

As is evident from Figure 2, attitudes towards boys needing to help in domestic chores has improved since the baseline. During the baseline, 36 percent disagreed with the statement, 'boy doesn't need to help in HH chores'; by endline this has improved considerably upto 76 percent (statistically significant increase). Similarly, when compared with control, overall attitudes with respect to boys taking up household chores are much more positive (ΔIntervention-Control = 22 percent).

Attitude towards girls needing as much time as boys as well has also improved since the baseline (ΔIntervention – Baseline = 31 percent; statistically significant increase). However, attitudes with respect to girls needing to learn chores before getting married while has improved since the baseline and is positive when compared with control, the increase is considerably lower when compared with other sub-attitudes with respect to gendered division of household chores. While only 18 percent adolescents disagreed with the statement that 'girls must do household chores as she needs to learn it before going to her in-laws', this figure improved to 28 percent during at the endline stage in intervention villages (statistically significant). The difference between intervention and control villages on this aspect is also statistically significant. This also indicates that while there is more or less acceptance towards siblings of opposite gender sharing responsibilities at home, attitude with respect to the inevitability of girls transitioning as wives and taking on the gendered responsibility for household chores is difficult to move. In other words, in terms of attitudes with respect to equitable distribution of household chores, adolescents are yet to apply the concept in 'adult/grown-up' context as wives, husbands. This factor may prove detrimental to the fact that to what extent can there be equitable division of chores between brothers and sisters if the expectation of girls as wives necessarily being responsible for household chores persists.

Another noteworthy aspect that needs to be highlighted here is the decline in the three sub-attitudes since pre-endline.

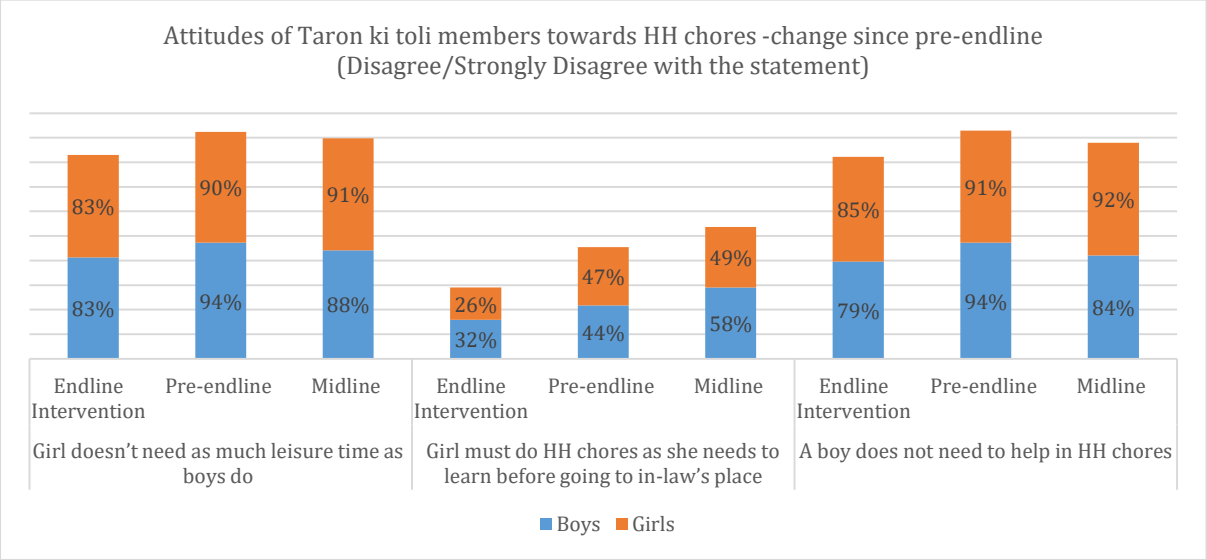


Figure 3: Attitudes of Taron ki toli members towards HH chores -change since pre-endline

As may be evident from the figure above, across all the three sub-attitudes, there has been a decline in the positive attitudes since the pre-endline (2019), a relatively short period. Discussions with adolescents revealed that in times of crisis such as the one posed by COVID19 there is a tendency to gravitate towards what is familiar and known, in this case gendered division of household chores. It is also supported by the perception that girls are 'inherently better at household chores'. At the same time, it emerged in qualitative discussions that girls are questioning this perception and why household chores should be their sole responsibility.

In the context of **attitudes of parents and community members**, most believe that the girl needs to learn household chores else she will bring dishonor to her parents when she gets married. This attitude has pretty much remained stable since baseline, along midline and up to pre-endline. However, there is a perceptible acceptance towards boys contributing to household chores. Most mothers approve of sons who help them out in household chores. However, the perception that girls are better at household chores is also present at the parent level and is used to justify why onus of the household chores still primarily lies with the girls. A parent from Gorakhpur with a daughter and son expressed that their daughter got time to study only once she was finished with her chores while their son had no other work but studying.

At the community level, boys who help at home are not ridiculed. This also stems from the belief that boys should know how to take care of themselves (cook, clean) if and when they have to leave homes to work outside and live on their own.

2.2.2 Negotiations/reassertion around the issue of domestic chores and leisure time

The following table presents the proportion of adolescents across age and gender category who reported negotiating their demands with respect to asking for more leisure time.

Table 5: Negotiations to have more leisure time than what the adolescents usually get

Negotiations to have more leisure time than what the adolescents usually get					
Age and Gender Category	**Intervention**	**Control**	**Baseline**	**Δ I-B****	**Δ I-C****
11-14 Girls	36%	50%	29%	7%	-14%
15-18 Girls	45%	51%	33%	11%	-6%
19-22 Girls*	40%	41%	33%	6%	-1%
11-14 Boys	43%	39%	32%	11%	4%
15-18 Boys	39%	46%	29%	10%	-7%
19-22 Boys*	32%	31%	29%	3%	1%

**Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

***Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

As may be seen from the table above, when compared with the baseline increasing number of adolescents in the age group of 11-14 years and 15-18 years, girls and boys have negotiated for their right to more leisure time. However, a similar degree of change is also present in the control areas across almost all gender and age categories (except for 11-14 girls category where proportions in control figures are better than intervention by 14% - statistically significant). Similar trend is also evident in responses to the enquiry with respect to 'reassertion' in case demand for more leisure time was not heard the first time:

Table 6:Reassertion in case opinion not heard the first time on having more leisure time than what the adolescents usually get

Reassertion in case opinion not heard the first time on having more leisure time than what the adolescents usually get					
Age and Gender Category	**Intervention**	**Control**	**Baseline**	**Δ I-B****	**Δ I-C****
11-14 Girls	26%	29%	27%	-1%	-3%
15-18 Girls	23%	25%	18%	5%	-2%
19-22 Girls*	25%	28%	18%	8%	-2%
11-14 Boys	24%	24%	18%	6%	0%
15-18 Boys	21%	17%	31%	-10%	4%
19-22 Boys*	11%	9%	31%	-20%	2%

**Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

***Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

Here as well proportions across almost all age and gender categories (except 19-22 boys) seems to have remained stable since the baseline and consistent with the control figures. It may perhaps be inferred that the change since the baseline with respect to negotiations on leisure time are largely organic development, common across control and intervention areas.

However, the present data may not perhaps present a holistic picture as findings from previous studies (conducted with *Taron ki toli* members) had revealed significant headways made during midline and pre-endline studies. The following table presents trajectory from baseline along midline and pre-endline upto endline for *Taron ki toli* members.

It is evident that in the case of negotiations, significant progress was made by midline which largely remained stable during the pre-endline. However, at the endline stage there has been a significant decline in negotiations for leisure time. Similarly with reassertion, there is an upswing in the trajectory from baseline to midline which drops significantly at the pre-endline stage. This fall could be explained by the fact that there was also a corresponding rise in the adolescents (46 percent in case of girls and 25 percent in case of boys - a 24 percent and 8 percent increase respectively since midline) who reported that 'they did not feel the need to reassert'. In other words, their negotiations for largely met with positive response. This was also substantiated in the qualitative study.

However, at the pre-endline level, the drop in the reassertion in the case of girls in this age category is not paired with a corresponding increase in the 'did not require the need to reassert' response (17% in the case of 15-18 girls) though in the case of boys of this age category the proportion is 48 percent. This difference may be because of the gendered distribution of household chores which effects leisure time of girls. Having enough leisure time does not impact boys as much it impacts girls and therefore they may not feel the need to discuss this in the first place.

This decrease in negotiations and reassertions with respect to leisure especially in the case of girls came up in qualitative discussions as well. Due to schools shutting down and most households under some degree of financial duress, there appeared to be a tendency to regress back to the known and familiar or the traditional roles. Boys in some cases had joined some kind

of part or full time work to relieve some of the financial burden while girls at home were helping out in household chores. Earlier schools were a form of respite for the girls from drudgery of household chores but with limited reach and effectiveness of online classes, girls reported being roped in household chores. While in intervention villages, boys (*Taron ki toli* members) had started taking up some forms of chores this was largely tokenistic in nature, household chores still remain the primary responsibility of girls. Moreover, adolescents also expressed sympathy towards the pressures on the households and refrained from demanding more or further disrupting the 'normal'.

At the same time, there were also cases that emerged such as in Gorakhpur, where despite the difficult circumstances, adolescents questioned the gendered division of chores with their parents as well as with the community. However, the financial crisis and shutting down of schools has had an adverse impact on headways made on negotiations with respect to more equitable division of household chores.

2.2.3 Change at the behavior level

At the behavior level positive change in the form of boys doing chores more frequently when compared with baseline and control villages, has emerged. The following figure presents the comparison for boys and girls across the three age categories when asked about how often they help in household chores.

**19-22 compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

As may be evident from the figure above, **boys from intervention villages reporting having taken up household chores (everyday/sometimes) has steadily increased since the baseline and is higher than the proportions reported in control villages across the three age categories. Except for the 11-14 years category, there has been a decline in adolescent boys who reported 'never helping in household chores' for the other two age categories.** It may be highlighted here that in the case of 19-22 boys, difference between (1) intervention and control, and (2) intervention and baseline is statistically significant. In the case of the other two age categories, difference between intervention and baseline is significant while difference between intervention and control albeit better in favor of intervention, is statistically insignificant. These findings need to be studied within the context of previous studies which showed a much higher improvement since the baseline at the behavioral level. Almost 99 percent *Taron ki toli* boys during the pre-endline and 98 percent during midline reported doing household chores 'everyday/sometime'. **No boy** during pre-endline reported 'never' helping in the household chores. Changes in external environment as a consequence of COVID 19 and regression in attitudes since the pre-endline gravitating towards more gendered division of household chores is reflected at the behavior level as well.

Improvement since the baseline on the indicator is also evident from the **reduction in average number of hours spent doing household chores** especially in the case of girls.

Table 7: Average time spent on doing household chores (in minutes)

Average time spent on doing household chores (in minutes)			
Age and gender categories	**Intervention Endline**	**Baseline**	**Difference Intervention Endline - Baseline Δ**
11-14 Girls	103.6	123.37	-20
11-14 Boys	83.9	125.98	-42

15-18 Girls	125.9	160.56	-35
15-18 Boys	98.1	159.19	-61
19-22 Girls	142.0	160.56	-19
19-22 Boys	107.1	159.19	-35

Across all age and gender categories there has been a reduction in the average number of hours spent on household chores. However, in each age category within the intervention column its noteworthy that girls on an average spend about 30 minutes more on household chores than their male counterparts. It may be inferred that while average number of hours spent on household chores has reduced, the burden is still skewed disproportionately towards girls across age groups. Another inference that emerges from the data is that most reduction is evident in the 15-18 age category for both boys and girls, the group that the programme directly engaged with *Taron ki toli*.

Male respondents were also asked if in the **last 6 months they have taken up regular (at least 3 to 4 times a week) responsibility of any household chore,** which they were not doing earlier. This question was only added at the baseline level, so comparable data is only available since midline for the 15-18 years category. For the other age categories, endline intervention data has been compared with endline control in order to understand program impact. Within the 11-14 year age category 20 percent boys from the intervention areas reported having taken up new household chore in the last 6 months vis-a-vis 18 percent in control areas. While a positive change, it is not statistically significant. In the case of 19-22 years 44 percent boys from the intervention areas as compared to 30 percent from control areas (Δ10% statistically significant) reported having taken up a chore in the last 6 months. Looking at the figures for 15-18 year respondents, it emerges that while the intervention area (44 percent) fares better than the control areas (31 percent) in this regard, the proportion has significantly declined since the midline (81 percent).

Correspondingly girls were asked if there has been any **reduction in their household chores** in order to understand if boys taking up more responsibility has had any effect on their work burden. Compared to control, higher proportion of girls from intervention villages within all age categories reported a reduction in their overall burden (statistically significant for all age categories). Here as well, the difference between control and intervention is highest for 15-18 girls, the group directly engaged by the programme through *Taron ki toli*.

This reduction in burden has also translated in increase in average time that adolescents get for leisure activities. The following table presents the average time in minutes for each of the age and gender categories. However, the increase in leisure time is also to be seen in the context that schools were open during the baseline and time spent on leisure was usually after school hours. During the endline, schools under class 9th were closed due to lockdown and adolescents may have had more flexibility with respect to taking out time for leisure.

Table 8:Average Time spent on leisure activities in hours

Average Time spent on leisure activities in hours					
Age and gender categories	**Intervention**	**Comparison**	**Baseline**	**Change Δ Intervention-Comparison**	**Change Δ Intervention-Baseline**
11-14 girls	4.02	3.95	2.6	0.07	1.38
11-14 boys	4.20	4.06	3.3	0.14	0.86

15-18 girls	4.35	3.84	3.1	0.52	1.21
15-18 boys	4.80	4.12	3.6	0.68	1.22
19-22 girls	4.02	3.00	3.1	1.02	0.88
19-22 boys	4.79	3.67	3.6	1.12	1.21

As may be evident from the table, compared to control and baseline, average number of hours spent on leisure has increased across age and gender categories in intervention areas. In the case of girls, 15-18 group reported the highest average hours spent on leisure (4.35) and in the case of boys the 19-22 group had the highest average hours spent on leisure (4.79). It is interesting to note that programme has engaged with these two age categories albeit through diverse formats.

2.3 Inter-Gender Communication and Mobility

Progress in the context of mobility of girls and inter-gender communication (IGC) have been assessed along the lines of (1) attitudes towards mobility of girls and IGC, (2) Negotiations/reassertion around mobility, (3) change at the behavior level around IGC and mobility

2.3.1 Attitudes towards mobility of girls and Inter-Gender Communication

Attitudes of adolescents with respect to mobility of girls and IGC have improved significantly since the baseline, and fare much better in intervention villages when compared with control across all age and gender categories. The following four tables present comparison between intervention-control and intervention endline-baseline along four attitudinal statements for the six age and gender categories:

Table 9: Attitudinal statements on IGC and mobility

Statement 1: A girl may not be allowed to use mobile phones as it increases the chances of her getting spoilt (Disagree/Strongly Disagree)					
Age and Gender Categories	Intervention (I)	Control (C)	Difference Δ I-C	Baseline (B)	Difference Δ I-B
11-14 Girls	59%	47%	12%	44%	15%
11-14 Boys	48%	28%	20%	35%	14%
15-18 Girls	81%	60%	20%	49%	32%
15-18 Boys	71%	49%	21%	37%	34%
19-22 Girls*	85%	69%	16%	49%	36%
19-22 Boys*	73%	55%	18%	37%	36%
Statement 2: Girl may not be allowed to go alone/with peers outside as considered inappropriate in community (Disagree/Strongly Disagree)					
Age and Gender Categories	Intervention (I)	Control (C)	Difference Δ I-C	Baseline (B)	Difference Δ I-B

11-14 Girls	53%	37%	16%	45%	8%
11-14 Boys	48%	28%	20%	35%	14%
15-18 Girls	63%	50%	13%	46%	17%
15-18 Boys	64%	47%	17%	40%	24%
19-22 Girls*	66%	42%	24%	46%	21%
19-22 Boys*	70%	44%	26%	40%	30%
Statement 3: A girl may not talk to boys for long in school or outside school (Disagree/Strongly Disagree)					
Age and Gender Categories	Intervention (I)	Control (C)	Difference Δ I-C	Baseline (B)	Difference Δ I-B
11-14 Girls	55%	34%	20%	44%	10%
11-14 Boys	51%	31%	20%	44%	7%
15-18 Girls	64%	67%	-3%	43%	21%
15-18 Boys	68%	49%	19%	45%	23%
19-22 Girls*	70%	45%	25%	47%	23%
19-22 Boys*	58%	52%	6%	45%	13%
Statement 4: A girl may not sit regularly with boys in classroom (Disagree/Strongly Disagree)					
Age and Gender Categories	Intervention (I)	Control (C)	Difference Δ I-C	Baseline (B)	Difference Δ I-B
11-14 Girls	80%	57%	22%	47%	33%
11-14 Boys	65%	41%	24%	57%	8%
15-18 Girls	85%	67%	18%	43%	42%
15-18 Boys	78%	61%	18%	54%	24%
19-22 Girls*	87%	78%	9%	43%	43%
19-22 Boys*	72%	64%	8%	54%	18%

**Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

***Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

As may be evident from the graphs above, across almost all age and gender categories, responses from intervention areas display much more positive attitude with respect to mobility of girls, girls using mobile phones and girls and boys talking to each other within and outside school. Further analysis shows that with respect to mobility and IGC, **spillover effect of the programme** is

evident within the 11-14 years category as well where adolescents from within the age category in intervention areas exhibit higher proportion of desirable responses with respect to IGC and mobility of girls. Additionally, it is also evident that the highest quantum of change (since baseline and when compared with control) has taken place with 15-18 years and 19-22 years, age categories with which the program engaged with directly through its various activities. In qualitative discussions as well there is wider acceptability of IGC and mobility of girls amongst adolescents though they admitted that the pushback from community in the form of higher vigilance is a critical barrier. Therefore, positive attitudes at the adolescent levels do not necessarily translate in the form of behavior in the same proportion.

Another interesting aspect that emerged during qualitative discussions was around the change in nature of inter-gender dynamics. With higher penetration of internet on mobile in the last few years, adolescents from rural areas have access to content which normalizes communication between girls and boys and to a great extent glorifies non-platonic relationships. Adolescents, especially boys also admitted that they prefer the social media stars as many of them made a name despite coming from a similar socio-economic background as the adolescents themselves. Their success seems achievable to the adolescents and therefore boys could be seen emulating surface level traits such as cloths, hairstyle etc. A 17 year old boy from peri-urban area in Lucknow admitted that by changing his hairstyle, cloths he hopes to 'impress girls as his friends have started pressurizing him to have at least one girlfriend'. Being in a relationship with girls is seen as a sign of masculinity and this belief is reinforced and glorified through these platforms. Moreover, since there is little to no avenue for a conversation around adolescent sexuality, social media platforms which are often known for their toxic content and objectification of women are the only source of information on the subject. It is therefore essential to view these developments from the lens of changing inter-gender dynamics and safety of women and girls as well.

Adolescent girls as well accepted that relationships between boys and girls in their schools and colleges are becoming increasingly common place. While girls are still hesitant to out rightly approve of it in discussions, there is a tacit acceptance that perhaps it is not as bad as it has been made out to be. In fact, the dilemma in the case of girls is much more apparent as the lifelong conditioning of safeguarding their 'honor' and faithfully following associated norms, is in direct contradiction with what they witness amongst their peers as well as social media content they consume.

This rapid change in inter-gender dynamics at the adolescent level is in fact in direct collision course with community level norms which are perhaps still as stringent as before and changes are taking place at a glacial pace. **Attitudes of parents and community members** and social norms, around Inter-gender Communication as well as mobility are linked to the 'character' of a girl' and any question on it is seen as a direct attack on 'family honor and pride'. While adolescents are displaying more positive attitudes, rigid norms at the community level are acting as real barriers for these individual level attitudes to translate in action. In fact, it was reported that community keeps any eye on the adolescents and any perceived deviance is immediately reported back to parents. Also, in case of perceived deviance the, girls are disproportionately penalized while boys are often let go with relatively minor punishments.

Interestingly, IGC and mobility norms are much stricter in communities where mixed caste groups cohabit as the risk of adolescent girls and boys of different caste groups interacting are looked at with high suspicion. In fact, IGC in the first instance itself is looked at with suspicion and mistrust. Not only do the adolescents (especially girls) have to prove the context but also establish some sort of platonic social relationship (Uncle, brother-sister 'Bhaia') to absolve them of any suspicion of wrong doing. Parents who do give IGC and mobility related latitudes to their daughters are often subjected to 'warnings of any wrong that may befall the girl' and sarcastic comments. At the same time, in remote areas concerns with respect to safety in the context of mobility are many a times based on realistic connectivity barriers. This is especially true for villages of districts such as Siddharthnagar and Maharajganj.

Nevertheless, what was also interesting to note was that often permissions with respect to mobility and inter-gender communication given to adolescents are also a function of the context and to what extent is the context trusted by parents and community members. For instance, **as a result of consistent engagement of trainers with adolescents, parents and community members, TKT has emerged as a trustworthy context and has approval from most stakeholder.** As a result, mobility and IGC in the context of TKT and the AE programme also has approval from the parents and other members of the community. Girls and boys from the TKT groups were found to be friendly with each other in most villages and stated that they are allowed to meet and interact with each other outside TKT sessions as well. Parents also expressed that since they trust the TKT trainers, they would not mind sending their daughters to travel in a mixed gender group for activities and events.

2.3.2 Negotiations/reassertion around mobility

Table 10: Negotiations/Reassertion around mobility (Girls)

Going out of the house alone or with friends (Girls)						
Age category	**Negotiation/Reassertion**	**Intervention (I)**	**Control (C)**	**Difference ΔI-C**	**Baseline (B)**	**Difference ΔI-B**
11-14 Girls	**Discussed at least once**	88%	76%	12%	55%	33%
	Reasserted in case opinion not heard the first time	30%	23%	6%	39%	-9%
15-18 Girls	**Discussed at least once**	90%	77%	13%	64%	26%
	Reasserted in case opinion not heard the first time	26%	24%	2%	26%	0%
19-22 Girls	**Discussed at least once**	90%	80%	10%	64%	26%
	Reasserted in case opinion not heard the first time	23%	28%	-5%	26%	-2%

**Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

***Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

Analysis of quantitative data reveals that more and more girls have raised their voices with respect to their mobility since the baseline. 33 percent more girls within the 11-14 years category and 26 percent more girls, each in 15-18 years and 19-22 years category reported discussing issues related to their mobility at least once within their household. This was also substantiated by parents who stated that girls in the household are speaking up with respect to mobility and this is mostly in the context of education, studying in school/college which are at a distance.

In the context of reassertion however, the status has remained more or less stable when compared with the baseline though analysis of data from the previous study reveals that significant progress was made on the indicator (data in pre-endline captured for *Taron ki toli* members only). At the pre-endline level 40 percent girls (whose opinion was not heard the first time) reasserted their views on mobility. The drop in reassertion may be attributed to the reduction in overall mobility due to COVID19 and lockdown as well as adolescents refraining from demanding more as they empathized with the parents and 'did not want to add to their pressures'.

2.3.3 Change at the behavior level

Respondents with special focus on girls were enquired about the status of their mobility i.e. places they are able to visit when the need arises. Findings from the endline compared with control and baseline have been presented in the graph below:

The status of mobility as reported by adolescent girls in intervention areas has improved significantly since the baseline and when compared with control villages across age categories. What is noteworthy is that across age categories, mobility to places such as AWW centers (11-14 Δ16%; 15-18 Δ 45%; 19-22 Δ52%), banks (11-14 Δ14%; 15-18 Δ 40%; 19-22 Δ54%) and markets (11-14 Δ27%; 15-18 Δ 30%; 19-22 Δ35%) have seen significant rise since the baseline. In the age of 11-14 year category there has been a drop in visits to school (11 percent) but that is largely because schools under class 9th had been closed since the lockdown up until the time of the study. The spillover effect of the programme is evident from the change in the 11-14 age category of girls. At the same time, the quantum of change is largest in the 15-18 years and 19-22 years category, groups that the programme directly engaged with through different activities.

This positive change in status of mobility of girls emerged during qualitative discussions as well where several adolescent girls reported visiting places of essential services such as AWC, health centers, banks etc. where they were not able to visit earlier. However, it has to be highlighted that visit to places such as banks and post offices are more often with parents and family members as compared to alone or with friends. Additionally, in the context of mobility there are inter-district variations. For instance, in remote villages of Maharajganj and Siddharthnagar where concerns for safety are to some extent realistic, restrictions on mobility are much stricter when compared to Lucknow or Gorakhpur. Similarly, in villages closer to urban areas status of mobility is relatively relaxed as compared to villages located at a distance.

2.4 Marriage

The overall scenario with respect to incidence of early marriage and average age of marriage has improved significantly since the baseline at the impact level. The following table presents comparison between endline-intervention, endline-control and baseline with respect to average age of marriage as well as overall incidence of marriages.

Table 11:Impact Indicators - Marriage

Average age at marriage (11-22 years)			
Gender	**Intervention***	**Control***	**Baseline**
Female	17 years 11 months 19 days	18 years and 18 days	17 years 11 months 19 days
Male	18 years 6 months and 11 days	18 years 9 months 28 days	18 years 6 months 11 days
% of adolescents (11-22 years) found to be married/incidences of marriage			
Total	1.19%	1.97%	6%

**For the calculation of above indicators in intervention and control areas, only those cases of marriage considered which took place in and after year 2017 (once programme was fully operational)*

As may be evident from the table above, in the case of both boys and girls there has been an increase in the 'average age of marriage' in the intervention areas when compared with baseline figures. However, when compared with control, the indicator numbers are lower in intervention areas. Herein, it may be highlighted that the lower 'average age at marriage' in intervention areas needs to be understood alongside the methodology adopted for calculation of the indicator. The indicator 'average at marriage' has been calculated by (i) considering adolescents married in and after 2017 (ii) subtracting 'number of years of marriage' (date of marriage - date of survey) from the current age of the respondent to arrive at 'age at marriage'. This is done for each case (iii) Then for all the married respondents, **average of age at marriage** is taken.

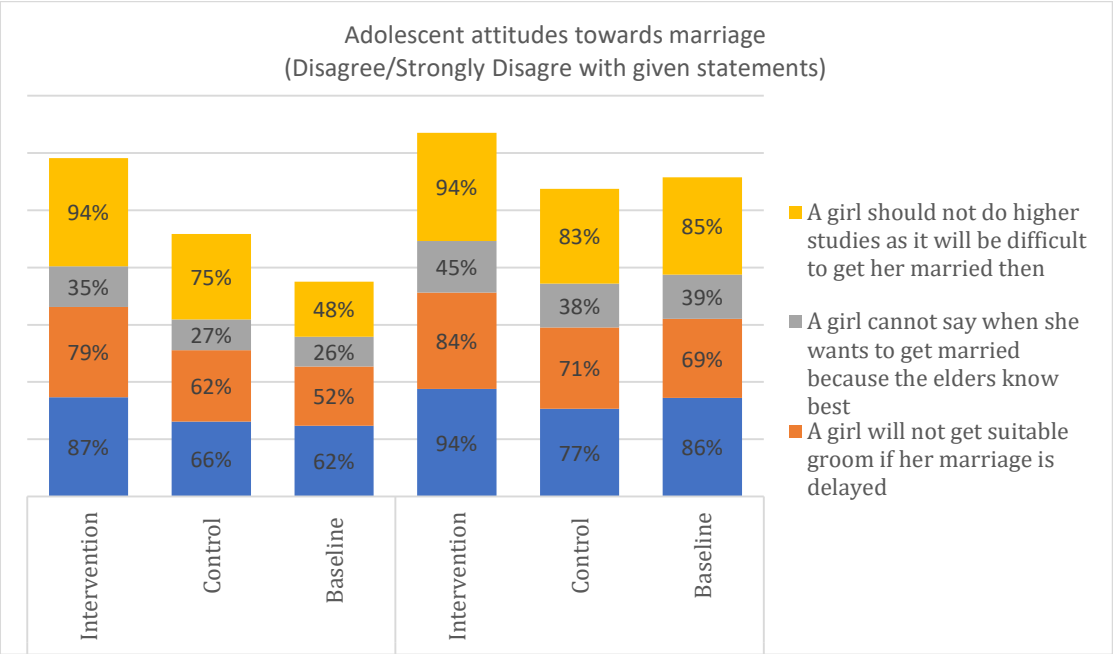
In view of this methodology, it is important to understand that 'average age at marriage' is likely to be affected by its base or number of adolescents found to be married. A look at the table indicates that there has been a significant decline in the proportion of adolescent found married in both control and intervention areas when compared with baseline. What is noteworthy is that statistically lower proportion of adolescents were found to be married in intervention areas as compared to control (lower base of married adolescents in intervention areas as compared to control) indicating towards the success of the AE programme in reducing the incidences of early marriage. In other words, while the average age of marriage in intervention areas (of those adolescents found married in and after 2017) is lower when compared to control, the overall incidence of marriage in intervention areas is in statistically lower proportions. This may also explain the lower average age of marriage in intervention areas which may be a result of 'low base effect'.

Furthermore, to establish a stronger relationship between programme intensity and its impact on the indicator of marriage, further analysis was done comparing the indicator of 'incidence of marriage' between Taron ki Toli members and non-members in the intervention areas. Only 5 such cases (0.2%) amongst TKT members were found to be married (in or after 2017). All the 5 cases were of adolescents above the age of 17 years. In relation, 1.58 percent of non-member adolescents were found to be married in intervention areas, a statistically higher figure when compared with TKT members.

The difference in incidence (%) of adolescent marriages between intervention and control and TKT members and non-TKT members indicates towards the effectiveness of the programme design. In other words, the impact of the programme increases with increase in the exposure to the programme – lowest percentage of adolescents found to be married in case of TKT members, followed by non-TKT members in intervention areas and lastly control with no exposure.

Attitudes towards marriage: In comparison to baseline, attitudes towards marriage vis-à-vis education have improved significantly and clearly show preference for education over marriage. Figure below presents attitudes of adolescents on issues related to marriage:

Figure 7: Adolescent attitude towards marriage



When compared with figures **from the baseline, there is significant change across all aspects**. The spillover effect of the programme is evident from the change in attitudes within the 11-14 years age category. The following table presents this change (from baseline (B) to intervention (I) and compared with control (C)) for all the age categories:

Table 12:Adolescent attitude towards marriage- Intervention-Control and Intervention Baseline change

Disagree/Strongly Disagree	11-14 Years		15-18 Years		*19-22 Years	
	ΔI-C	ΔI-B	ΔI-C	ΔI-B	ΔI-C	ΔI-B
A girl should be married off early so that she does not face safety issues	21%	25%	17%	24%	7%	23%
A girl will not get suitable groom if her marriage is delayed	16%	27%	13%	22%	12%	19%
A girl cannot say when she wants to get married because the elders know best	9%	9%	7%	15%	7%	16%
A girl should not do higher studies as it will be difficult to get her married then	20%	46%	12%	45%	9%	45%

**Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

***Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

It is interesting to note that the strongest attitudes are when it comes to making choice between education and early marriage ("girl should not do higher studies as it will be difficult to get her married then" and "A girl should be married off early so that she does not face safety issues"). However, when it's about girls asserting their choices with respect to marriage, without framing it within the context of education ("girl cannot say when she wants to get married because the elders know best") that the attitudes are comparatively weaker (11-14: 35%; 15-18: 45%; 19-

22: 45%). In other words, in absolute terms when it comes to marriage, girls not expressing their opinions is still a sticky and deep-rooted norm which is reflected in the attitudes of adolescents as well. Also, adolescents and parents have reported pushback from the community in case parents attempt to give some concessions which may be considered in opposition to the prevalent norms.

This pushback has been reported across themes such as mobility, IGC and education and is often not a sanction but a low intensity yet consistent disapproval that gets communicated to the parents. This pressure on the parents is in turn communicated to the adolescents and is perhaps being reflected in their attitudes towards marriage, which is considered one of the most critical milestones in an adolescent's life. Notions of 'family honor', 'safety', and character' of a girl are in fact closely linked to the concept of marriage as they determine whether a girl makes a good match or not. Therefore, the indication of the pushback may be evident in attitudes towards one of the most sensitive subjects which is marriage.

The consequence of pushback is also visible in the drop in adolescents who reported **negotiating on choices related to marriage** since midline and pre-endline. In order to compare data with pre-endline and midline, data of 15-18 years (*Taron ki toli* members) in intervention areas has been analyzed. 24 percent girls from intervention villages during endline reported discussing the issue of 'the age at which they want to get married'. In comparison, only 9 percent girls during baseline had discussed the issue. While this change is statistically significant, this indicator has dropped since the pre-endline wherein 51 percent girls had reported discussing the subject in the household. In the case of negotiations around 'choice of bride or groom', only 10 percent girls from intervention villages reported discussing the issue at home as compared to 7 percent during baseline, statistically insignificant change. Here as well, there has been a significant decline since pre-endline where 33 percent girls had reported discussing the issue of choice of groom at least once.

Qualitative discussions with adolescents revealed that negotiations around marriage are largely limited to delaying the event in order to continue their education. These conversations are mainly taking place with mothers, elder sisters or other female members of the family. Very few adolescents reported discussions around choice of bride/groom. Adolescents expressing their views on marriage especially choice of groom are largely disapproved of and 'wisdom of the family elders' is cited as a reason. There are few areas where parents are giving the right to say 'no' to girls to a prospective match to a limited extent. However, in certain communities, girl saying 'no' to a 'good match' reflects badly upon her and may adversely impact her chances of receiving suitable marriage offers later.

The choices related to marriage which were narrow to begin with have further shrunk during lockdown. Adolescent girls find little elbow room to negotiate on the matter as they see their parents in financial distress and marriage itself is an expensive event. They empathize with parents and are willing to let go of their choices to 'maintain peace' at home or relieve their parents of a key responsibility. In this context, it was expected to see rise in **early marriages** (if not underage). However, the findings have been mixed in this regard. In some cases, there have been hasty marriages during lockdown as owing to restrictions on crowds, expense on the weddings reduced and families went ahead with weddings of more than one daughters in the house to save cost. Conversely, many families postponed the marriages because of lack of funds. Moreover, in districts such as Maharajganj historically known for child marriage (particularly across Nepal border), programme has built awareness around the issue at community level, over the last four years leading to reduction in incidence of child marriage. While the parents did consider getting their respective daughters married during lockdown (less expensive), not many incidences of child marriage were reported in programme villages. Given that Nepal border was sealed during the lockdown, it wasn't easy to solemnize marriages from across the border.

What has also emerged during the study is that the platform of *Taron ki toli* members has been leveraged for **collective action to put a stop to any cases of early marriages**. In Lucknow, a

team change leader reported that a relative nearby was planning to marry their 18 year old daughter. But then the children in the house made the parents speak to the *Taron ki toli* members and trainers. Parents were convinced and the marriage was delayed. Such instances have been reported in other districts as well.

The pressures of marriage weigh heavily on the minds of girls as it is perceived as 'end of agency' for them. They feel that the decision-making power rests in the hands of the husband and in-laws and they would have little or no say. This is also evident from the quantitative findings where adolescents were asked questions on **girls continuing education after marriage**. 93 percent adolescents from the intervention areas (as compared to 85 percent from control and 82 percent from baseline) responded in affirmative. The adolescents were further asked on '**who should have the first right to decide whether a girl should continue her education after marriage or not'**. For all the age and gender categories the responses were overwhelmingly 'husband', followed by 'in-laws' and at last the 'girl herself'. In the 15-18 years and 19-22 years category, as compared to girls, higher proportion of boys also stated that in-laws and husband have the first right to decide on the matter. The feeling that marriage may be an end of all agency and freedom is drawn from what adolescent girls see around them. It also highlights the fact that while adolescents understand the concept of gender equality in the current context (as brother-sister, classmates, and friends), this understanding perhaps does not include the nuance that equality is a lifelong concept and may extend beyond their current setting. While adolescent girls have learned strategies to negotiate for their rights with parents, it may be useful to help them understand that similar strategies may be used in the settings of marriage as well to make sure that they have say in their future as well.

Education and Marriage: At the level of adolescents, qualitative discussions revealed that there is clear preference for education vis-à-vis marriage. This is especially true in the case of girls owing to the uncertainty whether they will be allowed to continue their education after marriage In fact, education is a common tool used to stall/delay marriage. As a result, there is added pressure on girls to perform better in schools as poor academic performance of girls is considered a valid reason to stop their education and start looking for a match. Additionally, within every community there is an almost an invisible minimum and upper limit range for education of girls in order to get a good match i.e. if a girl is too educated parents may have to pay more dowry and if she is not educated enough then it may be difficult to find a respectable groom. **However, there are cases of adolescents trying to push beyond this invisible upper limit and are being supported by parents.** At the same time, due to long term disengagement of girls from school coupled with financial distress in the households, there is a risk that there may be higher drop-outs in the upcoming sessions especially in classes above class 8th (not covered under Right to Education). This may take away a key negotiation strategy from girls and puts them at risk of early marriages.

2.5 In Summary

Overall, there has been a fall in the adverse attitude towards gender discriminatory distribution of **household chores** since the baseline and when compared with control. There is also positive attitude with respect to girls needing leisure time. At the same time while boys have started taking up new chores, it has not led to a substantial reduction in the burden of girls. However, sub attitudes with respect to 'girls needing to learn household chores before marriage' are considerably lower when compared with other sub-attitudes which indicates that norms around household chores are sticky when they intersect with expectation around marriage. This is also true for norms on IGC and mobility. Education is the only norm that created room for negotiations but this has also been coopted by marriage as a minimal educational qualification is needed to make a suitable match. In the case of **IGC and mobility**, attitudes of adolescents with respect to mobility of girls and IGC have improved significantly since the baseline. Nevertheless, norms around IGC and mobility at the community level remain quite rigid. While adolescents are displaying more positive attitudes, rigid norms at the community level are acting as real barriers for these individual level attitudes to translate in action. It was also interesting to note that often

permissions with respect to mobility and inter-gender communication given to adolescents are a function of the context and to what extent is the context trusted by parents and community members. TKT groups in this regard have emerged as trustworthy context. As a result, mobility and IGC in the context of TKT and the AE programme also has approval from the parents and other members of the community. Additionally, while overall mobility of girls has improved significantly since the baseline there are inter-district variations. With respect to **marriage**, when compared with baseline and control, the programme has been successful in reducing the overall incidences of marriage (% of adolescents found married) in intervention areas. On the other hand, while adolescent attitude towards marriage vis-à-vis education has improved since the baseline, adolescents and parents have reported pushback from the community in case parents attempt to give some concessions around marriage (in the context of IGC, mobility) which may be considered in opposition to the prevalent norms. This pushback is in the form of low intensity but consistent disapproval from the community that adolescents and parents have reported experiencing. Furthermore, education is a common tool used to stall/delay marriage especially by girls. As far as age of marriage is concerned, most parents and adolescents consider 18 years as the threshold for marriage of girls. During COVID 19 there were two kinds of pressures on households – quick marriage to save overall expense and delaying marriage as families did not have the funds to bear the expense. In this context, cases were reported from districts where collective and timely action from the *Taron ki toli* members stopped instances of early marriages.

3. Gender-Based Violence

The current section presents findings with respect to violence, to what extent adolescents are reporting having witnessed and experienced it specifically in the context of verbal, physical and sexual violence and whether this was witnessed/experienced within or outside family. Here 'within family' is defined as violence that may have been witnessed/experienced within the household and 'outside family' is defined as violence that may have witnessed/experienced outside the household premises.

These findings have been compared with findings from the baseline (this aspect was not captured during the midline) in order to understand movement on the relevant outcomes since then. There has also been an attempt to glean overall attitudes specific to gender based violence and also if stakeholders are aware of any reporting platforms.

3.1 Context

The sensitive subject of violence was to be introduced in the last year of the programme after a degree of trust had been established with the adolescents and community. However, onset of COVID19 and resultant lockdown led people being confined to their homes with the programme finding it challenging to reach TKT members as well as communities. With people losing income and livelihood and potential victims of violence especially domestic now exposed to the potential or repeat offender for a prolonged period, several reports emerged of rise in the cases of domestic violence during the last one year calling it 'hidden pandemic'. Frustrations related to money, substance abuse further added to the critical situation. While violence in a communities is a sensitive subject to begin with, lockdown further escalated the problem. It is within this emergency context that the programme findings may be inferred.

3.2 Overall reporting on violence

Following figures present the overall data of violence witnessed and experienced within and outside family as reported by both boys and girls.

The following table presents the change in intervention villages when compared with control and since baseline.

Table 13: Any kind of violence witnessed and experienced - change since baseline and from control

Age and Gender Category	Any kind of violence witnessed		Any kind of violence experienced	
	ΔI-C	ΔI-B	ΔI-C	ΔI-B
11- 14 Boys	11%	6%	3%	-8%
11-14 Girls	1%	-2%	-4%	-9%
15-18 Boys	14%	8%	4%	-7%
15-18 Girls	6%	-8%	2%	-17%
19-22 Boys*	16%	8%	-7%	-16%
19-22 Girls*	19%	-3%	4%	-28%

**Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

***Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

Looking at the graph and the table above figure and graph above, there are few inferences that may be made. **First**, the reporting of **violence witnessed is much higher than of violence experienced** (by almost 36 percent in intervention areas). Similarly, violence within family

(witnessed or experienced) is reported in lower proportions when compared with reporting of violence outside family (witnessed or experienced. **Second,** violence witnessed across all age categories is almost at the same level as the baseline. However, reporting of violence experienced has declined significantly across all age and gender categories (except 15-18 boys where decline is statistically insignificant). Further analysis of the data shows that violence experienced within family has been reported in lower proportions since the baseline (11-14 Boys: ΔI-B -4%; 11-14 Girls: ΔI-B -6%; 15-18 Boys: ΔI-B -2%; 15-18 Girls: ΔI-B - 11%; 19-22 Boys: ΔI-B 13%; 19-22 Girls: ΔI-B -27%). A similar decline is evident in witnessing of violence within family. This pattern is present within control areas as well where there has been a decline in reporting of witnessing and experiencing violence within family since baseline.

This trend is contrary to the qualitative findings as well as the secondary data, both of which indicate that domestic violence has increased significantly in the last one year especially since lockdown. A probable reason for low reporting maybe that while during baseline perpetrators within homes were also going to work and in their absences, adolescents were free to talk about the issue. During the endline study however, owing to most family members being at home as many earning members had lost sources of livelihood during lockdown, adolescents were not openly able to report the issue. This was also evident during qualitative discussions where adolescents and mother discussed the issue in 'low voices' looking around and making sure that they weren't being overheard.

The next sub-sections present findings disaggregated along the lines of forms of violence, namely verbal, physical and sexual as stated by the adolescents.

3.3 Verbal Violence – Witnessed and Experienced

In the context of verbal violence, respondents were asked whether they had experienced or witnessed various forms of verbal violence. They were asked if they were insulted/made to feel bad about themselves, threatened to be hurt by anyone outside the family or by family members or if they had witnessed this take place with someone else within or outside the family.

3.3.1 Verbal Violence Witnessed/Experienced

In the case of verbal violence, 15 percent adolescents (19% girls and 11% boys) in the intervention-endline reported **witnessing verbal violence within family**. This proportion was 20 percent during the baseline (17% girls and 23% boys), a statistically insignificant decline. In case of **witnessing verbal violence outside family** in intervention-endline areas this number is much higher at 41 percent (47% girls and 37% boys). In comparison 45 percent adolescents (44% girls and 46% boys) reported witnessing verbal violence outside family at the baseline stage. It is interesting to note that in intervention-endline areas, in case of witnessing verbal violence within and outside family, as compared to boys, higher number of girls have reported the status. Converse is true in the case of baseline. In control as well, reporting for witnessing verbal violence within and outside family at 16 percent and 35 percent respectively is almost at the same level as intervention areas and has declined since the baseline.

In the context of **experiencing verbal violence within family** 10 percent adolescents (11% girls and 9% boys) reported in affirmative to the enquiry. This proportion was 9 percent (10% girls and 8% boys) for control areas and 14 percent (10% girls and 17% boys) at the baseline stage. In both cases when compared with intervention, difference is statistically insignificant. Furthermore, 4 percent adolescents in intervention endline areas (3% girls and 5% boys), 6% in control endline areas (4% girls and 7 percent boys) and 16 percent adolescents (95 girls and 22% boys) reported **experiencing verbal violence outside family**. The decline since baseline in reporting of experiencing verbal violence which is visible in intervention and control areas is perhaps because movement of adolescents outside home was relatively limited due to lockdown.

3.3.2 Reasons for Witnessing/Experiencing Verbal Violence

Following were some of the key reasons cited by adolescents for **witnessing verbal violence** within and outside family:

In the case of **witnessing violence within family**, in the intervention areas 'not doing household chores' and 'not obeying elders' emerged as common reasons cited by adolescents. Interestingly, reasons such as 'going out to play' and 'going out with others' have seen a statistically significant decline when data is compared between intervention endline and baseline. This is likely to be a lockdown impact where mobility may have been impacted due to government restrictions and schools being closed. In addition, response to 'not obeying elders' in intervention endline areas saw a statistically significant increase since the baseline. This as well is likely because of longer exposure of adolescents to members at home owing to schools being closed and earning family members at home for prolonged period due to reasons such as job losses. Detailed table provide below

Table 14: Reasons for witnessing verbal violence within family

Reasons for witnessing verbal violence within family *(Proportion of those who reported witnessing verbal violence within family)*	**Intervention (I)**	**Control (C)**	**Baseline (B)**	**Difference Δ I-C**	**Difference Δ I-B**
Going out to play	25%	27%	34%	-2%	-9%
Going out with others	15%	19%	27%	-5%	-13%
Not doing household chores	40%	42%	40%	-2%	0%
Not completing homework/ reading	26%	22%	26%	5%	1%
Not obeying elders	40%	23%	27%	17%	12%

**Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

In the case of **witnessing violence outside family**, 'substance abuse/alcohol/drug abuse' has emerged as a reason and it is almost equal in control and intervention areas and statistically significant when intervention endline is compared with baseline. This is consistent with the findings from the qualitative discussions as well where adolescents and community members reported higher cases of substance abuse largely due to rising frustrations over job and livelihood losses. Substance abuse as a reason was in fact hardly reported as a reason for witnessing verbal violence outside family during the baseline. 'Not doing household chores' here as well has emerged as a key reason for witnessing verbal violence outside family. Overall, while similar reasons in almost similar proportions have been cited in intervention endline and control endline areas, when compared with baseline, 'substance abuse' has emerged as an important factor contributing to verbal violence at the endline stage.

Detailed table provide below:

Table 15: Reasons for witnessing verbal violence outside family

Reasons for witnessing verbal violence outside family *(Proportion of those who reported witnessing verbal violence within family)*	**Intervention (IE)**	**Control (CE)**	**Baseline (BE)**	**Difference Δ I-C**	**Difference Δ I-B**
Going out to play	15%	12%	15%	3%	0%
Going out with others	9%	9%	15%	1%	-5%
Not doing household chores	15%	15%	17%	1%	-2%
Not completing homework/ reading	9%	7%	12%	2%	-4%
Not obeying elders	13%	12%	13%	2%	0%
Substance/alcohol/drug abuse	15%	16%	10%	-1%	5%
Opposing against substance/ alcohol/drug abuse	9%	8%	4%	1%	6%

**Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

In the case of **experiencing verbal violence within family**, 'not doing household chores' has been cited as a key reason by girls across the three age groups in intervention-endline areas (11-14 years: 63%; 15-18 years:62%; 19-22: 56%). For girls in age groups 15-18 years and 19-22 years this reasons has increased significantly since the baseline (15-18 years Δ I-B: 14%; 19-22 years Δ I-B: 8%). 'Not obeying elders' as reported by girls within intervention-endline areas (11-14 years: 55%; 15-18 years: 44%; 19-22: 84%) is another reason cited behind experiencing verbal violence within family. 'Talking on phone' has emerged as a reason during endline cited by girls across age groups for experiencing verbal violence. In the case of boys, its only present within the 15-18 years age group. Else, it has not been cited as a reason at all by boys. This has also emerged during qualitative findings where girls reported that talking over the phone publicly invites negative attention and resultant censure from the family. This sanction is not there in case of boys. In the case of boys within the 19-22 years group in intervention-endline villages, there has been an increase

The following graphs the key reason cited by boys and girls across age groups for experiencing verbal violence within family:

In the case of **experiencing violence outside family** for girls, within the 11-14 years category, 'going out with others' (IE: 58%; CE: 37%; B: 25%), 'not obeying elders' (IE: 45%; CE: 7%; B: 0%), 'not doing homework' (IE: 29%; CE: 24%; B: 13%) have emerged as key reasons. Within the 15-18 years category 'not completing homework' (IE: 25%; CE: 27%; B: 24%), 'going out with others (IE: 18%; CE: 19%; B: 10%) and 'using mobile phones' (IE: 16%; CE: 19%) are some of the reasons cited by girls for experiencing violence outside family. In the case of girls within 19-22 years category as well 'not obeying elders' (IE: 22%; CE: 0%; B:10%) and 'using mobile phones (IE: 18%; CE: 34%;B:0%) have emerged as key reasons. Within the 15-18 years and 19-22 years category 'wearing dresses of own

choice' had come up as reasons in control-endline and at baseline stage but no such reports were made in intervention-endline. The following graph presents the details on the same:

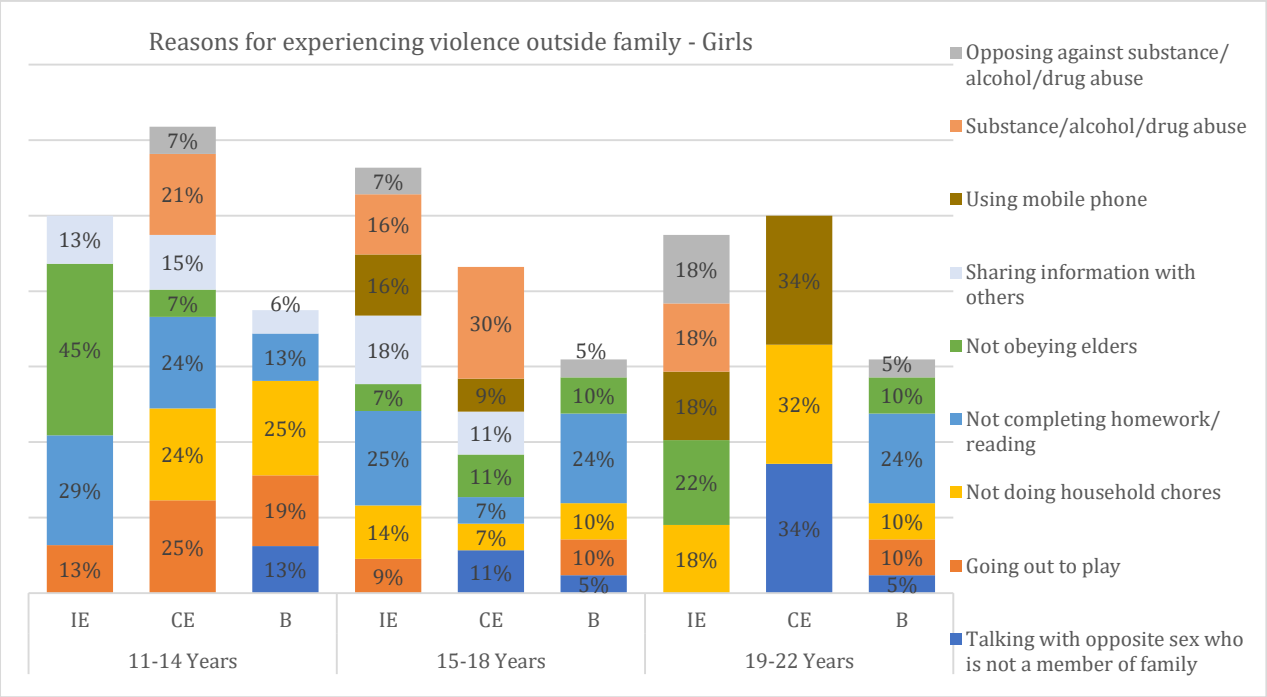


Figure 11: Reasons for experiencing verbal violence outside family-girls

In the case of boys within the 11-14 years category, 'not completing homework' (IE: 38%; CE: 9%; B: 20%), 'using mobile phones' (IE: 27%; CE: 0%; B: 2%) and not obeying elders (IE: 14%; CE: 14%; B: 6%) were cited as reasons that led to adolescents experiencing verbal violence outside home. For15-18 years and 19-22 categories as well 'not completing homework' and 'not obeying elders' were main reasons reported. In the case of boys, 'caste/religion based discrimination' was reported in the 11-14 and 15-18 years categories. Caste based tensions especially in heterogeneous settlements came up during qualitative discussions as well. These were prejudicial statements such as '*unke yahan aisa he hota hai (*that's how things are in their community) in often disparaging tones to insinuate that in a particular community (often socio-

economic weaker castes) bad practices are prevalent. However, adolescents within intervention endline areas did not say it but this mainly came from community members.

The following graph provides details on 'experiencing verbal violence within family –boys:

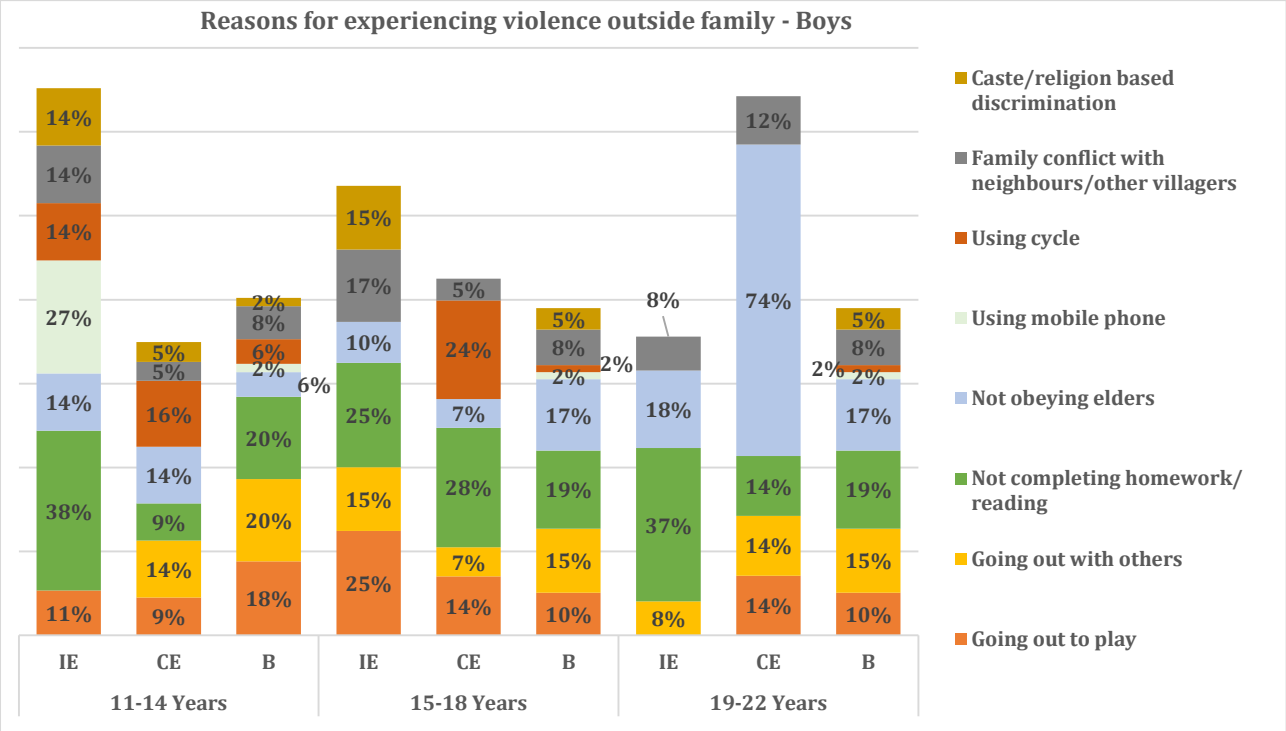


Figure 12:: Reasons for experiencing verbal violence outside family-boys

3.3.3 Type of verbal violence witnessed/experienced

The respondents were also asked about the type of violence witnessed or experienced within or outside family.

In case of **witnessing verbal violence within or outside family**, ' being insulted or made to feel bad about themselves' (within family - IE:13%; CE:11%; B:12%:: outside family - IE:34%; CE:27%; B:28%) and 'insulted or made to feel bad about themselves in front of others' (within family - IE:12%; CE:10%; B:10%:: outside family - IE:34%; CE:26%; B:26%) emerged as types reported the most by respondents. The following graphs presents a detailed view:

In the context of **experiencing verbal violence within family**, **in the case of boys** across the three age groups 'being insulted or made to feel bad about themselves' emerged as a prominent type of verbal violence experienced. In intervention-endline, this was found to be relatively higher within the 15-18 years age group. **In the case of girls**, 'being insulted or made to feel bad about themselves' and 'insulted or made to feel bad about themselves in front of others' emerged as types of verbal violence reported most by girls. However, in the case of girls, within the intervention-endline study group, it was the 11-14 years age group that reported it in higher numbers. The following two tables present a details of types of verbal violence experienced withing family:

Table 16:Types of verbal violence experienced within family - boys and girls

Boys Verbal Violence - Experienced Within family	11 -14			15-18			19-22*		
	IE	CE	BL	IE	CE	BL	IE	CE	BL
Being insulted or made to feel bad about themselves	9%	10%	15%	8%	7%	10%	5%	4%	10%

Being insulted or made to feel bad about themselves in front of others	5%	4%	14%	6%	5%	9%	3%	2%	9%
Being threatened to be hurt or harmed by anyone	1%	2%	10%	1%	2%	8%	1%	0%	8%
Girls Verbal Violence - Experienced Within family	**11 -14**			**15-18**			**19-22***		
	IE	**CE**	**BL**	**IE**	**CE**	**BL**	**IE**	**CE**	**BL**
Being insulted or made to feel bad about themselves	14%	10%	5%	9%	6%	6%	4%	9%	6%
Being insulted or made to feel bad about themselves in front of others	14%	8%	5%	10%	6%	7%	3%	9%	7%
Being threatened to be hurt or harmed by anyone	9%	3%	2%	6%	1%	3%	5%	3%	3%

**Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

In the context of **experiencing verbal violence outside family, in the case of boys** across the three age groups 'being insulted or made to feel bad about themselves' emerged as a prominent type of verbal violence experienced outside family. In the case of girls, 'being insulted or made to feel bad about themselves' and 'insulted or made to feel bad about themselves in front of others' emerged as types of verbal violence reported most by girls; though the difference with other types of reasons was not found to be significant. However, what is interesting to note is that in the case of both boys and girls, experiencing verbal violence outside family has decreased since the baseline though, this decrease is higher in the case of boys (due to higher mobility freedom which may have been restricted due to lockdown and closure of schools). The following two tables present a details of types of verbal violence experienced withing family:

Table 17:Types of verbal violence experienced outside family - boys and girls

Boys Verbal Violence - Experienced Outside family	**11 -14**			**15-18**			**19-22***		
	IE	**CE**	**BL**	**IE**	**CE**	**BL**	**IE**	**CE**	**BL**
Being insulted or made to feel bad about themselves	3%	7%	17%	2%	4%	16%	7%	7%	16%
Being insulted or made to feel bad about themselves in front of others	1%	4%	15%	3%	2%	15%	8%	6%	15%
Being threatened to be hurt or harmed by anyone	0.4%	0.3%	13%	1%	2%	15%	2%	2%	15%
Being threatened to be hurt or harmed by any of your family members	0.4%	0.3%	13%	1%	2%	15%	2%	2%	15%
	11 - 14			**15-18**			**19-22***		

Girls Verbal Violence - Experienced Outside family	IE	CE	BL	IE	CE	BL	IE	CE	BL
Being insulted or made to feel bad about themselves	2%	5%	3%	3%	4%	7%	3%	2%	7%
Being insulted or made to feel bad about themselves in front of others	2%	2%	3%	3%	3%	8%	4%	2%	8%
Being threatened to be hurt or harmed by anyone	1%	1%	3%	1%	2%	5%	2%	1%	5%
Being threatened to be hurt or harmed by any of your family members	1%	1%	3%	1%	2%	5%	2%	1%	5%

Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline

3.3.4 Perpetrator

Those respondents who reported witnessing/experiencing violence within or outside family were further probed about the perpetrator of the act. Across age and gender categories, respondents who witnessed or experienced violence within family, the highest percentage of them reported parents followed by siblings as main perpetrators. This trend is similar to that observed during baseline. In case of witnessing verbal violence within family, respondents reported mother (IE:37%; CE:40%; B:46%), father (IE:37%; CE:40%; B:46%), followed by brother ((IE:25%; CE:24%; B:26%) as key perpetrators.

In case of experiencing violence within family, the following graph presents the data disaggregated across age and gender.

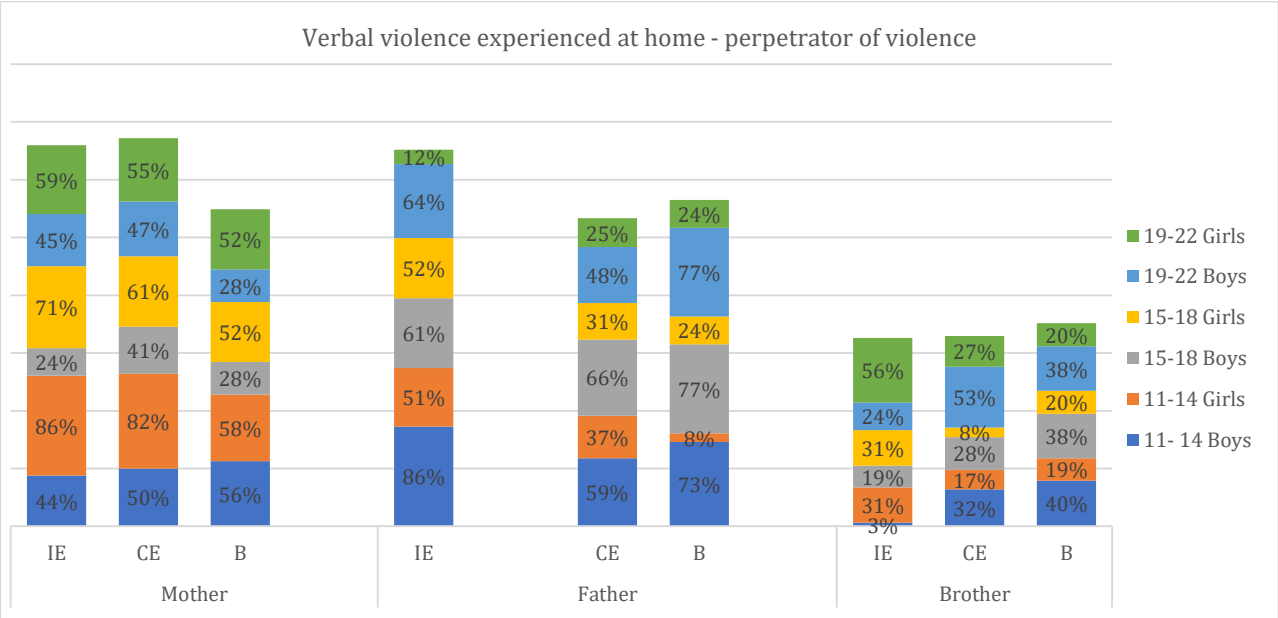


Figure 14: Verbal violence experienced at home - perpetrator of violence

As may be evident from the graph, in case of girls, it is mainly mothers who inflict violence. In the case of boys it is mainly fathers. The violence also somewhat decreases as adolescents grow up. Moreover, girls reported 'brother' as perpetrator of violence in higher proportions in intervention endline as compared to boys. In other words often brothers take up the role of enforcer in case there is any deviance by girls. This has seen an increase since the baseline as well as when compared with control-endline.

When it comes to witnessing verbal violence outside family, men residing outside family (IE:63%, CE: 46%; B:29%), followed by women residing outside family (IE:33%, CE: 24%; B:10%),were reported to be the key perpetrators.

3.3.5 Reporting of Verbal Violence

Respondents were asked whether they told anyone about the verbal violence witnessed and experiences within family. In terms of **verbal violence witnessed within family** significantly lower proportions of adolescents from intervention endline when compared with baseline across age and gender groups told someone about it. In the case of **verbal violence experienced within family**, except for 15-18 years and 19-22 years girls, all age and gender categories reported it in lower proportions. These two categories show statistically significant increase in reporting experience of verbal violence. Interestingly, unlike other age and gender groups, 15-18 years and 19-22 years girls have reported experiencing verbal violence more than witnessing it within family. The following table presents more details on this.

Table 18:Reporting of witnessing/experiencing verbal violence within family

Reporting of witnessing/experiencing verbal violence within family	Reporting of verbal violence witnessed within family					Reporting of verbal violence experienced within family				
	IE	CE	Δ IE-CE	BL	Δ IE-BL	IE	CE	Δ IE-CL	BL	Δ IE-BL
11- 14 Girls	37%	35%	1%	57%	-20%	27%	35%	-8%	46%	-19%
11-14 Boys	12%	20%	-9%	54%	-42%	4%	22%	-19%	58%	-54%
15-18 Girls	34%	21%	13%	53%	-18%	41%	45%	-4%	12%	29%
15-18 Boys	31%	28%	3%	41%	-10%	13%	18%	-6%	46%	-34%
19-22 Girls**	17%	33%	-16%	53%	-35%	44%	32%	11%	12%	32%
19-22 Boys**	34%	7%	27%	41%	-7%	36%	32%	4%	46%	-10%

**Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

***Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

In the context of witnessing verbal violence outside family, intervention-endline and control are at similar levels and except for 15-18 boys and 11-4 years girls, all other groups have reported in the similar proportions as baseline. Higher proportions of adolescents across age and gender categories in intervention endline have told someone about witnessing violence outside family than they did for witnessing violence within family (Table 18). Similarly, proportions of telling someone about experiencing violence outside family are much higher than telling someone about experiencing verbal violence within family. This trend has continued since baseline. Adolescents are likely to report witnessing violence than when they are the victims and are more likely to talk about violence outside home than the one that happens within family. In this context, experiencing violence within family will generally see low reporting. In comparison, violence witnessed outside family is most likely to be reported.

The following table presents the details on reporting of witnessing/experiencing verbal violence outside family

Table 19:Reporting of witnessing/experiencing verbal violence outside family

Reporting of witnessing/experiencing verbal violence outside family	Reporting of verbal violence witnessed outside family					Reporting of verbal violence experienced outside family				
	IE	CE	IE-CE	BL	IE-BL	IE	CE	IE-CL	BL	IE-BL
11- 14 Girls	56%	51%	5%	38%	18%	45%	42%	4%	56%	-11%
11-14 Boys	45%	55%	-10%	51%	-6%	54%	9%	45%	67%	-12%
15-18 Girls	58%	58%	0%	51%	6%	84%	70%	14%	38%	46%
15-18 Boys	65%	56%	10%	47%	19%	58%	41%	16%	51%	7%
19-22 Girls*	57%	47%	10%	51%	6%	100%	68%	32%	38%	62%
19-22 Boys*	49%	55%	-6%	47%	3%	45%	12%	33%	51%	-6%

**Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

***Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

3.4 Physical Violence – Witnessed and Experienced

3.4.1 Physical Violence Witnessed/Experienced

In the case of physical violence, 24 percent adolescents (28% girls and 24% boys) in the intervention-endline reported **witnessing physical violence within family**. This proportion was 37 percent during the baseline (30% girls and 54% boys), a statistically insignificant decline. In case of **witnessing physical violence outside family** in intervention-endline areas this number is much higher at 49 percent (44% girls and 54% boys). In comparison 55 percent adolescents (42% girls and 55% boys) reported witnessing physical violence outside family at the baseline stage. It is interesting to note that in intervention-endline areas, in case of witnessing physical violence within family, as compared to boys, higher number of girls have reported the status. Converse is true in the case of baseline. In control areas as well, reporting for witnessing physical violence within and outside family at 23 percent and 37 percent respectively is almost at the same level as intervention areas, and has declined since the baseline.

In the context of **experiencing physical violence within family,** 24 percent adolescents (18% girls and 30% boys) reported in affirmative to the enquiry. This proportion was 36 percent (25% girls and 46% boys) at the baseline stage. When compared with intervention, difference is statistically insignificant. Furthermore, 6 percent adolescents in intervention endline areas (3% girls and 9% boys), 8% in control endline areas (5% girls and 7% boys) and 26 percent adolescents (14% girls and 37% boys) reported **experiencing physical violence outside family**. The decline since baseline in reporting of experiencing physical violence which is visible in intervention and control areas is perhaps because movement of adolescents outside home was relatively limited due to lockdown.

3.4.2 Reasons for Witnessing/Experiencing Physical Violence

Following were some of the key reasons cited by adolescents for **witnessing physical violence** within and outside family:

In the case of **witnessing physical violence within family**, in the intervention areas 'not doing household chores' and 'not obeying elders' emerged as common reasons cited by adolescents.

Interestingly, 'violence as a r esult of substance abuse' and 'using mobile phones' have seen a rise in both endline-intervention and control intervention since the baseline though not statistically significant. Overall witnessing physical violence within family has stayed almost stable at the same level since baseline (except 'not obeying elders'- increased; 'not doing household chores'- declined) despite higher cases of domestic violence cases that came up during qualitative discussions as well as multiple secondary reports. Detailed table provide below

Table 20: Reasons for witnessing physical violence within family

Reasons for witnessing physical within family *(Proportion of those who reported witnessing physical violence within family)*	**Intervention (IE)**	**Control (CE)**	**Baseline (BL)**	**Difference Δ IE-CE**	**Difference Δ IE-BL**
Going out to play	34%	29%	28%	5%	6%
Watching television	14%	18%	22%	-5%	-8%
Going out with others	24%	21%	23%	3%	2%
Not doing household chores	36%	48%	45%	-12%	-8%
Not completing homework/ reading	26%	25%	31%	0%	-5%
Not obeying elders	36%	31%	29%	5%	7%
Using mobile phone	8%	8%	4%	0%	5%
Substance/alcohol/drug abuse	7%	6%	4%	1%	4%
Opposing against substance/ alcohol/drug abuse	5%	2%	2%	3%	3%

**Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

In the case of **witnessing physical violence outside family**, 'revenge on past matter', 'substance abuse' or 'opposing substance abuse' have seen a significant rise since the baseline. There has also been a decline in 'not completing homework' as schools were shut doing the last one year. Interestingly, violence as a result of 'opposing against substance abuse' is higher in intervention areas when compared with control or baseline.

Detailed table provide below:

Table 21: Reasons for witnessing physical violence outside family

Reasons for witnessing verbal physical outside family (Proportion of those who reported witnessing physical violence outside family)	**Intervention (IE)**	**Control (CE)**	**Baseline (BL)**	**Difference Δ IE-CE**	**Difference Δ IE-BL**
Going out to play	12%	12%	14%	0%	-2%
Going out with others	9%	10%	12%	-1%	-4%
Not doing household chores	15%	14%	20%	1%	-5%
Not completing homework/ reading	9%	8%	19%	1%	-10%
Not obeying elders	14%	10%	14%	4%	0%
Revenge on past matter	15%	16%	7%	-2%	7%
Substance/alcohol/drug abuse	22%	21%	9%	1%	13%
Opposing against substance/ alcohol/drug abuse	15%	11%	5%	5%	10%
Don't know/can't say	30%	29%	18%	1%	12%

**Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

In the case of **experiencing physical violence within family**, 'not doing household chores' has been cited as a key reason by girls across the three age groups in intervention-endline areas (11-14 years: 61%; 15-18 years: 58%; 19-22: 62%). For girls in age groups 11-14 years, this reason has increased significantly since the baseline (Δ I-B: 30%). 'Not obeying elders' as reported by girls within intervention-endline areas (11-14 years: 57%; 15-18 years: 31%; 19-22: 65%) is another reason cited behind experiencing physical violence within family. 'Talking on phone' has emerged as a reason during endline cited by girls across age groups for experiencing physical violence (11-14 years: 12%; 15-18 years: 7%; 19-22: 24%). During baseline, 'talking on phone' was not cited as a reason at all by any group of girls. In the case of boys, it is present across age groups though in lower proportions.

The following graphs presents the key reason cited by boys and girls across age groups for experiencing verbal violence within family:

In the case of **experiencing physical violence outside family** for girls, within the 11-14 years category, 'going out with others' (IE: 27%; CE: 0%; B: 11%), 'not obeying elders' (IE: 14%; CE: 18%; B: 7%), 'not doing homework' (IE: 48%; CE: 10%; B: 33%) have emerged as key reasons. Within the 15-18 years category 'not completing homework' (IE: 23%; CE: 16%; B: 42%), was the key reason cited by girls for experiencing violence outside family. In the case of 19-22 year girls, only 2 cases of experiencing physical violence outside family were reported – revenge on past matter and in the second case reason was not cited. In the case of boys within the 11-14 years category, 'not completing homework' (IE: 70%; CE: 29%; B: 43%), and going out to play (IE: 14%; CE: 17%; B: 17%) were cited as reasons that led to

adolescents experiencing physical violence outside home. These two reasons were key reason cited by boys in the 15-18 and 19-22 categories as well though in lower proportions. The following graphs present the details on the same:

3.4.3 Type of physical violence witnessed/experienced

In the case of physical violence witnessed within or outside family, 'being slapped' was reported the most by adolescents aggregated across age groups and gender. The proportion was higher in the case of outside family than in the case of within family. The following graph presents a detailed view:

In the context of physical violence experienced within family, 'being slapped' was reported in relatively higher proportions by both boys and girls across age groups. Also, it is noteworthy that the incidence of violence (being slapped) within family (as per trend in intervention-endline) is higher for boys than girls and that it is higher for 11–14-year age group and decreases for the older age groups. The following table presents the details for the same:

Table 22: Type of physical violence experienced within family - boys and girls

Boys Physical Violence - Experienced Within family	**11 -14**			**15-18**			**19-22**		
	IE	**CE**	**BL**	**IE**	**CE**	**BL**	**IE**	**CE**	**BL**
Being Slapped	43%	43%	53%	22%	22%	32%	10%	10%	32%
Anyone's arms being twisted or anyone's hair being pulled	13%	17%	15%	9%	7%	10%	2%	4%	10%
Anyone being pushed, shaken or have something thrown at them	10%	12%	10%	8%	5%	8%	3%	3%	8%
Being punched with fist or with something that could hurt anyone	7%	5%	11%	2%	1%	10%	2%	0%	10%
Being kicked, dragged or beaten	5%	6%	8%	4%	7%	7%	2%	2%	7%
Girls Physical Violence - Experienced Within family	**11 -14**			**15-18**			**19-22**		
	IE	**CE**	**BL**	**IE**	**CE**	**BL**	**IE**	**CE**	**BL**
Being Slapped	25%	17%	26%	14%	12%	14%	6%	5%	14%
Anyone's arms being twisted or anyone's hair being pulled	9%	6%	5%	5%	5%	4%	4%	2%	4%
Anyone being pushed, shaken or have something thrown at them	11%	6%	6%	4%	4%	4%	4%	2%	4%
Being punched with fist or with something that could hurt anyone	4%	3%	5%	2%	2%	4%	3%	2%	4%

Being kicked, dragged or beaten	3%	3%	2%	0%	1%	2%	2%	1%	2%

**Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

Regarding type of physical violence experienced outside family, here as well for both boys and girls, 'being slapped' was reported in higher proportions. It may also be highlighted that physical violence experienced is higher within family than outside. The following table presents the details for the same:

Table 23: Types of physical violence experienced outside family - boys and girls

Boys Physical Violence - Experienced Outside family	**11 -14**			**15-18**			**19-22***		
	IE	**CE**	**BL**	**IE**	**CE**	**BL**	**IE**	**CE**	**BL**
Being Slapped	10%	13%	38%	7%	8%	20%	4%	6%	20%
Anyone's arms being twisted or anyone's hair being pulled	4%	6%	15%	4%	2%	13%	2%	0%	13%
Anyone being pushed, shaken or have something thrown at them	3%	4%	12%	2%	2%	13%	2%	2%	13%
Being punched with fist or with something that could hurt anyone	1%	2%	13%	1%	2%	11%	2%	0%	11%
Being kicked, dragged or beaten	1%	3%	11%	1%	1%	10%	1%	3%	10%
Girls Physical Violence - Experienced Outside family	**11 - 14**			**15-18**			**19-22***		
	IE	**CE**	**BL**	**IE**	**CE**	**BL**	**IE**	**CE**	**BL**
Being Slapped	4%	4%	13%	1%	4%	5%	0%	4%	5%
Anyone's arms being twisted or anyone's hair being pulled	1%	2%	3%	1%	2%	3%	0%	3%	3%
Anyone being pushed, shaken or have something thrown at them	1%	2%	3%	0.4%	2%	2%	0%	2%	2%
Being punched with fist or with something that could hurt anyone	2%	2%	3%	0.3%	1%	2%	1%	3%	2%
Being kicked, dragged or beaten	1%	2%	3%	0%	2%	1%	0%	4%	1%

**Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

3.4.4 Perpetrator

Those respondents who reported witnessing/experiencing violence within or outside family were further probed about the perpetrator of the act. Across age and gender categories, respondents who witnessed or experienced violence within family, the highest percentage of them reported parents followed by siblings as main perpetrators. This trend is similar to that observed during baseline. In case of witnessing physical violence within family, respondents reported mother (IE:40%; CE:50%; B:42%), father (IE:44%; CE:42%; B:54%), followed by brother (IE:30%; CE:27%; B:30%) and sister (IE:14%; CE:15%; B:15%) as key perpetrators.

In case of experiencing physical violence within family, the following graph presents the data disaggregated across age and gender.

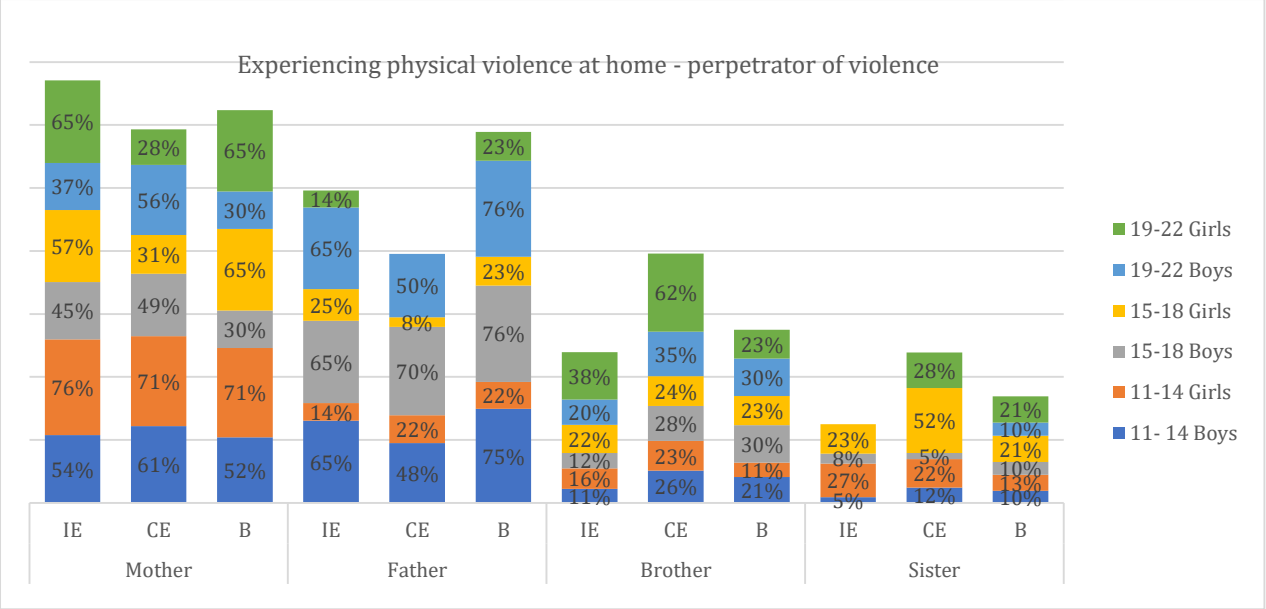


Figure 18: Experiencing physical violence at home - perpetrator of violence

As may be evident from the graph, in case of girls, it is mainly mothers who inflict violence. In the case of boys it is mainly fathers. Moreover, girls reported 'brother' as perpetrator of violence in higher proportions in intervention endline as compared to boys. In other words often brothers take up the role of enforcer in case there is any deviance by girls. The following table presents aggregated data with respect to perpetrator of physical violence at home as reported by girls and boys:

Table 24: Aggregated Data - Physical violence experienced within family -perpetrator of violence

Perpetrators of physical violence within family as experienced by adolescents	**Girls**			**Boys**		
	Intervention (IE)	**Control (CE)**	**Baseline (BL)**	**Intervention (IE)**	**Control (CE)**	**Baseline (BL)**
Mother	69%	53%	67%	50%	57%	39%
Father	18%	15%	22%	65%	55%	76%
Sister	24%	34%	17%	5%	9%	10%
Brother	20%	26%	18%	12%	27%	26%

When it comes to witnessing physical violence outside family, men residing outside family (IE:59%, CE: 45%; B:14%), followed by women residing outside family (IE:30%, CE: 23%; B:8%), and unknown person (IE:22%, CE: 24%; B:32%), were reported to be the key perpetrators.

In case of experiencing physical violence outside family, perpetrators as reported by each age and gender category were as follows:

- 11-14 girls reported 'women residents outside family (IE:26%, CE: 17%; B:4%) and teachers (IE:48%, CE: 45%; B:40%) as main perpetrators of violence
- 15-18 girls reported 'women residents outside family, friends and teachers as main perpetrators of violence
- 19-22 girls reported women and men residents outside family as main perpetrators of violence
- 11-14 boys reported it to be teachers (IE: 67%, CE: 27%; B: 47%)
- 15-18 boys – 'men resident outside family' (IE: 27%, CE: 18%; B: 17%), teacher (IE: 43%, CE: 16%; B: 24%) and friend (IE: 21%, CE: 27%; B: 25%)
- 19-22 boys reported it to be unknown person, teacher and friend.

3.4.5 Reporting of Physical Violence

Respondents were asked whether they told anyone about the physical violence witnessed and experienced within family. In terms of **physical violence witnessed within family** reporting when compared with baseline across age and gender groups has declined (except in the case of 19-22 girls). In the case of **physical violence experienced within family**, except for 15-18 years and 19-22 years girls, all age and gender categories reported it in lower proportions. These two categories show statistically significant increase in reporting experience of physical violence. Interestingly, unlike other age and gender groups, 15-18 years girls and boys have reported experiencing physical violence more than witnessing it within family. The following table presents more details on this.

Table 25: Reporting of witnessing/experiencing physical violence within family

Reporting of witnessing/experiencing physical violence within family	Reporting of physical violence witnessed within family					Reporting of physical violence experienced within family				
	IE	CE	IE-CE	BL	IE-BL	IE	CE	IE-CL	BL	IE-BL
11- 14 Girls	40%	29%	11%	37%	3%	38%	30%	8%	24%	14%
11-14 Boys	13%	21%	-8%	37%	-24%	10%	20%	-10%	29%	-19%
15-18 Girls	40%	35%	5%	38%	2%	48%	53%	-5%	31%	17%
15-18 Boys	22%	23%	-2%	42%	-20%	13%	16%	-3%	33%	-20%
19-22 Girls**	63%	49%	14%	38%	24%	45%	25%	20%	31%	14%
19-22 Boys**	30%	11%	19%	42%	-12%	19%	9%	9%	33%	-14%

**Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

***Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

In the context of reporting of witnessing physical violence outside family, reporting in intervention-endline has increased significantly since baseline (except 11-14 year boys group). Higher proportions of adolescents across age and gender categories in intervention endline have told someone about witnessing violence outside family than they did for witnessing violence within family (Table 18).

The following table presents the details on reporting of witnessing/experiencing physical violence outside family

Table 26: Reporting of witnessing/experiencing physical violence outside family

Reporting of witnessing/experiencing physical violence outside family	Reporting of physical violence witnessed outside family					Reporting of physical violence experienced outside family				
	IE	CE	IE-CE	BL	IE-BL	IE	CE	IE-CL	BL	IE-BL
11- 14 Girls	50.4%	52.7%	-2.3%	24.8%	26%	35%	35%	0%	27%	9%
11-14 Boys	46.7%	48.0%	-1.3%	48.2%	-2%	27%	35%	-8%	40%	-13%
15-18 Girls	65.7%	54.3%	11.4%	46.4%	19%	47%	50%	-3%	33%	13%
15-18 Boys	62.1%	37.2%	24.9%	42.8%	19%	55%	36%	19%	33%	22%
19-22 Girls*	54.6%	56.5%	-1.9%	46.4%	8%	100%	33%	67%	33%	67%
19-22 Boys*	54.8%	59.7%	-4.9%	42.8%	12%	56%	33%	23%	33%	23%

**Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

***Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

3.5 Sexual Violence – Witnessed and Experienced

In sexual violence witnessed and experienced, respondents in the age categories 15 and above were asked if they had witnessed or experienced any kind of sexual violence in the form of verbal comments (sexual jokes, whistling), physical touching or feeling up, staring, leering, stalking and violent physical coercion.

3.5.1 Sexual Violence Witnessed/Experienced

It may be highlighted here that in case of witnessing sexual violence within family, only 3 cases in intervention and 4 cases in control were reported. 3 cases of experiencing sexual violence within family were reported in control areas. No such cases were reported in intervention areas. In comparison 5.6 percent respondents during the baseline stage had reported experiencing sexual violence within family and 8 percent respondents had reported witnessing sexual violence within family. As mentioned at the beginning of the section, since there is a likelihood that perpetrator and victim both were at home at the time of the study (during lockdown), it may have effected respondents talking about it.

However, for the purpose of the report, owing to the negligible reporting this section would cover witnessing and experiencing sexual violence outside family. The details of these cases maybe provided later if required.

As with verbal and physical violence, witnessing of sexual violence (outside family) has been reported in higher proportions than experiencing it. This is especially pertinent in case of sexual violence as it comes with a sense of 'shame' for the victim which is often amplified by victim blaming.

In intervention endline 17 percent (27% Girls and 7% Boys) reported witnessing sexual violence outside home. This proportion was 13 percent (18% girls and 9% boys) in control and 39 percent (34% girls and 44% boys) in at baseline stage.

The following table presents the gender and age disaggregated data on witnessing and experiencing of sexual violence outside family:

Table 27: Reporting of witnessing/experiencing sexual violence outside family

Reporting of witnessing/experiencing sexual violence outside family	Reporting of sexual violence witnessed outside family					Reporting of sexual violence experienced outside family				
	IE	CE	IE-CE	BL	IE-BL	IE	CE	IE-CL	BL	IE-BL
15-18 Girls	26%	17%	8.5%	34.4%	-8%	9.4%	6.9%	3%	12.9%	-3%
15-18 Boys	7%	10%	-2.2%	44.3%	-37%	0.0%	.3%	0%	22.9%	-23%
19-22 Girls*	31%	18%	13.4%	34.4%	-3%	10.2%	6.7%	3%	12.9%	-3%
19-22 Boys*	5%	6%	-0.6%	44.3%	-39%	0.0%	0.0%	0%	22.9%	-23%
Total	10.1%	7.6%	2.4%	39.4%	-29.3%	4.7%	3.9%	1.27	18%	-13.21%

**Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

***Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

Overall reporting of sexual violence experienced and witnessed outside family has declined since the baseline. In case of boys almost negligible proportions of respondents reported experiencing sexual violence outside family in intervention endline. When it came to witnessing sexual violence higher proportion of girls reported when compared to boys in the intervention endline stage.

3.5.2 Reasons for Witnessing/Experiencing Sexual Violence

The following table presents the reasons cited for witnessing sexual violence outside family:

Table 28:Reasons for witnessing sexual violence outside family

Reasons for witnessing sexual violence outside family *(Proportion of those who reported witnessing sexual violence outside family)*	**Intervention (IE)**	**Control (CE)**	**Baseline (BL)**	**Difference IE-CE**	**Difference IE-BL**
Revenge on past matter	3%	6%	21%	-2%	-17%
Victim was under influence of alcohol/drug	3%	20%	17%	-17%	-14%
Culprit was under effect of alcohol/drug	3%	23%	16%	-20%	-13%
Ditched/duped in an affair/ relationship	21%	26%	23%	-5%	-2%
Bullying	37%	38%	18%	-1%	19%
Reason don't know/remember	47%	29%	39%	18%	8%

**Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

While a significant proportion of respondents did not know the reasons for the incident, bullying (increased significantly since baseline) and duped in an affair (increased significantly since baseline) were some of the main reasons cited.

The following graph presents age data on reasons for experiencing violence outside family as reported by girls.

While in majority cases, respondents did not know or remember the reasons for violence, being ditched in relationship, culprit under the effect of alcohol and bullying emerged as key reasons. Bullying as a reason for experiencing sexual violence has increased significantly since the baseline for both age groups.

In the case of boys, there was only one case of experiencing sexual violence outside family reported from control. No such cases were reported from intervention endline. In comparison 22 percent boys had reported experiencing sexual violence outside family at the baseline stage.

3.5.3 Type of sexual violence witnessed/experienced

The proportions disaggregated on types of sexual violence witnessed or experienced are quite small as the overall reporting of sexual violence (witness/experience) especially within family is low. As mentioned previously, in the case of witnessing sexual violence within family, only 3 cases in intervention and 4 cases in control were reported. Higher number of cases of witnessing sexual violence outside family emerged in the study. The following table presents the details of the same:

Table 29: Type of sexual violence witnessed within and outside family

Sexual Violence - Witnessed	Within Family			Outside Family		
	IE	CE	BL	IE	CE	BL
Verbal (comments, sexual jokes, Whistling)	0.1% (1 case)	0.4% (3 cases)	3%	15%	11%	25%
Physical (touching, feeling up etc.)	0%	0%	2%	5%	4%	13%
Visual (staring, leering/flashing)	0.1% (1 case)	0.2% (2 case)	3%	13%	10%	28%
Stalking	0.1% (1 case)	0.1% (1 case)	3%	12%	9%	26%
Violent physical coercion	0	0	3%	3%	2%	10%

As is the case with witnessing sexual violence, reporting of experiencing sexual violence is also quite low. Only 3 cases of experiencing sexual violence within family were reported in control areas. No such cases were reported in intervention areas. The cases reported in control were from the 15-18 girls group (visual-staring, leering/flashing – 2 cases; violent physical coercion – 1 case).

In case of experiencing sexual violence outside family, no cases were reported by boys in intervention-endline study area. Only 2 cases were reported in control areas (visual-staring, leering/flashing – 1 case; stalking – 1). Relatively higher reporting was recorded in the case of girls experiencing sexual violence outside family. For the two age groups, the proportions have remained stable since the baseline. The following table presents the details of types of sexual violence experienced outside family for girls and boys:

Table 30: Type of sexual violence experienced outside family - boys and girls

Boys Sexual Violence - Experienced Outside family	15-18			19-22		
	IE	CE	BL	IE	CE	BL
Verbal (comments, sexual jokes, Whistling)	0%	0.3% (1 case)	9.6%	0%	0%	9.6%
Physical (touching, feeling up etc.)	0%	0%	6.1%	0%	0%	6.1%
Visual (staring, leering/flashing)	0%	0%	14.2%	0%	0%	14.2%

Stalking	0%	0.3% (1 case)	16.9%	0%	0%	16.9%
Girls Sexual Violence - Experienced Outside family	**15-18**			**19-22**		
	IE	**CE**	**BL**	**IE**	**CE**	**BL**
Verbal (comments, sexual jokes, Whistling)	7.5%	5.3%	7.0%	7.8%	4.2%	7.0%
Physical (touching, feeling up etc.)	1.0%	.7%	2.3%	0.0%	1.6%	2.3%
Visual (staring, leering/flashing)	7.6%	5.6%	8.6%	6.8%	4.2%	8.6%
Stalking	3.9%	3.5%	7.8%	5.2%	1.8%	7.8%
Violent physical coercion	0.7% (1 case)	0	1 case	0.4% (1 case)	0%	0%

3.5.4 Perpetrator

In the case of **witnessing sexual violence outside home**, 70 percent of the adolescents who had reported witnessing sexual violence outside home in intervention endline, stated it to be an unknown person. The proportion for this response was 69 percent in control and 52 percent at the baseline stage. This was followed by reporting of 'men residing outside family' (IE: 20%; CE: 22%; BL: 15%) and 'friend' (IE:7%; CE: 8%; BL: 22%). What is noteworthy is that, 7 percent of the adolescents who had reported witnessing sexual violence outside homes stated that perpetrator were women (female relative or women residing outside home). This proportion was 14 percent in control endline and 8 percent at the baseline stage.

In the context of experiencing violence outside home, perpetrators reported across age and gender are as follows:

- 15-18 Girls – 'men residing outside family' (IE:43%; CE: 33%; BL: 24%) and ' unknown person' (IE:61%; CE: 56%; BL: 0%)
- 15-18 Boys –no such cases reported during endline and only one case in control ('friend'). At the baseline stage key response was teacher (57%)
- 19-22 Girls - 'men residing outside family' (IE:18%; CE: 15%; BL: 24%) and ' unknown person' (IE:75%; CE: 76%)
- 19-22 Boys – no such cases reported in intervention or control endline

3.5.5 Reporting of Sexual Violence

Respondents were also asked if they had told someone about the sexual violence witnessed or experienced. 57% of the girls in the 15-18 year category who reported experiencing sexual violence outside family, told someone about the incident. This figure was 28 percent in control and 49 percent in baseline. In the case of boys, no such cases reported (except one case in control- respondent did not report) in either of the two age categories. Within the 19-22 years age category 60 percent of the respondents who experienced sexual violence reported it. This proportion was 76 percent in control endline and 49 percent in baseline.

3.5.6 Qualitative findings

Overall, while in the quantitative study reporting of violence (across, physical and sexual forms of violence) has gone down, during qualitative study several adolescents and mothers spoke about various forms of violence they had witnessed or experienced within and outside family. Domestic violence perpetrated by father was the most common form of violence reported in qualitative interactions. While the adolescents did not seem to find the act acceptable, there was

a moral dilemma as it was being committed by family member. This was especially present when victim was the mother. This act itself adolescents found indefensible. In some cases there was also an attempt to shift blame to others (not the mother) or the situation itself such as provocation by relatives or person being under the influence of intoxicants in order to separate the person from the act itself. In case parents were inflicting violence on children, adolescents usually found a reason to shift the blame on children saying that they must have done something to provoke the parents. However, in case of violence outside the family (other than parent on children), where there was a clear right or wrong and absence of conflicting loyalties, adolescents to a large extent did not justify the act and believed it to be wrong. When this is compared with interactions held during pre-endline, one thing that clearly stands out is the admission of domestic violence within one's own house. During pre-endline, most cases reported were from the community and violence within family was out rightly denied. At the endline stage in intervention areas, adolescents were beginning to admit its presence within their own homes, a critical shift from the pre-endline stage. Their dissonance caused from their conflicting loyalties and realizing the wrongness of the act itself was visible.

In the context of violence outside, adolescents admitted there has been a spike in domestic violence in communities and it is further fuelled by substance abuse. Some of the adolescent girls also reported being subjected to harassment, stalking and eve teasing on their way to school/colleges which they reported to school authorities. Another aspect that emerged in the conversation with respect to sexual harassment outside the house is the **threshold for tolerance**. In most cases, girls said that they reported the case to the school authorities or families only after suffering through it for several days. They would adopt strategies such as taking a longer but different route to school, changing their timings and in one case missing school. Its only when none of the strategies seemed to work that they finally reported. Some of the girls reported stressing about the issues for days before mustering courage to raise their voice. While it is heartening that voices against such harassment is being raise, it's also important to lower this threshold for tolerance and encourage reporting in the first instance itself.

Programme started working on the issue of violence through the 'Dakhal Do' campaign only in its last year as it was a sensitive subject. Adolescents in the programme areas displayed understanding of the issue and importance of bystander activation. There were also a case reported by a team change leader in Lucknow who intervened in a stalking case. Overall, adolescents understanding of 'Dakhal Do' is from the perspective of a third party with low stakes in the situation. Hence, intervening seems moral and ethical. In case of violence within family however, intervening is rife with complications and moral ambiguity and may be more challenging.

3.6 Attitudes towards Violence

Tables provided below summarize the attitudes of adolescents towards physical violence inflicted upon girls and boys respectively. The respondents were provided a list of set norms and asked whether they agree or disagree with girls and boys being beaten if they do not adhere to them. The percentages in the table denote the number of respondents who disagreed with girls and boys being beaten when they broke the rule. As the statements are negative, the higher the percentage of respondents who disagree with these norms, the more positive/accepting the overall attitude is towards deviance. The tables also present the change in proportion of adolescents who disagree since the baseline.

Attitudes towards violence inflicted on girls

The data from the endline show that there is a significant improvement in attitudes since the baseline with respect to **rejecting violence as an option to punish deviance from norms**.

On subjects such as 'girls going out to play', 'girls continuing education', 'talking to boys' and decisions related to marriage, adolescents across age and gender categories in intervention-endline rejected violence to punish any norm deviance from girls. Looking at the **response of**

boys towards physical violence on girls, the biggest change since baseline in attitudes are evident on subject of inter-gender communication (she talks to a boy who is not a member of her family - 11-14: Δ23%; 15-18: Δ26% 19-22:Δ33%); mobility (she stays out late - 11-14: Δ26%;15-18: Δ23%;19-22:Δ22%); continuing education (she wants to continue her education against her family's wishes -11-14:Δ34%;15-18: Δ21%; 19-22:Δ23%); choices related to marriage (wants to marry boy of her choice -11-14:Δ16%;15-18: Δ20%; 19-22:Δ13%). Similarly, looking at the **response of girls towards physical violence on girls**, the biggest change since baseline in attitudes are evident on subject inter-gender communication (she talks to a boy who is not a member of her family - 11-14: Δ28%; 15-18: Δ41% 19-22:Δ48%); mobility (she stays out late - 11-14: Δ21%;15-18: Δ35%;19-22:Δ36%); continuing education (she wants to continue her education against her family's wishes -11-14:Δ27%;15-18: Δ26%; 19-22:Δ26%); choices related to marriage (wants to marry boy of her choice -11-14:Δ40%;15-18: Δ40%; 19-22:Δ40%). Also across all the attitudinal statements within each age category, girls have displayed positive attitudes in higher proportion than boys. The following three tables present gender and age wise disaggregated data on the subject:

Table 31: Attitudes towards violence in case of girls – Respondents 11-14 years age category

It is acceptable to beat a girl (Proportions for disagree/strongly disagree)	**11 – 14 Years Girls**			**11 – 14 Years Boys**			Girls		Boys	
	IE	**CE**	**BL**	**IE**	**CE**	**BL**	**IE-CE**	**IE-BL**	**IE-CE**	**IE-BL**
1. If she talks to a boy who is not a member of her family.	69%	55%	41%	65%	44%	42%	13%	28%	21%	23%
2. If she goes out to play	85%	74%	69%	94%	73%	65%	11%	16%	21%	29%
3. If she stays out late	67%	48%	46%	62%	33%	37%	19%	21%	29%	26%
4. If she does not help in household chores	68%	50%	38%	54%	36%	31%	18%	30%	19%	23%
5. If she does not complete her homework	53%	45%	32%	44%	26%	31%	8%	21%	18%	13%
6. If she doesn't obey elders	57%	36%	31%	41%	28%	28%	20%	25%	13%	14%
7. If she fights with others in class	65%	50%	42%	59%	37%	35%	15%	23%	22%	24%
8. If she fights with brothers and sisters	70%	56%	46%	61%	40%	34%	13%	24%	21%	26%
9. If she replies back when harassed by boys	98%	77%	65%	93%	79%	61%	21%	33%	14%	32%
10. If she wants to continue her education against her family's wish	98%	76%	72%	97%	81%	62%	22%	27%	15%	34%
11. If she protests against decision of her family members to get her married	91%	67%	44%	84%	47%	56%	25%	48%	36%	27%
12. If she wants to marry a boy of her choice	80%	56%	40%	75%	57%	59%	24%	40%	18%	16%
13. If she talks on mobile phone without her elders consent	56%	41%	34%	52%	27%	34%	14%	21%	25%	18%

It is acceptable to beat a girl (Proportions for disagree/strongly disagree)	11 – 14 Years Girls			11 – 14 Years Boys			Girls		Boys	
	IE	CE	BL	IE	CE	BL	IE-CE	IE-BL	IE-CE	IE-BL
14. If she does not serve food to her husband	71%	53%	44%	73%	40%	37%	18%	27%	32%	36%

**Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

Table 32: Attitudes towards violence in case of girls – Respondents 15-18 years age category

It is acceptable to beat a girl (Proportions for disagree/strongly disagree)	15-18 Years Girls			15-18 Years Boys			Girls		Boys	
	IE	CE	BL	IE	CE	BL	IE-CE	IE-BL	IE-CE	IE-BL
1. If she talks to a boy who is not a member of her family.	84%	73%	43%	77%	65%	51%	12%	41%	12%	26%
2. If she goes out to play	92%	82%	68%	96%	81%	75%	9%	23%	15%	21%
3. If she stays out late	79%	61%	44%	78%	50%	55%	18%	35%	28%	23%
4. If she does not help in household chores	78%	60%	39%	69%	48%	51%	18%	39%	21%	18%
5. If she does not complete her homework	60%	49%	32%	62%	41%	44%	10%	28%	21%	18%
6. If she doesn't obey elders	62%	50%	26%	60%	36%	41%	12%	36%	24%	20%
7. If she fights with others in class	76%	54%	40%	76%	54%	52%	22%	36%	22%	24%
8. If she fights with brothers and sisters	77%	65%	41%	81%	60%	53%	12%	35%	21%	28%
9. If she replies back when harassed by boys	99%	87%	64%	94%	84%	68%	12%	35%	10%	26%
10. If she wants to continue her education against her family's wish	99%	83%	73%	94%	86%	73%	16%	26%	8%	21%
11. If she protests against decision of her family members to get her married	95%	83%	56%	93%	73%	65%	12%	40%	20%	29%
12. If she wants to marry a boy of her choice	94%	74%	54%	87%	72%	67%	20%	40%	15%	20%
13. If she talks on mobile phone without her elders consent	71%	55%	48%	70%	52%	49%	17%	23%	18%	21%
14. If she does not serve food to her husband	78%	60%	38%	88%	61%	52%	18%	40%	27%	36%

It is acceptable to beat a girl (Proportions for disagree/strongly disagree)	15-18 Years Girls			15-18 Years Boys			Girls		Boys	
	IE	CE	BL	IE	CE	BL	IE-CE	IE-BL	IE-CE	IE-BL
15. If she refuses sex to her husband (NOT FOR UNDER 15)	87%	72%	64%	90%	66%	68%	15%	23%	23%	22%

**Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

Table 33: Attitudes towards violence in case of girls – Respondents 19-22 years age category

It is acceptable to beat a girl (Proportions for disagree/strongly disagree)	19-22 Years Girls			19-22 Years Boys			Girls		Boys	
	IE	CE	BL	IE	CE	BL	IE-CE	IE-BL	IE-CE	IE-BL
1. If she talks to a boy who is not a member of her family.	91%	75%	43%	84%	74%	51%	16%	48%	10%	33%
2. If she goes out to play	91%	92%	68%	95%	85%	75%	-2%	22%	10%	20%
3. If she stays out late	80%	68%	44%	76%	58%	55%	11%	36%	18%	22%
4. If she does not help in household chores	80%	63%	39%	67%	54%	51%	17%	40%	13%	16%
5. If she does not complete her homework	68%	55%	32%	56%	44%	44%	13%	36%	12%	12%
6. If she doesn't obey elders	66%	56%	26%	61%	39%	41%	11%	40%	22%	20%
7. If she fights with others in class	81%	65%	40%	72%	58%	52%	16%	41%	14%	20%
8. If she fights with brothers and sisters	77%	65%	41%	76%	64%	53%	12%	35%	13%	23%
9. If she replies back when harassed by boys	96%	93%	64%	94%	81%	68%	3%	32%	12%	26%
10. If she wants to continue her education against her family's wish	99%	94%	73%	96%	86%	73%	5%	26%	10%	23%
11. If she protests against decision of her family members to get her married	94%	88%	56%	94%	79%	65%	6%	38%	15%	29%
12. If she wants to marry a boy of her choice	94%	80%	54%	80%	70%	67%	14%	40%	10%	13%
13. If she talks on mobile phone without her elders consent	74%	58%	48%	68%	53%	49%	16%	25%	15%	19%
14. If she does not serve food to her husband	78%	67%	38%	88%	69%	52%	11%	40%	19%	36%
15. If she refuses sex to her husband (NOT FOR UNDER 15)	88%	79%	64%	90%	83%	68%	9%	24%	7%	22%

**Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

Attitudes towards violence inflicted on boys

On subjects such as 'boy talking to a girl not from his family, 'boy continuing education' and decisions related to marriage, adolescents across age and gender categories in intervention-endline rejected violence to punish any norm deviance from boys as well. Looking at the **response of girls towards physical violence on boys**, the biggest change since baseline in attitudes are evident on subject of inter-gender communication (he talks to a girl who is not a member of his family - 11-14: Δ35%; 15-18: Δ29%;19-22:Δ34%); continuing education (he wants to continue his education against his family's wishes -11-14:Δ22%;15-18: Δ24%; 19-22:Δ23%); choices related to marriage (wants to marry girl of her choice -11-14:Δ38%;15-18: Δ34%; 19-22:Δ31%). Similarly, looking at the **response of boys towards physical violence on boys**, the biggest change since baseline in attitudes are evident on subject of the biggest change since baseline in attitudes are evident on subject of inter-gender communication (he talks to a girl who is not a member of his family - 11-14: Δ20%; 15-18: Δ26%;19-22:Δ28%); continuing education (he wants to continue his education against his family's wishes -11-14:Δ33%;15-18: Δ21%; 19-22:Δ18%); choices related to marriage (wants to marry girl of her choice -11-14:Δ12%;15-18: Δ16%; 19-22:Δ12%). The following three tables present gender and age wise disaggregated data on the subject:

Table 34:Attitudes towards violence in case of boys – Respondents 11-14 years age category

It is acceptable to beat a boy (Proportions for disagree/strongly disagree)	**11-14 Years Girls**			**11-14 Years Boys**			Girls		Boys	
	IE	**CE**	**BL**	**IE**	**CE**	**BL**	**IE-CE**	**IE-BL**	**IE-CE**	**IE-BL**
1. If he talks to a girl who is not a member of his family	73%	60%	38%	63%	45%	43%	13%	35%	18%	20%
2. If he goes out to play	88%	73%	65%	95%	78%	68%	15%	23%	17%	27%
3. If he stays out late	77%	59%	52%	62%	43%	43%	18%	25%	19%	19%
4. If he does not help in household chores	66%	55%	52%	47%	36%	36%	11%	14%	11%	11%
5. If he does not complete his homework	59%	46%	35%	41%	26%	29%	14%	24%	15%	12%
6. If he doesn't obey elders	56%	42%	28%	38%	27%	28%	14%	29%	11%	10%
7. If he fights with others in class	66%	50%	39%	54%	32%	34%	17%	27%	21%	19%
8. If he fights with brothers and sisters	72%	55%	44%	59%	37%	29%	17%	27%	22%	30%
9. If he wants to continue his education against his family's wish	94%	77%	72%	96%	79%	63%	17%	22%	17%	33%
10. If he protests against decision of his family members to get him married	87%	66%	47%	83%	56%	54%	21%	40%	27%	29%

It is acceptable to beat a boy (Proportions for disagree/strongly disagree)	11-14 Years Girls			11-14 Years Boys			Girls		Boys	
	IE	CE	BL	IE	CE	BL	IE-CE	IE-BL	IE-CE	IE-BL
11. If he wants to marry a girl of his choice	86%	63%	49%	74%	60%	62%	23%	38%	14%	12%
12. If he talks on mobile phone without his elders consent	71%	58%	47%	64%	36%	41%	13%	24%	29%	24%
13. If he does not show his masculinity where it is required	67%	46%	0%	39%	29%	0%	21%	67%	10%	39%

**Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

Table 35: Attitudes towards violence in case of boys – Respondents 15-18 years age category

It is acceptable to beat a boy (Proportions for disagree/strongly disagree)	15- 18 Years Girls			Boys			Girls		Boys	
	IE	CE	BL	IE	CE	BL	IE-CE	IE-BL	IE- CE	IE-BL
1. If he talks to a girl who is not a member of his family	84%	68%	55%	79%	62%	54%	16%	29%	17%	26%
2. If he goes out to play	94%	77%	73%	95%	84%	73%	16%	21%	11%	22%
3. If he stays out late	84%	68%	51%	81%	63%	55%	16%	33%	18%	26%
4. If he does not help in household chores	72%	61%	46%	66%	52%	47%	11%	26%	14%	20%
5. If he does not complete his homework	66%	55%	37%	62%	43%	42%	11%	28%	19%	20%
6. If he doesn't obey elders	64%	52%	29%	59%	38%	36%	13%	35%	21%	23%
7. If he fights with others in class	78%	58%	38%	74%	49%	50%	20%	40%	25%	24%
8. If he fights with brothers and sisters	76%	62%	38%	80%	53%	45%	14%	39%	27%	35%
9. If he wants to continue his education against his family's wish	98%	85%	74%	95%	85%	74%	13%	24%	9%	21%
10. If he protests against decision of his family members to get him married	94%	82%	58%	92%	74%	67%	12%	36%	17%	24%
11. If he wants to marry a girl of his choice	94%	77%	60%	89%	76%	73%	17%	34%	13%	16%
12. If he talks on mobile phone without his elders consent	81%	67%	55%	78%	65%	58%	13%	25%	14%	20%

It is acceptable to beat a boy (Proportions for disagree/strongly disagree)	15- 18 Years Girls			Boys			Girls		Boys	
	IE	CE	BL	IE	CE	BL	IE- CE	IE- BL	IE- CE	IE-BL
13. If he does not show his masculinity where it is required	75%	57%	44%	58%	44%	52%	18%	31%	13%	5%

**Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

Table 36: Attitudes towards violence in case of boys – Respondents 19-22 years age category

It is acceptable to beat a boy, disagree to the below statement	19-22 Years Girls			19-22 Years Boys			Girls		Boys	
	IE	CE	BL	IE	CE	BL	IE- CE	IE- BL	IE- CE	IE- BL
1. If he talks to a girl who is not a member of his family	88%	79%	55%	82%	71%	54%	10%	34%	11%	28%
2. If he goes out to play	95%	88%	73%	96%	85%	73%	8%	22%	11%	23%
3. If he stays out late	87%	75%	51%	77%	64%	55%	12%	36%	13%	22%
4. If he does not help in household chores	72%	70%	46%	64%	55%	47%	2%	26%	9%	18%
5. If he does not complete his homework	68%	67%	37%	55%	45%	42%	2%	31%	10%	13%
6. If he doesn't obey elders	67%	64%	29%	51%	45%	36%	3%	38%	6%	15%
7. If he fights with others in class	79%	71%	38%	72%	57%	50%	8%	41%	15%	22%
8. If he fights with brothers and sisters	78%	72%	38%	78%	56%	45%	6%	40%	21%	33%
9. If he wants to continue his education against his family's wish	97%	96%	74%	92%	85%	74%	1%	23%	7%	18%
10. If he protests against decision of his family members to get him married	97%	90%	58%	94%	75%	67%	7%	40%	19%	27%
11. If he wants to marry a girl of his choice	91%	88%	60%	85%	75%	73%	3%	31%	10%	12%
12. If he talks on mobile phone without his elders consent	82%	77%	55%	74%	65%	58%	5%	27%	9%	16%
13. If he does not show his masculinity where it is required	78%	68%	44%	51%	42%	52%	10%	34%	9%	-2%

**Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

Overall, there is a significant improvement with respect to attitudes rejecting physical violence to punish norm deviance. These changes are evident in responses of both boys and girls especially

on themes such as mobility, household chores, choices around marriage and education; areas that the program has specifically focused on.

3.7 Attitudes of Parents and Community Members

Discussions with adolescents, parents and community members reveal the all-pervasive nature of violence especially domestic violence. While at the pre-endline level there was a surface level denial and admission was only in case it was happening in other houses; during qualitative discussions at the endline stage, adolescents and mothers on little probing accepted witnessing or being subjected to it themselves. These admissions were made when they were sure there wasn't a risk of them being overheard. This acknowledgement at the parental and community level also indicates towards the fact that during COVID19, while cases of domestic violence have risen, it is also difficult for the victim to even talk about the issue as in most cases the perpetrator is home for a prolonged period. Moreover, reporting in case of domestic violence is not considered a viable option as violence is a private matter to be dealt with within the family. It should not be brought out in the open involving outsiders as it brings 'dishonour to the family name'. Community members would often defend it by citing few cases of women who retaliate with violence when subjected to it at home. In other words, domestic violence is palatable as (1) it is a family matter and (2) sometimes women also retaliate. Community members also feel that interfering in someone else's family matter may give other people the right to interfere in their personal issues. There is also a tendency to shift the blame on the victim by questioning his or her behaviour and the idea that 'he/she should have known better'. In other words, behaviour of the perpetrator is a given and it is the victim who should have practiced caution.

Besides domestic violence, qualitative discussions also shed some light on sexual harassment in caste wise heterogeneous communities. Community members reported that in case there are hamlets of different caste/religious groups in one village, girls generally avoid the route passing through other communities as there is a risk of being harassed especially if it's a dominant caste hamlet. Sexual harassment is also seen as a tool to humiliate other groups into submission. Conversely, it was also observed that cases of harassment when culprit is from other community is highlighted more vis-à-vis when culprit is from the same community. Cases of sexual harassment that may take place within the same caste group are often not disclosed.

When compared with the findings from the baseline, attitudes of parents and community stakeholders has largely remained stable. At the parental and community level, there is perhaps an initial acknowledgement of the existence of domestic violence but it is limited to acknowledgement only. Notions around family and community honor are reasons behind a culture of silence around the issues of violence which is similar to the findings from the baseline as well.

3.8 Awareness about Reporting Platforms

While the programme touched upon the issues of violence only in the last year and that too in the middle of COVID, trainers across districts reported that adolescents are bringing up such incidents to them. Another aspect that emerged during the study was in the context of awareness around reporting platforms. Adolescents were aware of basic recourse such as helpline numbers Dial 100, Childline 1098 etc. However, their understanding did not extend beyond it. In other words, they did not fully comprehend what may follow after reporting cases of violence on these numbers. While adolescents did display some awareness about reporting platforms, parents and community members were largely unaware of it.

Nevertheless, one interesting aspect that has emerged during the study is that despite the issue of violence being just recently introduced, owing to the nature of the programme, some increase in reporting of cases related to violation of child rights maybe a contribution of AEP. For instance, Childline data from Maharajganj (Childline here being run by the district partners within intervention blocks) shows that while in 2014-15 total number of cases reported on the platform were about 48, in 2018-19 this number was at 146, almost a three times increase in reporting

within four years. The reporting has not only shown increase in quantum but there has also been an expansion with respect to the types of cases reported. While in 2014-15 most cases pertained to parents asking help and emotional support and guidance, in 2018-19 cases reported ranged from child marriage, child labor to protection from abuse.

3.9 In Summary

In summary, despite the issue of violence having being discussed only in the last year of the programme, adolescents displayed sensitivity to the issue. They understand the concept behind 'Dakhal Do' and the importance of bystander activation to provide immediate relief to the victim. On the issue of attitude towards physical violence (as a tool to punish norm deviance) as well, adolescents have displayed significant improvement since the baseline. At the same time, most adolescents have only surface level knowledge about the possible reporting platforms and what the process may entail in case they plan to report violence. Though in the quantitative study overall reporting of violence has come down are at the same level as baseline, qualitative interactions revealed that the problem is ubiquitous. At the level of parents and community, while there is acknowledgement of the prevalence of domestic violence, both the groups believe that this is a private matter and is best handled within the family. Both parents and community members are mostly unaware of the platforms available for reporting cases of violence. It may be safely inferred that attitudes of parents and community towards the issue of violence have largely remained stable since the baseline.

4. Education

The chapter summarizes findings with respect to the current status of education and the attitudes of adolescents, parents and communities towards it. The chapter presents a comparison between the findings of the endline assessment with that of the baseline using quantitative and qualitative data. Comparison with pre-end line and midline rounds have been used to explain any outliers in the trajectory. The endline assessment has attempted to look at education from the perspective of attitudes of the three level of stakeholders and at the same time identifying other key factors that have had a bearing (positive/adverse) on concrete actions taken towards pursuance of education/career.

4.1 Context

In the last few years, with the increasing focus of governments across states and in centre on improving enrolment, India achieved near universal primary enrolment in 2014 itself. While learning levels remained a challenge, schools became the entry point for improving associated indicators such as nutrition and delaying the age of marriage. Moreover, increasing internet penetration and informational democracy has given rise to newer aspirations. Education is increasingly being seen by parents and adolescents alike as vehicle for vertical social and economic mobility. However, with the onset of COVID19, ensuing lockdown and schools shutting down, there has been a prolonged disengagement of adolescents from learning. Several government and civil society reports such as ASER 2020 have reported that factors such as schools shutting down, weakened financial condition of households and many students not being able to 'afford' online classes is creating learning inequity that socio-economic weaker groups may take years to bridge as compared to better off households. While aspirations have risen, chronic structural inefficiencies in access to education have become starker due to COVID and may lead to adolescents falling through the crack. This dichotomy is likely to give rise to frustration and regression in positive attitudes towards education as a means to a better life. It is in this extraordinary context that the programme outcomes at the endline may be understood and framed.

4.2 Enrolment Status

When compared to the baseline as well as the control group, there has been a substantial progress in overall enrolment status within the intervention area. In the 11-22 years age group within the intervention villages, 92% adolescents (girls and boys) reported currently attending school/college or waiting for admissions. These figures are 83% in control areas and were about 81% during baseline; difference with intervention areas in both cases being statistically significant. Interestingly, the difference between control and baseline figures are not statistically significant. This indicates that since the baseline, while intervention areas have shown statistically significant improvement in overall enrolment, control areas have plateaued at the baseline level. Therefore, it may be inferred that the change evident in enrolment status in intervention areas since the baseline may be attributed to programme activities as similar change is not evident in control areas.

Here it may be highlighted that much higher proportion of respondents in both control and intervention areas (18% and 17.6% respectively) during endline reported to be 'waiting for admissions' as compared to baseline (1.3%). This could be corroborated from qualitative discussions wherein owing to financial difficulties arising out of COVID19, school closures etc. decision for admissions were either deferred or delayed by households. What is interesting is that across age categories 'waiting for admissions' in intervention and control areas during the endline is much higher for girls as compared to boys. This indicates that delay or deferment of admissions have impacted girls considerably more than it has boys.

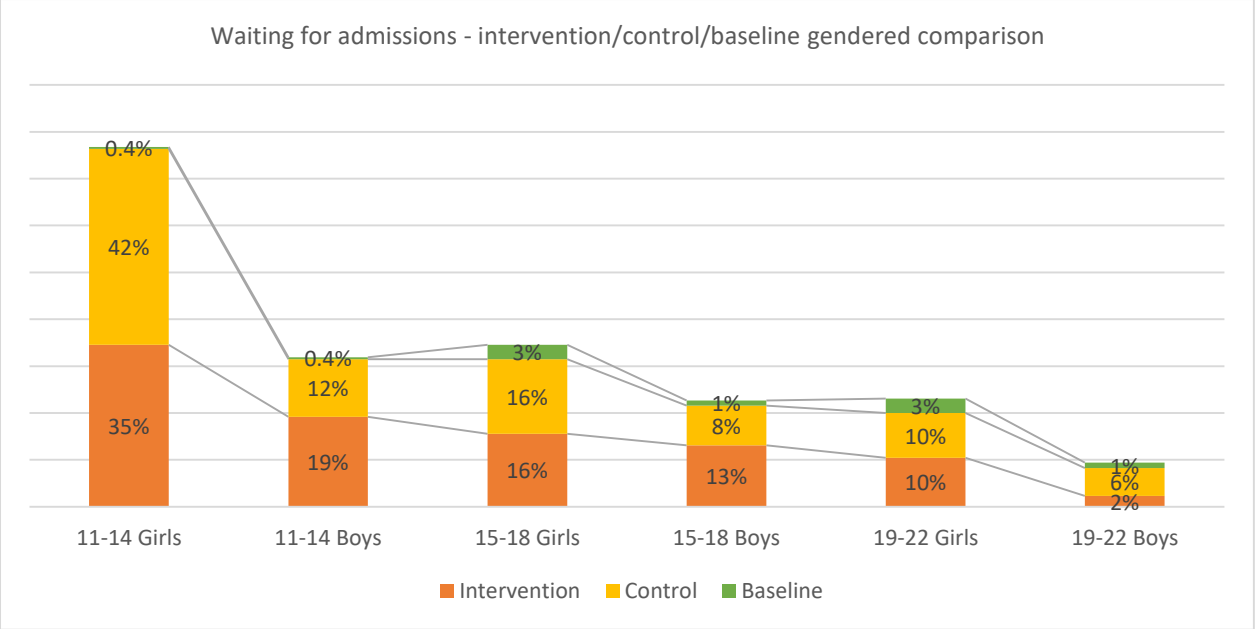


Figure 20: Waiting for admissions - intervention/control/baseline gendered comparison

As may be evident from the graph, 'response to 'waiting for admissions' was highest in the 11-14 years as schools for within this age category (5th class to 8th class) had not reopened at the time of the study. However, what may be a cause for alarm is the rise within 15-18 years category in the case of girls in both control and intervention areas (Class 9th and above). Any deferment and consequently likely discontinuation of education within this age category of girls puts them at the risk of early (if not underage) marriage. In the case of boys there is a possibility of joining the workforce prematurely without completing education. While at this stage, the adolescents expressed optimism towards being able to join school/college in the upcoming session, household pressures with respect to finances, marriage and work could lead to some of these numbers not translating into actual enrolment.

In terms of drop out, here as well intervention area villages perform much better as compared to control villages and since the baseline. In fact, drop outs within the 11-22 years age category has increased in control areas (16.5%) since the baseline (13.7%). On the other hand, drop-out proportions within the intervention areas are at 8.1%, a statistically significant difference when compared with both control and baseline figures.

Further, analysis of the drop-out data within intervention and control villages indicates that this is a more dominant phenomenon for girls as compared to boys. The likelihood of adolescents dropping out increases with class and age. The following table presents the drop-out proportions disaggregated by age and gender for control and intervention villages:

Age category	**Intervention**			**Control**		
	Girls	**Boys**	**Difference Δ**	**Girls**	**Boys**	**Difference Δ**
11-14 years	5%	0%	5%	6%	0%	6%
15-18 years	13%	3%	10%	23%	13%	11%
19-22 years	28%	18%	10%	48%	45%	3%

Table 37: Drop-out proportions disaggregated by age and gender for control and intervention villages

As is evident from the table that in terms of drop out, proportion of girls is higher as compared to boys, and intervention villages across age categories fare better than control villages. Looking at

inter-district variation, Lucknow followed by Siddharthanagar reported highest proportions of drop out. Though having pointed this, both the districts perform better when compared with their corresponding control and baseline figures. During qualitative discussions, financial conditions of the household, infrastructural barriers such as absence of school/college in the area, lack of transport facilities, and remoteness of villages were cited as reasons for discontinuing education of girls. At the same time, in most intervention areas, adolescents reported that girls were able to finish their education at least up to class 12th (about 18 years). This figure during baseline qualitatively was found to be around class 10th (about 16 years).

Moreover, there is a significant difference in the drop-out percentage in the 19-22 years girls' category between control and intervention villages (48% and 28% respectively). This is an interesting variation as within this category, respondents selected in intervention villages were those who had not directly participated in the *Taron ki toli* sessions, but had rather supported the programme indirectly, by mobilizing adolescents before each session. These figures may be an indicative of a positive trend with respect to education outcomes among direct as well as indirect beneficiaries of the programme.

Overall, there has been clear progress made in the context of continuing education and enrolment. This is also evident from the overall impact indicator 'average number of years in school for 11-22 years category' which has increased for both boys and girls since the baseline:

Average years at school	Endline		Baseline
	Project	**Comparison**	
Total (11-22 years)	7.97	8.04	7.84
	7 years 11 months 19 days	8 years 14 days	7 years 10 months 2 days
Male (11-22)	7.93	7.93	7.81
	7 years 11 months 5 days	7 years 11 months 5 days	7 years 9 months 22 days
Female (11-22)	8.01	8.19	7.88
	8 years 4 days	8 years 2 months 8 days	7 years 10 months 17 days

Table 38: Impact Indicator - Average years at school

4.3 Attitude of Adolescents towards education

Overall, there has been an improvement in the attitudes of adolescents towards education since baseline and when compared to control. Adolescents in control and intervention villages were enquired about **the levels up till which girls and boys should study**. Responses of the adolescents disaggregated by gender and compared with control and baseline is presented below:

Figure 21: Adolescent Attitudes- up to which class should girls study

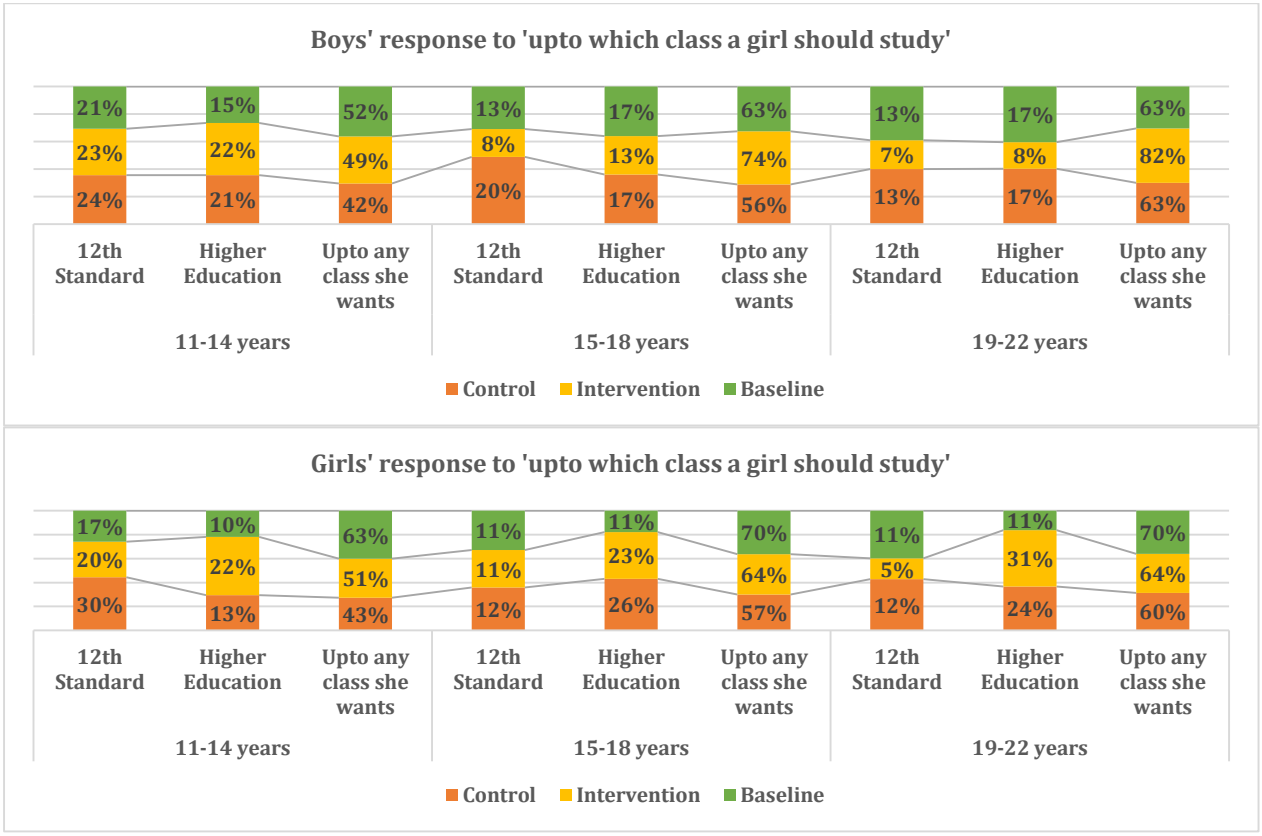
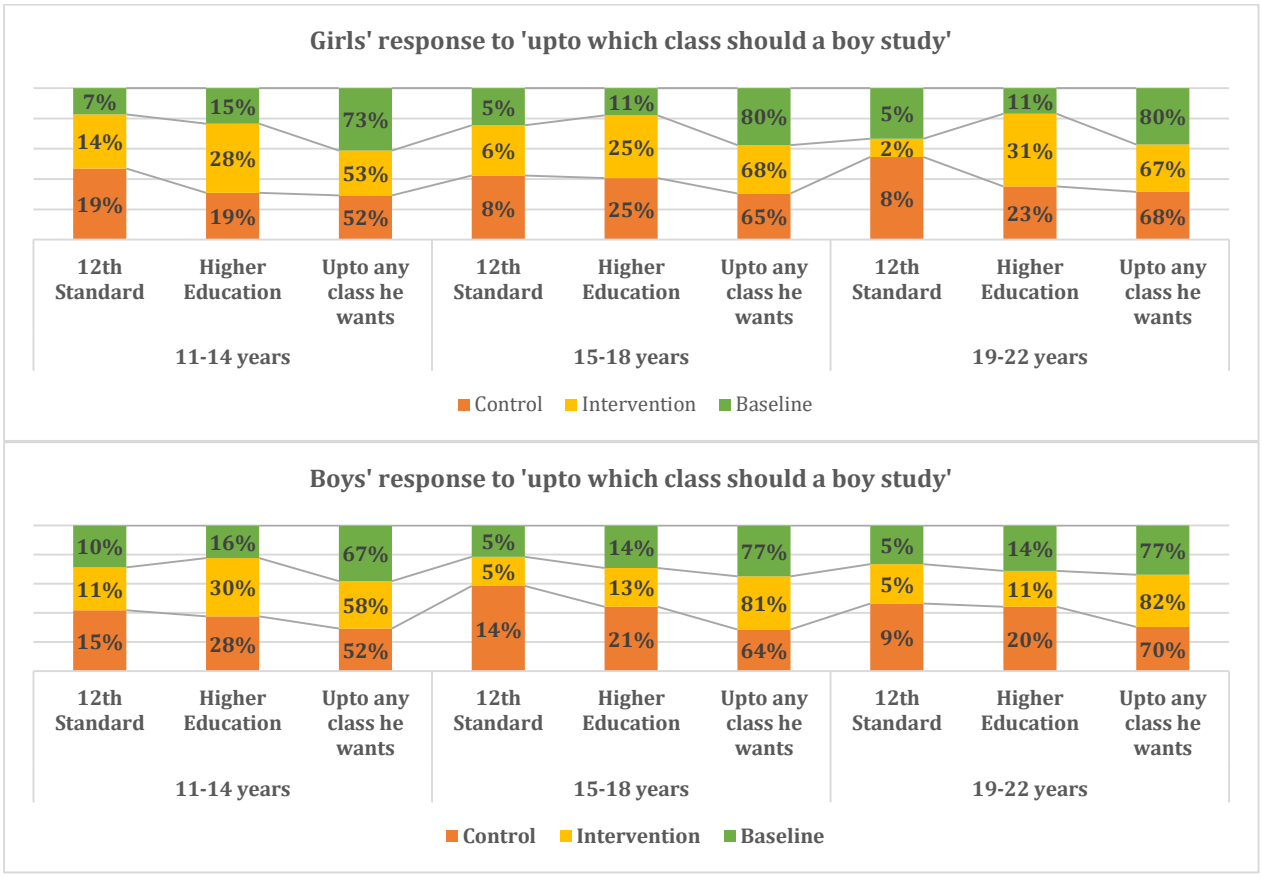


Figure 22: Adolescent Attitudes- up to which class should boys study



In the context of overall **attitudes towards girls' education across all age categories and gender**, when compared that at the time of baseline, there has been a **significant increase in proportion of responses: 'higher education'** and '**upto any class she wants'**, by both boys and girls. During the baseline, proportion of adolescents who stated these options stood at 75%, whereas the proportion of such respondents during the end line - control was 71%. On the other hand, 82% of the adolescents in intervention villages during end line stated these options, a statistically significant difference when compared with that in the baseline and control end line figures. In fact, as is evident, in control areas the response within these two categories has dropped since the baseline (drop is statistically significant) highlighting programme's contribution in building and sustaining positive attitudes towards girls' education.

In the case of girls' response across the three age categories in intervention villages, this proportion has increased by 7 percent since the baseline (from 76% to 83%). In the boys' case, this proportion has increased from 73 percent during baseline to 81 percent in the endline. In both the cases, this increase is statistically significant. Qualitative findings also corroborate the quantitative figures, with a general improvement in positive attitude towards girls' education.

In the case of overall **attitudes towards boys' education across all age categories and gender,** it was largely positive during baseline (87 percent responded with 'higher studies' or 'upto any class he wants) and has remained stable in the endline in intervention villages (90 percent responded with 'higher studies' or 'upto any class he wants). At the same time, the gap between attitudes towards boys' education vis-à-vis girls' education since the baseline has declined more within intervention villages as compared to that in control villages. The following table presents this gap across end line intervention & control, as-well-as the baseline.

Higher education or up to any class he or she wants	**ΔIntervention**	**ΔControl**	**ΔBaseline**
(gap between positive attitude towards education of boys as compared to girls)	8%	12%	14%

Within age categories and gender in endline-intervention villages the strongest attitudes towards education of girls was evident within the 19-22 years girls' category (95 percent responded with 'higher studies' or 'upto any class she wants). In qualitative findings as well this group emerged as the strongest advocates for education of girls followed by the boys of the same age category. Relatively weaker attitudes were evident in both qualitative and quantitative study within the 11-14 years age category, the group in intervention villages with no direct engagement with the programme.

In the context of inter-district variation towards attitudes of girls in intervention villages during endline, Ghazipur and Gorakhpur are better performing districts while almost a quarter of the respondents in Siddharthnagar reported that a girl should study up to class 12th. This was the highest such proportion as compared to other districts. Following figures present inter-district variation in response to the enquiry 'up to which class should a girl study'.

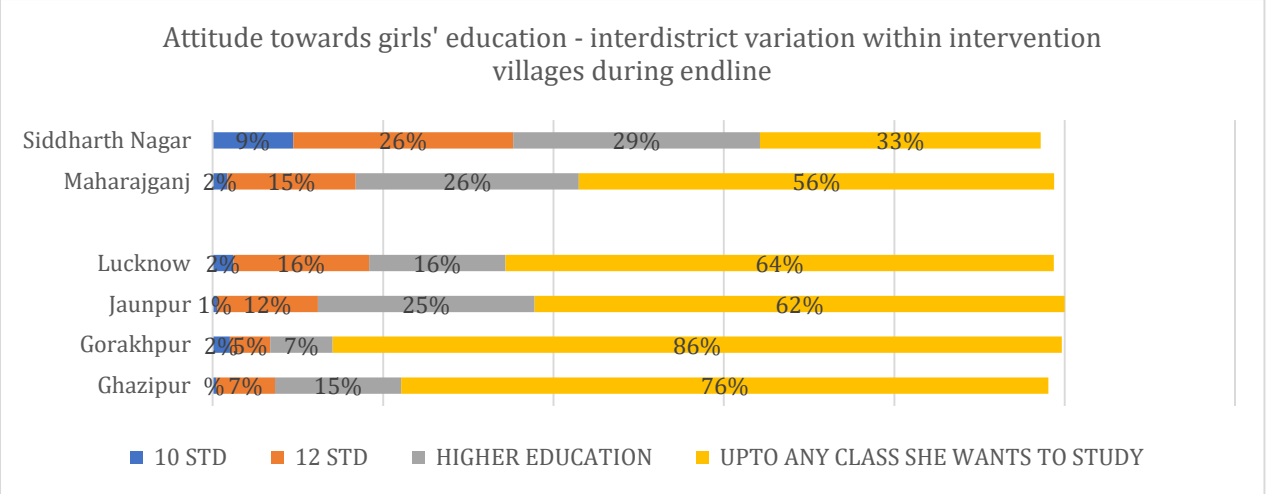
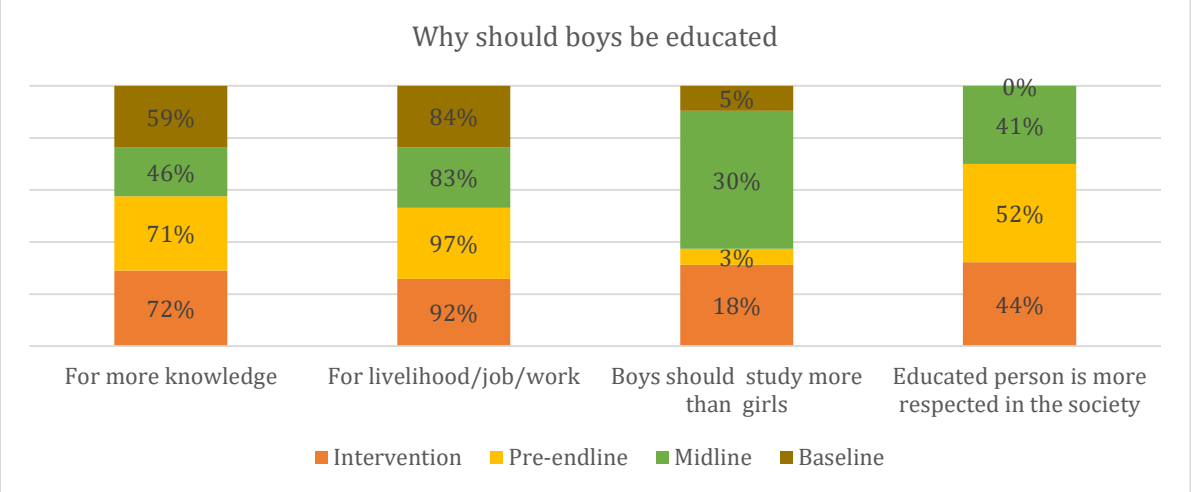


Figure 23: Attitude towards girls' education – inter-district variation within intervention villages during endline

In order to have a more nuanced understanding of adolescents' attitudes towards education, they were further probed on reasons they believe valid for a girl and boy to receive education. Following figures present the quantitative findings from intervention areas compared with the previous studies. This comparison is for the 15-18 year age category (*Taron ki toli* members) since the midline and the pre-endline were conducted only with *taron ki toil* members. (11-14 years and 19-22 years do not have a comparable category in midline and pre-endline)

**Options 'educated person more respected', 'so they are able to teach their children later in life', and 'will help to get an educated husband' added during midline*

Figure 25: Why should boys be educated



* *Option 'educated person more respected' added during midline*

In the context of **reasons for girls being educated**, 'for livelihood/work' has emerged as the most prominent response, reported by 80 percent of the total respondents in the intervention villages during endline. While this is a statistically significant increase since the baseline, what is noteworthy is that there has been a statistically significant decline in the indicator since the pre-endline. Interestingly, in the case of **reasons for boys being educated**, a similar trend is evident with respect to reporting of 'for livelihood/work' i.e. a statistically significant rise since the baseline but a statistically significant decline since the pre-endline. In other words, attitudes with respect to seeing a link between education and career have evidently regressed towards both boys and girl since the study in 2019. Moreover, since pre-endline there has also been a statistically significant decline in attitudes with respect to '**girls should study equivalent to**

boys' and a statistically significant increase in '**boys should study more than girls'**; indicating towards a regression in attitudes towards gender equity in education.

This regression in attitudes within a short span since pre-endline was also evident during qualitative study and could largely be attributed to the absence of adequate infrastructural services and barriers arising directly out of COVID19. This emerged to be the case not only in remote areas such as Siddharthnagar but also in peri-urban areas of districts such as Lucknow. Several 19-22 year old girls in intervention villages from peri-urban areas mentioned about joining work in the nearest town after graduation but reported having to leave because of factors such as unavailability of transport especially while coming back from work late in the evenings, the returns from salary not high enough for the time and effort required to continue working. This situation is further exacerbated in remote villages of districts such as Siddharthnagar.

Another factor that may help understand this decline is the lack of job opportunities available after completing education. This factor is likely to have had an impact on overall regression attitudes towards '**class upto which a girl/boy should study'** since the pre-endline as well.

The following figure shows the trajectory of attitudes since baseline through midline and pre-endline up to endline in intervention villages:

As is evident from the figure, there has been a decline since midline in responses 'higher education' and 'upto any class he/she wants' for the enquiry 'upto which class should boys/girls be educated?'. This decline is present in attitudes towards both boys and girls. However in the case of girls the decrease since midline upto endline-intervention villages is 10 percent while in the case of boys it is of about 11 percent. As adolescents have become more aware of the realistic barriers in their environment especially in the context of education-career link, their attitudes increasingly reflect this. Moreover, with schools closing due to COVID19, and students losing touch with their studies, it may have to some extent dwindled their interest in studies. Other factors such as financial pressures of the households with members losing their sources of livelihood during lockdown, higher education (after class 8th) being costly, combined with easily available unskilled-semis skilled work opportunities vis-à-vis risk of not finding a job even after investing years in completing education also explain the attitudinal decline since midline. It may be reasoned that during times of crisis, there is a tendency to fall back to ways and attitudes which may seem more familiar.

At the same time what may also be inferred is that norms related to education, being able to work, mobility are more often than not a cost of education, function of services, such as connectivity and organically evolve as and when these services reach the villages. In a peri-urban village in Lucknow, community members reported how increasing number of girls have started completing their education just because a highway was constructed few years back in their area, improving availability of public transport, connecting them to higher class schools and colleges.

Another observation from the quantitative data that has emerged has been that in response to 'why should girls be educated' – the option 'so they are able to teach their children later in life', there has been a statistically significant decline from pre-endline (39 percent) to endline intervention villages (34 percent). Expectations with respect to traditional gender roles in the context of girls' education and them being future educators of children have weakened since the pre-endline.

Overall, while there has been a significant improvement in the general attitude of adolescents towards education and its link with career since the baseline and in comparison to control villages, realistic barriers such as financial condition of the household being adversely impacted by COVID19, lack of connectivity and absence of job opportunities pose a risk to the headways made by the programme with respect to attitudes of adolescents towards education.

4.4 Negotiations/Reassertion on Education

Findings from both quantitative and qualitative suggest that since the baseline, in intervention villages adolescents have started raising their voices about continuing their education. The aspects around which the adolescents are discussing/negotiating vary from region to region for girls. For instance in villages of Ghazipur, girls reported negotiating on where to study and what courses to study with having no restrictions on going outside their village to study further. However, in some villages of Jaunpur, negotiations on education were limited to getting admissions in school/college available nearby. There was no discussion around negotiations on 'where to study' or 'which courses to study'. It largely depended on availability of educational facilities. In the case of boys, there were no evident restriction on where and what they want to study as long as the household could support the choices.

The following table presents the quantitative figures on negotiations regarding education for each of the gender and age categories comparing intervention, control and baseline data:

Age and Gender Category	Class till which you want to study (Discussed at least once)				
	Intervention	Control	Baseline	Δ I-C	Δ I-B
11-14 girls	64%	58%	54%	7%	10%
11-14 boys	54%	45%	53%	9%	0%
15-18 girls	81%	69%	60%	13%	21%
15-18 boys	64%	60%	51%	4%	13%
19-22 girls	77%	60%	60%	17%	17%
19-22 BOYS	56%	48%	51%	8%	6%

Table 39: Negotiating choices around education - class till which they want to study

**Cells highlighted in green represent statistically significant differences*

Age and Gender Category	Buy a mobile phone/internet connection for online classes (Discussed at least once) - option added during endline		
	Intervention	Control	Δ I-C
11-14 girls	16%	19%	-3%
11-14 boys	18%	22%	-4%
15-18 girls	35%	27%	8%
15-18 boys	35%	39%	-4%
19-22 girls	40%	32%	8%
19-22 boys	70%	74%	-4%

Table 40: Negotiating choices around education – buy mobile phone/internet connection for online classes

**Cells highlighted in green represent statistically significant differences*

As may be evident from tables above, negotiations with respect to **class upto which they want to study** in the case of girls is highest within 15-18 years category across intervention, control and baseline. This maybe because these are the years when adolescent girls are at most risk to drop out from school (absence of schools in the area, mobility related restrictions and/or barriers, households citing financial difficulties, considered of marriageable age). In this context, it may be observed that girls within 15-18 years as well as 19-22 years category from intervention areas have been most vocal as compared to other age and gender categories. The two age and gender categories have been directly engaged in the programme in the intervention areas. These two categories display statistically significant positive difference when compared with the endline control and baseline.

It is also interesting to note that when it comes to asking parents/caregivers for spending money on issues around education (for example, buying phone/internet connection), boys emerged to be more vocal across all age categories (except 15-18, where there is no difference between proportion of girls and boys negotiation negotiating) when compared with girls in the same age cohort.

Respondents were also asked that in case their voice was not heard the first time, did they reassert their views on the issue of education.

Class till which you want to study (Reasserted in case opinion not heard the first time)	**Yes or Did not require to reassert**			**Change**	
	Intervention	**Control**	**Baseline**	**INT-CT**	**INT-BL**
11-14 GIRLS	58%	68%	70%	-10%	-12%
11-14 BOYS	55%	55%	68%	1%	-12%
15-18 GIRLS	67%	64%	77%	3%	-10%
15-18 BOYS	61%	73%	74%	-12%	-13%
19-22 GIRLS	61%	72%	77%	-11%	-16%
19-22 BOYS	68%	63%	74%	5%	-6%

Table 41:Reassertion - Class till which one wants to study

**Cells highlighted in green represent statistically significant differences*

Almost across all age and gender categories 'reassertion' or 'not requiring to reassert' has declined (statistically significant for all groups, except in the case of 19-22 boys) since the baseline. It needs to be highlighted here that financial difficulties of households directly arising out of COVID 19 has evidently created a moral dilemma for adolescents and effected their 'will to negotiate/reassert'. Adolescents in qualitative interactions expressed sympathy for the pressures on parents and refrained from 'demanding more' viewing it as 'selfish' lest it further burdened the parents. This is also evident from the quantitative data wherein since the pre-endline, negotiations with respect to the class till they want to study in case of 15-18 year girls (TKT members) in intervention areas has statistically significant declined by almost 14 percent. In the case of boys within the same age category (15-18 year TKT members), the decline is even steeper (29%) since the pre-endline. Another aspect that has emerged is that across age categories in intervention areas (endline), higher proportion of boys reported 'not requiring to reassert' when compared with girls in the corresponding age cohorts. This may perhaps indicate that the pushback in the case of continuing education remains higher for girls and as a consequence they feel the need to reassert.

At the same time, resilience to these pressures was evident more in intervention villages as compared to control villages. This could be attributed to the social capital of adolescents which has expanded as a direct result of them being *Taron ki toli* members. *Taron ki toli* offered a platform where just being able to 'talk out' their issues has helped adolescents in resisting such pressures which are often their

own internal dilemmas – education as a non-negotiable right versus understanding financial pressures on parents. Moreover, this social capital is not only seen as useful to oneself but is also being used to provide support to other children who may be facing such issues. Team Change Leaders have also emerged as leverage that adolescents reported using for varied purposes such as seeking advice, as sounding boards and even to route their education related demands to the parents.

In terms of whom this negotiation is taking place with, it emerged that for girls across age categories these conversations are mainly taking place with the mothers followed by fathers. The following figure presents the age and gender disaggregated data across endline-intervention, endline-control and baseline:

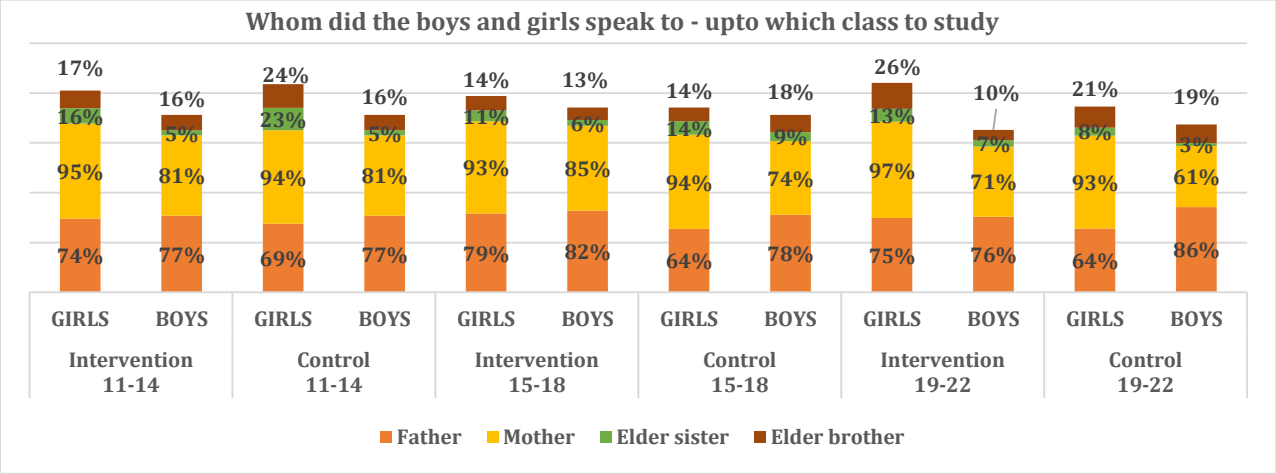


Figure 27: Whom did the boys and girls speak to - upto which class to study

These discussions primarily revolve around the career aspirations of adolescents and the additional number of years they want to study. In other words, where career aspirations or the path to their goals is not clear, adolescents seem to negotiate with respect to minimum age up to which the want to study or how many more number of years they want to stay in school/college in order to buy more time. This is especially true in the case of girls who are at risk of being married off once they reach a minimum age threshold and have also discontinued their education.

Within age categories, it emerged that the 11-14 years (non-TKT) within intervention villages did not have a much information with respect to their careers. They expressed what they wanted to become – doctor, army, police but were largely unaware of the path that needs to be taken to achieve the goal. Within the 15-18 year category (TKT members) in intervention villages, the goals expressed appeared to be realistic and thought-through, backed by the knowledge of achieving them. At the same time there were still gaps in information with respect to financial investment required and colleges that may offer relevant course. A critical factor that contributes to this gap is that adolescents have very few role models (older adolescents, youth) within the village whose career is a direct result of their education, whom they could emulate or seek guidance from. This is especially true for girls. However, wherever there are precedents available, adolescents cite them as examples especially if they have to negotiate/reassert with parents in order to seek support for their career goals.

Under such circumstances, negotiations with parents may frustrate adolescents in the future when the actual goal may require much more financial or time wise support from the parents than what they had negotiated for. Pointed career guidance in accordance with financial, mobility and other key constraints that may exist would help mitigate this issue.

Overall, it emerged that girls within the 15-18 years and 19-22 years in intervention areas have been most vocal in asserting their needs with respect to education. However, financial difficulties arising out of COVID19 and other barriers such as absence of school/colleges, cost of education after class eighth, lack of job opportunities are factors that pose a risk to attitudes towards education and its link with realistic career opportunities.

4.5 Attitudes of Parents and Community

Discussions with parents revealed an overall positive attitude towards education. Education and good academic performance are considered virtues and respected by adolescents and parents alike. However, further probing revealed that while education is viewed in high regard, general attitude of parents is that education is worth pursuing long term if the child is considered good at it. When this is not the case, other factors become dominant considerations which impact the extent to which an adolescent studies. It may be highlighted that, **'good/bad academic performance'** is a stricter criteria when it comes to girls vis-à-vis boys. Parents admitted that a boy not performing well in school/college may be given second or third chances to improve performance and continue education. Girls are not given as much latitude. A girl not performing in school as per the expectations of her parents and having reached the minimum threshold of education needed for a good match is at a greater risk of being married off. Generally, in the case of girls, education is perceived as a productive activity by parents before marriage, while marriage still being the most important milestone. When asked for their reasons to educate girls, mothers stated motives such as (1) girl could engage in any economic activity, (2) will help find a good match for her, (3) will be able to teach her children later, (4) will be respected at her in-laws' and (5) will not bring dishonor to the name of her parents. This maybe also because these are the only kinds of roles available for girls in the village. To pursue any other kind of opportunities, girls may have to travel or move to another city to work. Fear for her safety, late work timings and mobility restrictions prove detrimental to girls pursing career opportunities.

While there are parents who are allowing their daughters to pursue other kinds of employment or pursue education, they cited **push back from community** when these opportunities stretch on restrictions around mobility. Any negative story/incident that may have happened in the village attributed to 'too much freedom' given to girls is used to discourage parents from allowing girls more mobility or 'freedom'. There are no evident sanctions per se against such families but mothers (who are primarily held responsible for ensuring timely and making a good marriage of their daughters) are subjected to comments such as 'enjoying the earnings of their daughter' which is considered a grave insult.

Education is also considered an important criteria for finding a good match especially in the case of girls and often comes with a minimum and maximum threshold. In other words, there is a tacit range of education that a girl must have to find an appropriate groom without girls' parents having to give 'too much dowry'. In the case a girl's education is below the understood lower limit parents may not be able to find a respectable match for her, whereas if it is above the upper limit then they have to pay a high dowry price as it may not be easy to find an equally educated boy within the community. The upper and lower limit range is a function of the socio-economic context of the community, caste, religion, rural/urban context, remoteness of the village, proximity of government colleges/schools etc.

Qualitative discussions with parents highlighted that financial constraint is a key hurdle with respect to the education of adolescents especially after class 8th. In many villages adolescents have to travel significant distances to complete higher education. It is here that the second key hurdle, restrictions on mobility, comes into play especially in the context of girls. As a result, villages with government college/school within 5-7km radius saw higher number of girls attending it vis-à-vis where schools were located at a distance. On the other hand, in Ghazipur and Maharajganj, despite few private colleges located nearby, few girls were found attending them because of financial constraints cited by parents. In other words, financial constraints and mobility issues act as critical barriers to girls finishing their educations

However, due to COVID19, the **financial constraints have also started adversely effecting education of boys**. Government School Teacher from Lucknow reported that due to schools closing during lockdown, many adolescent boys have joined some form of part time work such as cycle repair shops, or chosen to help parents in the farm. Once the schools open, it may become difficult for them to leave a source of income to come back to school, especially when many families are in dire financial straits and there are few job opportunities available even after completing education.

Moreover, online classes were reported to be ineffective by teachers and adolescents alike as many families either had only one phone with more than one school going children or no phone at all. This disengagement from regular learning and school is likely to impact performances in the coming sessions and may be another factor contributing towards likely dropouts in case of both boys and girls. Another aspect that has emerged is that many parents are the now moving their children from private to government schools. This is taking place mainly in the case of boys as they were the ones more often than not attending private schools.

With respect to **parents raising their voices for better educational services actions taken to support the education of girls**, district partners cited cases where parents have highlighted infrastructure related gaps in schools. Issue raised have mostly centered around availability of and access to toilets in school. In some cases, it is also related to safety of female students around the school premises. Adolescents have also raised their voices at the community level to negotiate for their demands. For instance in Ghazipur, adolescents demanded for their mothers' names to be included in the school ID. In Gorakhpur there have been cases where parents have gotten cycles/scooters for girls so that they are able to attend schools/colleges. But this is also subject to the socio-economic condition of the house and proximity to the city centers.

In the context of the community, attitude towards education has largely remained stable. While there is a surface level approval towards education of girls, it is contingent upon norms around marriage and mobility. As mentioned previously, negative stories are often highlighted to discourage any effort to move norms especially around mobility. As a result, while parents are displaying positive attitude towards education and it has started becoming evident in the form of action as well they are also facing some type of push back from the community. At the same time, parents also cite examples of children who have done well career wise or academically to stand for their children's rights to continue their education.

Parents are in fact squashed between competing demands. On one hand they have their own aspirations for their children and children's demand for better and higher quality education. On the other, while community passively approves of education, it pushes back whenever demand for education intersects with sticky norms around mobility and marriage

4.6 In Summary

There is a positive movement in the outcome with respect enrolment, overall attitude of adolescents and parents since the baseline. However, COVID19 has adversely impacted most of the education related headways made by the programme. This is especially jarring since the pre-endline was conducted in November 2019 and is reflected on indictors such as attitudes towards çlass upto which girls should study', education-career linkage, weakened will to negotiate and reassert considering the worsened financial status of many households. A yearlong disengagement from school resulting in boys joining temporary work, as-well-as ineffectiveness of online classes poses a risk of a likely increase in number of dropouts in the upcoming sessions. Despite the barriers programme has made positive gains since the baseline and when compared with control villages. Parents displayed an increasing desire to fulfil the career and education aspirations of both girls and boys however, mobility concerns remain stable as these are often rooted in realistic barriers such as poor connectivity, lack of school/college for higher classes, lack of job opportunities etc. Another notable aspect has been that within age categories where programme has directly engaged with the adolescents (15-18 years) and where the interaction has been more in the form of providing support (19-22). Attitudes towards education among age groups 15-18 years and 19-22 years are much stronger when compared with the 11-14 year age group, with whom the programme did not engage directly at all. This variation in strength of attitudes as a function of intensity of engagement is also evident among adolescents, parents and community. In other words, attitudes among adolescents, and followed by parents, have witnessed a positive shift as the intensity of engagement with the two group was relatively high. While at the community level, norms have more or less remained stable with some positive green shoots.

Overall, while there is a distinct albeit varying degree of positive movement in attitudes of both parents and adolescents towards education and pursuing career opportunities, status at the community level largely remains the same. As a result, increasing demands with respect to education and economic independence from adolescents while pushes parents at home, they also face an opposing pressure from the community in this regard. Moreover, there is a clear need to address the question of building attitudinal resilience towards education as a non-negotiable right even in the face of a crisis such as the current one.

5. Health

The following section summarizes the quantitative and qualitative endline study findings on different aspects of adolescent healthcare and perceptions of various stakeholders in comparison with baseline and midline study. The programme in the last four years had worked on mainly three aspects – (a) increase awareness of adolescents and families, (b) adolescents demand health services and (c) improve quality of health services provided. It is within the broad outline of 'Supply and Demand' that the mid-term assessment report has attempted to understand the progress made by the program through its various initiatives and activities.

5.1 Context

The last year of the programme was implemented under the shadow of the pandemic where health services worked under extraordinary pressures. Strategy for programme's health interventions from the start had been towards converging with and leveraging upon government platforms to achieve its outcomes. But with the onset of COVID19 focus of the health services was completed diverted towards handling the increasing caseload with routine services relegated to the backseat for the time being. Anganwadi Centers and front-line workers, which were single point of contact for communities for accessing essential preventive care (vaccination, nutrition, menstrual products etc.) were shut down during the lockdown and platforms such as Village Health and Nutrition Days (VHNDs) were not organized for almost three to four months in villages. At the time of the study, it had been less than six months since the village level health services were somewhat reinstated. Thus, the progress made by the programme on its set outcomes may be understood within this larger frame.

5.2 Demand Side - Awareness, Access and Demand for Services

Accessing health services: Adolescents were probed on whether they had accessed any health services in the last six months. The following table presents the findings:

Table 42:% of adolescents who visited any health facility in last 6 months

%of adolescents who visited any health facility in the last 6 months	Intervention -Endline (IE)	Control-Endline (CE)	Baseline (B)	Δ IE-CE	Δ IE-B
11-14 Girls	45%	43%	35%	2%	10%
11-14 Boys	55%	65%	52%	-10%	3%
15-18 Girls	56%	37%	39%	19%	17%
15-18 Boys	55%	53%	52%	2%	3%
19-22 Girls	66%	51%	39%	15%	27%
19-22 Boys	58%	41%	52%	17%	6%

**Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

***Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

Looking at the quantitative data it emerges that girls within the 15-18 years and 19-22 years of intervention endline (IE) category show the most improvement with respect to accessing services since the baseline and when compared with control endline (CE) as well. In other age and gender groups (11-14 boys, 15-18 boys and 19-22 boys), the percentage has remained stable since the baseline. However, if the midline data on the aspect is analyzed then the programme had made significant strides since the baseline. **Error! Reference source not found.** presents comparison

between baseline, midline and endline on adolescents accessing health services. As is evident, greater number of adolescents, girls and boys were accessing health services by the midline. The data has significantly declined since then and this could largely be attributed to supply side constraints as a consequence of COVID19 related pressures on health services.

Reasons for visiting health facilities: While primary reason for visiting health facilities remained to be 'general illnesses across gender and age categories in baseline, control-endline and intervention-endline as well as intervention-endline for both boys and girls; there has been an improvement in demand for services such as IFA tablets and sanitary napkins since the baseline:

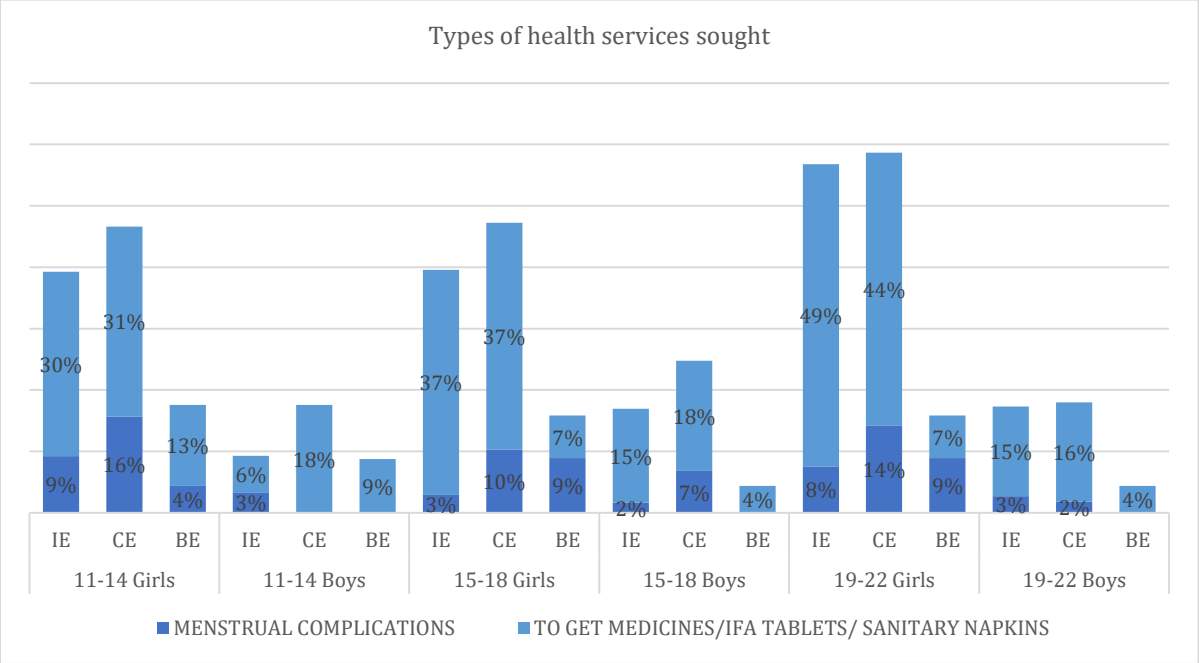


Figure 28: Types of health services sought

However, the demand for these services have also seemed to increase in almost equal quantum in control-endline areas as well. The following table presents the change between intervention-endline, control-endline and baseline on this services.

Table 43: Seeking services such as IFA/Sanitary napkins - change since baseline

To get medicines/IFA tablets/ sanitary napkins	IE	CE	BE	IE-CE	IE-B
11-14 Girls	30%	31%	13%	-1%	17%
11-14 Boys	6%	18%	9%	-12%	-3%
15-18 Girls	37%	37%	7%	0%	30%
15-18 Boys	15%	18%	4%	-3%	11%
19-22 Girls*	49%	44%	7%	5%	42%
19-22 Boys*	15%	16%	4%	-2%	10%

**Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

***Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

Qualitative findings from the current and previous studies have consistently suggested that there has been a significant increase in demand for services such as IFA/sanitary napkins as a direct result of the mobilization carried out by the programme. In fact, even post pandemic, front line workers from intervention-endline areas remarked that the demand for the services is fast reaching its previous levels despite the hiatus in services due to COVID19. This has posed a challenge for the health workers as the supply side up till recently was either focused on COVID related services or quickly catching up with essential vaccination schedules (pregnant and lactating mothers and infants) which has not been carried out during lockdown. This supply side constraints may be currently reflected in the demand for these services where intervention-endline and control-endline emerged to be at the same levels.

Reasons for not visiting health facilities: Dominant reasons for not visiting health services across all age and gender categories in intervention-endline was "no such requirement' (11-14 Girls: IE 98%; 11-14 Boys IE 94%; 15-18 Girls IE 98%; 15-18 Boys IE 95%; 19-22 Girls IE 97%; 19-22 Boys IE 94%). Many households reported that since children were mostly home during the last one year, there weren't many cases of illnesses and hence did not feel the need to visit any health facility. Nevertheless some noteworthy findings from this aspect have been:

- In intervention-endline areas within the 11-14 years Girls category, there were negligible cases of adolescents reporting 'not allowed to go by family" as reason for not visiting health facilities, compared to 7 percent such cases in control areas; the difference here statistically significant.
- In intervention-endline areas within the 15-18 years Girls category, no cases adolescents reporting 'not allowed to go by family" as reason for not visiting health facilities, compared to 3.4 percent and 3.2 percent such cases in control-intervention and baseline areas; a significant difference in both cases.

These findings also point towards easing of norms with respect to mobility of girls in the context of health within intervention area. This is also evident in findings on health where across age categories, significantly higher proportion of girls have reported improvement in mobility when visiting health facilities (Chapter: Gender Based Discrimination **Error! Reference source not found.**)

On receiving benefits from ASHA, AWW, ANM and other health facilities: Programme in the last four years had also worked on generating awareness amongst adolescents on the kinds of services specific to adolescent health that they may receive from platforms such as ASHA, AWW and ANM. In this context, there has been significant progress made within intervention-endline areas. The following table presents the change in proportion of adolescents in intervention-endline when compared with control-endline and baseline who reported receiving any kind of services from the front line workers:

Table 44: Change in proportion of adolescents who reported recieving services from ASHA, ANM, AWW

Age and gender categories	ASHA		ANM		AWW	
	IE-CE	IE-BE	IE-CE	IE-BE	IE-CE	IE-BE
11-14 Girls	21%	31%	3%	8%	10%	19%
11-14 Boys	5%	10%	3%	-2%	6%	6%
15-18 Girls	30%	46%	28%	34%	23%	30%
15-18 Boys	18%	20%	13%	12%	19%	19%

19-22 Girls*	29%	46%	20%	31%	24%	32%
19-22 Boys*	14%	15%	9%	10%	13%	13%

**Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

***Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

Looking at the table above, it may be inferred that except for the 11-14 boys categories where largely services have remained since baseline, adolescents across other age and gender categories within intervention-endline areas reported receiving services in much higher proportion, indicating towards programme impact despite COVID 19.

Counselling services received: Adolescents were also asked if they had received any kind of counselling on subjects such as menstrual health, health and nutrition, sexual reproductive health. The following graph presents the details:

When compared with control endline, intervention areas fare significantly better across the four key counselling themes. Within the themes, higher proportion of adolescents in intervention endline when compared with control endline reported receiving counselling on the health and nutrition education and menstrual hygiene. Within age and gender groups, 15-18 year and 19-21 year girls, groups programme directly engaged with reported receiving counselling in greater percentage. The spillover effect of the programme is visible within the 11-14 year girls category. On the other hand, while 11-14 years boys in intervention endline reported receiving counselling on health and nutrition (27%), on other aspects such as menstrual hygiene, sexual and reproductive health and vaccination their access to services is considerably lower when compared with other age and gender categories. Similarly with boys in 15-18 years and 19-22 years categories, counselling on sexual and reproductive health, menstrual hygiene and vaccination were limited. What is also noteworthy is that while there has been a drop in proportion of counselling services received by adolescents since the midline (question not included in baseline) especially on vaccination, largely owing to COVID, supply of these services has displayed resilience despite the tremendous pressure the health services have been in since the onset of COVID19. The following table presents the change in receiving of counselling services when compared with control endline and since baseline:

Types of Counselling Services Received (Change)	Health and Nutrition		Menstrual Hygiene		Info on SRH		Info on Vaccination	
	ΔIE-CE	ΔIE-ML	ΔIE-CE	ΔIE-ML	ΔIE-CE	ΔIE-ML	ΔIE-CE	ΔIE-ML
11-14 Girls	15%		15%		6%		4%	
11-14 Boys	7%		2%		1%		-4%	
15-18 Girls	30%	-12%	41%	-3%	32%	13%	23%	-44%
15-18 Boys	25%	-29%	2%	-24%	11%	-19%	13%	-55%
19-22 Girls	34%		38%		29%		33%	
19-22 Boys	15%		5%		10%		6%	

**Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

***Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

There has been a visible improvement when it comes to awareness around the subject of menstruation and dialogue around it. During qualitative discussions, adolescent girls (in the 15-

18 years and 19-22 years category) were comfortable in discussing the subject and did not hesitate to talk about it even when there were other male family members in the vicinity. Another aspect that has emerged is that *Taron ki toli* members from districts such as Ghazipur expressed that they are openly able to talk about menstruation even with male trainers indicating towards the rapport that has been established. Social capital developed through *Taron ki toli* extends to health as well. A team change leader from Lucknow reported that she has been approached by younger members of the group in case they have had any questions on the issue. Adolescent boys as well could easily talk about the issue. Discussion among family members (particularly with mothers, sisters and sisters-in-law) around menstruation are extremely common. The programme also trained girls to make sanitary pads and has successfully worked towards removing taboo around menstrual hygiene. In some cases, mothers reported adopting sanitary napkins or some of the hygiene practices that their daughters had told them about. In other cases, notions and taboos around menstruation are slowly percolating to the level of other female family members of the adolescents as well**.** There have also been instances of collective action such as in Gorakhpur where girls have openly demanded at the block level for better menstrual hygiene and sanitary pad in schools.

5.3 Supply of Health Services:

On the supply side, the program has endeavoured to improve quality of health services through capacity building of front line workers and revival of Village Health and Nutrition Day

Revival of Village Health and Nutrition Days has emerged to be an effective platform for providing regular health services relevant for adolescents. ASHA/AWW reported that there has been an increase in the footfall on VHNDs over the last few years due to significant contribution of the AE programme. However, due to health services being overstretched and platforms such as VHNDs temporarily stopped for a few months, there has been a decline in the overall footfall when compared with midline. Frontline workers though indicated that gradually VHNDs are witnessing the same response as it was pre-COVID. The following table presents the awareness of VHND amongst adolescents across age and gender categories between control and intervention-endline:

Table 45: VHND awareness- Intervention-Control comparison

Age and gender categories	IE	CE	IE-CE
11-14 Girls	23%	15%	7%
11-14 Boys	11%	8%	3%
15-18 Girls	52%	18%	34%
15-18 Boys	34%	11%	23%
19-22 Girls	59%	23%	36%
19-22 Boys	35%	12%	23%

**Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

***Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

There is limited spillover effect on 11-14 years age category however, within groups such as 15-18 years and 19-22 years which the programme directly engaged with, there is significant difference with respect to awareness of VHNDs when compared with control-endline areas.

In terms of the status of quality of services, the programme has organized multiple training programmes with frontline workers on aspects of menstrual health, adolescent nutrition and

gender. FLWs reported that they feel better equipped to respond to queries from adolescents on these issues.

In this context the respondents were also asked if there has been any improvement in quality of health services in their area. Proportion of adolescents in intervention-endline, control-endline and during midline who reported that it has improved, has been presented in the table below:

Table 46: Proportion of adolescents reporting that health services have improved in their areas

Age and gender categories	IE	CE	M	IE-CE	IE-M
11-14 Girls	45%	34%	0%	12%	
11-14 Boys	48%	45%	0%	3%	
15-18 Girls	67%	28%	89%	39%	-21%
15-18 Boys	62%	31%	86%	31%	-24%
19-22 Girls*	70%	32%	0%	39%	
19-22 Boys*	63%	42%	0%	20%	

**Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

***Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

****For 11-14 years and 19-22 years data not covered during midline*

While there has been a significant drop in since midline in the proportion of adolescents (15-18 years category) who reported improvement in health services, the programme fares significantly better when compared with control across almost all age and gender categories (except 11-14 boys). Here as well the decline from midline may be due to health services operating beyond capacities during the pandemic leading to gaps in regular services.

Frontline workers also reported that there has been a rise in demand for services such as TT injections, sanitary napkins have led to pressures from the supply side. What further exacerbates the issue is that the regular supply itself of essentials such as sanitary napkins, take home rations etc. have been sporadic at best in the last few years and have been further effected by the onset of COVID19.

Discussions with the district partners on programme's engagement with RKSK revealed that convergence with the scheme has not evolved as expected. In non-priority districts such as Lucknow RKSK team was engaged through BT events and often cases at the community level were identified and reported to the team. However, since Lucknow is not a priority district, RKSK clinic is at district hospital level and engagement with them is sporadic at best. Even in high priority districts such as Siddharthnagar no partnership was formed under the programme. Since the scheme itself has not taken off very well, programme sustainability envisioned through RKSK may not be very effective.

5.4 In summary

Overall it has to be highlighted that significant progress has been made on the indicators of health since the baseline despite COVID19. There has been an increase in proportion of adolescents accessing health services and there is greater awareness of platforms such as VHNDs since the baseline. Counselling services on issues such as menstrual health, vaccination etc. within intervention areas not only fare better when compared with control but have also displayed

resilience even in the face of the pressures of COVID19 which bodes well for overall programme sustainability. Adolescent girls and boys displayed a visible comfort and knowledge on menstrual health and hygiene. It was also revealed that adolescent girls have discussed the issue of menstrual health with their mothers who in turn have also adopted some of the learnings communicated to them by their daughters. Additionally, while demand for health services has increased, it has led to increasing pressure on the present supply which is anyway plagued by erratic supply of essentials (sanitary napkins, take home ration). In terms of programme sustainability, while AE has been successfully able to revive VHNDs and build capacities of FLWs, convergence with schemes such as RKSK are still riddled with gaps.

6. Conclusions

Based on the findings of the endline study following are key conclusions for the Adolescents Empowerment Programme:

1. **Overall Programme Effect:**
    - Based on the quantitative and qualitative findings, it is apparent that the programme effect was found to maximum among adolescents, followed by their families, and subsequently among other families in the community. Such phenomenon showcases a direct correlation with the intensity of interventions across the three groups, as majority of the programme interventions, including the flagship activity – *Taron ki toli*, were directed towards the adolescents.
2. **Health:**
    - Health interventions demonstrated high effectiveness, particularly around generating demand among adolescents for accessing health services, especially during the times of Covid, showcasing early signs of sustained behaviour change.
3. **Education:**
    - Programme successfully leveraged education as a plank to delay marriage, improve inter-gender communication and increase girls' mobility
    - Loss of livelihoods due to Covid posed risk of negating programme effects around education and marriage in the short run. Adolescents showcased high levels of sensitivity towards their parents, largely because of the adverse socio-economic changes arising as a result of Covid.
4. **Violence**
    - Interventions around violence in the last year of the programme increased awareness and agency among adolescents with respect to identifying and reporting instances of physical and sexual violence.
    - Adolescents demonstrated high levels of recognition of cases of domestic violence. It appears that the interventions have possibly triggered an internal dialogue among adolescents, underscoring the moral dilemma of standing up against the aggressor.
5. **Social Norms**
    - Social norms backed by some form of ambiguous pride associated with the families and clans were found to be most difficult to move. Though *Taron ki toli,* along with other interventions, played a crucial role in building trust among family and community levels, creating avenues to dent regressive norms around inter-gender communication and mobility.
6. ***Taron ki toli* Group as a Platform**
    - *Taron ki toli* groups provided a strong support system in the form of adolescents and trainers, which was not only leveraged by adolescents while negotiating life choices, but also provided necessary psychological support during times of distres

7. Recommendations

Based on the findings of the endline study following are some of the recommendations from design and operational perspective that the programme team may consider while planning for similar programmes and future phases.

Key Issues

1. COVID 19 posed a unique challenge to the programme from multiple fronts. Firstly, COVID and the ensuing lockdown affected the key touch points such as schools, Anganwadi centers, Village health and nutrition days and *Taron ki toli* sessions that the programme had developed or leveraged upon to connect with adolescents and communities. The programme outreach strategy had to be swiftly tweaked to reconnect with adolescents once the lockdown was lifted, and at the same time priorities also had to be reconsidered and aligned with the urgent needs of the communities. According to the logframe, the programme's focus in the last year was to be on violence. However, this was shifted to health as immediately after the lockdown health was one of the few activities that the government was permitting organizations to hold in communities. The theme of violence and related activities such as 'wall paintings' on the other hand were introduced remotely to *Taron ki toli* members. Despite programme quickly adapting to the fluidity of the situation, the overall reach and planned impact of the programme were significantly affected. Not all adolescents could be reconnected with during the last year. In districts such as Siddharthnagar, not even 10 percent of the *Taron ki toli* members could be reached. Engagement with parents and communities came to a halt.
2. Since the intensity of engagement with parents and communities was nominal to begin with, the current situation further created a form of disconnect. Households faced real crisis such as loss of livelihoods, incomes increasing stress levels. As a consequence, families had very little mental space for newer ideas and changes and it was easier to fall back to 'tired and tested' attitudinal and behavioral patterns. As a result, the space for negotiations that the programme had helped adolescents create for themselves at home shrunk substantially. This is also reflected in shift in attitudes when compared with pre-endline on issues such as choice around marriage.
3. With the closing of schools, main lever for negotiations around age of marriage, mobility and inter gender communication was taken away. At the same time the dissonance felt by adolescents over inequity at home and community was not present at the parental and community level. Hence, in the absence of a key negotiation tool and support at that parental and community level, adolescent girls especially are at increasing risk of dropping out in the coming sessions and associated outcomes such as limited mobility and early marriage.
4. While *Taron ki toli* was the core of the programme, there were no specific activities planned with parents. Ratri Chaupal and farmer's group did not get the same momentum as *Taron ki toli*. At the community level as well, the engagement was largely passive and a one way dialogue. While community members appreciated and lauded the efforts of the programme and on surface level agreed with the messaging, it did not lead to them questioning the prevailing norms around marriage, mobility, distribution of household chores etc. For instance, education is seen in a positive light but this has also been coopted by marriage. In other words, a minimum level of education has become an eligibility criteria for marriage and girls are allowed to study as far as it helps them make a suitable match. The governing norm remains to be marriage and education is seen positively as long as it enables it. Education is not received positively if it is seen to be interfering with marriage. This interference could be a perceived threat to the 'reputation' and 'honor' of the girl as a result of increasing mobility or freedom.

5. At the adolescent level, there is a visible preference for education over marriage. Girls perceive marriage as the end of all agency for them. They seem quite despondent at the prospect and feel they will have limited control over their life decisions once they get married. This may lead to frustrations and stress for the girls as in communities marriage is an inevitability.
6. Adolescents display understanding of the concept of gender equality in their current context – as brother-sister or as classmates. This is in terms of sharing chores at home, positive attitudes towards mobility of girls, inter-gender communication etc. However, this understanding does not extend beyond their current contexts. Power dynamics between men and women in marriage are viewed from the same traditional gendered lens. This is one of the reasons that onus of household chores are still mainly on girls as this is what there expected role is once they are married and therefore they need to be good at it. Most of the norms that adolescent girls are ruled by flow backwards from their gender defined role in a marriage. This is also one of the reasons that girls have bleak view of marriage and see it as a loss of agency.
7. On violence, the programme started working on the subject in the last year as it's a sensitive topic and trainers needed to establish a rapport with the adolescents and community before touching upon it. At the endline study stage it emerged that adolescents understand forms of violence, importance of bystander activation and do not rationalize violence when it happens outside home. However, with respect to domestic violence which was found to be quite pervasive in communities, their sense of right and wrong is ambiguous. They rationalized the act in order to defend the person who in most cases was the father. At the level of communities as well, domestic violence is normalized and often victims (newly married women) are advised to practice patience and wait for things to improve.

   In the case of harassment, eve teasing, stalking adolescent girls reported that they told someone about it only after they were ineffective in avoiding the perpetrator themselves. It is a good sign that girls report such cases, but the threshold of reporting is quite high.

Recommendations

In light of these issues, following are some of the recommendations that may be considered:

1. It is recommended that the programme may develop emergency protocols for future such projects. This could **encompass processes for ensuring that programme reach and connect are not significantly impacted during exigencies**.
   a. These could be customized and planned for each of the programme districts based on specific needs.
   b. Another way to possibly strengthen programme resilience in face of emergency is to digitize all content. Some of the *Taron ki toli* chapters were broken down and disseminated digitally during lockdown. The digitized content could be disseminated during non-emergency situation after each of the *Taron ki toli* sessions as well. A key challenge herein would be that many households do not have smart phones to access such content. In such case, adolescents may be given booklets (*Taron ki toli*) that they could carry to their homes.
   c. Similarly, communities and parents could be reached by dissemination of digital content meant for parents and communities through WhatsApp/Message groups. This way, parents and community members may not be disconnected from the programme.
2. **Engagement with parents and communities needed to be more intense.** While adolescents displayed shift in attitudes, the key barriers were mainly at the community level. Parents were willing to make concessions for the demands of their children but they

also faced pushback from the community whenever these concessions intersected with rigid social norms of marriage, 'family honor, reputation of the girl etc.

   a. In order to counter this, it's important that on sticky norms around marriage, the engagement is directly with parents and community members. These engagements need to be a two way dialogue through interactive communication/digital content that may evoke some level of cognitive dissonance.

3. **On violence, engagement needs to be in equal measure with community and parents by way of dialogues and interactive communication content.** At the same time, at the village level, there are not many resolution mechanisms available for cases of domestic violence.

   a. Formation of committees under PRI specifically for prevention and resolution of domestic violence cases may help reduce the incidences.

   b. Similarly, strengthening and reviving of child protection mechanisms at district, block and village level would help highlight cases of violence against children.

4. **It is important to reinforce that the gender equality is a lifelong concept and adolescence may need to apply the same principles in their next phases of lives.**

   a. This is especially relevant for adolescent boys as they hold upper hand in power dynamics in marriage. This intervention could be with older boys pointing toward equitable power sharing with respect to division of responsibilities as well as decision making.

   b. In the same vein, older girls may be counselled on how to apply the negotiation strategies they have learnt as TKT members in the next phases of their lives as well retaining some control over their agency.

5. High penetration of mobile internet normalizes and to a great extent glorifies non-platonic relationships. Moreover, since there is little to no avenue for a conversation around adolescent sexuality, social media platforms which are often known for their toxic content and objectification of women are the only source of information on the subject. **It is therefore recommended that an alternate channel for dialogue on these subjects may be created with special focus on adolescent boys.**

   a. Considering the sensitivity of the topic and conservative nature of most of the communities, adolescent sexuality may not be tackled directly. However, a safe space maybe created where adolescent boys can discuss their viewpoints on peer pressures around the issue of sexuality and the manner in which they view women and girls.

Annexure I: Methodology. On analyzing the primary data, the proportion for religion and caste was matched using weights in the end-line data before carrying out analysis.

Sample size

Quantitative sampling

The quantitative component was carried out in both the intervention and comparison villages. Since the age group targeted for the project at the baseline was 11-15 years boys and girls, these adolescents were in the age bracket of 15-18 years or above during the end-line. In the intervention village, the study focussed on 15-18 adolescents who were part of the village-level or school-level group for *Taron ki toli* (TKT), the flagship intervention under AEP. While in the 19-22 years age category, adolescents who were associated with the programme in some way or the other, were chosen for evaluation. And in the 11-14 years age bracket, adolescents not associated with the programme at all were selected, largely to assess the spill-over effect [from adolescents exposed to the programme, to those who remained predominantly non-exposed] of the programme at the village level.

Building over the study design used during the baseline study, a matching number of intervention villages and the sample size were covered during the end-line.

The sample size for the baseline and end-line was calculated based on the following formula:

$$N = \frac{deff \times \left[Z_{1-\alpha}\sqrt{2*P(1-P)} + Z_{1-\beta}\sqrt{P_1(1-P_1)+P_2(1-P_2)}\right]^2}{(P_2-P_1)^2}$$

Where,

- P1 is the hypothesized value of the indicator at baseline;
- P2 is the expected value of the indicator at the end-line
- P=(P1+P2)/2
- Z $(1-\alpha)$ is the standard normal deviate value for an α type I error
- Z $(1-\beta)$ is the standard normal deviate value for a β type II error
- Deff is the design effect in the case of multi-stage cluster sample design and is taken as 2 for the current study
- A buffer of 20% has been taken into consideration and added to the calculated sample sizes

Based on the calculations, the sample size for group 2 indicators with small predicted change (i.e., marriage and education) comes to around 2400 with 6 percent change, at a 95% confidence interval, 10 percent non-response rate, and design effect of 1.5.

The sample size for indicators with large predicted change (i.e., primarily attitudes) comes to around 300 with 20 percent change, at a 95% confidence interval, 20 percent nonresponse rate, and design effect of 2.

During the baseline 60 intervention villages were covered. However, as programme was discontinued in Varanasi, it was not covered as part of the sample for the end-line. The sample reserved for Varanasi was re-distributed across the other six districts. Table 47 in the annexure presents the sample size across respondent categories at the baseline and end-line stages. At the village level, 24 quantitative interviews in each village were covered during the end-line stage, with a total was 2616 adolescents in the intervention and comparison areas, as against the target of 2496 adolescents. A buffer was maintained to meet the age and gender category target sample as in some cases in listing and the main survey

For indicators requiring a much larger sample to detect change over baseline, data was collected via household listing, covering over 12000 households. The listing in intervention villages included all adolescents who were part of the breakthrough intervention. At an aggregate level, listing exercise was carried out in 115 villages (104 sampled villages + 11 buffer villages).

The end-line data has been compared with baseline data throughout. However, sections that were not covered during the baseline (such as inter-gender communication) were compared with the mid-term data. Also, necessary comparisons were made with pre-endline and mid-term as and when required to better understand the trend generated during the project period.

Qualitative sampling

The qualitative component entailed in-depth interviews (IDIs) with different stakeholders, ranging from the Breakthrough programme team, partner NGOs, trainers, AWW/ASHA, PRI, teachers, adolescents, parents of adolescents, relevant government officials, and community members. With respect to data collection at the community level, the socio-ecological model was adopted as a basis. The approach involved identifying and interviewing individuals (adolescents covered under the programme) from various *tolas* of sampled villages, and tracing and interviewing individuals who formed part of his/her family, neighbours, and the larger community. The selection of villages for qualitative discussions was from within the villages selected for the quantitative survey. Two villages, model and non-model villages each were selected from each district for carrying out IDIs with adolescents, parents, and the community. Table 48 in the annexure details the sample covered across each of the study districts for qualitative activities. And Table 4 below provides a snapshot of respondent category and sample size under the programme –

Table 4 - Qualitative sample

Respondent Category	**Type of Activity**	**Sample per district**	**Total Sample**
Breakthrough State Programme Team	Discussion in workshop mode	NA	1
Partner NGOs & Trainers	Discussion in workshop mode/IDIs	1	6
Adolescents Boys & Girls* (one IDI from each age category 11-15, 15-19, 19-22)	IDIs (3 per village) *	6	36
Parents	IDIs (3 per village)	6	36
Neighbours	IDIs (3 per village)	6	36
ASHA/AWW	1 per village	2	12
Teacher	1 per village	2	12
Government officials	As per the recommendation of the district team	1	6

**In IDIs with the adolescent group, 11-14 age group were non-TKT members, 15-18 were TKT members, and 19-22 were partly/fully associated with the programme.*

Challenges

During the study, various challenges were faced that are discussed in detail as below –

- The state is in process of digitizing ration cards under the 'One Nation One Ration Card' system. This has led to some households currently not owning any ration card at the time of survey.

  Since, ration card is one of the indicators used for matching, the study team rechecked such cases or they were removed during the matching process.

- Due to some local factors, some of the teams could not conduct listing/survey in few villages which were then replaced. For instance, in village Bhagwanpure (District Siddharthnagar, block Birdpur) people were suspicious of outsiders and refused to participate in the study and give out any information as it is a Nepal bordering village and there had been instances of child trafficking and kidnaping in the past. In village Surgahana (District Gorakhpur, block Pali), there was conflict between members of a minority community and a particular caste from the majority community. Members of minority community refused to participate in the study therefore the other group as well grew suspicious and denied entry into their hamlet. In village Birdpur Number 1 (District Siddharthnagar, block Birdpur) members of a minority community had the impression that this was a government exercise (on the lines of NRC) and therefore refused entry into the villages.

  To ensure accuracy, the study team allocated weights to the end line data for religion and caste to make comparison more accurate with baseline data.

  For effective matching, the closest match to respondent profile were selected. The scores were categorized into five sub-groups to make the process more doable and

- The programme only covers a limited number of beneficiaries which limited the process of finding an exact match through composite score matching.
- Last-minute operational challenges were observed in a few intervention villages during the listing process. In some cases, required number of beneficiaries were not available for the survey.

  A matching buffer village within the same block was identified and maintained. In case of major issues, the village in question was replaced by the buffer village

8. Gender Based Discrimination

8.1 Context

Norms around gender-based discrimination that the programme set out to shift are some of the most rigid as they are often perpetuated under the guise of preserving 'family honor' and 'pride', vague concepts closely linked with subversion of even the most innocuous display (alleged or real) of female sexuality. The sexual purity of the girl is non-negotiable to make a good match (the ultimate goal) and hence its sanctity must be unquestioned. Any aspersions, true or false, caste on the 'character of the girl' invite swift and harsh penalizations for girls. Within this frame, norms that intersect with marriage or making a good match are often sticky and hard to change. Gender based discrimination at the household level hence is justified as 'for the good of the girl'. Developments with respect to education in the last few years had created greater elbow room to negotiate or circumvent norms around marriage, leading to delay in age of marriage and greater mobility. However, with the onset of the pandemic and prolonged disengagement of girls from school, a key negotiation strategy has been weakened. Earlier school provided a respite from the household chores which as well has been absent as schools were shutdown. It is in this context that the programme outcomes at the endline may be understood and framed.

8.2 Division of Household Chore and Leisure Time

Progress in the context of equitable division of household chores and consequent increase in leisure time for girls have been assessed along the lines of (1) attitudes of girls and boys towards division of chores, (2) change at the behavior level (3) Negotiations/reassertion around the issue.

8.2.1 Attitudes towards gender equitable division of chores

In terms of adolescents' attitudes, there has been a fall in the adverse attitude towards gender discriminatory distribution of household chores since the baseline and at the same time an increase in positive attitude towards a more equitable division of household chores.

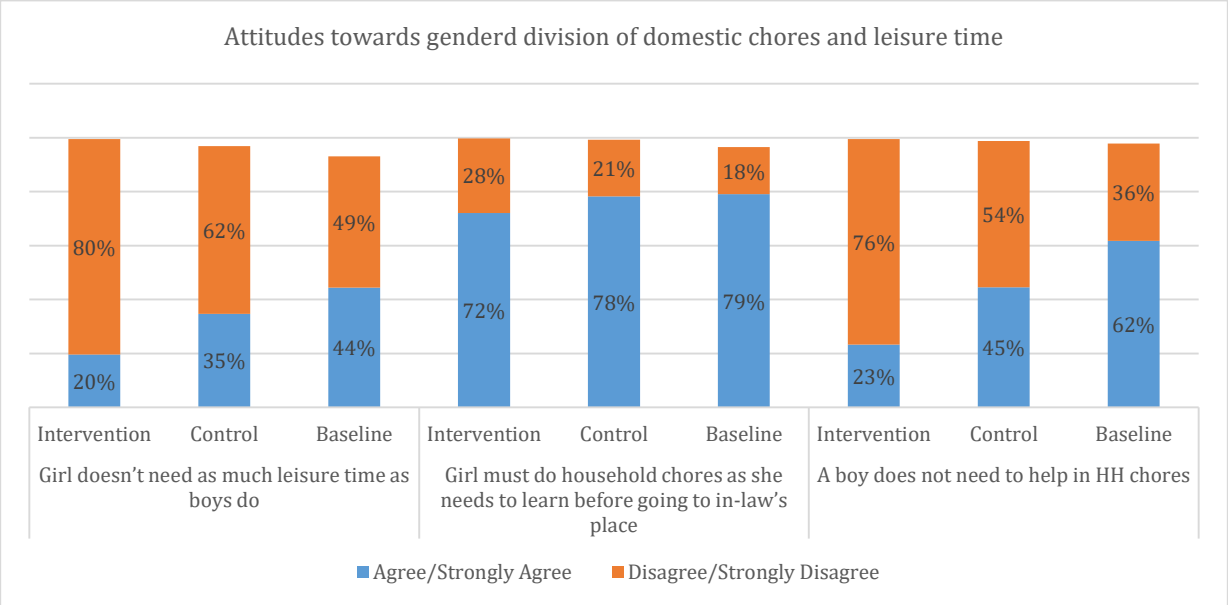


Figure 2: Attitudes related to domestic chores and leisure time - baseline, control and endline

As is evident from Figure 2, attitudes towards boys needing to help in domestic chores has improved since the baseline. During the baseline, 36 percent disagreed with the statement, 'boy doesn't need to help in HH chores'; by endline this has improved considerably upto 76 percent (statistically significant increase). Similarly, when compared with control, overall attitudes with respect to boys taking up household chores are much more positive (ΔIntervention-Control = 22 percent).

Attitude towards girls needing as much time as boys as well has also improved since the baseline (ΔIntervention – Baseline = 31 percent; statistically significant increase). However, attitudes with respect to girls needing to learn chores before getting married while has improved since the baseline and is positive when compared with control, the increase is considerably lower when compared with other sub-attitudes with respect to gendered division of household chores. While only 18 percent adolescents disagreed with the statement that 'girls must do household chores as she needs to learn it before going to her in-laws', this figure improved to 28 percent during at the endline stage in intervention villages (statistically significant). The difference between intervention and control villages on this aspect is also statistically significant. This also indicates that while there is more or less acceptance towards siblings of opposite gender sharing responsibilities at home, attitude with respect to the inevitability of girls transitioning as wives and taking on the gendered responsibility for household chores is difficult to move. In other words, in terms of attitudes with respect to equitable distribution of household chores, adolescents are yet to apply the concept in 'adult/grown-up' context as wives, husbands. This factor may prove detrimental to the fact that to what extent can there be equitable division of chores between brothers and sisters if the expectation of girls as wives necessarily being responsible for household chores persists.

Another noteworthy aspect that needs to be highlighted here is the decline in the three sub-attitudes since pre-endline.

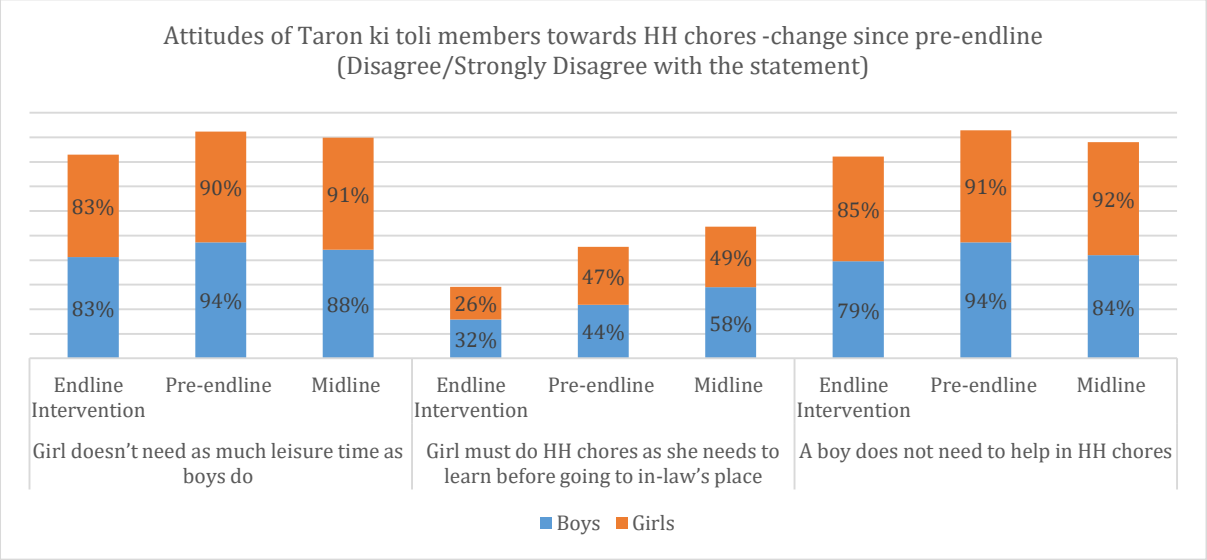


Figure 3: Attitudes of Taron ki toli members towards HH chores -change since pre-endline

As may be evident from the figure above, across all the three sub-attitudes, there has been a decline in the positive attitudes since the pre-endline (2019), a relatively short period. Discussions with adolescents revealed that in times of crisis such as the one posed by COVID19 there is a tendency to gravitate towards what is familiar and known, in this case gendered division of household chores. It is also supported by the perception that girls are 'inherently better at household chores'. At the same time, it emerged in qualitative discussions that girls are questioning this perception and why household chores should be their sole responsibility.

In the context of **attitudes of parents and community members**, most believe that the girl needs to learn household chores else she will bring dishonor to her parents when she gets married. This attitude has pretty much remained stable since baseline, along midline and up to pre-endline. However, there is a perceptible acceptance towards boys contributing to household chores. Most mothers approve of sons who help them out in household chores. However, the perception that girls are better at household chores is also present at the parent level and is used to justify why onus of the household chores still primarily lies with the girls. A parent from

Gorakhpur with a daughter and son expressed that their daughter got time to study only once she was finished with her chores while their son had no other work but studying.

At the community level, boys who help at home are not ridiculed. This also stems from the belief that boys should know how to take care of themselves (cook, clean) if and when they have to leave homes to work outside and live on their own.

8.2.2 Negotiations/reassertion around the issue of domestic chores and leisure time

The following table presents the proportion of adolescents across age and gender category who reported negotiating their demands with respect to asking for more leisure time.

Table 5: Negotiations to have more leisure time than what the adolescents usually get

Negotiations to have more leisure time than what the adolescents usually get					
Age and Gender Category	**Intervention**	**Control**	**Baseline**	**Δ I-B****	**Δ I-C****
11-14 Girls	36%	50%	29%	7%	-14%
15-18 Girls	45%	51%	33%	11%	-6%
19-22 Girls*	40%	41%	33%	6%	-1%
11-14 Boys	43%	39%	32%	11%	4%
15-18 Boys	39%	46%	29%	10%	-7%
19-22 Boys*	32%	31%	29%	3%	1%

**Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

***Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

As may be seen from the table above, when compared with the baseline increasing number of adolescents in the age group of 11-14 years and 15-18 years, girls and boys have negotiated for their right to more leisure time. However, a similar degree of change is also present in the control areas across almost all gender and age categories (except for 11-14 girls category where proportions in control figures are better than intervention by 14% - statistically significant). Similar trend is also evident in responses to the enquiry with respect to 'reassertion' in case demand for more leisure time was not heard the first time:

Table 6:Reassertion in case opinion not heard the first time on having more leisure time than what the adolescents usually get

Reassertion in case opinion not heard the first time on having more leisure time than what the adolescents usually get					
Age and Gender Category	**Intervention**	**Control**	**Baseline**	**Δ I-B****	**Δ I-C****
11-14 Girls	26%	29%	27%	-1%	-3%
15-18 Girls	23%	25%	18%	5%	-2%
19-22 Girls*	25%	28%	18%	8%	-2%

Reassertion in case opinion not heard the first time on having more leisure time than what the adolescents usually get					
Age and Gender Category	**Intervention**	**Control**	**Baseline**	**Δ I-B****	**Δ I-C****
11-14 Boys	24%	24%	18%	6%	0%
15-18 Boys	21%	17%	31%	-10%	4%
19-22 Boys*	11%	9%	31%	-20%	2%

**Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

***Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

Here as well proportions across almost all age and gender categories (except 19-22 boys) seems to have remained stable since the baseline and consistent with the control figures. It may perhaps be inferred that the change since the baseline with respect to negotiations on leisure time are largely organic development, common across control and intervention areas.

However, the present data may not perhaps present a holistic picture as findings from previous studies (conducted with *Taron ki toli* members) had revealed significant headways made during midline and pre-endline studies. The following table presents trajectory from baseline along midline and pre-endline upto endline for *Taron ki toli* members[25].

It is evident that in the case of negotiations, significant progress was made by midline which

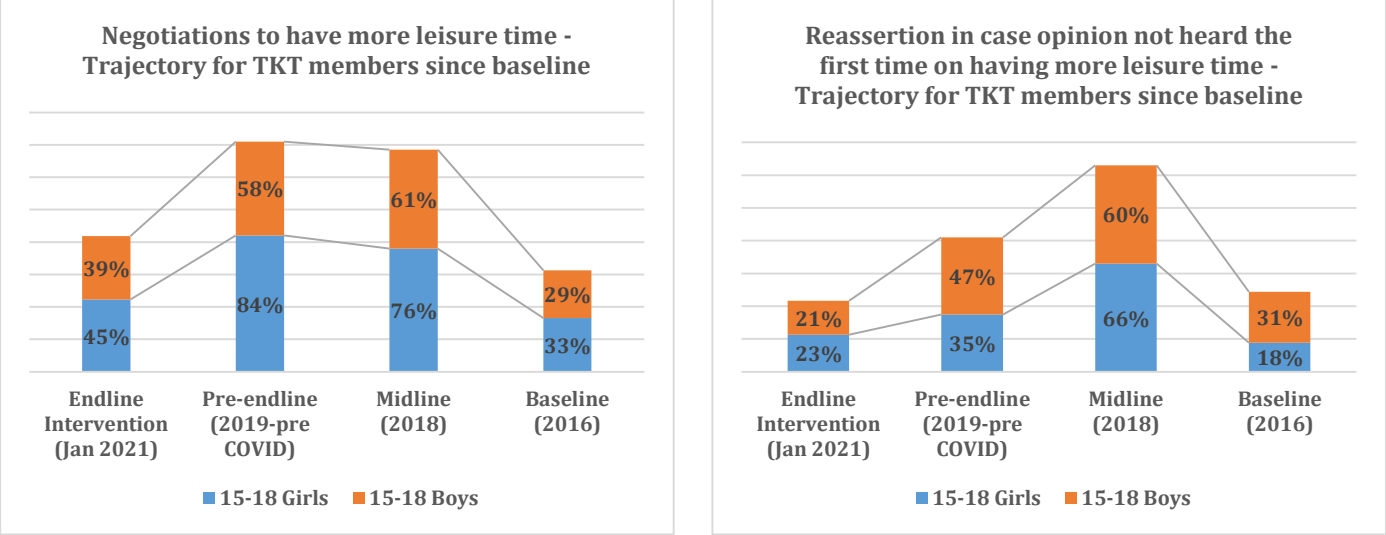


Figure 4: Trajectory of TKT members since baseline - negotiations and reassertion around leisure time

largely remained stable during the pre-endline. However, at the endline stage there has been a significant decline in negotiations for leisure time. Similarly with reassertion, there is an upswing in the trajectory from baseline to midline which drops significantly at the pre-endline stage. This fall could be explained by the fact that there was also a corresponding rise in the adolescents (46 percent in case of girls and 25 percent in case of boys - a 24 percent and 8 percent increase

[25] During midline and pre-endline adolescents covered were in the age groups of 12-16 years and 12-15 years respectively. For the current comparison 15-18 years from baseline and TKT members from endline compared with those *Taron ki toli* members who were 13 years or above during midline and pre-endline as these age groups are expected to be within the 15-18 years cohort at the time of the current study

respectively since midline) who reported that 'they did not feel the need to reassert'. In other words, their negotiations for largely met with positive response. This was also substantiated in the qualitative study.

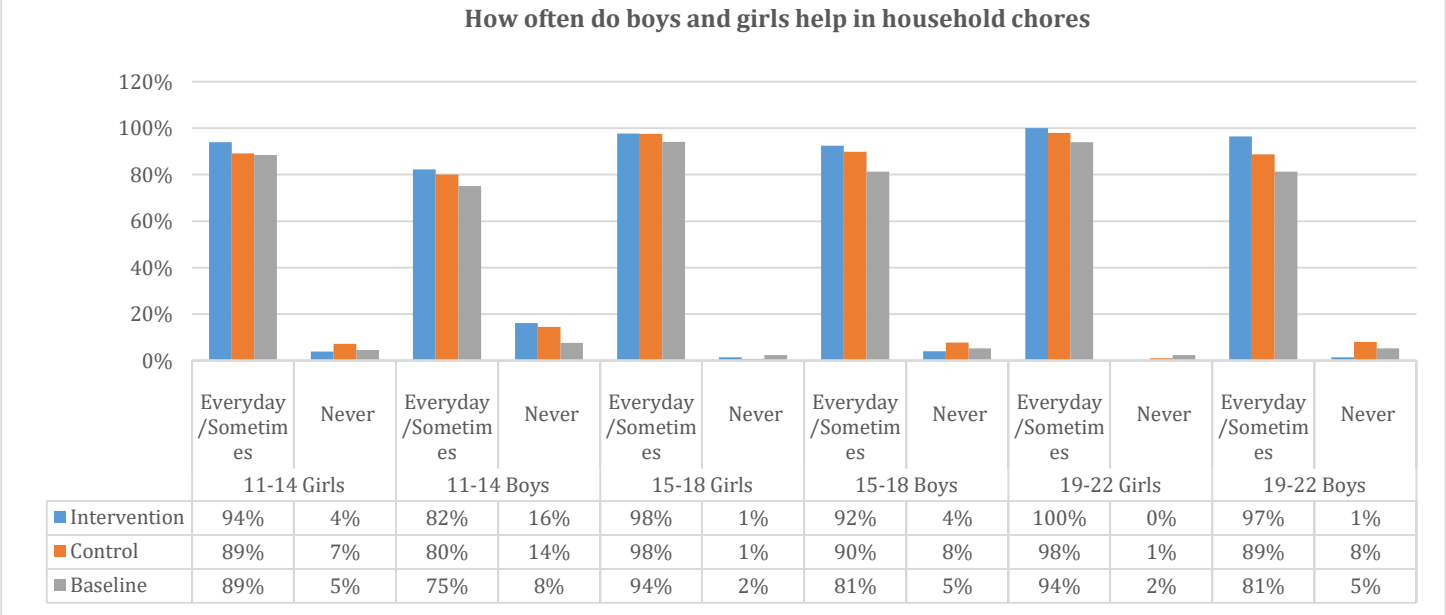
However, at the pre-endline level, the drop in the reassertion in the case of girls in this age category is not paired with a corresponding increase in the 'did not require the need to reassert' response (17% in the case of 15-18 girls) though in the case of boys of this age category the proportion is 48 percent. This difference may be because of the gendered distribution of household chores which effects leisure time of girls. Having enough leisure time does not impact boys as much it impacts girls and therefore they may not feel the need to discuss this in the first place.

This decrease in negotiations and reassertions with respect to leisure especially in the case of girls came up in qualitative discussions as well. Due to schools shutting down and most households under some degree of financial duress, there appeared to be a tendency to regress back to the known and familiar or the traditional roles. Boys in some cases had joined some kind of part or full time work to relieve some of the financial burden while girls at home were helping out in household chores. Earlier schools were a form of respite for the girls from drudgery of household chores but with limited reach and effectiveness of online classes, girls reported being roped in household chores. While in intervention villages, boys (*Taron ki toli* members) had started taking up some forms of chores this was largely tokenistic in nature, household chores still remain the primary responsibility of girls. Moreover, adolescents also expressed sympathy towards the pressures on the households and refrained from demanding more or further disrupting the 'normal'.

At the same time, there were also cases that emerged such as in Gorakhpur, where despite the difficult circumstances, adolescents questioned the gendered division of chores with their parents as well as with the community. However, the financial crisis and shutting down of schools has had an adverse impact on headways made on negotiations with respect to more equitable division of household chores.

8.2.3 Change at the behavior level

At the behavior level positive change in the form of boys doing chores more frequently when compared with baseline and control villages, has emerged. The following figure presents the comparison for boys and girls across the three age categories when asked about how often they help in household chores.



	11-14 Girls		11-14 Boys		15-18 Girls		15-18 Boys		19-22 Girls		19-22 Boys	
	Everyday /Sometimes	Never	Everyday /Sometimes	Never	Everyday /Sometimes	Never	Everyday /Sometimes	Never	Everyday /Sometimes	Never	Everyday /Sometimes	Never
Intervention	94%	4%	82%	16%	98%	1%	92%	4%	100%	0%	97%	1%
Control	89%	7%	80%	14%	98%	1%	90%	8%	98%	1%	89%	8%
Baseline	89%	5%	75%	8%	94%	2%	81%	5%	94%	2%	81%	5%

Figure 5:How often do boys help in household chores

**19-22 compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

As may be evident from the figure above, **boys from intervention villages reporting having taken up household chores (everyday/sometimes) has steadily increased since the baseline and is higher than the proportions reported in control villages across the three age categories. Except for the 11-14 years category, there has been a decline in adolescent boys who reported 'never helping in household chores' for the other two age categories.** It may be highlighted here that in the case of 19-22 boys, difference between (1) intervention and control, and (2) intervention and baseline is statistically significant. In the case of the other two age categories, difference between intervention and baseline is significant while difference between intervention and control albeit better in favor of intervention, is statistically insignificant. These findings need to be studied within the context of previous studies which showed a much higher improvement since the baseline at the behavioral level. Almost 99 percent *Taron ki toli* boys during the pre-endline and 98 percent during midline reported doing household chores 'everyday/sometime'. **No boy** during pre-endline reported 'never' helping in the household chores. Changes in external environment as a consequence of COVID 19 and regression in attitudes since the pre-endline gravitating towards more gendered division of household chores is reflected at the behavior level as well.

Improvement since the baseline on the indicator is also evident from the **reduction in average number of hours spent doing household chores** especially in the case of girls.

Table 7: Average time spent on doing household chores (in minutes)

Average time spent on doing household chores (in minutes)			
Age and gender categories	**Intervention Endline**	**Baseline**	**Difference Δ Intervention Endline - Baseline**
11-14 Girls	103.6	123.37	-20
11-14 Boys	83.9	125.98	-42
15-18 Girls	125.9	160.56	-35
15-18 Boys	98.1	159.19	-61
19-22 Girls	142.0	160.56	-19
19-22 Boys	107.1	159.19	-35

Across all age and gender categories there has been a reduction in the average number of hours spent on household chores. However, in each age category within the intervention column its noteworthy that girls on an average spend about 30 minutes more on household chores than their male counterparts. It may be inferred that while average number of hours spent on household chores has reduced, the burden is still skewed disproportionately towards girls across age groups. Another inference that emerges from the data is that most reduction is evident in the 15-18 age category for both boys and girls, the group that the programme directly engaged with *Taron ki toli*.

Male respondents were also asked if in the **last 6 months they have taken up regular (at least 3 to 4 times a week) responsibility of any household chore,** which they were not doing earlier. This question was only added at the baseline level, so comparable data is only available since midline for the 15-18 years category. For the other age categories, endline intervention data has

been compared with endline control in order to understand program impact. Within the 11-14 year age category 20 percent boys from the intervention areas reported having taken up new household chore in the last 6 months vis-a-vis 18 percent in control areas. While a positive change, it is not statistically significant. In the case of 19-22 years 44 percent boys from the intervention areas as compared to 30 percent from control areas (Δ10% statistically significant) reported having taken up a chore in the last 6 months. Looking at the figures for 15-18 year respondents, it emerges that while the intervention area (44 percent) fares better than the control areas (31 percent) in this regard, the proportion has significantly declined since the midline (81 percent).

Correspondingly girls were asked if there has been any **reduction in their household chores** in order to understand if boys taking up more responsibility has had any effect on their work burden. Compared to control, higher proportion of girls from intervention villages within all age categories reported a reduction in their overall burden (statistically significant for all age categories). Here as well, the difference between control and intervention is highest for 15-18 girls, the group directly engaged by the programme through *Taron ki toli*.

This reduction in burden has also translated in increase in average time that adolescents get for leisure activities[26]. The following table presents the average time in minutes for each of the age and gender categories. However, the increase in leisure time is also to be seen in the context that schools were open during the baseline and time spent on leisure was usually after school hours. During the endline, schools under class 9th were closed due to lockdown and adolescents may have had more flexibility with respect to taking out time for leisure.

Table 8:Average Time spent on leisure activities in hours

Average Time spent on leisure activities in hours					
Age and gender categories	**Intervention**	**Comparison**	**Baseline**	**Change Δ Intervention-Comparison**	**Change Δ Intervention-Baseline**
11-14 girls	4.02	3.95	2.6	0.07	1.38
11-14 boys	4.20	4.06	3.3	0.14	0.86
15-18 girls	4.35	3.84	3.1	0.52	1.21
15-18 boys	4.80	4.12	3.6	0.68	1.22
19-22 girls	4.02	3.00	3.1	1.02	0.88
19-22 boys	4.79	3.67	3.6	1.12	1.21

As may be evident from the table, compared to control and baseline, average number of hours spent on leisure has increased across age and gender categories in intervention areas. In the case of girls, 15-18 group reported the highest average hours spent on leisure (4.35) and in the case of boys the 19-22 group had the highest average hours spent on leisure (4.79). It is interesting to note that programme has engaged with these two age categories albeit through diverse formats.

8.3 Inter-Gender Communication and Mobility

Progress in the context of mobility of girls and inter-gender communication (IGC) have been assessed along the lines of (1) attitudes towards mobility of girls and IGC, (2)

[26] Leisure time includes activities such as studying, listening to radio, watching TV, playing outside, study, talking to friends, playing games on mobile, relaxing

Negotiations/reassertion around mobility, (3) change at the behavior level around IGC and mobility

8.3.1 Attitudes towards mobility of girls and Inter-Gender Communication

Attitudes of adolescents with respect to mobility of girls and IGC have improved significantly since the baseline, and fare much better in intervention villages when compared with control across all age and gender categories. The following four tables present comparison between intervention-control and intervention endline-baseline along four attitudinal statements for the six age and gender categories:

Table 9: Attitudinal statements on IGC and mobility

Statement 1: A girl may not be allowed to use mobile phones as it increases the chances of her getting spoilt (Disagree/Strongly Disagree)					
Age and Gender Categories	Intervention (I)	Control (C)	Difference Δ I-C	Baseline (B)	Difference Δ I-B
11-14 Girls	59%	47%	12%	44%	15%
11-14 Boys	48%	28%	20%	35%	14%
15-18 Girls	81%	60%	20%	49%	32%
15-18 Boys	71%	49%	21%	37%	34%
19-22 Girls*	85%	69%	16%	49%	36%
19-22 Boys*	73%	55%	18%	37%	36%
Statement 2: Girl may not be allowed to go alone/with peers outside as considered inappropriate in community (Disagree/Strongly Disagree)					
Age and Gender Categories	Intervention (I)	Control (C)	Difference Δ I-C	Baseline (B)	Difference Δ I-B
11-14 Girls	53%	37%	16%	45%	8%
11-14 Boys	48%	28%	20%	35%	14%
15-18 Girls	63%	50%	13%	46%	17%
15-18 Boys	64%	47%	17%	40%	24%
19-22 Girls*	66%	42%	24%	46%	21%
19-22 Boys*	70%	44%	26%	40%	30%
Statement 3: A girl may not talk to boys for long in school or outside school (Disagree/Strongly Disagree)					

Age and Gender Categories	Intervention (I)	Control (C)	Difference Δ I-C	Baseline (B)	Difference Δ I-B
11-14 Girls	55%	34%	20%	44%	10%
11-14 Boys	51%	31%	20%	44%	7%
15-18 Girls	64%	67%	-3%	43%	21%
15-18 Boys	68%	49%	19%	45%	23%
19-22 Girls*	70%	45%	25%	47%	23%
19-22 Boys*	58%	52%	6%	45%	13%
Statement 4: A girl may not sit regularly with boys in classroom (Disagree/Strongly Disagree)					
Age and Gender Categories	Intervention (I)	Control (C)	Difference Δ I-C	Baseline (B)	Difference Δ I-B
11-14 Girls	80%	57%	22%	47%	33%
11-14 Boys	65%	41%	24%	57%	8%
15-18 Girls	85%	67%	18%	43%	42%
15-18 Boys	78%	61%	18%	54%	24%
19-22 Girls*	87%	78%	9%	43%	43%
19-22 Boys*	72%	64%	8%	54%	18%

**Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

***Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

As may be evident from the graphs above, across almost all age and gender categories, responses from intervention areas display much more positive attitude with respect to mobility of girls, girls using mobile phones and girls and boys talking to each other within and outside school. Further analysis shows that with respect to mobility and IGC, **spillover effect of the programme** is evident within the 11-14 years category as well where adolescents from within the age category in intervention areas exhibit higher proportion of desirable responses with respect to IGC and mobility of girls. Additionally, it is also evident that the highest quantum of change (since baseline and when compared with control) has taken place with 15-18 years and 19-22 years, age categories with which the program engaged with directly through its various activities. In qualitative discussions as well there is wider acceptability of IGC and mobility of girls amongst adolescents though they admitted that the pushback from community in the form of higher vigilance is a critical barrier. Therefore, positive attitudes at the adolescent levels do not necessarily translate in the form of behavior in the same proportion.

Another interesting aspect that emerged during qualitative discussions was around the change in nature of inter-gender dynamics. With higher penetration of internet on mobile in the last few years, adolescents from rural areas have access to content which normalizes communication between girls and boys and to a great extent glorifies non-platonic relationships. Adolescents, especially boys also admitted that they prefer the social media stars as many of them made a name despite coming from a similar socio-economic background as the adolescents themselves. Their success seems achievable to the adolescents and therefore boys could be seen emulating surface level traits such as cloths, hairstyle etc. A 17 year old boy from peri-urban area in Lucknow admitted that by changing his hairstyle, cloths he hopes to 'impress girls as his friends have started pressurizing him to have at least one girlfriend'. Being in a relationship with girls is seen as a sign of masculinity and this belief is reinforced and glorified through these platforms. Moreover, since there is little to no avenue for a conversation around adolescent sexuality, social media platforms which are often known for their toxic content and objectification of women are the only source of information on the subject. It is therefore essential to view these developments from the lens of changing inter-gender dynamics and safety of women and girls as well.

"A lot of girls and boys in college have mobile phones now. If they are sneaking mobile phones into the school it is so that they can talk to their boyfriends and girlfriends. I do not think there is anything wrong with girls and boys being in a relationship"– 18 year old adolescent, Lucknow

Adolescent girls as well accepted that relationships between boys and girls in their schools and colleges are becoming increasingly common place. While girls are still hesitant to out rightly approve of it in discussions, there is a tacit acceptance that perhaps it is not as bad as it has been made out to be. In fact, the dilemma in the case of girls is much more apparent as the lifelong conditioning of safeguarding their 'honor' and faithfully following associated norms, is in direct contradiction with what they witness amongst their peers as well as social media content they consume.

This rapid change in inter-gender dynamics at the adolescent level is in fact in direct collision course with community level norms which are perhaps still as stringent as before and changes are taking place at a glacial pace. **Attitudes of parents and community members** and social norms, around Inter-gender Communication as well as mobility are linked to the 'character' of a girl' and any question on it is seen as a direct attack on 'family honor and pride'. While adolescents are displaying more positive attitudes, rigid norms at the community level are acting as real barriers for these individual level attitudes to translate in action. In fact, it was reported that community keeps any eye on the adolescents and any perceived deviance is immediately reported back to parents. Also, in case of perceived deviance the, girls are disproportionately penalized while boys are often let go with relatively minor punishments.

We do not think it's right for girls and boys to talk to each other as community considers it wrong. If a girl and boy are friends or they are talking to each other then people start saying that there must be something going on between the two – Mother of 15 year old girl, Jaunpur

Interestingly, IGC and mobility norms are much stricter in communities where mixed caste groups cohabit as the risk of adolescent girls and boys of different caste groups interacting are looked at with high suspicion. In fact, IGC in the first instance itself is looked at with suspicion and mistrust. Not only do the adolescents (especially girls) have to prove the context but also establish some sort of platonic social relationship (Uncle, brother-sister 'Bhaia') to absolve them of any suspicion of wrong doing. Parents who do give IGC and

"Boys are never asked if they are going out but girls are. We are told it is for our own safety but I don't think that's always the case. Sometimes safety aspect is just exaggerated to limit girls – 19-22 adolescent girl, Lucknow

mobility related latitudes to their daughters are often subjected to 'warnings of any wrong that may befall the girl' and sarcastic comments. At the same time, in remote areas concerns with respect to safety in the context of mobility are many a times based on realistic connectivity barriers. This is especially true for villages of districts such as Siddharthnagar and Maharajganj.

Nevertheless, what was also interesting to note was that often permissions with respect to mobility and inter-gender communication given to adolescents are also a function of the context and to what extent is the context trusted by parents and community members. For instance, **as a result of consistent engagement of trainers with adolescents, parents and community members, TKT has emerged as a trustworthy context and has approval from most stakeholder.** As a result, mobility and IGC in the context of TKT and the AE programme also has approval from the parents and other members of the community. Girls and boys from the TKT groups were found to be friendly with each other in most villages and stated that they are allowed to meet and interact with each other outside TKT sessions as well. Parents also expressed that since they trust the TKT trainers, they would not mind sending their daughters to travel in a mixed gender group for activities and events.

8.3.2 Negotiations/reassertion around mobility

Table 10: Negotiations/Reassertion around mobility (Girls)

Going out of the house alone or with friends (Girls)						
Age category	**Negotiation/Reassertion**	**Intervention (I)**	**Control (C)**	**Difference ΔI-C**	**Baseline (B)**	**Difference ΔI-B**
11-14 Girls	**Discussed at least once**	88%	76%	12%	55%	33%
	Reasserted in case opinion not heard the first time	30%	23%	6%	39%	-9%
15-18 Girls	**Discussed at least once**	90%	77%	13%	64%	26%
	Reasserted in case opinion not heard the first time	26%	24%	2%	26%	0%
19-22 Girls	**Discussed at least once**	90%	80%	10%	64%	26%
	Reasserted in case opinion not heard the first time	23%	28%	-5%	26%	-2%

**Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

***Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

Analysis of quantitative data reveals that more and more girls have raised their voices with respect to their mobility since the baseline. 33 percent more girls within the 11-14 years category and 26 percent more girls, each in 15-18 years and 19-22 years category reported discussing issues related to their mobility at least once within their household. This was also substantiated by parents who stated that girls in the household are speaking up with respect to mobility and this is mostly in the context of education, studying in school/college which are at a distance.

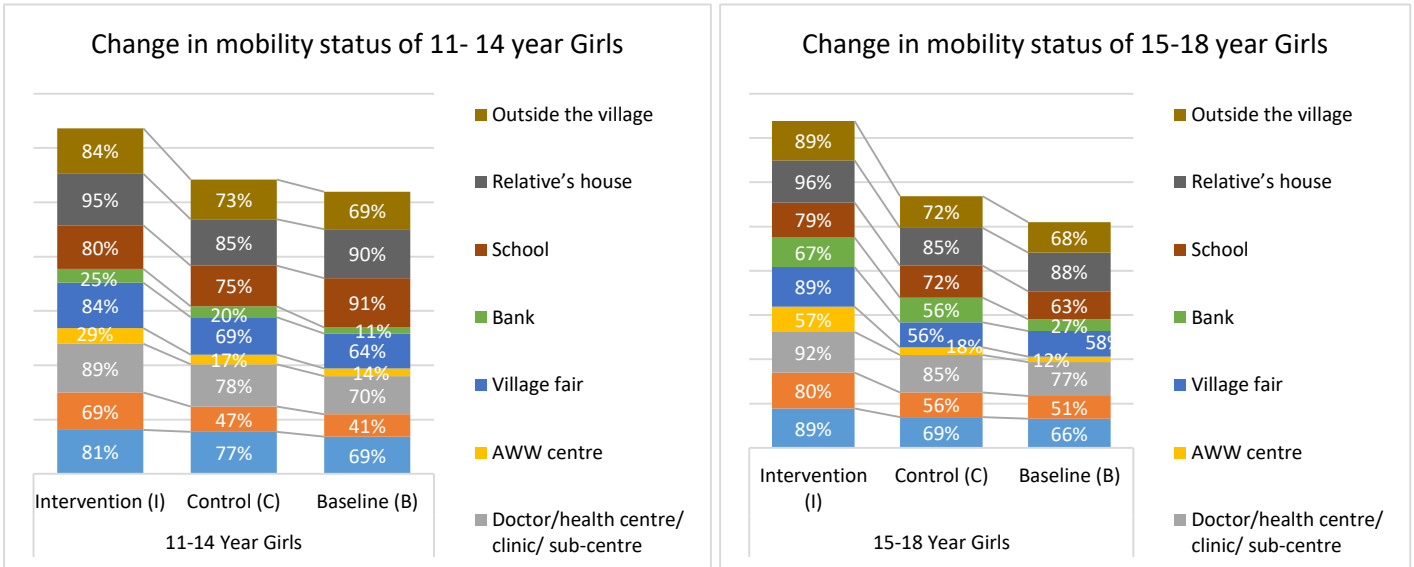
> *"I had never even stepped out of the village before. But since TKT I have been to the bank, have visited officials at block level and once spoke to the district manager at an event. I don't feel intimidated in going anywhere now and if people in village have some work with block level officials they ask me to come with them"* – Team Change Leader, Lucknow

In the context of reassertion however, the status has remained more or less stable when compared with the baseline though analysis of data from the previous study reveals that significant progress was made on the indicator (data in pre-endline captured for *Taron ki toli* members only[27]). At the pre-endline level 40 percent girls (whose opinion was not heard the first time) reasserted their views on mobility. The drop in reassertion may be attributed to the reduction in overall mobility due to COVID19 and lockdown as well as adolescents refraining from demanding more as they empathized with the parents and 'did not want to add to their pressures'.

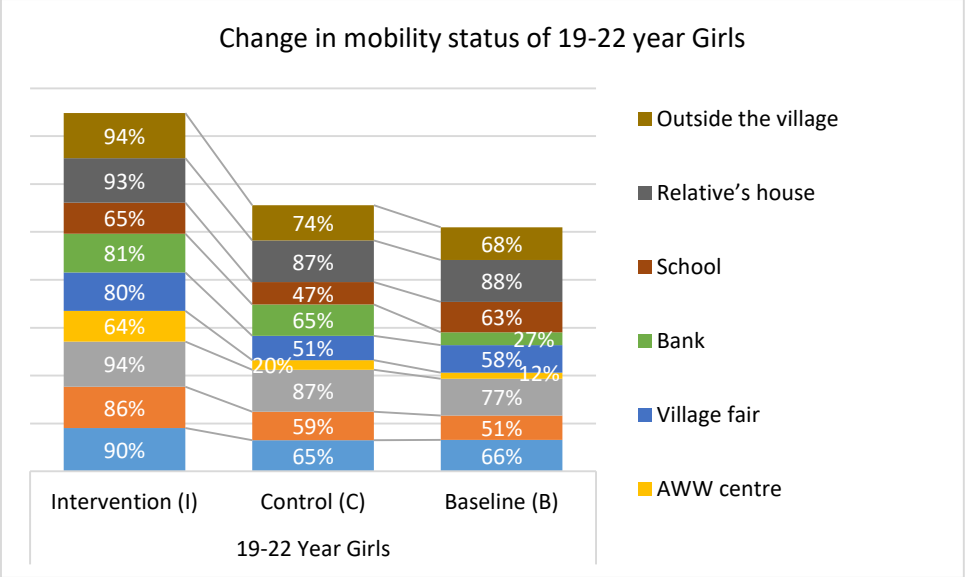
8.3.3 Change at the behavior level

Respondents with special focus on girls were enquired about the status of their mobility i.e. places they are able to visit when the need arises. Findings from the endline compared with control and baseline have been presented in the graph below:

Figure 6: Change in mobility status of girls



[27] During midline and pre-endline adolescents covered were in the age groups of 12-16 years and 12-15 years respectively. For the current comparison 15-18 years from baseline and TKT members from endline compared with those *Taron ki toli* members who were 13 years or above during midline and pre-endline as these age groups are expected to be within the 15-18 years cohort at the time of the current study



The status of mobility as reported by adolescent girls in intervention areas has improved significantly since the baseline and when compared with control villages across age categories. What is noteworthy is that across age categories, mobility to places such as AWW centers (11-14 Δ16%; 15-18 Δ 45%; 19-22 Δ52%), banks (11-14 Δ14%; 15-18 Δ 40%; 19-22 Δ54%) and markets (11-14 Δ27%; 15-18 Δ 30%; 19-22 Δ35%) have seen significant rise since the baseline. In the age of 11-14 year category there has been a drop in visits to school (11 percent) but that is largely because schools under class 9th had been closed since the lockdown up until the time of the study. The spillover effect of the programme is evident from the change in the 11-14 age category of girls. At the same time, the quantum of change is largest in the 15-18 years and 19-22 years category, groups that the programme directly engaged with through different activities.

This positive change in status of mobility of girls emerged during qualitative discussions as well where several adolescent girls reported visiting places of essential services such as AWC, health centers, banks etc. where they were not able to visit earlier. However, it has to be highlighted that visit to places such as banks and post offices are more often with parents and family members as compared to alone or with friends. Additionally, in the context of mobility there are inter-district variations. For instance, in remote villages of Maharajganj and Siddharthnagar where concerns for safety are to some extent realistic, restrictions on mobility are much stricter when compared to Lucknow or Gorakhpur. Similarly, in villages closer to urban areas status of mobility is relatively relaxed as compared to villages located at a distance.

8.4 Marriage

The overall scenario with respect to incidence of early marriage and average age of marriage has improved significantly since the baseline at the impact level[28]. The following table presents comparison between endline-intervention, endline-control and baseline with respect to average age of marriage as well as overall incidence of marriages.

Table 11:Impact Indicators - Marriage

Average age at marriage (11-22 years)[29]			
Gender	**Intervention***	**Control***	**Baseline**
Female	17 years 11 months 19 days	18 years and 18 days	17 years 11 months 19 days
Male	18 years 6 months and 11 days	18 years 9 months 28 days	18 years 6 months 11 days
% of adolescents (11-22 years) found to be married/incidences of marriage			

[28] Impact indicators calculated from the listing data (beneficiary and non-beneficiary adolescents)
[29]

Total	1.19%	1.97%	6%

**For the calculation of above indicators in intervention and control areas, only those cases of marriage considered which took place in and after year 2017 (once programme was fully operational)*

As may be evident from the table above, in the case of both boys and girls there has been an increase in the 'average age of marriage' in the intervention areas when compared with baseline figures. However, when compared with control, the indicator numbers are lower in intervention areas. Herein, it may be highlighted that the lower 'average age at marriage' in intervention areas needs to be understood alongside the methodology adopted for calculation of the indicator. The indicator 'average at marriage' has been calculated by (i) considering adolescents married in and after 2017 (ii) subtracting 'number of years of marriage' (date of marriage - date of survey) from the current age of the respondent to arrive at 'age at marriage'. This is done for each case (iii) Then for all the married respondents, **average of age at marriage** is taken.

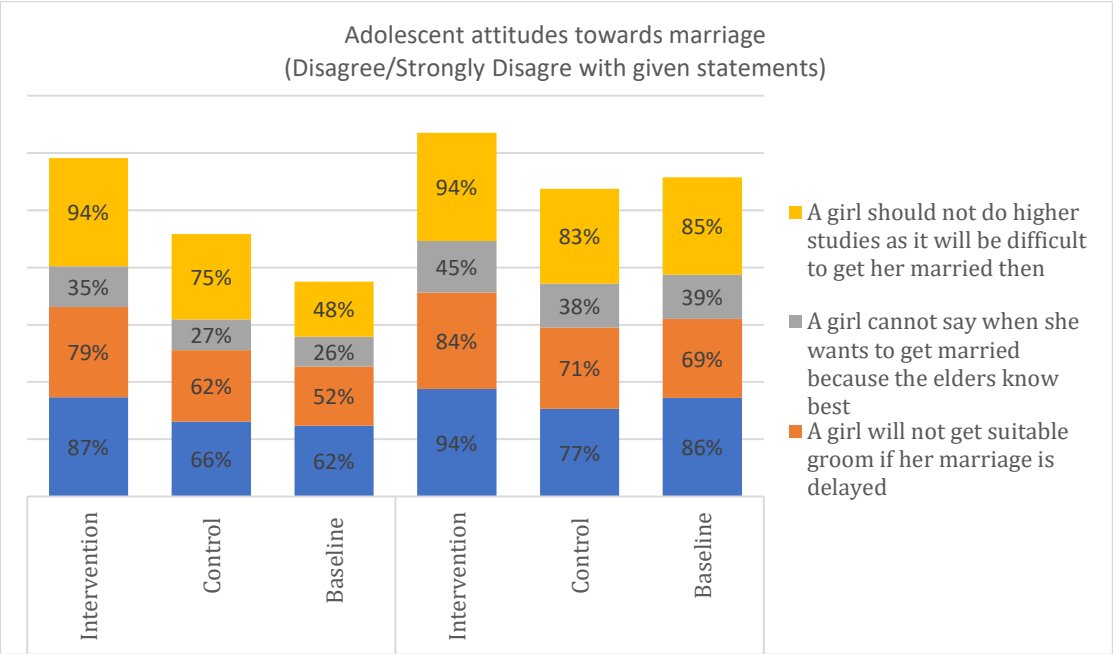
In view of this methodology, it is important to understand that 'average age at marriage' is likely to be affected by its base or number of adolescents found to be married. A look at the table indicates that there has been a significant decline in the proportion of adolescent found married in both control and intervention areas when compared with baseline. What is noteworthy is that statistically lower proportion of adolescents were found to be married in intervention areas as compared to control (lower base of married adolescents in intervention areas as compared to control) indicating towards the success of the AE programme in reducing the incidences of early marriage. In other words, while the average age of marriage in intervention areas (of those adolescents found married in and after 2017) is lower when compared to control, the overall incidence of marriage in intervention areas is in statistically lower proportions. This may also explain the lower average age of marriage in intervention areas which may be a result of 'low base effect'.

Furthermore, to establish a stronger relationship between programme intensity and its impact on the indicator of marriage, further analysis was done comparing the indicator of 'incidence of marriage' between Taron ki Toli members and non-members in the intervention areas. Only 5 such cases (0.2%) amongst TKT members were found to be married (in or after 2017). All the 5 cases were of adolescents above the age of 17 years. In relation, 1.58 percent of non-member adolescents were found to be married in intervention areas, a statistically higher figure when compared with TKT members.

The difference in incidence (%) of adolescent marriages between intervention and control and TKT members and non-TKT members indicates towards the effectiveness of the programme design. In other words, the impact of the programme increases with increase in the exposure to the programme – lowest percentage of adolescents found to be married in case of TKT members, followed by non-TKT members in intervention areas and lastly control with no exposure.

Attitudes towards marriage: In comparison to baseline, attitudes towards marriage vis-à-vis education have improved significantly and clearly show preference for education over marriage. Figure below presents attitudes of adolescents on issues related to marriage:

Figure 7: Adolescent attitude towards marriage



When compared with figures **from the baseline, there is significant change across all aspects**. The spillover effect of the programme is evident from the change in attitudes within the 11-14 years age category. The following table presents this change (from baseline (B) to intervention (I) and compared with control (C)) for all the age categories:

Table 12:Adolescent attitude towards marriage- Intervention-Control and Intervention Baseline change

Disagree/Strongly Disagree	11-14 Years		15-18 Years		*19-22 Years	
	ΔI-C	ΔI-B	ΔI-C	ΔI-B	ΔI-C	ΔI-B
A girl should be married off early so that she does not face safety issues	21%	25%	17%	24%	7%	23%
A girl will not get suitable groom if her marriage is delayed	16%	27%	13%	22%	12%	19%
A girl cannot say when she wants to get married because the elders know best	9%	9%	7%	15%	7%	16%
A girl should not do higher studies as it will be difficult to get her married then	20%	46%	12%	45%	9%	45%

**Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

***Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

It is interesting to note that the strongest attitudes are when it comes to making choice between education and early marriage ("girl should not do higher studies as it will be difficult to get her married then" and "A girl should be married off early so that she does not face safety issues"). However, when it's about girls asserting their choices with respect to marriage, without framing it within the context of education ("girl cannot say when she wants to get married because the elders know best") that the attitudes are comparatively weaker (11-14: 35%; 15-18: 45%; 19-

22: 45%). In other words, in absolute terms when it comes to marriage, girls not expressing their opinions is still a sticky and deep-rooted norm which is reflected in the attitudes of adolescents as well. Also, adolescents and parents have reported pushback from the community in case parents attempt to give some concessions which may be considered in opposition to the prevalent norms.

This pushback has been reported across themes such as mobility, IGC and education and is often not a sanction but a low intensity yet consistent disapproval that gets communicated to the parents. This pressure on the parents is in turn communicated to the adolescents and is perhaps being reflected in their attitudes towards marriage, which is considered one of the most critical milestones in an adolescent's life. Notions of 'family honor', 'safety', and character' of a girl are in fact closely linked to the concept of marriage as they determine whether a girl makes a good match or not. Therefore, the indication of the pushback may be evident in attitudes towards one of the most sensitive subjects which is marriage.

The consequence of pushback is also visible in the drop in adolescents who reported **negotiating on choices related to marriage** since midline and pre-endline. In order to compare data with pre-endline and midline, data of 15-18 years (*Taron ki toli* members[30]) in intervention areas has been analyzed. 24 percent girls from intervention villages during endline reported discussing the issue of 'the age at which they want to get married'. In comparison, only 9 percent girls during baseline had discussed the issue. While this change is statistically significant, this indicator has dropped since the pre-endline wherein 51 percent girls had reported discussing the subject in the household. In the case of negotiations around 'choice of bride or groom', only 10 percent girls from intervention villages reported discussing the issue at home as compared to 7 percent during baseline, statistically insignificant change. Here as well, there has been a significant decline since pre-endline where 33 percent girls had reported discussing the issue of choice of groom at least once.

Qualitative discussions with adolescents revealed that negotiations around marriage are largely limited to delaying the event in order to continue their education. These conversations are mainly taking place with mothers, elder sisters or other female members of the family. Very few adolescents reported discussions around choice of bride/groom. Adolescents expressing their views on marriage especially choice of groom are largely disapproved of and 'wisdom of the family elders' is cited as a reason. There are few areas where parents are giving the right to say 'no' to girls to a prospective match to a limited extent. However, in certain communities, girl saying 'no' to a 'good match' reflects badly upon her and may adversely impact her chances of receiving suitable marriage offers later.

The choices related to marriage which were narrow to begin with have further shrunk during lockdown. Adolescent girls find little elbow room to negotiate on the matter as they see their parents in financial distress and marriage itself is an expensive event. They empathize with parents and are willing to let go of their choices to 'maintain peace' at home or relieve their parents of a key responsibility. In this context, it was expected to see rise in **early marriages** (if not underage). However, the findings have been mixed in this regard. In some cases, there have been hasty marriages during lockdown as owing to restrictions on crowds, expense on the weddings reduced and families went ahead with weddings of more than one daughters in the house to save cost. Conversely, many families postponed the marriages because of lack of funds. Moreover, in districts such as Maharajganj historically known for child marriage (particularly across Nepal border), programme has built awareness around the issue at community level, over the last four years leading to reduction in incidence of child marriage. While the parents did consider getting their respective daughters married during lockdown (less expensive), not many

[30] During midline and pre-endline adolescents covered were in the age groups of 12-16 years and 12-15 years respectively. For the current comparison 15-18 years from baseline and TKT members from endline compared with those *Taron ki toli* members who were 13 years or above during midline and pre-endline as these age groups are expected to be within the 15-18 years cohort at the time of the current study

incidences of child marriage were reported in programme villages. Given that Nepal border was sealed during the lockdown, it wasn't easy to solemnize marriages from across the border.

What has also emerged during the study is that the platform of *Taron ki toli* members has been leveraged for **collective action to put a stop to any cases of early marriages**. In Lucknow, a team change leader reported that a relative nearby was planning to marry their 18 year old daughter. But then the children in the house made the parents speak to the *Taron ki toli* members and trainers. Parents were convinced and the marriage was delayed. Such instances have been reported in other districts as well.

The pressures of marriage weigh heavily on the minds of girls as it is perceived as 'end of agency' for them. They feel that the decision-making power rests in the hands of the husband and in-laws and they would have little or no say. This is also evident from the quantitative findings where adolescents were asked questions on **girls continuing education after marriage**. 93 percent adolescents from the intervention areas (as compared to 85 percent from control and 82 percent from baseline) responded in affirmative. The adolescents were further asked on '**who should have the first right to decide whether a girl should continue her education after marriage or not'**. For all the age and gender categories the responses were overwhelmingly 'husband', followed by 'in-laws' and at last the 'girl herself'. In the 15-18 years and 19-22 years category, as compared to girls, higher proportion of boys also stated that in-laws and husband have the first right to decide on the matter. The feeling that marriage may be an end of all agency and freedom is drawn from what adolescent girls see around them. It also highlights the fact that while adolescents understand the concept of gender equality in the current context (as brother-sister, classmates, and friends), this understanding perhaps does not include the nuance that equality is a lifelong concept and may extend beyond their current setting. While adolescent girls have learned strategies to negotiate for their rights with parents, it may be useful to help them understand that similar strategies may be used in the settings of marriage as well to make sure that they have say in their future as well.

A mother to a 19-year-old girl in Ghazipur shared that her daughter wanted to continue her studies after marriage, and was later even allowed to study ahead. However, there would be so much work and responsibilities at home that there was no time and energy left to study. And this was the reason she could not complete her schooling.

Education and Marriage: At the level of adolescents, qualitative discussions revealed that there is clear preference for education vis-à-vis marriage. This is especially true in the case of girls owing to the uncertainty whether they will be allowed to continue their education after marriage In fact, education is a common tool used to stall/delay marriage. As a result, there is added pressure on girls to perform better in schools as poor academic performance of girls is considered a valid reason to stop their education and start looking for a match. Additionally, within every community there is an almost an invisible minimum and upper limit range for education of girls in order to get a good match i.e. if a girl is too educated parents may have to pay more dowry and if she is not educated enough then it may be difficult to find a respectable groom. **However, there are cases of adolescents trying to push beyond this invisible upper limit and are being supported by parents.** At the same time, due to long term disengagement of girls from school coupled with financial distress in the households, there is a risk that there may be higher drop-outs in the upcoming sessions especially in classes above class 8th (not covered under Right to Education). This may take away a key negotiation strategy from girls and puts them at risk of early marriages.

8.5 In Summary

Overall, there has been a fall in the adverse attitude towards gender discriminatory distribution of **household chores** since the baseline and when compared with control. There is also positive attitude with respect to girls needing leisure time. At the same time while boys have started

taking up new chores, it has not led to a substantial reduction in the burden of girls. However, sub attitudes with respect to 'girls needing to learn household chores before marriage' are considerably lower when compared with other sub-attitudes which indicates that norms around household chores are sticky when they intersect with expectation around marriage. This is also true for norms on IGC and mobility. Education is the only norm that created room for negotiations but this has also been coopted by marriage as a minimal educational qualification is needed to make a suitable match. In the case of **IGC and mobility**, attitudes of adolescents with respect to mobility of girls and IGC have improved significantly since the baseline. Nevertheless, norms around IGC and mobility at the community level remain quite rigid. While adolescents are displaying more positive attitudes, rigid norms at the community level are acting as real barriers for these individual level attitudes to translate in action. It was also interesting to note that often permissions with respect to mobility and inter-gender communication given to adolescents are a function of the context and to what extent is the context trusted by parents and community members. TKT groups in this regard have emerged as trustworthy context. As a result, mobility and IGC in the context of TKT and the AE programme also has approval from the parents and other members of the community. Additionally, while overall mobility of girls has improved significantly since the baseline there are inter-district variations. With respect to **marriage**, when compared with baseline and control, the programme has been successful in reducing the overall incidences of marriage (% of adolescents found married) in intervention areas. On the other hand, while adolescent attitude towards marriage vis-à-vis education has improved since the baseline, adolescents and parents have reported pushback from the community in case parents attempt to give some concessions around marriage (in the context of IGC, mobility) which may be considered in opposition to the prevalent norms. This pushback is in the form of low intensity but consistent disapproval from the community that adolescents and parents have reported experiencing. Furthermore, education is a common tool used to stall/delay marriage especially by girls. As far as age of marriage is concerned, most parents and adolescents consider 18 years as the threshold for marriage of girls. During COVID 19 there were two kinds of pressures on households – quick marriage to save overall expense and delaying marriage as families did not have the funds to bear the expense. In this context, cases were reported from districts where collective and timely action from the *Taron ki toli* members stopped instances of early marriages.

9. Gender-Based Violence

The current section presents findings with respect to violence, to what extent adolescents are reporting having witnessed and experienced it specifically in the context of verbal, physical and sexual violence and whether this was witnessed/experienced within or outside family. Here 'within family' is defined as violence that may have been witnessed/experienced within the household and 'outside family' is defined as violence that may have witnessed/experienced outside the household premises.

These findings have been compared with findings from the baseline (this aspect was not captured during the midline) in order to understand movement on the relevant outcomes since then. There has also been an attempt to glean overall attitudes specific to gender based violence and also if stakeholders are aware of any reporting platforms.

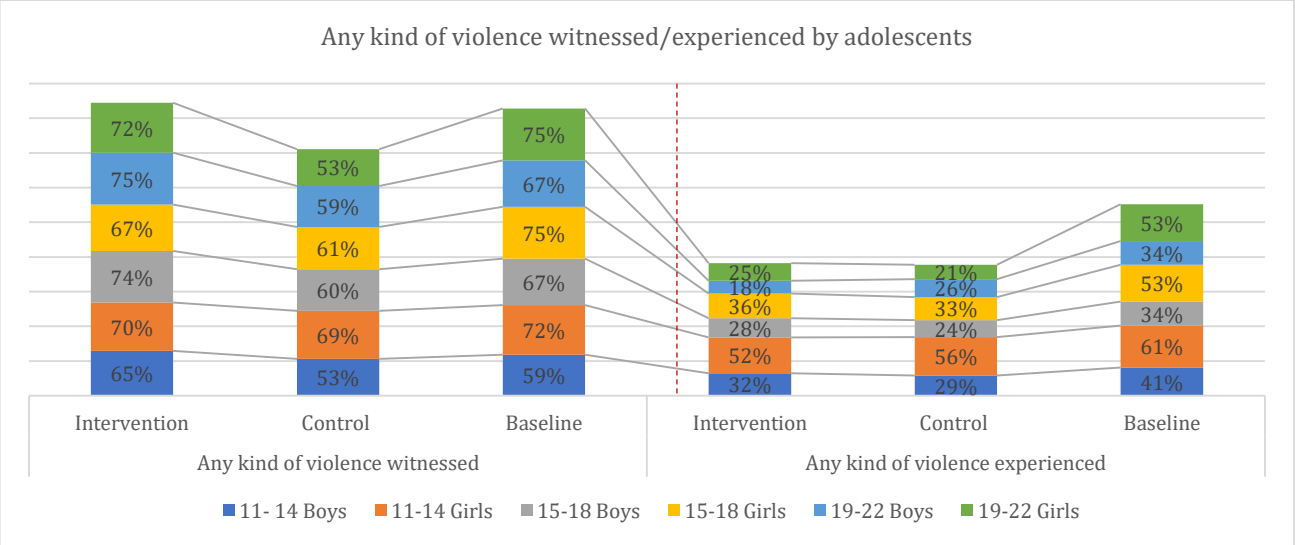
9.1 Context

The sensitive subject of violence was to be introduced in the last year of the programme after a degree of trust had been established with the adolescents and community. However, onset of COVID19 and resultant lockdown led people being confined to their homes with the programme finding it challenging to reach TKT members as well as communities. With people losing income and livelihood and potential victims of violence especially domestic now exposed to the potential or repeat offender for a prolonged period, several reports emerged of rise in the cases of domestic violence during the last one year calling it 'hidden pandemic'. Frustrations related to money, substance abuse further added to the critical situation. While violence in a communities is a sensitive subject to begin with, lockdown further escalated the problem. It is within this emergency context that the programme findings may be inferred.

9.2 Overall reporting on violence

Following figures present the overall data of violence witnessed and experienced within and outside family as reported by both boys and girls.

Figure 8:% Adolescents who have witnessed/experienced any kind of violence within/outside family



The following table presents the change in intervention villages when compared with control and since baseline.

Table 13: Any kind of violence witnessed and experienced - change since baseline and from control

Age and Gender Category	Any kind of violence witnessed		Any kind of violence experienced	
	ΔI-C	ΔI-B	ΔI-C	ΔI-B
11- 14 Boys	11%	6%	3%	-8%
11-14 Girls	1%	-2%	-4%	-9%
15-18 Boys	14%	8%	4%	-7%
15-18 Girls	6%	-8%	2%	-17%
19-22 Boys*	16%	8%	-7%	-16%
19-22 Girls*	19%	-3%	4%	-28%

**Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

***Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

Looking at the graph and the table above figure and graph above, there are few inferences that may be made. **First**, the reporting of **violence witnessed is much higher than of violence experienced** (by almost 36 percent in intervention areas). Similarly, violence within family (witnessed or experienced) is reported in lower proportions when compared with reporting of violence outside family (witnessed or experienced. **Second,** violence witnessed across all age categories is almost at the same level as the baseline. However, reporting of violence experienced has declined significantly across all age and gender categories (except 15-18 boys where decline is statistically insignificant). Further analysis of the data shows that violence experienced within family has been reported in lower proportions since the baseline (11-14 Boys: ΔI-B -4%; 11-14 Girls: ΔI-B -6%; 15-18 Boys: ΔI-B -2%; 15-18 Girls: ΔI-B - 11%; 19-22 Boys: ΔI-B 13%; 19-22 Girls: ΔI-B -27%). A similar decline is evident in witnessing of violence within family. This pattern is present within control areas as well where there has been a decline in reporting of witnessing and experiencing violence within family since baseline.

This trend is contrary to the qualitative findings as well as the secondary data, both of which indicate that domestic violence has increased significantly in the last one year especially since lockdown. A probable reason for low reporting maybe that while during baseline perpetrators within homes were also going to work and in their absences, adolescents were free to talk about the issue. During the endline study however, owing to most family members being at home as many earning members had lost sources of livelihood during lockdown, adolescents were not openly able to report the issue. This was also evident during qualitative discussions where adolescents and mother discussed the issue in 'low voices' looking around and making sure that they weren't being overheard.

The next sub-sections present findings disaggregated along the lines of forms of violence, namely verbal, physical and sexual as stated by the adolescents.

9.3 Verbal Violence – Witnessed and Experienced

In the context of verbal violence, respondents were asked whether they had experienced or witnessed various forms of verbal violence. They were asked if they were insulted/made to feel bad about themselves, threatened to be hurt by anyone outside the family or by family members or if they had witnessed this take place with someone else within or outside the family.

9.3.1 Verbal Violence Witnessed/Experienced

In the case of verbal violence, 15 percent adolescents (19% girls and 11% boys) in the intervention-endline reported **witnessing verbal violence within family**. This proportion was 20 percent during the baseline (17% girls and 23% boys), a statistically insignificant decline. In case of **witnessing verbal violence outside family** in intervention-endline areas this number is much higher at 41 percent (47% girls and 37% boys). In comparison 45 percent adolescents (44% girls and 46% boys) reported witnessing verbal violence outside family at the baseline stage. It is interesting to note that in intervention-endline areas, in case of witnessing verbal violence within and outside family, as compared to boys, higher number of girls have reported the status. Converse is true in the case of baseline. In control as well, reporting for witnessing verbal violence within and outside family at 16 percent and 35 percent respectively is almost at the same level as intervention areas and has declined since the baseline.

In the context of **experiencing verbal violence within family** 10 percent adolescents (11% girls and 9% boys) reported in affirmative to the enquiry. This proportion was 9 percent (10% girls and 8% boys) for control areas and 14 percent (10% girls and 17% boys) at the baseline stage. In both cases when compared with intervention, difference is statistically insignificant. Furthermore, 4 percent adolescents in intervention endline areas (3% girls and 5% boys), 6% in control endline areas (4% girls and 7 percent boys) and 16 percent adolescents (95 girls and 22% boys) reported **experiencing verbal violence outside family**. The decline since baseline in reporting of experiencing verbal violence which is visible in intervention and control areas is perhaps because movement of adolescents outside home was relatively limited due to lockdown.

9.3.2 Reasons for Witnessing/Experiencing Verbal Violence

Following were some of the key reasons cited by adolescents for **witnessing verbal violence** within and outside family:

In the case of **witnessing violence within family**, in the intervention areas 'not doing household chores' and 'not obeying elders' emerged as common reasons cited by adolescents. Interestingly, reasons such as 'going out to play' and 'going out with others' have seen a statistically significant decline when data is compared between intervention endline and baseline. This is likely to be a lockdown impact where mobility may have been impacted due to government restrictions and schools being closed. In addition, response to 'not obeying elders' in intervention endline areas saw a statistically significant increase since the baseline. This as well is likely because of longer exposure of adolescents to members at home owing to schools being closed and earning family members at home for prolonged period due to reasons such as job losses. Detailed table provide below

Table 14: Reasons for witnessing verbal violence within family

Reasons for witnessing verbal violence within family *(Proportion of those who reported witnessing verbal violence within family)*	**Intervention (I)**	**Control (C)**	**Baseline (B)**	**Difference Δ I-C**	**Difference Δ I-B**
Going out to play	25%	27%	34%	-2%	-9%
Going out with others	15%	19%	27%	-5%	-13%
Not doing household chores	40%	42%	40%	-2%	0%
Not completing homework/ reading	26%	22%	26%	5%	1%

Not obeying elders	40%	23%	27%	17%	12%

**Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

In the case of **witnessing violence outside family**, 'substance abuse/alcohol/drug abuse' has emerged as a reason and it is almost equal in control and intervention areas and statistically significant when intervention endline is compared with baseline. This is consistent with the findings from the qualitative discussions as well where adolescents and community members reported higher cases of substance abuse largely due to rising frustrations over job and livelihood losses. Substance abuse as a reason was in fact hardly reported as a reason for witnessing verbal violence outside family during the baseline. 'Not doing household chores' here as well has emerged as a key reason for witnessing verbal violence outside family. Overall, while similar reasons in almost similar proportions have been cited in intervention endline and control endline areas, when compared with baseline, 'substance abuse' has emerged as an important factor contributing to verbal violence at the endline stage.

Detailed table provide below:

Table 15: Reasons for witnessing verbal violence outside family

Reasons for witnessing verbal violence outside family *(Proportion of those who reported witnessing verbal violence within family)*	**Intervention (IE)**	**Control (CE)**	**Baseline (BE)**	**Difference Δ I-C**	**Difference Δ I-B**
Going out to play	15%	12%	15%	3%	0%
Going out with others	9%	9%	15%	1%	-5%
Not doing household chores	15%	15%	17%	1%	-2%
Not completing homework/ reading	9%	7%	12%	2%	-4%
Not obeying elders	13%	12%	13%	2%	0%
Substance/alcohol/drug abuse	15%	16%	10%	-1%	5%
Opposing against substance/ alcohol/drug abuse	9%	8%	4%	1%	6%

**Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

In the case of **experiencing verbal violence within family**, 'not doing household chores' has been cited as a key reason by girls across the three age groups in intervention-endline areas (11-14 years: 63%; 15-18 years:62%; 19-22: 56%). For girls in age groups 15-18 years and 19-22 years this reasons has increased significantly since the baseline (15-18 years Δ I-B: 14%; 19-22 years Δ I-B: 8%). 'Not obeying elders' as reported by girls within intervention-endline areas (11-14 years: 55%; 15-18 years: 44%; 19-22: 84%) is another reason cited behind experiencing verbal violence within family. 'Talking on phone' has emerged as a reason during endline cited by girls across age groups for experiencing verbal violence. In the case of boys, its only present within the 15-18 years age group. Else, it has not been cited as a reason at all by boys. This has also emerged during qualitative findings where girls reported that talking over the phone publicly invites negative attention and resultant censure from the family. This sanction is not there in case of boys. In the case of boys within the 19-22 years group in intervention-endline villages, there has been an increase

The following graphs the key reason cited by boys and girls across age groups for experiencing verbal violence within family:

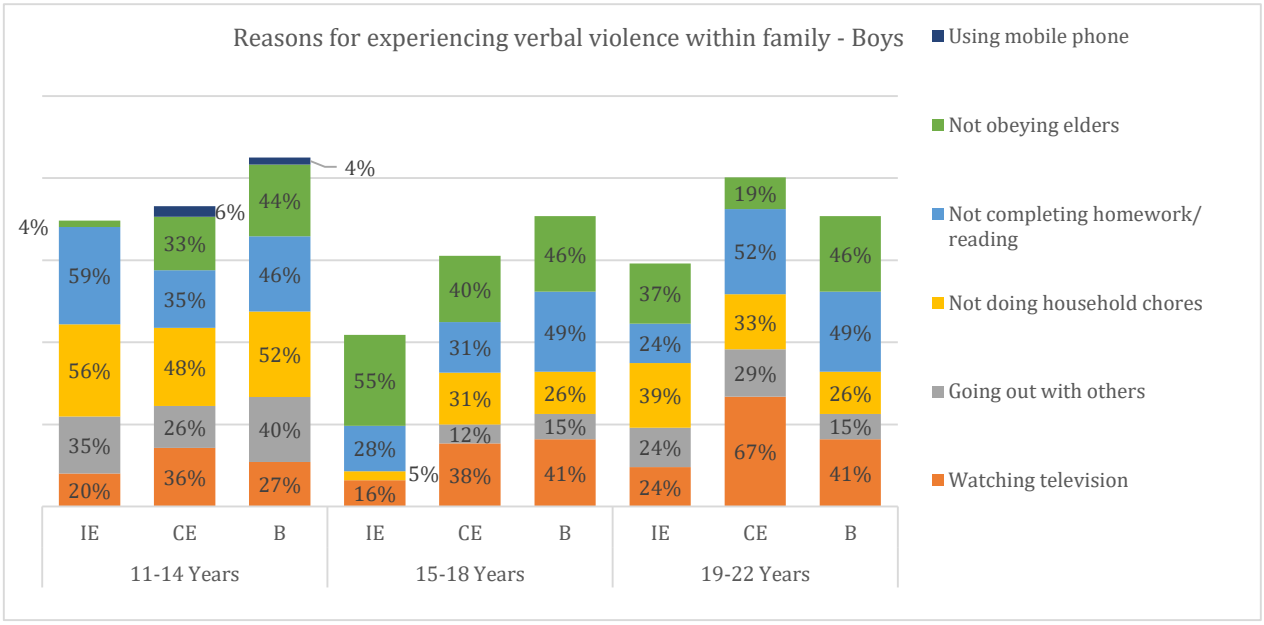


Figure 9:Reasons for experiencing violence within family - Girls

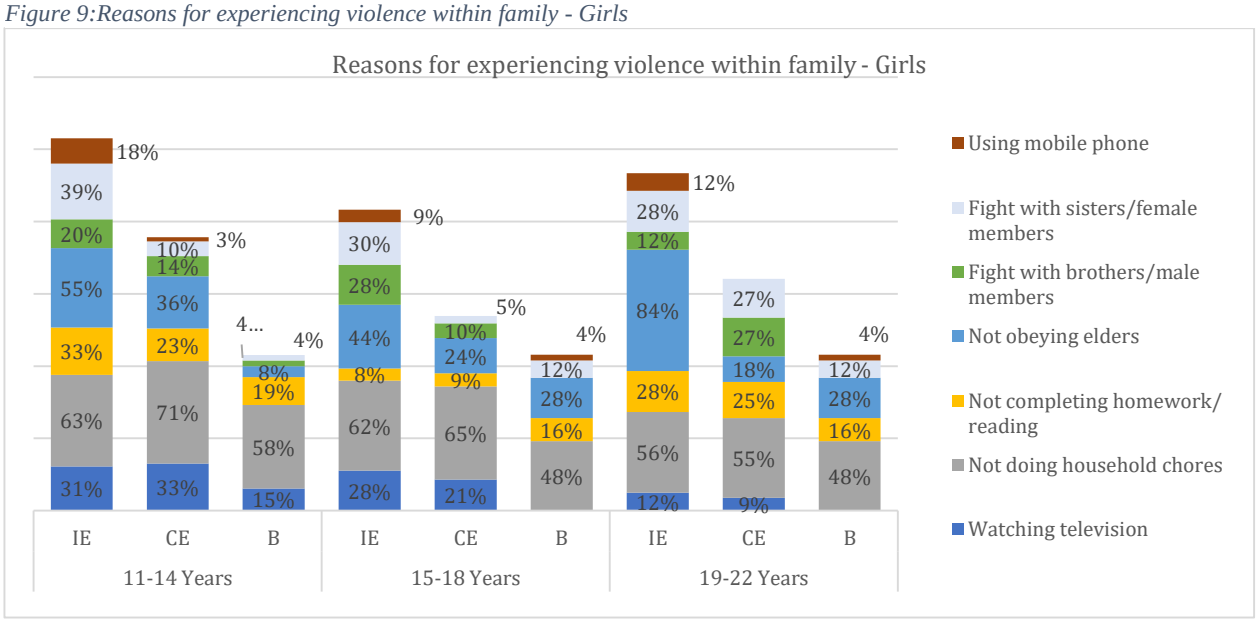


Figure 10: Reasons for experiencing violence within family - Boys

In the case of **experiencing violence outside family** for girls, within the 11-14 years category, 'going out with others' (IE: 58%; CE: 37%; B: 25%), 'not obeying elders' (IE: 45%; CE: 7%; B: 0%), 'not doing homework' (IE: 29%; CE: 24%; B: 13%) have emerged as key reasons. Within the 15-18 years category 'not completing homework' (IE: 25%; CE: 27%; B: 24%), 'going out with others (IE: 18%; CE: 19%; B: 10%) and 'using mobile phones[31]' (IE: 16%; CE: 19%) are some of the reasons cited by girls for experiencing violence outside family. In the case of girls within 19-22 years category as well 'not obeying elders' (IE: 22%; CE: 0%; B:10%) and 'using mobile phones (IE: 18%; CE: 34%;B:0%) have emerged as key reasons. Within the 15-18 years and 19-22 years category 'wearing dresses of

[31]'Using mobile phone' option added during endline

own choice' had come up as reasons in control-endline and at baseline stage but no such reports were made in intervention-endline. The following graph presents the details on the same:

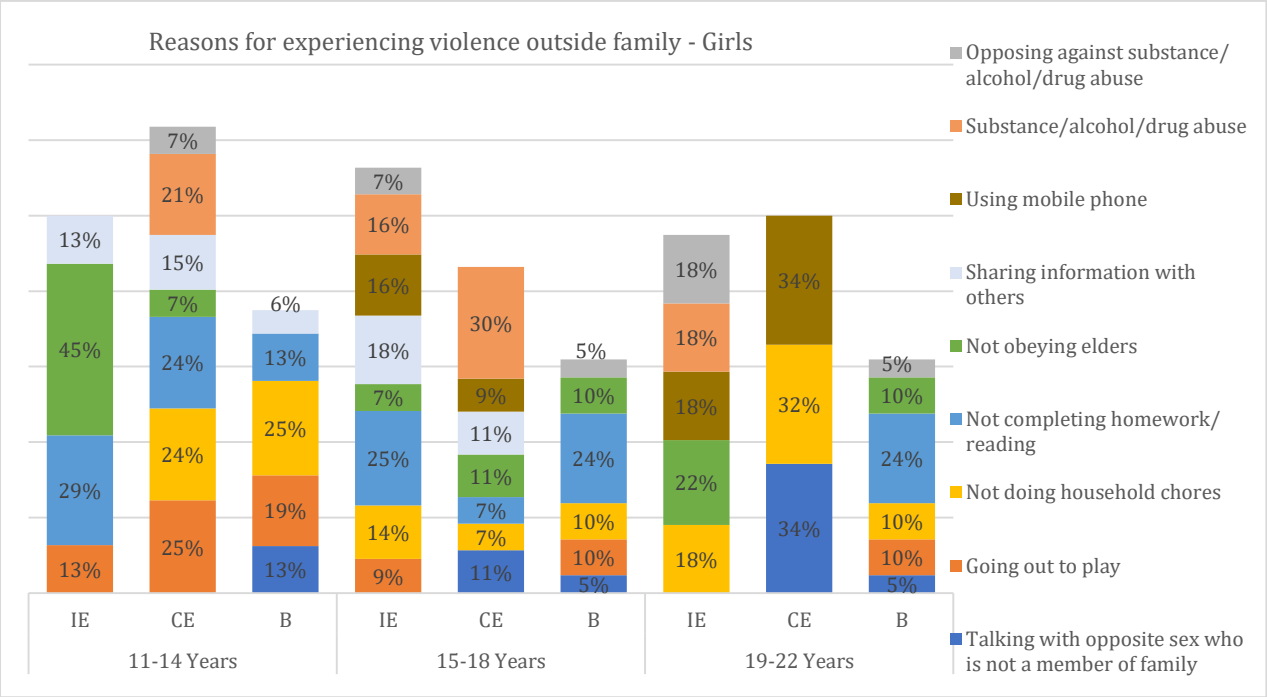


Figure 11: Reasons for experiencing verbal violence outside family-girls

In the case of boys within the 11-14 years category, 'not completing homework' (IE: 38%; CE: 9%; B: 20%), 'using mobile phones' (IE: 27%; CE: 0%; B: 2%) and not obeying elders (IE: 14%; CE: 14%; B: 6%) were cited as reasons that led to adolescents experiencing verbal violence outside home. For15-18 years and 19-22 categories as well 'not completing homework' and 'not obeying elders' were main reasons reported. In the case of boys, 'caste/religion based discrimination' was reported in the 11-14 and 15-18 years categories. Caste based tensions especially in heterogeneous settlements came up during qualitative discussions as well. These were prejudicial statements such as '*unke yahan aisa he hota hai (*that's how things are in their community) in often disparaging tones to insinuate that in a particular community (often socio-

economic weaker castes) bad practices are prevalent. However, adolescents within intervention endline areas did not say it but this mainly came from community members.

The following graph provides details on 'experiencing verbal violence within family –boys:

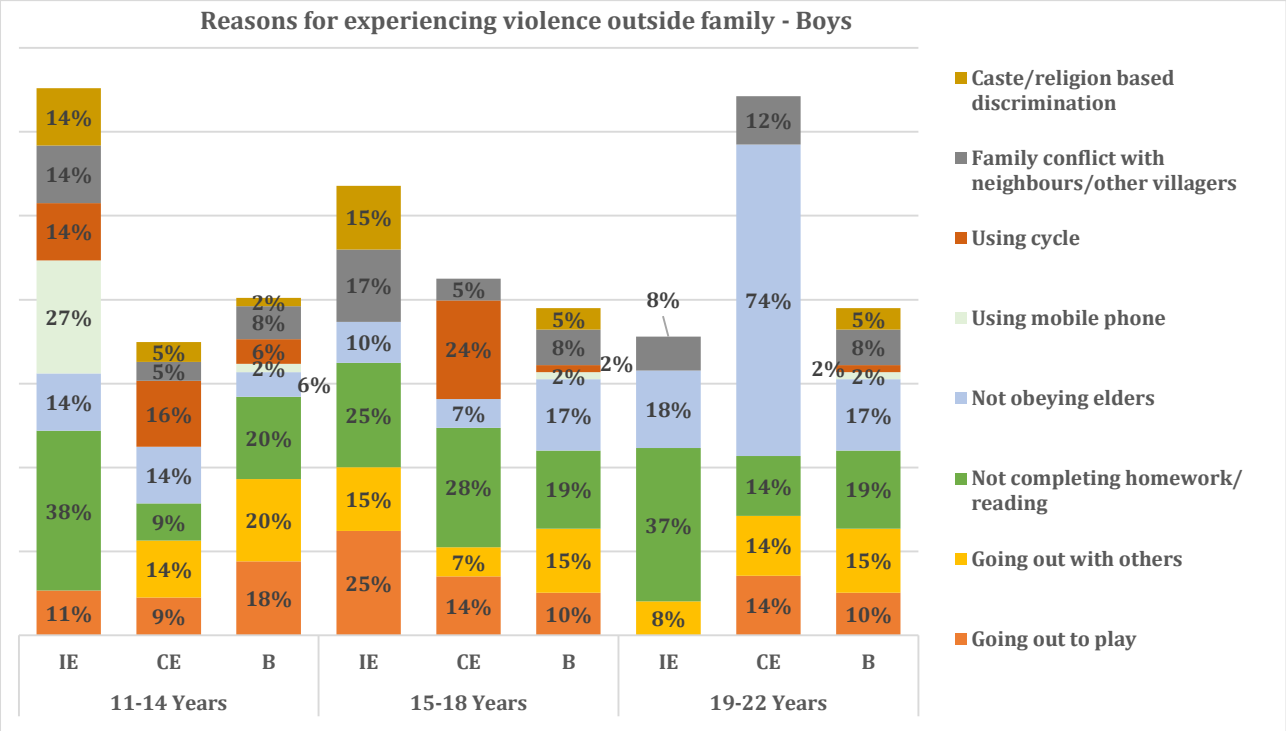


Figure 12:: Reasons for experiencing verbal violence outside family-boys

9.3.3 Type of verbal violence witnessed/experienced

The respondents were also asked about the type of violence witnessed or experienced within or outside family.

In case of **witnessing verbal violence within or outside family**, ' being insulted or made to feel bad about themselves' (within family - IE:13%; CE:11%; B:12%:: outside family - IE:34%; CE:27%; B:28%) and 'insulted or made to feel bad about themselves in front of others' (within family - IE:12%; CE:10%; B:10%:: outside family - IE:34%; CE:26%; B:26%) emerged as types reported the most by respondents. The following graphs presents a detailed view:

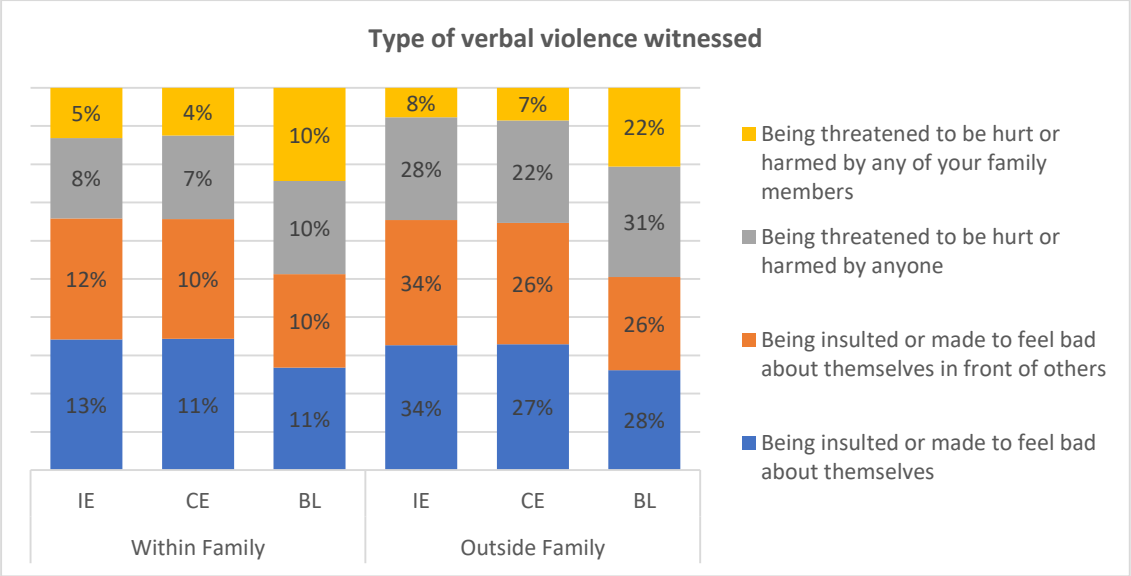


Figure 13:Type of verbal violence witnessed

In the context of **experiencing verbal violence within family**, **in the case of boys** across the three age groups 'being insulted or made to feel bad about themselves' emerged as a prominent type of verbal violence experienced. In intervention-endline, this was found to be relatively higher within the 15-18 years age group. **In the case of girls**, 'being insulted or made to feel bad about themselves' and 'insulted or made to feel bad about themselves in front of others' emerged as types of verbal violence reported most by girls. However, in the case of girls, within the intervention-endline study group, it was the 11-14 years age group that reported it in higher numbers. The following two tables present a details of types of verbal violence experienced withing family:

Table 16:Types of verbal violence experienced within family - boys and girls

Boys Verbal Violence - Experienced Within family	**11 -14**			**15-18**			**19-22***		
	IE	**CE**	**BL**	**IE**	**CE**	**BL**	**IE**	**CE**	**BL**
Being insulted or made to feel bad about themselves	9%	10%	15%	8%	7%	10%	5%	4%	10%
Being insulted or made to feel bad about themselves in front of others	5%	4%	14%	6%	5%	9%	3%	2%	9%
Being threatened to be hurt or harmed by anyone	1%	2%	10%	1%	2%	8%	1%	0%	8%
Girls Verbal Violence - Experienced Within family	**11 -14**			**15-18**			**19-22***		
	IE	**CE**	**BL**	**IE**	**CE**	**BL**	**IE**	**CE**	**BL**
Being insulted or made to feel bad about themselves	14%	10%	5%	9%	6%	6%	4%	9%	6%

Being insulted or made to feel bad about themselves in front of others	14%	8%	5%	10%	6%	7%	3%	9%	7%
Being threatened to be hurt or harmed by anyone	9%	3%	2%	6%	1%	3%	5%	3%	3%

Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline

In the context of **experiencing verbal violence outside family, in the case of boys** across the three age groups 'being insulted or made to feel bad about themselves' emerged as a prominent type of verbal violence experienced outside family. In the case of girls, 'being insulted or made to feel bad about themselves' and 'insulted or made to feel bad about themselves in front of others' emerged as types of verbal violence reported most by girls; though the difference with other types of reasons was not found to be significant. However, what is interesting to note is that in the case of both boys and girls, experiencing verbal violence outside family has decreased since the baseline though, this decrease is higher in the case of boys (due to higher mobility freedom which may have been restricted due to lockdown and closure of schools). The following two tables present a details of types of verbal violence experienced withing family:

Table 17:Types of verbal violence experienced outside family - boys and girls

Boys Verbal Violence - Experienced Outside family	**11 -14**			**15-18**			**19-22***		
	IE	**CE**	**BL**	**IE**	**CE**	**BL**	**IE**	**CE**	**BL**
Being insulted or made to feel bad about themselves	3%	7%	17%	2%	4%	16%	7%	7%	16%
Being insulted or made to feel bad about themselves in front of others	1%	4%	15%	3%	2%	15%	8%	6%	15%
Being threatened to be hurt or harmed by anyone	0.4%	0.3%	13%	1%	2%	15%	2%	2%	15%
Being threatened to be hurt or harmed by any of your family members	0.4%	0.3%	13%	1%	2%	15%	2%	2%	15%
Girls Verbal Violence - Experienced Outside family	**11 - 14**			**15-18**			**19-22***		
	IE	**CE**	**BL**	**IE**	**CE**	**BL**	**IE**	**CE**	**BL**
Being insulted or made to feel bad about themselves	2%	5%	3%	3%	4%	7%	3%	2%	7%
Being insulted or made to feel bad about themselves in front of others	2%	2%	3%	3%	3%	8%	4%	2%	8%
Being threatened to be hurt or harmed by anyone	1%	1%	3%	1%	2%	5%	2%	1%	5%

Being threatened to be hurt or harmed by any of your family members	1%	1%	3%	1%	2%	5%	2%	1%	5%

**Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

9.3.4 Perpetrator

Those respondents who reported witnessing/experiencing violence within or outside family were further probed about the perpetrator of the act. Across age and gender categories, respondents who witnessed or experienced violence within family, the highest percentage of them reported parents followed by siblings as main perpetrators. This trend is similar to that observed during baseline. In case of witnessing verbal violence within family, respondents reported mother (IE:37%; CE:40%; B:46%), father (IE:37%; CE:40%; B:46%), followed by brother ((IE:25%; CE:24%; B:26%) as key perpetrators.

In case of experiencing violence within family, the following graph presents the data disaggregated across age and gender.

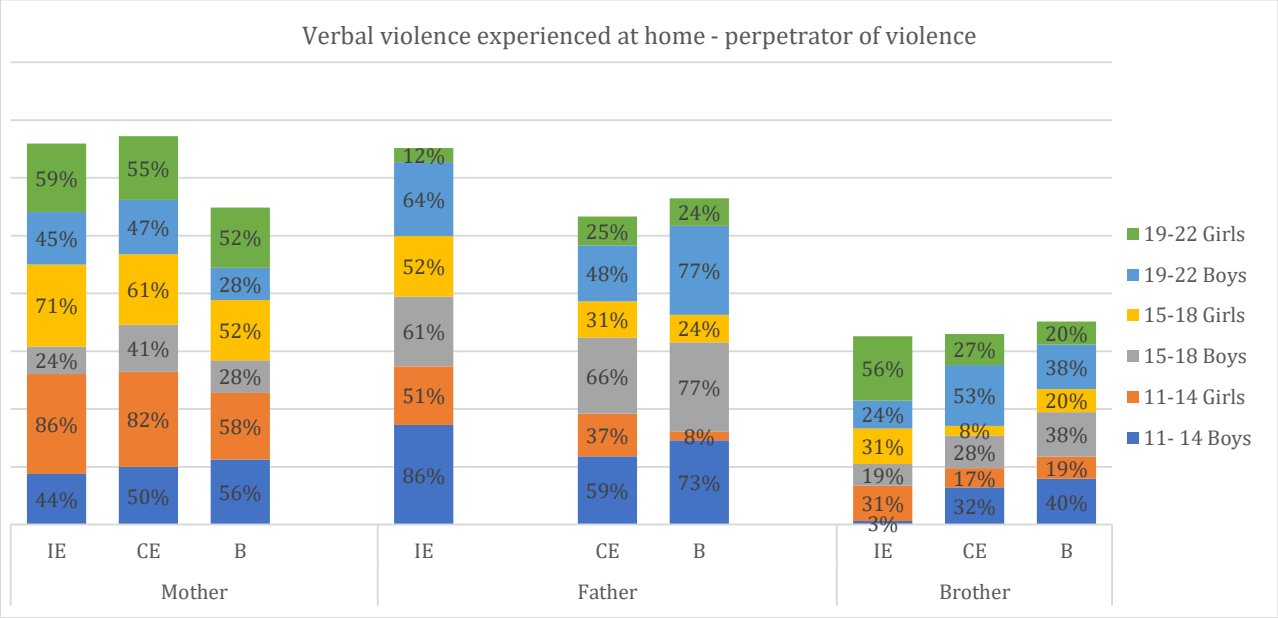


Figure 14: Verbal violence experienced at home - perpetrator of violence

As may be evident from the graph, in case of girls, it is mainly mothers who inflict violence. In the case of boys it is mainly fathers. The violence also somewhat decreases as adolescents grow up. Moreover, girls reported 'brother' as perpetrator of violence in higher proportions in intervention endline as compared to boys. In other words often brothers take up the role of enforcer in case there is any deviance by girls. This has seen an increase since the baseline as well as when compared with control-endline.

When it comes to witnessing verbal violence outside family, men residing outside family (IE:63%, CE: 46%; B:29%), followed by women residing outside family (IE:33%, CE: 24%; B:10%),were reported to be the key perpetrators.

9.3.5 Reporting of Verbal Violence

Respondents were asked whether they told anyone about the verbal violence witnessed and experiences within family. In terms of **verbal violence witnessed within family** significantly lower proportions of adolescents from intervention endline when compared with baseline across

age and gender groups told someone about it. In the case of **verbal violence experienced within family**, except for 15-18 years and 19-22 years girls, all age and gender categories reported it in lower proportions. These two categories show statistically significant increase in reporting experience of verbal violence. Interestingly, unlike other age and gender groups, 15-18 years and 19-22 years girls have reported experiencing verbal violence more than witnessing it within family. The following table presents more details on this.

Table 18:Reporting of witnessing/experiencing verbal violence within family

Reporting of witnessing/experiencing verbal violence within family	Reporting of verbal violence witnessed within family					Reporting of verbal violence experienced within family				
	IE	CE	Δ IE-CE	BL	Δ IE-BL	IE	CE	Δ IE-CL	BL	Δ IE-BL
11- 14 Girls	37%	35%	1%	57%	-20%	27%	35%	-8%	46%	-19%
11-14 Boys	12%	20%	-9%	54%	-42%	4%	22%	-19%	58%	-54%
15-18 Girls	34%	21%	13%	53%	-18%	41%	45%	-4%	12%	29%
15-18 Boys	31%	28%	3%	41%	-10%	13%	18%	-6%	46%	-34%
19-22 Girls**	17%	33%	-16%	53%	-35%	44%	32%	11%	12%	32%
19-22 Boys**	34%	7%	27%	41%	-7%	36%	32%	4%	46%	-10%

**Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

***Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

In the context of witnessing verbal violence outside family, intervention-endline and control are at similar levels and except for 15-18 boys and 11-4 years girls, all other groups have reported in the similar proportions as baseline. Higher proportions of adolescents across age and gender categories in intervention endline have told someone about witnessing violence outside family than they did for witnessing violence within family (Table 18). Similarly, proportions of telling someone about experiencing violence outside family are much higher than telling someone about experiencing verbal violence within family. This trend has continued since baseline. Adolescents are likely to report witnessing violence than when they are the victims and are more likely to talk about violence outside home than the one that happens within family. In this context, experiencing violence within family will generally see low reporting. In comparison, violence witnessed outside family is most likely to be reported.

The following table presents the details on reporting of witnessing/experiencing verbal violence outside family

Table 19:Reporting of witnessing/experiencing verbal violence outside family

Reporting of witnessing/experiencing verbal violence outside family	Reporting of verbal violence witnessed outside family					Reporting of verbal violence experienced outside family				
	IE	CE	IE-CE	BL	IE-BL	IE	CE	IE-CL	BL	IE-BL
11- 14 Girls	56%	51%	5%	38%	18%	45%	42%	4%	56%	-11%
11-14 Boys	45%	55%	-10%	51%	-6%	54%	9%	45%	67%	-12%
15-18 Girls	58%	58%	0%	51%	6%	84%	70%	14%	38%	46%

Reporting of witnessing/experiencing verbal violence outside family	Reporting of verbal violence witnessed outside family					Reporting of verbal violence experienced outside family				
	IE	CE	IE-CE	BL	IE-BL	IE	CE	IE-CL	BL	IE-BL
15-18 Boys	65%	56%	10%	47%	19%	58%	41%	16%	51%	7%
19-22 Girls*	57%	47%	10%	51%	6%	100%	68%	32%	38%	62%
19-22 Boys*	49%	55%	-6%	47%	3%	45%	12%	33%	51%	-6%

**Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

***Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

9.4 Physical Violence – Witnessed and Experienced

9.4.1 Physical Violence Witnessed/Experienced

In the case of physical violence, 24 percent adolescents (28% girls and 24% boys) in the intervention-endline reported **witnessing physical violence within family**. This proportion was 37 percent during the baseline (30% girls and 54% boys), a statistically insignificant decline. In case of **witnessing physical violence outside family** in intervention-endline areas this number is much higher at 49 percent (44% girls and 54% boys). In comparison 55 percent adolescents (42% girls and 55% boys) reported witnessing physical violence outside family at the baseline stage. It is interesting to note that in intervention-endline areas, in case of witnessing physical violence within family, as compared to boys, higher number of girls have reported the status. Converse is true in the case of baseline. In control areas as well, reporting for witnessing physical violence within and outside family at 23 percent and 37 percent respectively is almost at the same level as intervention areas, and has declined since the baseline.

In the context of **experiencing physical violence within family,** 24 percent adolescents (18% girls and 30% boys) reported in affirmative to the enquiry. This proportion was 36 percent (25% girls and 46% boys) at the baseline stage. When compared with intervention, difference is statistically insignificant. Furthermore, 6 percent adolescents in intervention endline areas (3% girls and 9% boys), 8% in control endline areas (5% girls and 7% boys) and 26 percent adolescents (14% girls and 37% boys) reported **experiencing physical violence outside family**. The decline since baseline in reporting of experiencing physical violence which is visible in intervention and control areas is perhaps because movement of adolescents outside home was relatively limited due to lockdown.

9.4.2 Reasons for Witnessing/Experiencing Physical Violence

Following were some of the key reasons cited by adolescents for **witnessing physical violence** within and outside family:

In the case of **witnessing physical violence within family**, in the intervention areas 'not doing household chores' and 'not obeying elders' emerged as common reasons cited by adolescents. Interestingly, 'violence as a r esult of substance abuse' and 'using mobile phones' have seen a rise in both endline-intervention and control intervention since the baseline though not statistically significant. Overall witnessing physical violence within family has stayed almost stable at the same level since baseline (except 'not obeying elders'- increased; 'not doing household chores'- declined) despite higher cases of domestic violence cases that came up during qualitative discussions as well as multiple secondary reports. Detailed table provide below

Table 20: Reasons for witnessing physical violence within family

Reasons for witnessing physical within family *(Proportion of those who reported witnessing physical violence within family)*	**Intervention (IE)**	**Control (CE)**	**Baseline (BL)**	**Difference Δ IE-CE**	**Difference Δ IE-BL**
Going out to play	34%	29%	28%	5%	6%
Watching television	14%	18%	22%	-5%	-8%
Going out with others	24%	21%	23%	3%	2%
Not doing household chores	36%	48%	45%	-12%	-8%
Not completing homework/ reading	26%	25%	31%	0%	-5%
Not obeying elders	36%	31%	29%	5%	7%
Using mobile phone	8%	8%	4%	0%	5%
Substance/alcohol/drug abuse	7%	6%	4%	1%	4%
Opposing against substance/ alcohol/drug abuse	5%	2%	2%	3%	3%

**Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

In the case of **witnessing physical violence outside family**, 'revenge on past matter', 'substance abuse' or 'opposing substance abuse' have seen a significant rise since the baseline. There has also been a decline in 'not completing homework' as schools were shut doing the last one year. Interestingly, violence as a result of 'opposing against substance abuse' is higher in intervention areas when compared with control or baseline.

Detailed table provide below:

Table 21: Reasons for witnessing physical violence outside family

Reasons for witnessing verbal physical outside family (Proportion of those who reported witnessing physical violence outside family)	**Intervention (IE)**	**Control (CE)**	**Baseline (BL)**	**Difference Δ IE-CE**	**Difference Δ IE-BL**
Going out to play	12%	12%	14%	0%	-2%
Going out with others	9%	10%	12%	-1%	-4%

Reasons for witnessing verbal physical outside family (Proportion of those who reported witnessing physical violence outside family)	**Intervention (IE)**	**Control (CE)**	**Baseline (BL)**	**Difference Δ IE-CE**	**Difference Δ IE-BL**
Not doing household chores	15%	14%	20%	1%	-5%
Not completing homework/ reading	9%	8%	19%	1%	-10%
Not obeying elders	14%	10%	14%	4%	0%
Revenge on past matter	15%	16%	7%	-2%	7%
Substance/alcohol/drug abuse	22%	21%	9%	1%	13%
Opposing against substance/ alcohol/drug abuse	15%	11%	5%	5%	10%
Don't know/can't say	30%	29%	18%	1%	12%

**Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

In the case of **experiencing physical violence within family**, 'not doing household chores' has been cited as a key reason by girls across the three age groups in intervention-endline areas (11-14 years: 61%; 15-18 years: 58%; 19-22: 62%). For girls in age groups 11-14 years, this reason has increased significantly since the baseline (Δ I-B: 30%). 'Not obeying elders' as reported by girls within intervention-endline areas (11-14 years: 57%; 15-18 years: 31%; 19-22: 65%) is another reason cited behind experiencing physical violence within family. 'Talking on phone' has emerged as a reason during endline cited by girls across age groups for experiencing physical violence (11-14 years: 12%; 15-18 years: 7%; 19-22: 24%). During baseline, 'talking on phone' was not cited as a reason at all by any group of girls. In the case of boys, it is present across age groups though in lower proportions.

The following graphs presents the key reason cited by boys and girls across age groups for experiencing verbal violence within family:

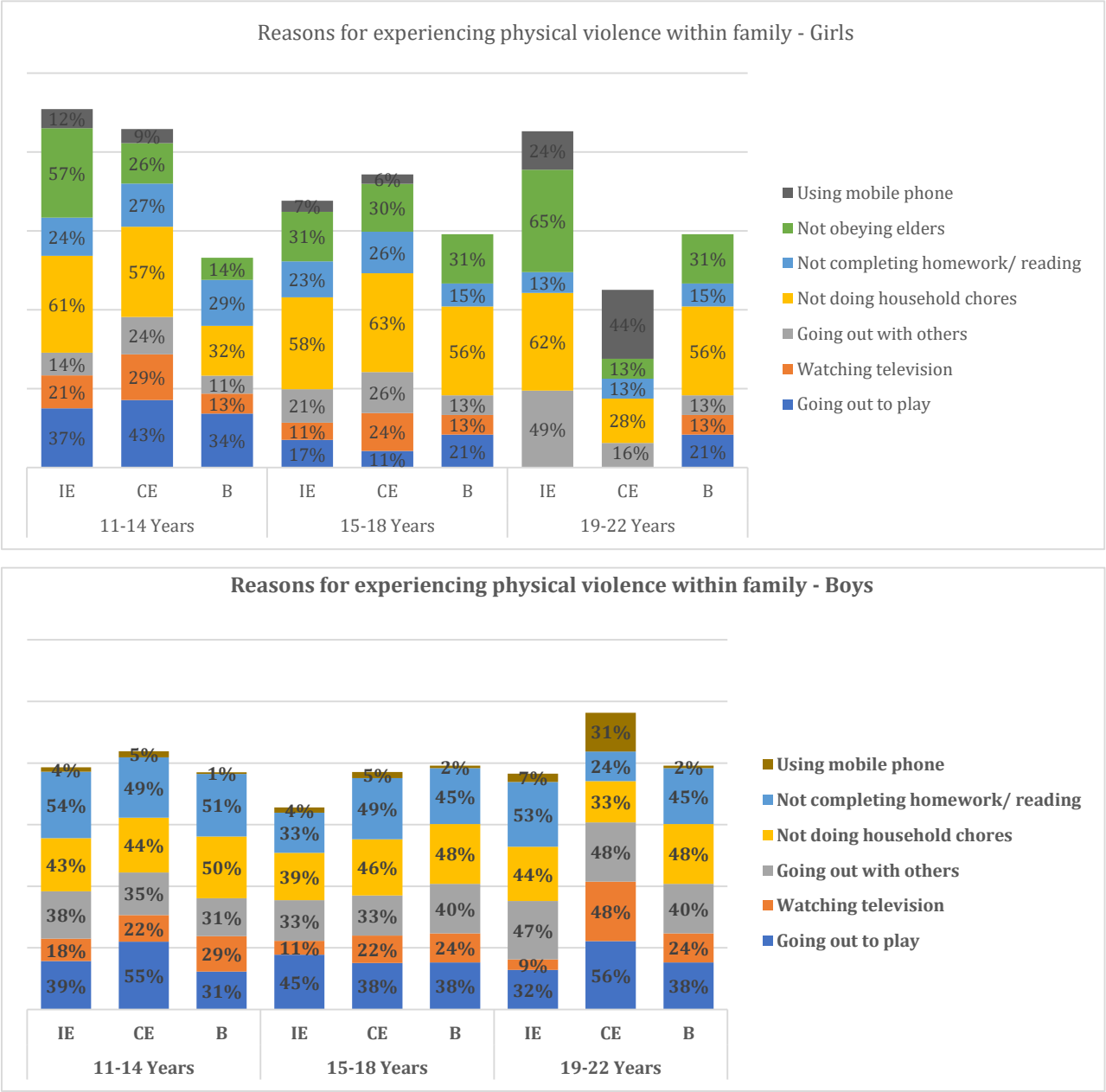


Figure 15:Reasons for experiencing physical violence within family – Boys and girls

In the case of **experiencing physical violence outside family** for girls, within the 11-14 years category, 'going out with others' (IE: 27%; CE: 0%; B: 11%), 'not obeying elders' (IE: 14%; CE: 18%; B: 7%), 'not doing homework' (IE: 48%; CE: 10%; B: 33%) have emerged as key reasons. Within the 15-18 years category 'not completing homework' (IE: 23%; CE: 16%; B: 42%), was the key reason cited by girls for experiencing violence outside family. In the case of 19-22 year girls, only 2 cases of experiencing physical violence outside family were reported – revenge on past matter and in the second case reason was not cited. In the case of boys within the 11-14 years category, 'not completing homework' (IE: 70%; CE: 29%; B: 43%), and going out to play (IE: 14%; CE: 17%; B: 17%) were cited as reasons that led to adolescents experiencing physical violence outside home. These two reasons were key reason cited by boys in the 15-18 and 19-22 categories as well though in lower proportions. The following graphs present the details on the same:

Figure 16: Reasons for experiencing violence outside family -boys and girls

9.4.3 Type of physical violence witnessed/experienced

In the case of physical violence witnessed within or outside family, 'being slapped' was reported the most by adolescents aggregated across age groups and gender. The proportion was higher in the case of outside family than in the case of within family. The following graph presents a detailed view:

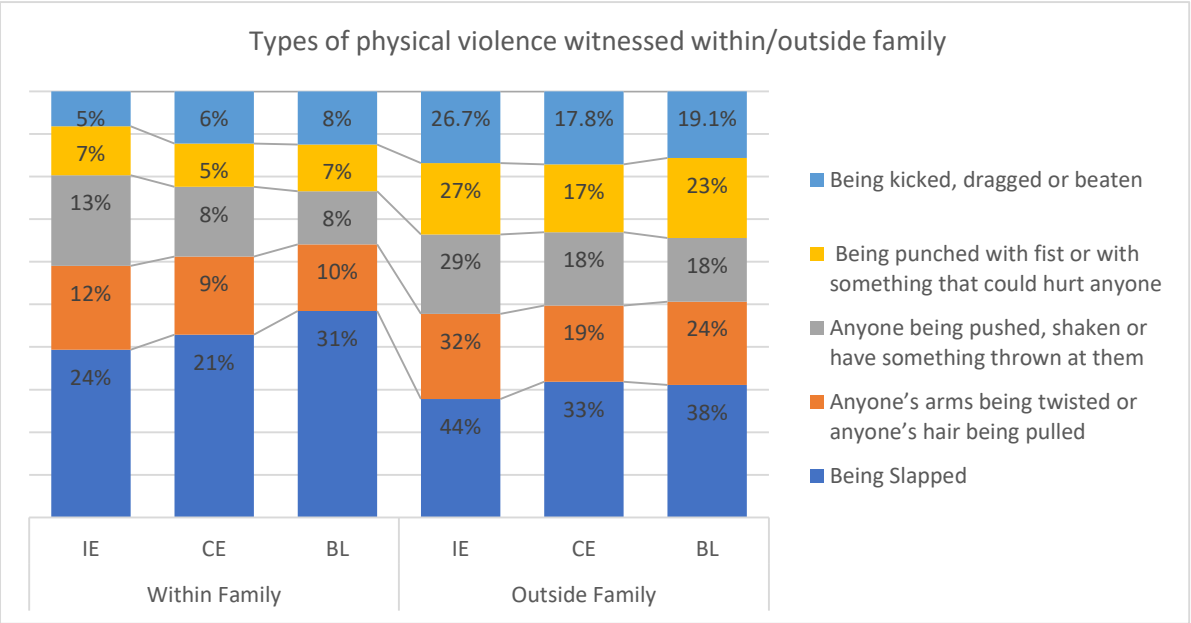


Figure 17: Types of physical violence witnessed within/outside family

In the context of physical violence experienced within family, 'being slapped' was reported in relatively higher proportions by both boys and girls across age groups. Also, it is noteworthy that the incidence of violence (being slapped) within family (as per trend in intervention-endline) is higher for boys than girls and that it is higher for 11–14-year age group and decreases for the older age groups. The following table presents the details for the same:

Table 22: Type of physical violence experienced within family - boys and girls

Boys Physical Violence - Experienced Within family	**11 -14**			**15-18**			**19-22**		
	IE	**CE**	**BL**	**IE**	**CE**	**BL**	**IE**	**CE**	**BL**
Being Slapped	43%	43%	53%	22%	22%	32%	10%	10%	32%
Anyone's arms being twisted or anyone's hair being pulled	13%	17%	15%	9%	7%	10%	2%	4%	10%
Anyone being pushed, shaken or have something thrown at them	10%	12%	10%	8%	5%	8%	3%	3%	8%
Being punched with fist or with something that could hurt anyone	7%	5%	11%	2%	1%	10%	2%	0%	10%
Being kicked, dragged or beaten	5%	6%	8%	4%	7%	7%	2%	2%	7%
Girls Physical Violence - Experienced Within family	**11 -14**			**15-18**			**19-22**		
	IE	**CE**	**BL**	**IE**	**CE**	**BL**	**IE**	**CE**	**BL**
Being Slapped	25%	17%	26%	14%	12%	14%	6%	5%	14%
Anyone's arms being twisted or anyone's hair being pulled	9%	6%	5%	5%	5%	4%	4%	2%	4%
Anyone being pushed, shaken or have something thrown at them	11%	6%	6%	4%	4%	4%	4%	2%	4%
Being punched with fist or with something that could hurt anyone	4%	3%	5%	2%	2%	4%	3%	2%	4%
Being kicked, dragged or beaten	3%	3%	2%	0%	1%	2%	2%	1%	2%

**Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

Regarding type of physical violence experienced outside family, here as well for both boys and girls, 'being slapped' was reported in higher proportions. It may also be highlighted that physical violence experienced is higher within family than outside. The following table presents the details for the same:

Table 23: Types of physical violence experienced outside family - boys and girls

Boys Physical Violence - Experienced Outside family	**11 -14**			**15-18**			**19-22***		
	IE	**CE**	**BL**	**IE**	**CE**	**BL**	**IE**	**CE**	**BL**
Being Slapped	10%	13%	38%	7%	8%	20%	4%	6%	20%
Anyone's arms being twisted or anyone's hair being pulled	4%	6%	15%	4%	2%	13%	2%	0%	13%
Anyone being pushed, shaken or have something thrown at them	3%	4%	12%	2%	2%	13%	2%	2%	13%
Being punched with fist or with something that could hurt anyone	1%	2%	13%	1%	2%	11%	2%	0%	11%
Being kicked, dragged or beaten	1%	3%	11%	1%	1%	10%	1%	3%	10%
Girls Physical Violence - Experienced Outside family	**11 - 14**			**15-18**			**19-22***		
	IE	**CE**	**BL**	**IE**	**CE**	**BL**	**IE**	**CE**	**BL**
Being Slapped	4%	4%	13%	1%	4%	5%	0%	4%	5%
Anyone's arms being twisted or anyone's hair being pulled	1%	2%	3%	1%	2%	3%	0%	3%	3%
Anyone being pushed, shaken or have something thrown at them	1%	2%	3%	0.4%	2%	2%	0%	2%	2%
Being punched with fist or with something that could hurt anyone	2%	2%	3%	0.3%	1%	2%	1%	3%	2%
Being kicked, dragged or beaten	1%	2%	3%	0%	2%	1%	0%	4%	1%

**Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

9.4.4 Perpetrator

Those respondents who reported witnessing/experiencing violence within or outside family were further probed about the perpetrator of the act. Across age and gender categories, respondents who witnessed or experienced violence within family, the highest percentage of them reported parents followed by siblings as main perpetrators. This trend is similar to that observed during baseline. In case of witnessing physical violence within family, respondents reported mother (IE:40%; CE:50%; B:42%), father (IE:44%; CE:42%; B:54%), followed by brother (IE:30%; CE:27%; B:30%) and sister (IE:14%; CE:15%; B:15%) as key perpetrators.

In case of experiencing physical violence within family, the following graph presents the data disaggregated across age and gender.

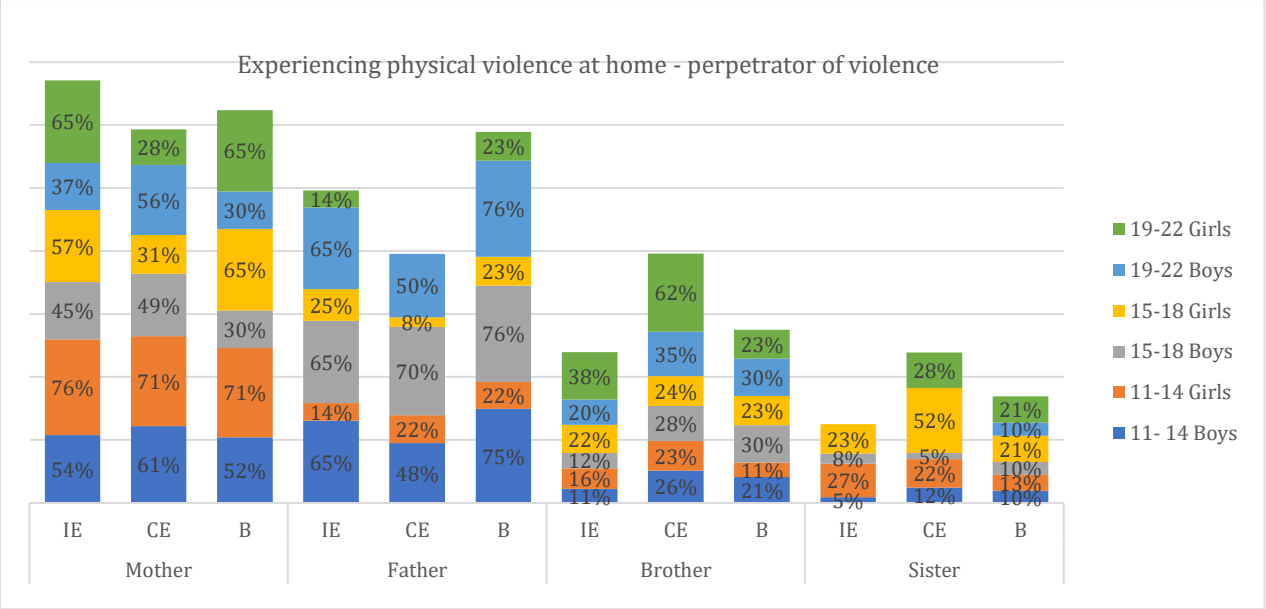


Figure 18: Experiencing physical violence at home - perpetrator of violence

As may be evident from the graph, in case of girls, it is mainly mothers who inflict violence. In the case of boys it is mainly fathers. Moreover, girls reported 'brother' as perpetrator of violence in higher proportions in intervention endline as compared to boys. In other words often brothers take up the role of enforcer in case there is any deviance by girls. The following table presents aggregated data with respect to perpetrator of physical violence at home as reported by girls and boys:

Table 24: Aggregated Data - Physical violence experienced within family -perpetrator of violence

Perpetrators of physical violence within family as experienced by adolescents	**Girls**			**Boys**		
	Intervention (IE)	**Control (CE)**	**Baseline (BL)**	**Intervention (IE)**	**Control (CE)**	**Baseline (BL)**
Mother	69%	53%	67%	50%	57%	39%
Father	18%	15%	22%	65%	55%	76%
Sister	24%	34%	17%	5%	9%	10%
Brother	20%	26%	18%	12%	27%	26%

When it comes to witnessing physical violence outside family, men residing outside family (IE:59%, CE: 45%; B:14%), followed by women residing outside family (IE:30%, CE: 23%; B:8%), and unknown person (IE:22%, CE: 24%; B:32%), were reported to be the key perpetrators.

In case of experiencing physical violence outside family, perpetrators[32] as reported by each age and gender category were as follows:

- 11-14 girls reported 'women residents outside family (IE:26%, CE: 17%; B:4%) and teachers (IE:48%, CE: 45%; B:40%) as main perpetrators of violence
- 15-18 girls reported 'women residents outside family, friends and teachers as main perpetrators of violence
- 19-22 girls reported women and men residents outside family as main perpetrators of violence
- 11-14 boys reported it to be teachers (IE: 67%, CE: 27%; B: 47%)
- 15-18 boys – 'men resident outside family' (IE: 27%, CE: 18%; B: 17%), teacher (IE: 43%, CE: 16%; B: 24%) and friend (IE: 21%, CE: 27%; B: 25%)
- 19-22 boys reported it to be unknown person, teacher and friend.

9.4.5 Reporting of Physical Violence

Respondents were asked whether they told anyone about the physical violence witnessed and experienced within family. In terms of **physical violence witnessed within family** reporting when compared with baseline across age and gender groups has declined (except in the case of 19-22 girls). In the case of **physical violence experienced within family**, except for 15-18 years and 19-22 years girls, all age and gender categories reported it in lower proportions. These two categories show statistically significant increase in reporting experience of physical violence. Interestingly, unlike other age and gender groups, 15-18 years girls and boys have reported experiencing physical violence more than witnessing it within family. The following table presents more details on this.

Table 25: Reporting of witnessing/experiencing physical violence within family

Reporting of witnessing/experiencing physical violence within family	Reporting of physical violence witnessed within family					Reporting of physical violence experienced within family				
	IE	CE	IE-CE	BL	IE-BL	IE	CE	IE-CL	BL	IE-BL
11- 14 Girls	40%	29%	11%	37%	3%	38%	30%	8%	24%	14%
11-14 Boys	13%	21%	-8%	37%	-24%	10%	20%	-10%	29%	-19%
15-18 Girls	40%	35%	5%	38%	2%	48%	53%	-5%	31%	17%
15-18 Boys	22%	23%	-2%	42%	-20%	13%	16%	-3%	33%	-20%
19-22 Girls**	63%	49%	14%	38%	24%	45%	25%	20%	31%	14%
19-22 Boys**	30%	11%	19%	42%	-12%	19%	9%	9%	33%	-14%

**Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

***Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

In the context of reporting of witnessing physical violence outside family, reporting in intervention-endline has increased significantly since baseline (except 11-14 year boys group). Higher proportions of adolescents across age and gender categories in intervention endline have

[32] Wherever the overall reporting in the age group is low, the base or 'n' for each category of perpetrators is even lower. Hence in such cases instead of proportions, key perpetrators as cited by the respondent has been provided.

told someone about witnessing violence outside family than they did for witnessing violence within family (Table 18).

The following table presents the details on reporting of witnessing/experiencing physical violence outside family

Table 26: Reporting of witnessing/experiencing physical violence outside family

Reporting of witnessing/experiencing physical violence outside family	Reporting of physical violence witnessed outside family					Reporting of physical violence experienced outside family				
	IE	CE	IE-CE	BL	IE-BL	IE	CE	IE-CL	BL	IE-BL
11- 14 Girls	50.4%	52.7%	-2.3%	24.8%	26%	35%	35%	0%	27%	9%
11-14 Boys	46.7%	48.0%	-1.3%	48.2%	-2%	27%	35%	-8%	40%	-13%
15-18 Girls	65.7%	54.3%	11.4%	46.4%	19%	47%	50%	-3%	33%	13%
15-18 Boys	62.1%	37.2%	24.9%	42.8%	19%	55%	36%	19%	33%	22%
19-22 Girls*	54.6%	56.5%	-1.9%	46.4%	8%	100%	33%	67%	33%	67%
19-22 Boys*	54.8%	59.7%	-4.9%	42.8%	12%	56%	33%	23%	33%	23%

**Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

***Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

9.5 Sexual Violence – Witnessed and Experienced

In sexual violence witnessed and experienced, respondents in the age categories 15 and above were asked if they had witnessed or experienced any kind of sexual violence in the form of verbal comments (sexual jokes, whistling), physical touching or feeling up, staring, leering, stalking and violent physical coercion.

9.5.1 Sexual Violence Witnessed/Experienced

It may be highlighted here that in case of witnessing sexual violence within family, only 3 cases in intervention and 4 cases in control were reported. 3 cases of experiencing sexual violence within family were reported in control areas. No such cases were reported in intervention areas. In comparison 5.6 percent respondents during the baseline stage had reported experiencing sexual violence within family and 8 percent respondents had reported witnessing sexual violence within family. As mentioned at the beginning of the section, since there is a likelihood that perpetrator and victim both were at home at the time of the study (during lockdown), it may have effected respondents talking about it.

However, for the purpose of the report, owing to the negligible reporting this section would cover witnessing and experiencing sexual violence outside family. The details of these cases maybe provided later if required.

As with verbal and physical violence, witnessing of sexual violence (outside family) has been reported in higher proportions than experiencing it. This is especially pertinent in case of sexual violence as it comes with a sense of 'shame' for the victim which is often amplified by victim blaming.

In intervention endline 17 percent (27% Girls and 7% Boys) reported witnessing sexual violence outside home. This proportion was 13 percent (18% girls and 9% boys) in control and 39 percent (34% girls and 44% boys) in at baseline stage.

The following table presents the gender and age disaggregated data on witnessing and experiencing of sexual violence outside family:

Table 27: Reporting of witnessing/experiencing sexual violence outside family

Reporting of witnessing/experiencing sexual violence outside family	Reporting of sexual violence witnessed outside family					Reporting of sexual violence experienced outside family				
	IE	CE	IE-CE	BL	IE-BL	IE	CE	IE-CL	BL	IE-BL
15-18 Girls	26%	17%	8.5%	34.4%	-8%	9.4%	6.9%	3%	12.9%	-3%
15-18 Boys	7%	10%	-2.2%	44.3%	-37%	0.0%	.3%	0%	22.9%	-23%
19-22 Girls*	31%	18%	13.4%	34.4%	-3%	10.2%	6.7%	3%	12.9%	-3%
19-22 Boys*	5%	6%	-0.6%	44.3%	-39%	0.0%	0.0%	0%	22.9%	-23%
Total	10.1%	7.6%	2.4%	39.4%	-29.3%	4.7%	3.9%	1.27	18%	-13.21%

**Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

***Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

Overall reporting of sexual violence experienced and witnessed outside family has declined since the baseline. In case of boys almost negligible proportions of respondents reported experiencing sexual violence outside family in intervention endline. When it came to witnessing sexual violence higher proportion of girls reported when compared to boys in the intervention endline stage.

9.5.2 Reasons for Witnessing/Experiencing Sexual Violence

The following table presents the reasons cited for witnessing sexual violence outside family:

Table 28:Reasons for witnessing sexual violence outside family

Reasons for witnessing sexual violence outside family *(Proportion of those who reported witnessing sexual violence outside family)*	**Intervention (IE)**	**Control (CE)**	**Baseline (BL)**	**Difference IE-CE**	**Difference IE-BL**
Revenge on past matter	3%	6%	21%	-2%	-17%
Victim was under influence of alcohol/drug	3%	20%	17%	-17%	-14%
Culprit was under effect of alcohol/drug	3%	23%	16%	-20%	-13%
Ditched/duped in an affair/ relationship	21%	26%	23%	-5%	-2%
Bullying	37%	38%	18%	-1%	19%
Reason don't know/remember	47%	29%	39%	18%	8%

**Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

While a significant proportion of respondents did not know the reasons for the incident, bullying (increased significantly since baseline) and duped in an affair (increased significantly since baseline) were some of the main reasons cited.

The following graph presents age data on reasons for experiencing violence outside family as reported by girls[33].

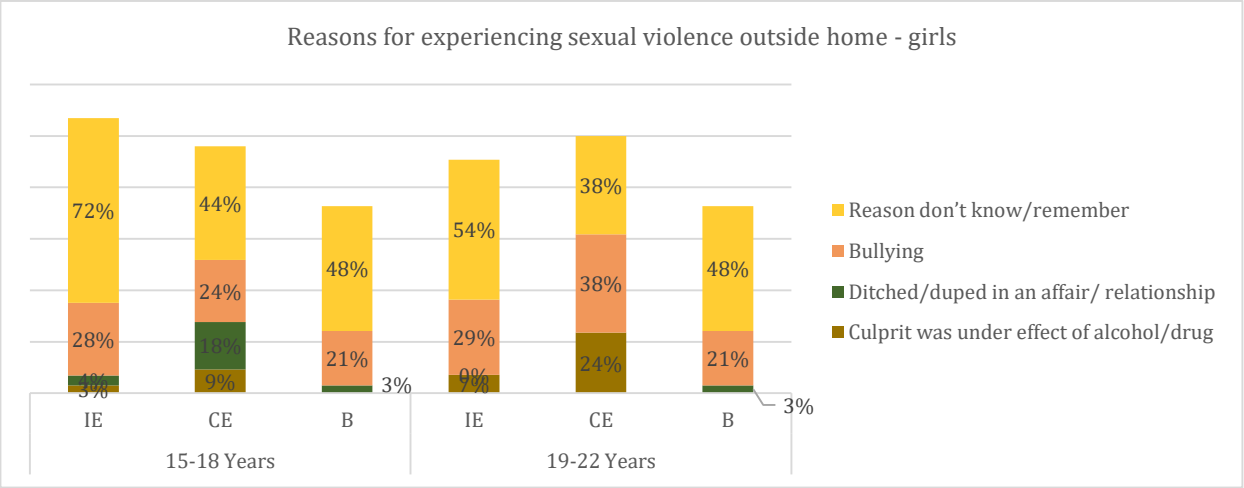


Figure 19: Reasons for experiencing sexual violence outside home - girls

While in majority cases, respondents did not know or remember the reasons for violence, being ditched in relationship, culprit under the effect of alcohol and bullying emerged as key reasons. Bullying as a reason for experiencing sexual violence has increased significantly since the baseline for both age groups.

In the case of boys, there was only one case of experiencing sexual violence outside family reported from control. No such cases were reported from intervention endline. In comparison 22 percent boys had reported experiencing sexual violence outside family at the baseline stage.

9.5.3 Type of sexual violence witnessed/experienced

The proportions disaggregated on types of sexual violence witnessed or experienced are quite small as the overall reporting of sexual violence (witness/experience) especially within family is low. As mentioned previously, in the case of witnessing sexual violence within family, only 3 cases in intervention and 4 cases in control were reported. Higher number of cases of witnessing sexual violence outside family emerged in the study. The following table presents the details of the same:

Table 29: Type of sexual violence witnessed within and outside family

Sexual Violence - Witnessed	Within Family			Outside Family		
	IE	CE	BL	IE	CE	BL
Verbal (comments, sexual jokes, Whistling)	0.1% (1 case)	0.4% (3 cases)	3%	15%	11%	25%
Physical (touching, feeling up etc.)	0%	0%	2%	5%	4%	13%
Visual (staring, leering/flashing)	0.1% (1 case)	0.2% (2 case)	3%	13%	10%	28%
Stalking	0.1% (1 case)	0.1% (1 case)	3%	12%	9%	26%
Violent physical coercion	0	0	3%	3%	2%	10%

[33] No boys reported experiencing sexual violence outside family in the intervention areas and only one case in control

As is the case with witnessing sexual violence, reporting of experiencing sexual violence is also quite low. Only 3 cases of experiencing sexual violence within family were reported in control areas. No such cases were reported in intervention areas. The cases reported in control were from the 15-18 girls group (visual-staring, leering/flashing – 2 cases; violent physical coercion – 1 case).

In case of experiencing sexual violence outside family, no cases were reported by boys in intervention-endline study area. Only 2 cases were reported in control areas (visual-staring, leering/flashing – 1 case; stalking – 1). Relatively higher reporting was recorded in the case of girls experiencing sexual violence outside family. For the two age groups, the proportions have remained stable since the baseline. The following table presents the details of types of sexual violence experienced outside family for girls and boys:

Table 30: Type of sexual violence experienced outside family - boys and girls

Boys Sexual Violence - Experienced Outside family	**15-18**			**19-22**		
	IE	**CE**	**BL**	**IE**	**CE**	BL
Verbal (comments, sexual jokes, Whistling)	0%	0.3% (1 case)	9.6%	0%	0%	9.6%
Physical (touching, feeling up etc.)	0%	0%	6.1%	0%	0%	6.1%
Visual (staring, leering/flashing)	0%	0%	14.2%	0%	0%	14.2%
Stalking	0%	0.3% (1 case)	16.9%	0%	0%	16.9%
Girls Sexual Violence - Experienced Outside family	**15-18**			**19-22**		
	IE	**CE**	**BL**	**IE**	**CE**	**BL**
Verbal (comments, sexual jokes, Whistling)	7.5%	5.3%	7.0%	7.8%	4.2%	7.0%
Physical (touching, feeling up etc.)	1.0%	.7%	2.3%	0.0%	1.6%	2.3%
Visual (staring, leering/flashing)	7.6%	5.6%	8.6%	6.8%	4.2%	8.6%
Stalking	3.9%	3.5%	7.8%	5.2%	1.8%	7.8%
Violent physical coercion	0.7% (1 case)	0	1 case	0.4% (1 case)	0%	0%

9.5.4 Perpetrator

In the case of **witnessing sexual violence outside home**, 70 percent of the adolescents who had reported witnessing sexual violence outside home in intervention endline, stated it to be an unknown person. The proportion for this response was 69 percent in control and 52 percent at the baseline stage. This was followed by reporting of 'men residing outside family' (IE: 20%; CE: 22%; BL: 15%) and 'friend' (IE:7%; CE: 8%; BL: 22%). What is noteworthy is that, 7 percent of the adolescents who had reported witnessing sexual violence outside homes stated that perpetrator were women (female relative or women residing outside home). This proportion was 14 percent in control endline and 8 percent at the baseline stage.

In the context of experiencing violence outside home, perpetrators reported across age and gender are as follows:

- 15-18 Girls – 'men residing outside family' (IE:43%; CE: 33%; BL: 24%) and ' unknown person' (IE:61%; CE: 56%; BL: 0%)

- 15-18 Boys –no such cases reported during endline and only one case in control ('friend'). At the baseline stage key response was teacher (57%)
- 19-22 Girls - 'men residing outside family' (IE:18%; CE: 15%; BL: 24%) and ' unknown person' (IE:75%; CE: 76%)
- 19-22 Boys – no such cases reported in intervention or control endline

9.5.5 Reporting of Sexual Violence

Respondents were also asked if they had told someone about the sexual violence witnessed or experienced. 57% of the girls in the 15-18 year category who reported experiencing sexual violence outside family, told someone about the incident. This figure was 28 percent in control and 49 percent in baseline. In the case of boys, no such cases reported (except one case in control- respondent did not report) in either of the two age categories. Within the 19-22 years age category 60 percent of the respondents who experienced sexual violence reported it. This proportion was 76 percent in control endline and 49 percent in baseline.

9.5.6 Qualitative findings

> "*My father sometimes hits my mother though he doesn't do it as much these days. I don't think he is a bad person. He has given me all kinds of freedoms, he lets me work, he gives me anything that I want. It's just this one thing otherwise he is a good man"* – 18 year adolescent girl, Lucknow"
> (Mother of the adolescent did not report being subjected to violence during qualitative interactions)

Overall, while in the quantitative study reporting of violence (across, physical and sexual forms of violence) has gone down, during qualitative study several adolescents and mothers spoke about various forms of violence they had witnessed or experienced within and outside family. Domestic violence perpetrated by father was the most common form of violence reported in qualitative interactions. While the adolescents did not seem to find the act acceptable, there was a moral dilemma as it was being committed by family member. This was especially present when victim was the mother. This act itself adolescents found indefensible. In some cases there was also an attempt to shift blame to others (not the mother) or the situation itself such as provocation by relatives or person being under the influence of intoxicants in order to separate the person from the act itself. In case parents were inflicting violence on children, adolescents usually found a reason to shift the blame on children saying that they must have done something to provoke the parents. However, in case of violence outside the family (other than parent on children), where there was a clear right or wrong and absence of conflicting loyalties, adolescents to a large extent did not justify the act and believed it to be wrong. When this is compared with interactions held during pre-endline, one thing that clearly stands out is the admission of domestic violence within one's own house. During pre-endline, most cases reported were from the community and violence within family was out rightly denied. At the endline stage in intervention areas, adolescents were beginning to admit its presence within their own homes, a critical shift from the pre-endline stage. Their dissonance caused from their conflicting loyalties and realizing the wrongness of the act itself was visible.

In the context of violence outside, adolescents admitted there has been a spike in domestic violence in communities and it is further fuelled by substance abuse. Some of the adolescent girls also reported being subjected to harassment, stalking and eve teasing on their way to school/colleges which they reported to school authorities. Another aspect that emerged in the conversation with respect to sexual harassment outside the house is the **threshold for tolerance**. In most cases, girls said that they reported the case to the school authorities or families only after suffering through it for several days. They would adopt strategies such as taking a longer but different route to school, changing their timings and in one case missing school. Its only when none of the strategies seemed to work that they finally reported. Some of the girls reported stressing about the issues for days before mustering courage to raise their voice. While it is

heartening that voices against such harassment is being raise, it's also important to lower this threshold for tolerance and encourage reporting in the first instance itself.

Programme started working on the issue of violence through the 'Dakhal Do' campaign only in its last year as it was a sensitive subject. Adolescents in the programme areas displayed understanding of the issue and importance of bystander activation. There were also a case reported by a team change leader in Lucknow who intervened in a stalking case. Overall, adolescents understanding of 'Dakhal Do' is from the perspective of a third party with low stakes in the situation. Hence, intervening seems moral and ethical. In case of violence within family however, intervening is rife with complications and moral ambiguity and may be more challenging.

9.6 Attitudes towards Violence

Tables provided below summarize the attitudes of adolescents towards physical violence inflicted upon girls and boys respectively. The respondents were provided a list of set norms and asked whether they agree or disagree with girls and boys being beaten if they do not adhere to them. The percentages in the table denote the number of respondents who disagreed with girls and boys being beaten when they broke the rule. As the statements are negative, the higher the percentage of respondents who disagree with these norms, the more positive/accepting the overall attitude is towards deviance. The tables also present the change in proportion of adolescents who disagree since the baseline.

Attitudes towards violence inflicted on girls

The data from the endline show that there is a significant improvement in attitudes since the baseline with respect to **rejecting violence as an option to punish deviance from norms**.

On subjects such as 'girls going out to play', 'girls continuing education', 'talking to boys' and decisions related to marriage, adolescents across age and gender categories in intervention-endline rejected violence to punish any norm deviance from girls. Looking at the **response of boys towards physical violence on girls**, the biggest change since baseline in attitudes are evident on subject of inter-gender communication (she talks to a boy who is not a member of her family - 11-14: Δ23%; 15-18: Δ26% 19-22:Δ33%); mobility (she stays out late - 11-14: Δ26%;15-18: Δ23%;19-22:Δ22%); continuing education (she wants to continue her education against her family's wishes -11-14:Δ34%;15-18: Δ21%; 19-22:Δ23%); choices related to marriage (wants to marry boy of her choice -11-14:Δ16%;15-18: Δ20%; 19-22:Δ13%). Similarly, looking at the **response of girls towards physical violence on girls**, the biggest change since baseline in attitudes are evident on subject inter-gender communication (she talks to a boy who is not a member of her family - 11-14: Δ28%; 15-18: Δ41% 19-22:Δ48%); mobility (she stays out late - 11-14: Δ21%;15-18: Δ35%;19-22:Δ36%); continuing education (she wants to continue her education against her family's wishes -11-14:Δ27%;15-18: Δ26%; 19-22:Δ26%); choices related to marriage (wants to marry boy of her choice -11-14:Δ40%;15-18: Δ40%; 19-22:Δ40%). Also across all the attitudinal statements within each age category, girls have displayed positive attitudes in higher proportion than boys. The following three tables present gender and age wise disaggregated data on the subject:

Table 31: Attitudes towards violence in case of girls – Respondents 11-14 years age category

It is acceptable to beat a girl (Proportions for disagree/strongly disagree)	**11 – 14 Years Girls**			**11 – 14 Years Boys**			Girls		Boys	
	IE	**CE**	**BL**	**IE**	**CE**	**BL**	**IE-CE**	**IE-BL**	**IE-CE**	**IE-BL**
1. If she talks to a boy who is not a member of her family.	69%	55%	41%	65%	44%	42%	13%	28%	21%	23%

It is acceptable to beat a girl (Proportions for disagree/strongly disagree)	**11 – 14 Years Girls**			**11 – 14 Years Boys**			Girls		Boys	
	IE	**CE**	**BL**	**IE**	**CE**	**BL**	**IE-CE**	**IE-BL**	**IE-CE**	**IE-BL**
2. If she goes out to play	85%	74%	69%	94%	73%	65%	11%	16%	21%	29%
3. If she stays out late	67%	48%	46%	62%	33%	37%	19%	21%	29%	26%
4. If she does not help in household chores	68%	50%	38%	54%	36%	31%	18%	30%	19%	23%
5. If she does not complete her homework	53%	45%	32%	44%	26%	31%	8%	21%	18%	13%
6. If she doesn't obey elders	57%	36%	31%	41%	28%	28%	20%	25%	13%	14%
7. If she fights with others in class	65%	50%	42%	59%	37%	35%	15%	23%	22%	24%
8. If she fights with brothers and sisters	70%	56%	46%	61%	40%	34%	13%	24%	21%	26%
9. If she replies back when harassed by boys	98%	77%	65%	93%	79%	61%	21%	33%	14%	32%
10. If she wants to continue her education against her family's wish	98%	76%	72%	97%	81%	62%	22%	27%	15%	34%
11. If she protests against decision of her family members to get her married	91%	67%	44%	84%	47%	56%	25%	48%	36%	27%
12. If she wants to marry a boy of her choice	80%	56%	40%	75%	57%	59%	24%	40%	18%	16%
13. If she talks on mobile phone without her elders consent	56%	41%	34%	52%	27%	34%	14%	21%	25%	18%
14. If she does not serve food to her husband	71%	53%	44%	73%	40%	37%	18%	27%	32%	36%

**Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

Table 32: Attitudes towards violence in case of girls – Respondents 15-18 years age category

It is acceptable to beat a girl (Proportions for disagree/strongly disagree)	**15-18 Years Girls**			**15-18 Years Boys**			Girls		Boys	
	IE	**CE**	**BL**	**IE**	**CE**	**BL**	**IE-CE**	**IE-BL**	**IE-CE**	**IE-BL**
1. If she talks to a boy who is not a member of her family.	84%	73%	43%	77%	65%	51%	12%	41%	12%	26%
2. If she goes out to play	92%	82%	68%	96%	81%	75%	9%	23%	15%	21%
3. If she stays out late	79%	61%	44%	78%	50%	55%	18%	35%	28%	23%

It is acceptable to beat a girl (Proportions for disagree/strongly disagree)	15-18 Years Girls			15-18 Years Boys			Girls		Boys	
	IE	CE	BL	IE	CE	BL	IE-CE	IE-BL	IE-CE	IE-BL
4. If she does not help in household chores	78%	60%	39%	69%	48%	51%	18%	39%	21%	18%
5. If she does not complete her homework	60%	49%	32%	62%	41%	44%	10%	28%	21%	18%
6. If she doesn't obey elders	62%	50%	26%	60%	36%	41%	12%	36%	24%	20%
7. If she fights with others in class	76%	54%	40%	76%	54%	52%	22%	36%	22%	24%
8. If she fights with brothers and sisters	77%	65%	41%	81%	60%	53%	12%	35%	21%	28%
9. If she replies back when harassed by boys	99%	87%	64%	94%	84%	68%	12%	35%	10%	26%
10. If she wants to continue her education against her family's wish	99%	83%	73%	94%	86%	73%	16%	26%	8%	21%
11. If she protests against decision of her family members to get her married	95%	83%	56%	93%	73%	65%	12%	40%	20%	29%
12. If she wants to marry a boy of her choice	94%	74%	54%	87%	72%	67%	20%	40%	15%	20%
13. If she talks on mobile phone without her elders consent	71%	55%	48%	70%	52%	49%	17%	23%	18%	21%
14. If she does not serve food to her husband	78%	60%	38%	88%	61%	52%	18%	40%	27%	36%
15. If she refuses sex to her husband (NOT FOR UNDER 15)	87%	72%	64%	90%	66%	68%	15%	23%	23%	22%

**Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

Table 33: Attitudes towards violence in case of girls – Respondents 19-22 years age category

It is acceptable to beat a girl (Proportions for disagree/strongly disagree)	19-22 Years Girls			19-22 Years Boys			Girls		Boys	
	IE	CE	BL	IE	CE	BL	IE-CE	IE-BL	IE-CE	IE-BL
1. If she talks to a boy who is not a member of her family.	91%	75%	43%	84%	74%	51%	16%	48%	10%	33%
2. If she goes out to play	91%	92%	68%	95%	85%	75%	-2%	22%	10%	20%
3. If she stays out late	80%	68%	44%	76%	58%	55%	11%	36%	18%	22%
4. If she does not help in household chores	80%	63%	39%	67%	54%	51%	17%	40%	13%	16%

It is acceptable to beat a girl (Proportions for disagree/strongly disagree)	19-22 Years Girls			19-22 Years Boys			Girls		Boys	
	IE	CE	BL	IE	CE	BL	IE-CE	IE-BL	IE-CE	IE-BL
5. If she does not complete her homework	68%	55%	32%	56%	44%	44%	13%	36%	12%	12%
6. If she doesn't obey elders	66%	56%	26%	61%	39%	41%	11%	40%	22%	20%
7. If she fights with others in class	81%	65%	40%	72%	58%	52%	16%	41%	14%	20%
8. If she fights with brothers and sisters	77%	65%	41%	76%	64%	53%	12%	35%	13%	23%
9. If she replies back when harassed by boys	96%	93%	64%	94%	81%	68%	3%	32%	12%	26%
10. If she wants to continue her education against her family's wish	99%	94%	73%	96%	86%	73%	5%	26%	10%	23%
11. If she protests against decision of her family members to get her married	94%	88%	56%	94%	79%	65%	6%	38%	15%	29%
12. If she wants to marry a boy of her choice	94%	80%	54%	80%	70%	67%	14%	40%	10%	13%
13. If she talks on mobile phone without her elders consent	74%	58%	48%	68%	53%	49%	16%	25%	15%	19%
14. If she does not serve food to her husband	78%	67%	38%	88%	69%	52%	11%	40%	19%	36%
15. If she refuses sex to her husband (NOT FOR UNDER 15)	88%	79%	64%	90%	83%	68%	9%	24%	7%	22%

**Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

Attitudes towards violence inflicted on boys

On subjects such as 'boy talking to a girl not from his family, 'boy continuing education' and decisions related to marriage, adolescents across age and gender categories in intervention-endline rejected violence to punish any norm deviance from boys as well. Looking at the **response of girls towards physical violence on boys**, the biggest change since baseline in attitudes are evident on subject of inter-gender communication (he talks to a girl who is not a member of his family - 11-14: Δ35%; 15-18: Δ29%;19-22:Δ34%); continuing education (he wants to continue his education against his family's wishes -11-14:Δ22%;15-18: Δ24%; 19-22:Δ23%); choices related to marriage (wants to marry girl of her choice -11-14:Δ38%;15-18: Δ34%; 19-22:Δ31%). Similarly, looking at the **response of boys towards physical violence on boys**, the biggest change since baseline in attitudes are evident on subject of the biggest change since baseline in attitudes are evident on subject of inter-gender communication (he talks to a girl who is not a member of his family - 11-14: Δ20%; 15-18: Δ26%;19-22:Δ28%); continuing education (he wants to continue his education against his family's wishes -11-14:Δ33%;15-18: Δ21%; 19-22:Δ18%); choices related to marriage (wants to marry girl of her choice -11-14:Δ12%;15-18: Δ16%; 19-22:Δ12%). The following three tables present gender and age wise disaggregated data on the subject:

Table 34:Attitudes towards violence in case of boys – Respondents 11-14 years age category

It is acceptable to beat a boy (Proportions for disagree/strongly disagree)	11-14 Years Girls			11-14 Years Boys			Girls		Boys	
	IE	CE	BL	IE	CE	BL	IE-CE	IE-BL	IE-CE	IE-BL
1. If he talks to a girl who is not a member of his family	73%	60%	38%	63%	45%	43%	13%	35%	18%	20%
2. If he goes out to play	88%	73%	65%	95%	78%	68%	15%	23%	17%	27%
3. If he stays out late	77%	59%	52%	62%	43%	43%	18%	25%	19%	19%
4. If he does not help in household chores	66%	55%	52%	47%	36%	36%	11%	14%	11%	11%
5. If he does not complete his homework	59%	46%	35%	41%	26%	29%	14%	24%	15%	12%
6. If he doesn't obey elders	56%	42%	28%	38%	27%	28%	14%	29%	11%	10%
7. If he fights with others in class	66%	50%	39%	54%	32%	34%	17%	27%	21%	19%
8. If he fights with brothers and sisters	72%	55%	44%	59%	37%	29%	17%	27%	22%	30%
9. If he wants to continue his education against his family's wish	94%	77%	72%	96%	79%	63%	17%	22%	17%	33%
10. If he protests against decision of his family members to get him married	87%	66%	47%	83%	56%	54%	21%	40%	27%	29%
11. If he wants to marry a girl of his choice	86%	63%	49%	74%	60%	62%	23%	38%	14%	12%
12. If he talks on mobile phone without his elders consent	71%	58%	47%	64%	36%	41%	13%	24%	29%	24%
13. If he does not show his masculinity where it is required	67%	46%	0%	39%	29%	0%	21%	67%	10%	39%

**Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

Table 35: Attitudes towards violence in case of boys – Respondents 15-18 years age category

It is acceptable to beat a boy (Proportions for disagree/strongly disagree)	15- 18 Years Girls			Boys			Girls		Boys	
	IE	CE	BL	IE	CE	BL	IE-CE	IE-BL	IE- CE	IE-BL
1. If he talks to a girl who is not a member of his family	84%	68%	55%	79%	62%	54%	16%	29%	17%	26%
2. If he goes out to play	94%	77%	73%	95%	84%	73%	16%	21%	11%	22%

It is acceptable to beat a boy (Proportions for disagree/strongly disagree)	15- 18 Years Girls			Boys			Girls		Boys	
	IE	CE	BL	IE	CE	BL	IE- CE	IE- BL	IE- CE	IE-BL
3. If he stays out late	84%	68%	51%	81%	63%	55%	16%	33%	18%	26%
4. If he does not help in household chores	72%	61%	46%	66%	52%	47%	11%	26%	14%	20%
5. If he does not complete his homework	66%	55%	37%	62%	43%	42%	11%	28%	19%	20%
6. If he doesn't obey elders	64%	52%	29%	59%	38%	36%	13%	35%	21%	23%
7. If he fights with others in class	78%	58%	38%	74%	49%	50%	20%	40%	25%	24%
8. If he fights with brothers and sisters	76%	62%	38%	80%	53%	45%	14%	39%	27%	35%
9. If he wants to continue his education against his family's wish	98%	85%	74%	95%	85%	74%	13%	24%	9%	21%
10. If he protests against decision of his family members to get him married	94%	82%	58%	92%	74%	67%	12%	36%	17%	24%
11. If he wants to marry a girl of his choice	94%	77%	60%	89%	76%	73%	17%	34%	13%	16%
12. If he talks on mobile phone without his elders consent	81%	67%	55%	78%	65%	58%	13%	25%	14%	20%
13. If he does not show his masculinity where it is required	75%	57%	44%	58%	44%	52%	18%	31%	13%	5%

**Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

Table 36: Attitudes towards violence in case of boys – Respondents 19-22 years age category

It is acceptable to beat a boy, disagree to the below statement	19-22 Years Girls			19-22 Years Boys			Girls		Boys	
	IE	CE	BL	IE	CE	BL	IE- CE	IE- BL	IE- CE	IE- BL
1. If he talks to a girl who is not a member of his family	88%	79%	55%	82%	71%	54%	10%	34%	11%	28%
2. If he goes out to play	95%	88%	73%	96%	85%	73%	8%	22%	11%	23%
3. If he stays out late	87%	75%	51%	77%	64%	55%	12%	36%	13%	22%
4. If he does not help in household chores	72%	70%	46%	64%	55%	47%	2%	26%	9%	18%

It is acceptable to beat a boy, disagree to the below statement	**19-22 Years Girls**			**19-22 Years Boys**			Girls		Boys	
	IE	**CE**	**BL**	**IE**	**CE**	**BL**	**IE- CE**	**IE-BL**	**IE-CE**	**IE-BL**
5. If he does not complete his homework	68%	67%	37%	55%	45%	42%	2%	31%	10%	13%
6. If he doesn't obey elders	67%	64%	29%	51%	45%	36%	3%	38%	6%	15%
7. If he fights with others in class	79%	71%	38%	72%	57%	50%	8%	41%	15%	22%
8. If he fights with brothers and sisters	78%	72%	38%	78%	56%	45%	6%	40%	21%	33%
9. If he wants to continue his education against his family's wish	97%	96%	74%	92%	85%	74%	1%	23%	7%	18%
10. If he protests against decision of his family members to get him married	97%	90%	58%	94%	75%	67%	7%	40%	19%	27%
11. If he wants to marry a girl of his choice	91%	88%	60%	85%	75%	73%	3%	31%	10%	12%
12. If he talks on mobile phone without his elders consent	82%	77%	55%	74%	65%	58%	5%	27%	9%	16%
13. If he does not show his masculinity where it is required	78%	68%	44%	51%	42%	52%	10%	34%	9%	-2%

**Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

Overall, there is a significant improvement with respect to attitudes rejecting physical violence to punish norm deviance. These changes are evident in responses of both boys and girls especially on themes such as mobility, household chores, choices around marriage and education; areas that the program has specifically focused on.

9.7 Attitudes of Parents and Community Members

Discussions with adolescents, parents and community members reveal the all-pervasive nature of violence especially domestic violence. While at the pre-endline level there was a surface level denial and admission was only in case it was happening in other houses; during qualitative discussions at the endline stage, adolescents and mothers on little probing accepted witnessing or being subjected to it themselves. These admissions were made when they were sure there wasn't a risk of them being overheard. This acknowledgement at the parental and community level also indicates towards the fact that during COVID19, while cases of domestic violence have risen, it is also difficult for the victim to even talk about the issue as in most cases the perpetrator is home for a prolonged period. Moreover, reporting in case of domestic violence is not considered a viable option as violence is a private matter to be dealt with within the family. It should not be brought out in the open involving outsiders as it brings 'dishonour to the family name'. Community members would often defend it by citing few cases of women who retaliate with violence when subjected to it at home. In other words, domestic violence is palatable as (1) it is a family matter and (2) sometimes women also retaliate. Community members also feel that interfering in someone else's family matter may give other people the right to interfere in their personal issues. There is also a tendency to shift the blame on the victim by questioning his or her behaviour and the idea that 'he/she should have known better'. In other words, behaviour of the perpetrator is a given and it is the victim who should have practiced caution.

Vicious cycle of violence

A young mother, neighbour of one of the adolescents narrated how she had been subjected to brutal domestic violence for two years after marriage to the extent that she had to be hospitalized once. Parents from both the sides intervened but eventually the woman had to report it to the police and only after that, the intensity of the violence lessened. On being asked what led to her finally reporting the case, the woman said she realised that it will not stop unless she does. What is interesting in the case is that now her sister-in-law (brother-in-law's wife) is also being subjected to the same violence at home which the young mother justified by saying that the new girl deserved it as she argued a lot, feeding into the same cycle of violence despite being its victim

Besides domestic violence, qualitative discussions also shed some light on sexual harassment in caste wise heterogeneous communities. Community members reported that in case there are hamlets of different caste/religious groups in one village, girls generally avoid the route passing through other communities as there is a risk of being harassed especially if it's a dominant caste hamlet. Sexual harassment is also seen as a tool to humiliate other groups into submission. Conversely, it was also observed that cases of harassment when culprit is from other community is highlighted more vis-à-vis when culprit is from the same community. Cases of sexual harassment that may take place within the same caste group are often not disclosed.

When compared with the findings from the baseline, attitudes of parents and community stakeholders has largely remained stable. At the parental and community level, there is perhaps an initial acknowledgement of the existence of domestic violence but it is limited to acknowledgement only. Notions around family and community honor are reasons behind a culture of silence around the issues of violence which is similar to the findings from the baseline as well.

9.8 Awareness about Reporting Platforms

While the programme touched upon the issues of violence only in the last year and that too in the middle of COVID, trainers across districts reported that adolescents are bringing up such

incidents to them. Another aspect that emerged during the study was in the context of awareness around reporting platforms. Adolescents were aware of basic recourse such as helpline numbers Dial 100, Childline 1098 etc. However, their understanding did not extend beyond it. In other words, they did not fully comprehend what may follow after reporting cases of violence on these numbers. While adolescents did display some awareness about reporting platforms, parents and community members were largely unaware of it.

Nevertheless, one interesting aspect that has emerged during the study is that despite the issue of violence being just recently introduced, owing to the nature of the programme, some increase in reporting of cases related to violation of child rights maybe a contribution of AEP. For instance, Childline data from Maharajganj (Childline here being run by the district partners within intervention blocks) shows that while in 2014-15 total number of cases reported on the platform were about 48, in 2018-19 this number was at 146, almost a three times increase in reporting within four years. The reporting has not only shown increase in quantum but there has also been an expansion with respect to the types of cases reported. While in 2014-15 most cases pertained to parents asking help and emotional support and guidance, in 2018-19 cases reported ranged from child marriage, child labor to protection from abuse.

9.9 In Summary

In summary, despite the issue of violence having being discussed only in the last year of the programme, adolescents displayed sensitivity to the issue. They understand the concept behind 'Dakhal Do' and the importance of bystander activation to provide immediate relief to the victim. On the issue of attitude towards physical violence (as a tool to punish norm deviance) as well, adolescents have displayed significant improvement since the baseline. At the same time, most adolescents have only surface level knowledge about the possible reporting platforms and what the process may entail in case they plan to report violence. Though in the quantitative study overall reporting of violence has come down are at the same level as baseline, qualitative interactions revealed that the problem is ubiquitous. At the level of parents and community, while there is acknowledgement of the prevalence of domestic violence, both the groups believe that this is a private matter and is best handled within the family. Both parents and community members are mostly unaware of the platforms available for reporting cases of violence. It may be safely inferred that attitudes of parents and community towards the issue of violence have largely remained stable since the baseline.

10. Education

The chapter summarizes findings with respect to the current status of education and the attitudes of adolescents, parents and communities towards it. The chapter presents a comparison between the findings of the endline assessment with that of the baseline using quantitative and qualitative data. Comparison with pre-end line and midline rounds have been used to explain any outliers in the trajectory. The endline assessment has attempted to look at education from the perspective of attitudes of the three level of stakeholders and at the same time identifying other key factors that have had a bearing (positive/adverse) on concrete actions taken towards pursuance of education/career.

10.1 Context

In the last few years, with the increasing focus of governments across states and in centre on improving enrolment, India achieved near universal primary enrolment in 2014 itself[34]. While learning levels remained a challenge, schools became the entry point for improving associated indicators such as nutrition and delaying the age of marriage. Moreover, increasing internet penetration and informational democracy has given rise to newer aspirations. Education is increasingly being seen by parents and adolescents alike as vehicle for vertical social and economic mobility. However, with the onset of COVID19, ensuing lockdown and schools shutting down, there has been a prolonged disengagement of adolescents from learning. Several government and civil society reports such as ASER 2020 have reported that factors such as schools shutting down, weakened financial condition of households and many students not being able to 'afford' online classes is creating learning inequity that socio-economic weaker groups may take years to bridge as compared to better off households. While aspirations have risen, chronic structural inefficiencies in access to education have become starker due to COVID and may lead to adolescents falling through the crack. This dichotomy is likely to give rise to frustration and regression in positive attitudes towards education as a means to a better life. It is in this extraordinary context that the programme outcomes at the endline may be understood and framed.

10.2 Enrolment Status

When compared to the baseline as well as the control group, there has been a substantial progress in overall enrolment status within the intervention area. In the 11-22 years age group within the intervention villages, 92% adolescents (girls and boys) reported currently attending school/college or waiting for admissions. These figures are 83% in control areas and were about 81% during baseline; difference with intervention areas in both cases being statistically significant. Interestingly, the difference between control and baseline figures are not statistically significant. This indicates that since the baseline, while intervention areas have shown statistically significant improvement in overall enrolment, control areas have plateaued at the baseline level. Therefore, it may be inferred that the change evident in enrolment status in intervention areas since the baseline may be attributed to programme activities as similar change is not evident in control areas.

Here it may be highlighted that much higher proportion of respondents in both control and intervention areas (18% and 17.6% respectively) during endline reported to be 'waiting for admissions' as compared to baseline (1.3%). This could be corroborated from qualitative discussions wherein owing to financial difficulties arising out of COVID19, school closures etc. decision for admissions were either deferred or delayed by households. What is interesting is that across age categories 'waiting for admissions' in intervention and control areas during the endline is much higher for girls as compared to boys. This indicates that delay or deferment of admissions have impacted girls considerably more than it has boys.

[34] https://in.one.un.org/un-priority-areas-in-india/education-and-employability/

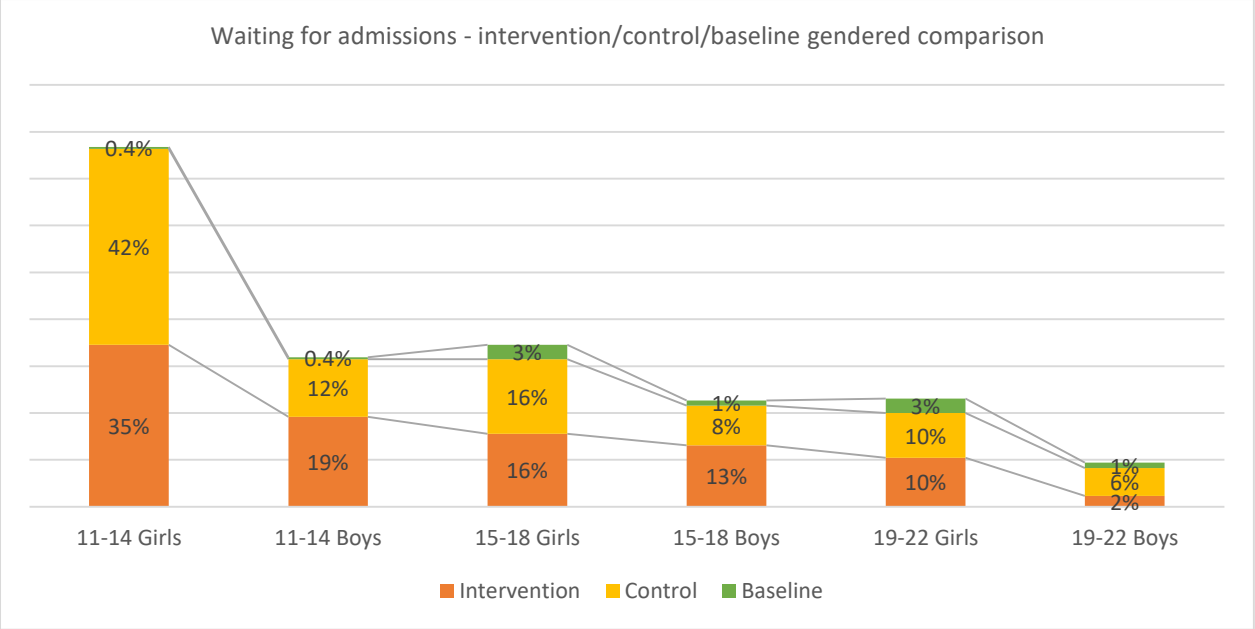


Figure 20: Waiting for admissions - intervention/control/baseline gendered comparison

As may be evident from the graph, 'response to 'waiting for admissions' was highest in the 11-14 years as schools for within this age category (5th class to 8th class) had not reopened at the time of the study. However, what may be a cause for alarm is the rise within 15-18 years category in the case of girls in both control and intervention areas (Class 9th and above). Any deferment and consequently likely discontinuation of education within this age category of girls puts them at the risk of early (if not underage) marriage. In the case of boys there is a possibility of joining the workforce prematurely without completing education. While at this stage, the adolescents expressed optimism towards being able to join school/college in the upcoming session, household pressures with respect to finances, marriage and work could lead to some of these numbers not translating into actual enrolment.

In terms of drop out, here as well intervention area villages perform much better as compared to control villages and since the baseline. In fact, drop outs within the 11-22 years age category has increased in control areas (16.5%) since the baseline (13.7%). On the other hand, drop-out proportions within the intervention areas are at 8.1%, a statistically significant difference when compared with both control and baseline figures.

Further, analysis of the drop-out data within intervention and control villages indicates that this is a more dominant phenomenon for girls as compared to boys. The likelihood of adolescents dropping out increases with class and age. The following table presents the drop-out proportions disaggregated by age and gender for control and intervention villages:

Age category	**Intervention**			**Control**		
	Girls	**Boys**	**Difference Δ**	**Girls**	**Boys**	**Difference Δ**
11-14 years	5%	0%	5%	6%	0%	6%
15-18 years	13%	3%	10%	23%	13%	11%
19-22 years	28%	18%	10%	48%	45%	3%

Table 37: Drop-out proportions disaggregated by age and gender for control and intervention villages

As is evident from the table that in terms of drop out, proportion of girls is higher as compared to boys, and intervention villages across age categories fare better than control villages. Looking at

inter-district variation, Lucknow followed by Siddharthanagar reported highest proportions of drop out. Though having pointed this, both the districts perform better when compared with their corresponding control and baseline figures. During qualitative discussions, financial conditions of the household, infrastructural barriers such as absence of school/college in the area, lack of transport facilities, and remoteness of villages were cited as reasons for discontinuing education of girls. At the same time, in most intervention areas, adolescents reported that girls were able to finish their education at least up to class 12th (about 18 years). This figure during baseline qualitatively was found to be around class 10th (about 16 years).

Moreover, there is a significant difference in the drop-out percentage in the 19-22 years girls' category between control and intervention villages (48% and 28% respectively). This is an interesting variation as within this category, respondents selected in intervention villages were those who had not directly participated in the *Taron ki toli* sessions, but had rather supported the programme indirectly, by mobilizing adolescents before each session. These figures may be an indicative of a positive trend with respect to education outcomes among direct as well as indirect beneficiaries of the programme.

Overall, there has been clear progress made in the context of continuing education and enrolment. This is also evident from the overall impact indicator 'average number of years in school for 11-22 years category' which has increased for both boys and girls since the baseline:

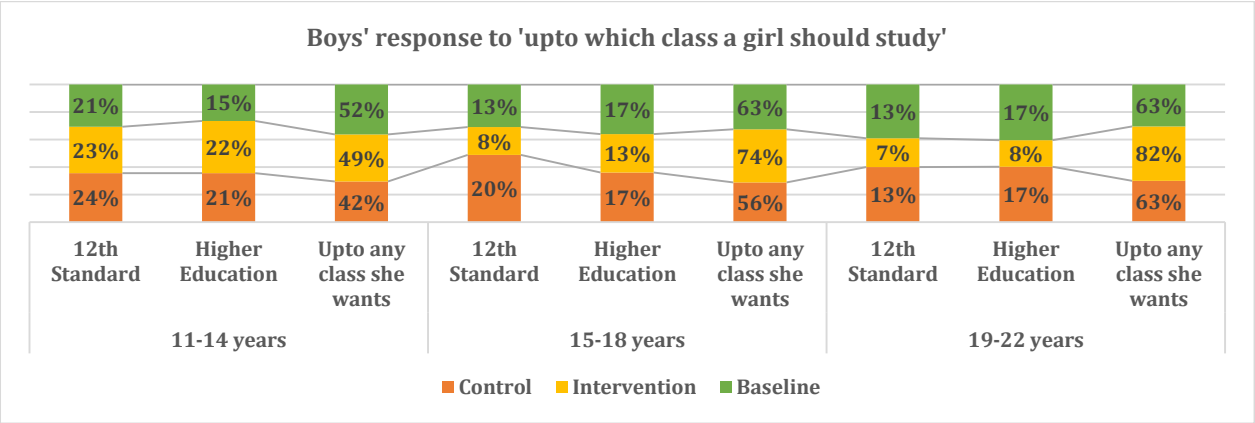
Average years at school	**Endline**		**Baseline**
	Project	**Comparison**	
Total (11-22 years)	7.97	8.04	7.84
	7 years 11 months 19 days	8 years 14 days	7 years 10 months 2 days
Male (11-22)	7.93	7.93	7.81
	7 years 11 months 5 days	7 years 11 months 5 days	7 years 9 months 22 days
Female (11-22)	8.01	8.19	7.88
	8 years 4 days	8 years 2 months 8 days	7 years 10 months 17 days

Table 38: Impact Indicator - Average years at school

10.3 Attitude of Adolescents towards education

Overall, there has been an improvement in the attitudes of adolescents towards education since baseline and when compared to control. Adolescents in control and intervention villages were enquired about **the levels up till which girls and boys should study**. Responses of the adolescents disaggregated by gender and compared with control and baseline is presented below:

Figure 21: Adolescent Attitudes- up to which class should girls study



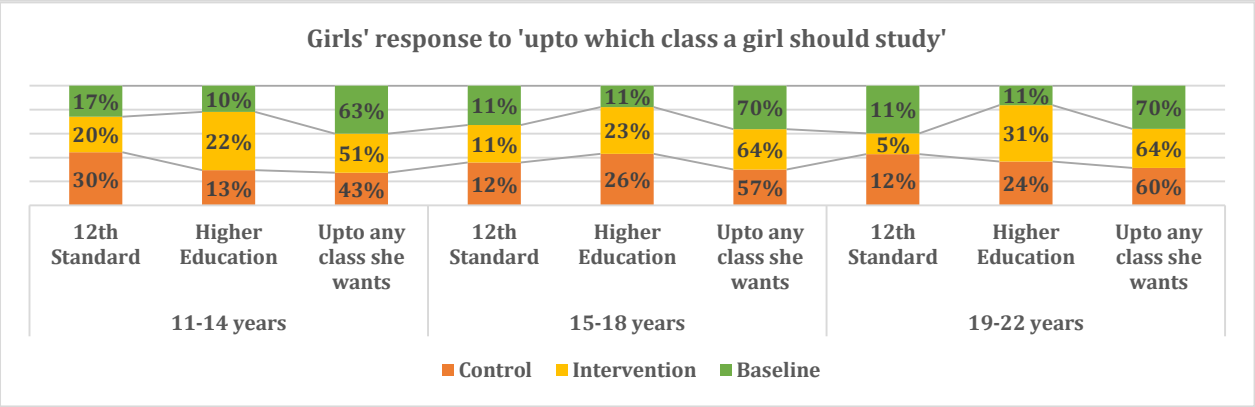
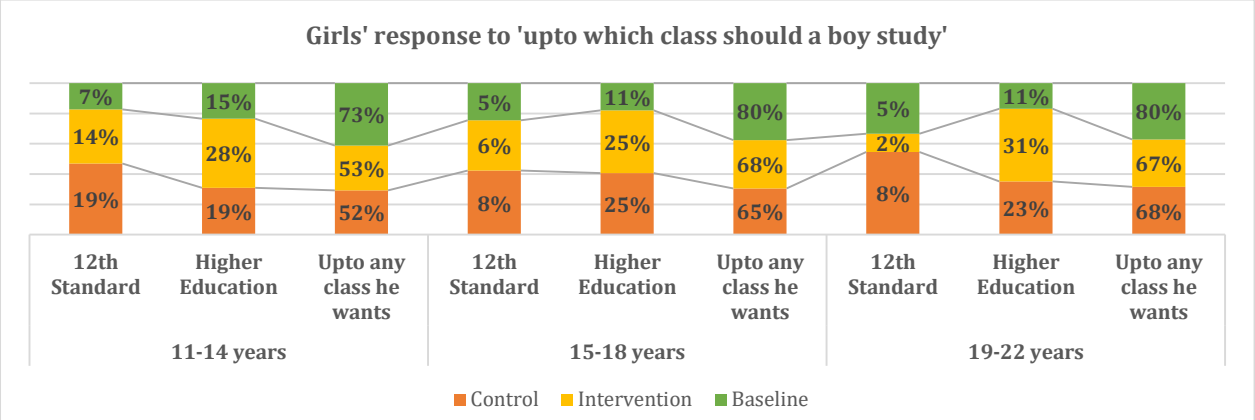
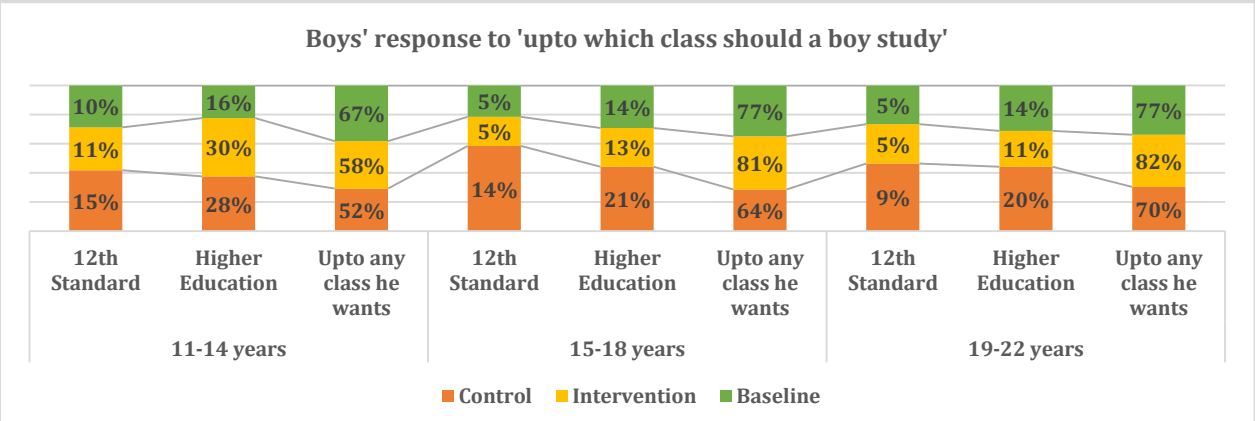


Figure 22: Adolescent Attitudes- up to which class should boys study





In the context of overall **attitudes towards girls' education across all age categories and gender**, when compared that at the time of baseline, there has been a **significant increase in proportion of responses: 'higher education'** and '**upto any class she wants'**, by both boys and girls. During the baseline, proportion of adolescents who stated these options stood at 75%, whereas the proportion of such respondents during the end line - control was 71%. On the other hand, 82% of the adolescents in intervention villages during end line stated these options, a statistically significant difference when compared with that in the baseline and control end line figures. In fact, as is evident, in control areas the response within these two categories has dropped since the baseline (drop is statistically significant) highlighting programme's contribution in building and sustaining positive attitudes towards girls' education.

In the case of girls' response across the three age categories in intervention villages, this proportion has increased by 7 percent since the baseline (from 76% to 83%). In the boys' case, this proportion has increased from 73 percent during baseline to 81 percent in the endline. In both the cases, this increase is statistically significant. Qualitative findings also corroborate the quantitative figures, with a general improvement in positive attitude towards girls' education.

In the case of overall **attitudes towards boys' education across all age categories and gender,** it was largely positive during baseline (87 percent responded with 'higher studies' or 'upto any class he wants) and has remained stable in the endline in intervention villages (90 percent responded with 'higher studies' or 'upto any class he wants). At the same time, the gap between attitudes towards boys' education vis-à-vis girls' education since the baseline has declined more within intervention villages as compared to that in control villages. The following table presents this gap across end line intervention & control, as-well-as the baseline.

Higher education or up to any class he or she wants	**ΔIntervention**	**ΔControl**	**ΔBaseline**
(gap between positive attitude towards education of boys as compared to girls)	8%	12%	14%

Within age categories and gender in endline-intervention villages the strongest attitudes towards education of girls was evident within the 19-22 years girls' category (95 percent responded with 'higher studies' or 'upto any class she wants). In qualitative findings as well this group emerged as the strongest advocates for education of girls followed by the boys of the same age category. Relatively weaker attitudes were evident in both qualitative and quantitative study within the 11-14 years age category, the group in intervention villages with no direct engagement with the programme.

In the context of inter-district variation towards attitudes of girls in intervention villages during endline, Ghazipur and Gorakhpur are better performing districts while almost a quarter of the respondents in Siddharthnagar reported that a girl should study up to class 12th. This was the highest such proportion as compared to other districts. Following figures present inter-district variation in response to the enquiry 'up to which class should a girl study'.

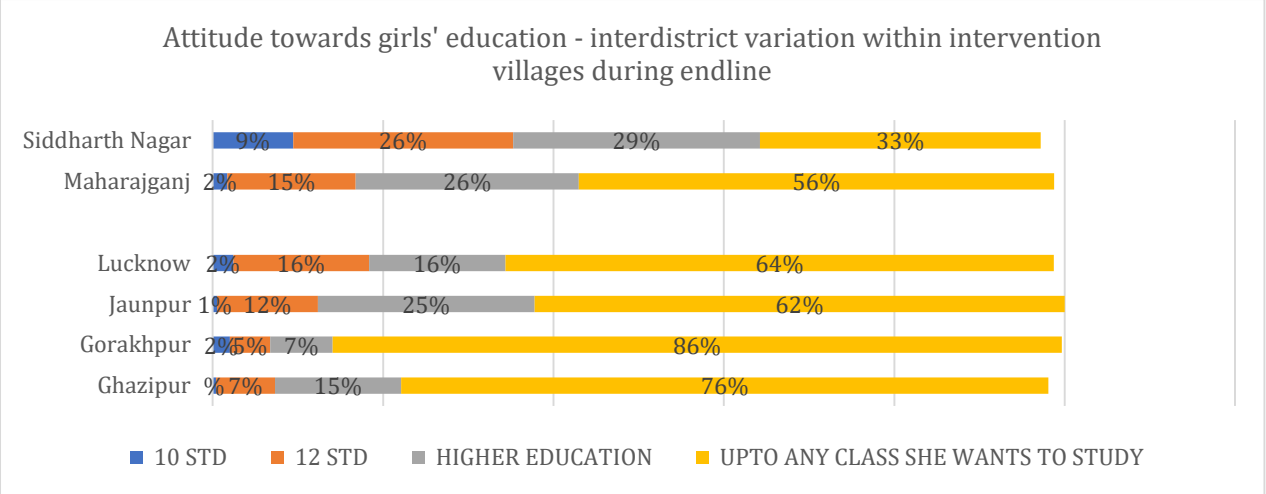


Figure 23: Attitude towards girls' education – inter-district variation within intervention villages during endline

In order to have a more nuanced understanding of adolescents' attitudes towards education, they were further probed on reasons they believe valid for a girl and boy to receive education. Following figures present the quantitative findings from intervention areas compared with the previous studies. This comparison is for the 15-18 year age category (*Taron ki toli* members) since the midline and the pre-endline were conducted only with *taron ki toil* members. (11-14 years and 19-22 years do not have a comparable category in midline and pre-endline)

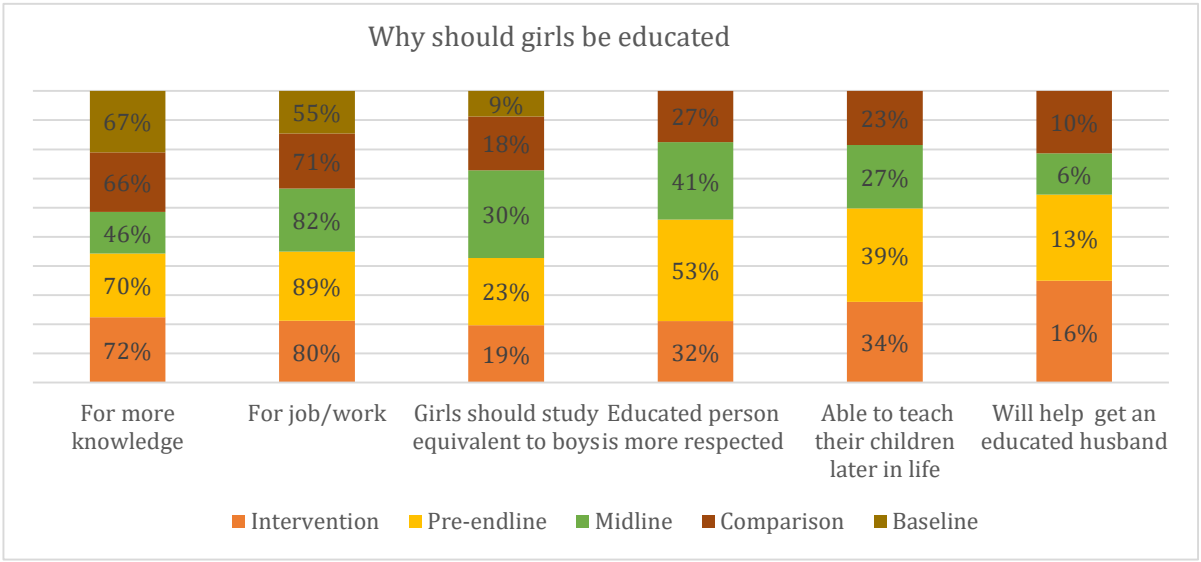
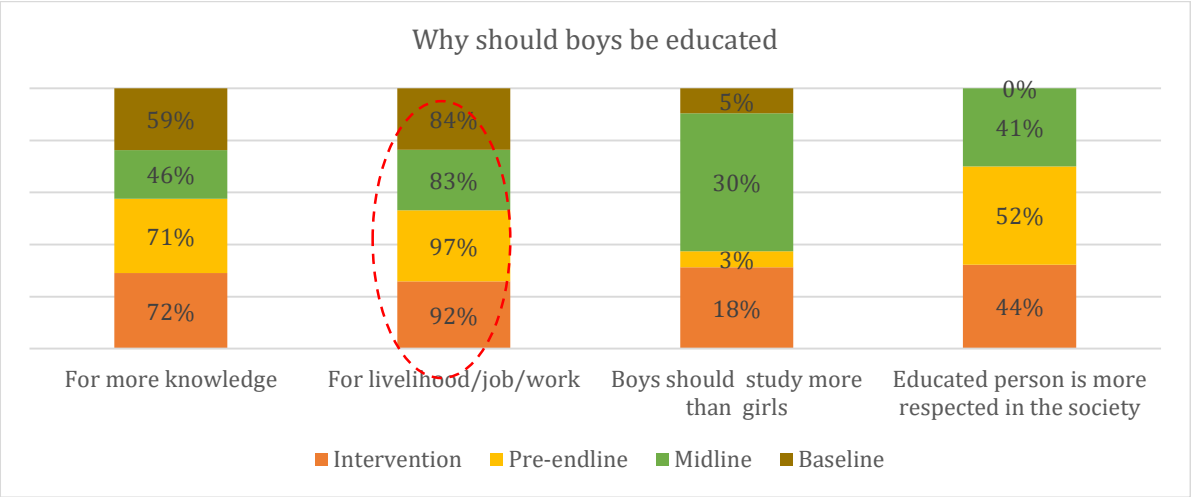


Figure 24: Why should girls be educated (respondents 15-18 years category)

**Options 'educated person more respected', 'so they are able to teach their children later in life', and 'will help to get an educated husband' added during midline*

Figure 25: Why should boys be educated



* *Option 'educated person more respected' added during midline*

In the context of **reasons for girls being educated**, 'for livelihood/work' has emerged as the most prominent response, reported by 80 percent of the total respondents in the intervention villages during endline. While this is a statistically significant increase since the baseline, what is noteworthy is that there has been a statistically significant decline in the indicator since the pre-endline. Interestingly, in the case of **reasons for boys being educated**, a similar trend is evident with respect to reporting of 'for livelihood/work' i.e. a statistically significant rise since the baseline but a statistically significant decline since the pre-endline. In other words, attitudes with respect to seeing a link between education and career have evidently regressed towards both boys and girl since the study in 2019. Moreover, since pre-endline there has also been a statistically significant decline in attitudes with respect to '**girls should study equivalent to boys**' and a statistically significant increase in '**boys should study more than girls'**; indicating towards a regression in attitudes towards gender equity in education.

This regression in attitudes within a short span since pre-endline was also evident during qualitative study and could largely be attributed to the absence of adequate infrastructural services and barriers arising directly out of COVID19. This emerged to be the case not only in remote areas such as Siddharthnagar but also in peri-urban areas of districts such as Lucknow. Several 19-22 year old girls in intervention villages from peri-urban areas mentioned about joining work in the nearest town after graduation but reported having to leave because of factors such as unavailability of transport especially while coming back from work late in the evenings, the returns from salary not high enough for the time and effort required to continue working. This situation is further exacerbated in remote villages of districts such as Siddharthnagar.

Another factor that may help understand this decline is the lack of job opportunities available after completing education. This factor is likely to have had an impact on overall regression attitudes towards '**class upto which a girl/boy should study'** since the pre-endline as well.

The following figure shows the trajectory of attitudes since baseline through midline and pre-endline up to endline in intervention villages:

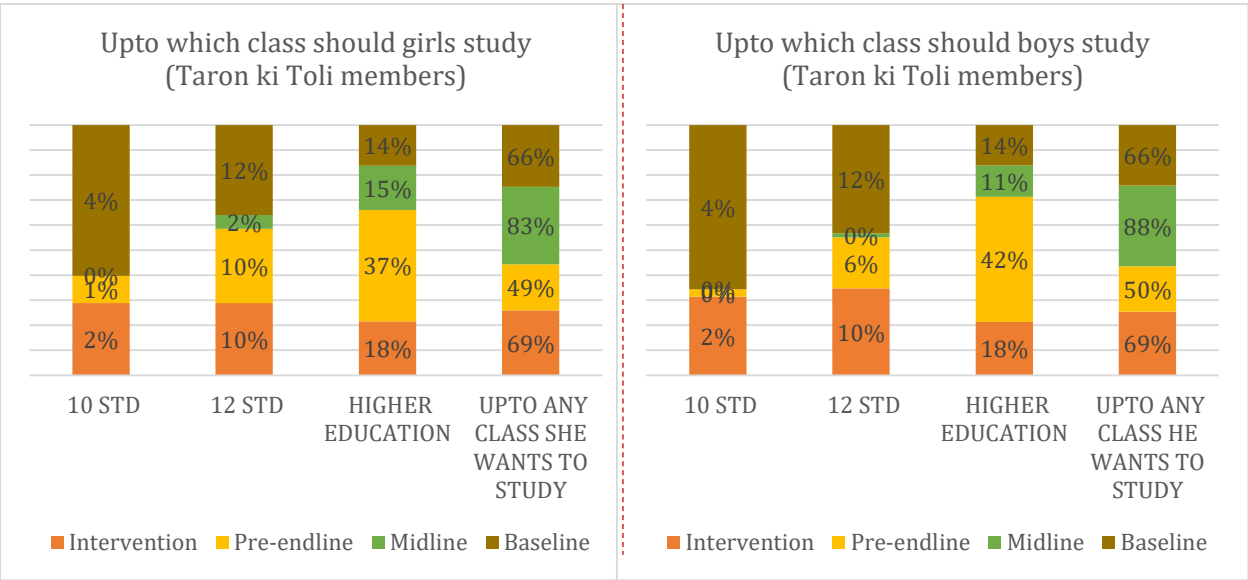


Figure 26: Trajectory since the baseline in attitudes towards 'class up to which girl/boy should study'

An 18-year-old girl in Jaunpur shared that she discontinued her studies after failing class 12th. On being asked what demotivated her to quit her studies, she shared that her family's income reduced significantly during COVID19. She did not see any point in 'wasting money' on continuing her education especially considering how her elder sister is till jobless even after finishing her masters.
"COVID19 se kharche badh gae hain aur kamai ekdum band, me padhke kyon paise zaya karu. Mere badi didi ne MA ki par unko abhi tak kahi Naukri nahi mili. To me padhke kya karlungi?"

As is evident from the figure, there has been a decline since midline in responses 'higher education' and 'upto any class he/she wants' for the enquiry 'upto which class should boys/girls be educated?'. This decline is present in attitudes towards both boys and girls. However in the case of girls the decrease since midline upto endline-intervention villages is 10 percent while in the case of boys it is of about 11 percent. As adolescents have become more aware of the realistic barriers in their environment especially in the context of education-career link, their attitudes increasingly reflect this. Moreover, with schools closing due to COVID19, and students losing touch with their studies, it may have to some extent dwindled their interest in studies. Other factors such as financial pressures of the households with members losing their sources of livelihood during lockdown, higher education (after class 8th) being costly, combined with easily available unskilled-semis skilled work opportunities vis-à-vis risk of not finding a job even after investing years in completing education also explain the attitudinal decline since midline. It may be reasoned that during times of crisis, there is a tendency to fall back to ways and attitudes which may seem more familiar.

At the same time what may also be inferred is that norms related to education, being able to work, mobility are more often than not a cost of education, function of services, such as connectivity and organically evolve as and when these services reach the villages. In a peri-urban village in Lucknow, community members reported how increasing number of girls have started completing their education just because a highway was constructed few years back in their area, improving availability of public transport, connecting them to higher class schools and colleges.

Another observation from the quantitative data that has emerged has been that in response to 'why should girls be educated' – the option 'so they are able to teach their children later in life', there has been a statistically significant decline from pre-endline (39 percent) to endline intervention villages (34 percent). Expectations with respect to traditional gender roles in the context of girls' education and them being future educators of children have weakened since the pre-endline.

Overall, while there has been a significant improvement in the general attitude of adolescents towards education and its link with career since the baseline and in comparison to control villages, realistic barriers such as financial condition of the household being adversely impacted by COVID19, lack of connectivity and absence of job opportunities pose a risk to the headways made by the programme with respect to attitudes of adolescents towards education.

10.4 Negotiations/Reassertion on Education

Findings from both quantitative and qualitative suggest that since the baseline, in intervention villages adolescents have started raising their voices about continuing their education. The aspects around which the adolescents are discussing/negotiating vary from region to region for girls. For instance in villages of Ghazipur, girls reported negotiating on where to study and what courses to study with having no restrictions on going outside their village to study further. However, in some villages of Jaunpur, negotiations on education were limited to getting admissions in school/college available nearby. There was no discussion around negotiations on 'where to study' or 'which courses to study'. It largely depended on availability of educational facilities. In the case of boys, there were no evident restriction on where and what they want to study as long as the household could support the choices.

The following table presents the quantitative figures on negotiations regarding education for each of the gender and age categories comparing intervention, control and baseline data:

Age and Gender Category	Class till which you want to study (Discussed at least once)				
	Intervention	Control	Baseline	Δ I-C	Δ I-B
11-14 girls	64%	58%	54%	7%	10%
11-14 boys	54%	45%	53%	9%	0%
15-18 girls	81%	69%	60%	13%	21%
15-18 boys	64%	60%	51%	4%	13%
19-22 girls	77%	60%	60%	17%	17%
19-22 BOYS	56%	48%	51%	8%	6%

Table 39: Negotiating choices around education - class till which they want to study

**Cells highlighted in green represent statistically significant differences*

Age and Gender Category	Buy a mobile phone/internet connection for online classes (Discussed at least once) - option added during endline		
	Intervention	Control	Δ I-C
11-14 girls	16%	19%	-3%
11-14 boys	18%	22%	-4%
15-18 girls	35%	27%	8%
15-18 boys	35%	39%	-4%
19-22 girls	40%	32%	8%

Age and Gender Category	Buy a mobile phone/internet connection for online classes (Discussed at least once) - option added during endline		
	Intervention	Control	Δ I-C
19-22 boys	70%	74%	-4%

Table 40: Negotiating choices around education – buy mobile phone/internet connection for online classes

**Cells highlighted in green represent statistically significant differences*

As may be evident from tables above, negotiations with respect to **class upto which they want to study** in the case of girls is highest within 15-18 years category across intervention, control and baseline. This maybe because these are the years when adolescent girls are at most risk to drop out from school (absence of schools in the area, mobility related restrictions and/or barriers, households citing financial difficulties, considered of marriageable age). In this context, it may be observed that girls within 15-18 years as well as 19-22 years category from intervention areas have been most vocal as compared to other age and gender categories. The two age and gender categories have been directly engaged in the programme in the intervention areas. These two categories display statistically significant positive difference when compared with the endline control and baseline.

It is also interesting to note that when it comes to asking parents/caregivers for spending money on issues around education (for example, buying phone/internet connection), boys emerged to be more vocal across all age categories (except 15-18, where there is no difference between proportion of girls and boys negotiation negotiating) when compared with girls in the same age cohort.

Respondents were also asked that in case their voice was not heard the first time, did they reassert their views on the issue of education.

Class till which you want to study (Reasserted in case opinion not heard the first time)	Yes or Did not require to reassert			Change	
	Intervention	Control	Baseline	INT-CT	INT-BL
11-14 GIRLS	58%	68%	70%	-10%	-12%
11-14 BOYS	55%	55%	68%	1%	-12%
15-18 GIRLS	67%	64%	77%	3%	-10%
15-18 BOYS	61%	73%	74%	-12%	-13%
19-22 GIRLS	61%	72%	77%	-11%	-16%
19-22 BOYS	68%	63%	74%	5%	-6%

Table 41:Reassertion - Class till which one wants to study

**Cells highlighted in green represent statistically significant differences*

Almost across all age and gender categories 'reassertion' or 'not requiring to reassert' has declined (statistically significant for all groups, except in the case of 19-22 boys) since the baseline. It needs to be highlighted here that financial difficulties of households directly arising out of COVID 19 has evidently created a moral dilemma for adolescents and effected their 'will to negotiate/reassert'. Adolescents in qualitative interactions expressed sympathy for the pressures on parents and refrained from 'demanding more' viewing it as 'selfish' lest it further burdened the parents. This is also evident from the quantitative data wherein since the pre-endline, negotiations with respect to the class till they want to study in case of 15-18 year girls (TKT members) in intervention areas has

statistically significant declined by almost 14 percent. In the case of boys within the same age category (15-18 year TKT members), the decline is even steeper (29%) since the pre-endline. Another aspect that has emerged is that across age categories in intervention areas (endline), higher proportion of boys reported 'not requiring to reassert' when compared with girls in the corresponding age cohorts. This may perhaps indicate that the pushback in the case of continuing education remains higher for girls and as a consequence they feel the need to reassert.

At the same time, resilience to these pressures was evident more in intervention villages as compared to control villages. This could be attributed to the social capital of adolescents which has expanded as a direct result of them being *Taron ki toli* members. *Taron ki toli* offered a platform where just being able to 'talk out' their issues has helped adolescents in resisting such pressures which are often their own internal dilemmas – education as a non-negotiable right versus understanding financial pressures on parents. Moreover, this social capital is not only seen as useful to oneself but is also being used to provide support to other children who may be facing such issues. Team Change Leaders have also emerged as leverage that adolescents reported using for varied purposes such as seeking advice, as sounding boards and even to route their education related demands to the parents.

In terms of whom this negotiation is taking place with, it emerged that for girls across age categories these conversations are mainly taking place with the mothers followed by fathers. The following figure presents the age and gender disaggregated data across endline-intervention, endline-control and baseline:

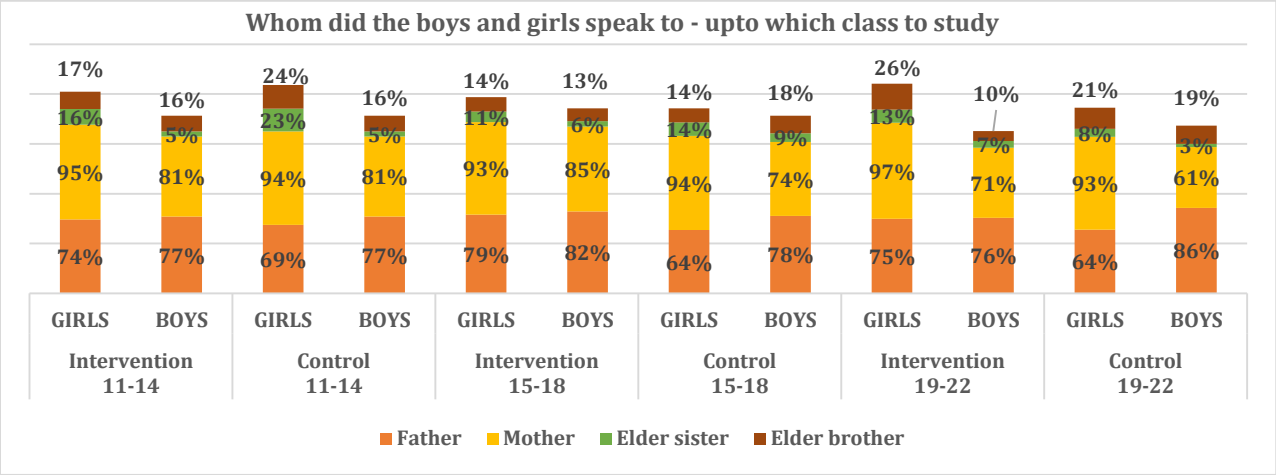


Figure 27: Whom did the boys and girls speak to - upto which class to study

These discussions primarily revolve around the career aspirations of adolescents and the additional number of years they want to study. In other words, where career aspirations or the path to their goals is not clear, adolescents seem to negotiate with respect to minimum age up to which the want to study or how many more number of years they want to stay in school/college in order to buy more time. This is especially true in the case of girls who are at risk of being married off once they reach a minimum age threshold and have also discontinued their education.

Within age categories, it emerged that the 11-14 years (non-TKT) within intervention villages did not have a much information with respect to their careers. They expressed what they wanted to become – doctor, army, police but were largely unaware of the path that needs to be taken to achieve the goal. Within the 15-18 year category (TKT members) in intervention villages, the goals expressed appeared to be realistic and thought-through, backed by the knowledge of achieving them. At the same time there were still gaps in information with respect to financial investment required and colleges that may offer relevant course. A critical factor that contributes to this gap is that adolescents have very few role models (older adolescents, youth) within the village whose career is a direct result of their education, whom they could emulate or seek guidance from. This is especially true for girls. However, wherever there are precedents available, adolescents cite them as examples especially if they have to negotiate/reassert with parents in order to seek support for their career goals.

Under such circumstances, negotiations with parents may frustrate adolescents in the future when the actual goal may require much more financial or time wise support from the parents than what they had negotiated for. Pointed career guidance in accordance with financial, mobility and other key constraints that may exist would help mitigate this issue.

Overall, it emerged that girls within the 15-18 years and 19-22 years in intervention areas have been most vocal in asserting their needs with respect to education. However, financial difficulties arising out of COVID19 and other barriers such as absence of school/colleges, cost of education after class eighth, lack of job opportunities are factors that pose a risk to attitudes towards education and its link with realistic career opportunities.

10.5 Attitudes of Parents and Community

Discussions with parents revealed an overall positive attitude towards education. Education and good academic performance are considered virtues and respected by adolescents and parents alike. However, further probing revealed that while education is viewed in high regard, general attitude of parents is that education is worth pursuing long term if the child is considered good at it. When this is not the case, other factors become dominant considerations which impact the extent to which an adolescent studies. It may be highlighted that, **'good/bad academic performance'** is a stricter criteria when it comes to girls vis-à-vis boys. Parents admitted that a boy not performing well in school/college may be given second or third chances to improve performance and continue education. Girls are not given as much latitude. A girl not performing in school as per the expectations of her parents and having reached the minimum threshold of education needed for a good match is at a greater risk of being married off. Generally, in the case of girls, education is perceived as a productive activity by parents before marriage, while marriage still being the most important milestone. When asked for their reasons to educate girls, mothers stated motives such as (1) girl could engage in any economic activity, (2) will help find a good match for her, (3) will be able to teach her children later, (4) will be respected at her in-laws' and (5) will not bring dishonor to the name of her parents. This maybe also because these are the only kinds of roles available for girls in the village. To pursue any other kind of opportunities, girls may have to travel or move to another city to work. Fear for her safety, late work timings and mobility restrictions prove detrimental to girls pursing career opportunities.

While there are parents who are allowing their daughters to pursue other kinds of employment or pursue education, they cited **push back from community** when these opportunities stretch on restrictions around mobility. Any negative story/incident that may have happened in the village attributed to 'too much freedom' given to girls is used to discourage parents from allowing girls more mobility or 'freedom'. There are no evident sanctions per se against such families but mothers (who are primarily held responsible for ensuring timely and making a good marriage of their daughters) are subjected to comments such as 'enjoying the earnings of their daughter' which is considered a grave insult.

> *"If a girl goes out to study then neighbors do not see it in a positive light and spread negative rumors about her that she could be doing 'anything' under the pretext of education. Due to fear of getting a bad reputation girls are married by the time they are 20. –* ***Parent, Siddharthnagar***
>
> *"If our daughter earns then community members would say that we are living off the earnings of our daughter and that is why we are not getting her married. They also said that while we have money to educate the girl why can't we get her married on time"-* ***Parent, Lucknow***

Education is also considered an important criteria for finding a good match especially in the case of girls and often comes with a minimum and maximum threshold. In other words, there is a tacit range of education that a girl must have to find an appropriate groom without girls' parents having to give 'too much dowry'. In the case a girl's education is below the understood lower limit parents may not be able to find a respectable match for her, whereas if it is above the upper limit then they have to pay a high dowry price as it may not be easy to find an equally educated boy within the community. The

upper and lower limit range is a function of the socio-economic context of the community, caste, religion, rural/urban context, remoteness of the village, proximity of government colleges/schools etc.

Qualitative discussions with parents highlighted that financial constraint is a key hurdle with respect to the education of adolescents especially after class 8th. In many villages adolescents have to travel significant distances to complete higher education. It is here that the second key hurdle, restrictions on mobility, comes into play especially in the context of girls. As a result, villages with government college/school within 5-7km radius saw higher number of girls attending it vis-à-vis where schools were located at a distance. On the other hand, in Ghazipur and Maharajganj, despite few private colleges located nearby, few girls were found attending them because of financial constraints cited by parents. In other words, financial constraints and mobility issues act as critical barriers to girls finishing their educations

> *"The closest high school is 30 kilometers away and students have to cross a highway to reach there. There have been cases where while crossing the highway, children met with accidents. As a result of this, parents in the village fear both for their boys and girls and are hesitant in sending them to high school. Only those who can perhaps afford safe transport send their children there. Now with COVID19 these few cases may also get impacted -* ***Government School Teacher, Lucknow***

However, due to COVID19, the **financial constraints have also started adversely effecting education of boys**. Government School Teacher from Lucknow reported that due to schools closing during lockdown, many adolescent boys have joined some form of part time work such as cycle repair shops, or chosen to help parents in the farm. Once the schools open, it may become difficult for them to leave a source of income to come back to school, especially when many families are in dire financial straits and there are few job opportunities available even after completing education.

> *"We want our son to become a judge or a doctor or an engineer but our wishes wont help as we do not have the financial capability to fulfill his dreams" –* ***Parent, Jaunpur***

Moreover, online classes were reported to be ineffective by teachers and adolescents alike as many families either had only one phone with more than one school going children or no phone at all. This disengagement from regular learning and school is likely to impact performances in the coming sessions and may be another factor contributing towards likely dropouts in case of both boys and girls. Another aspect that has emerged is that many parents are the now moving their children from private to government schools. This is taking place mainly in the case of boys as they were the ones more often than not attending private schools.

> *A remote village in Lucknow is cut off from main road by 3 kms. Here girls did not study beyond class twelfth. In fact in a team change leader's house due to some economic constraint children's education was discontinued. However, even when the household overcame the issue boy's education was continued but the girl stayed at home. TCL then found out about a scheme for computer introduced in a nearby village. TCL along with other girls from the village expressed their wish to learn despite some objections from the community. However, they negotiated for their right to continue 'their learning' and now go to attend the computer in a group –* ***District Partner, Lucknow***

With respect to **parents raising their voices for better educational services actions taken to support the education of girls**, district partners cited cases where parents have highlighted infrastructure related gaps in schools. Issue raised have mostly centered around availability of and access to toilets in school. In some cases, it is also related to safety of female students around the school premises. Adolescents have also raised their voices at the community level to negotiate for their demands. For instance in Ghazipur, adolescents demanded for their mothers' names to be included in the school ID. In Gorakhpur there have been cases where parents have gotten cycles/scooters for girls so that they are able to attend schools/colleges. But this is also subject to the socio-economic condition of the house and proximity to the city centers.

There is a family in our village with a brother and sister pair who were preparing for police entrance. There is a river bear the village where the two would go everyday to practice for physicals. Community members would pass adverse comments such as the girl ignores household chores and will not be able to make it. But both of them ignored all of this and now have a job in police department. This has effectively shut down everyone – ***Parent, Jaunpur***

In the context of the community, attitude towards education has largely remained stable. While there is a surface level approval towards education of girls, it is contingent upon norms around marriage and mobility. As mentioned previously, negative stories are often highlighted to discourage any effort to move norms especially around mobility. As a result, while parents are displaying positive attitude towards education and it has started becoming evident in the form of action as well they are also facing some type of push back from the community. At the same time, parents also cite examples of children who have done well career wise or academically to stand for their children's rights to continue their education.

Parents are in fact squashed between competing demands. On one hand they have their own aspirations for their children and children's demand for better and higher quality education. On the other, while community passively approves of education, it pushes back whenever demand for education intersects with sticky norms around mobility and marriage

10.6 In Summary

There is a positive movement in the outcome with respect enrolment, overall attitude of adolescents and parents since the baseline. However, COVID19 has adversely impacted most of the education related headways made by the programme. This is especially jarring since the pre-endline was conducted in November 2019 and is reflected on indictors such as attitudes towards çlass upto which girls should study', education-career linkage, weakened will to negotiate and reassert considering the worsened financial status of many households. A yearlong disengagement from school resulting in boys joining temporary work, as-well-as ineffectiveness of online classes poses a risk of a likely increase in number of dropouts in the upcoming sessions. Despite the barriers programme has made positive gains since the baseline and when compared with control villages. Parents displayed an increasing desire to fulfil the career and education aspirations of both girls and boys however, mobility concerns remain stable as these are often rooted in realistic barriers such as poor connectivity, lack of school/college for higher classes, lack of job opportunities etc. Another notable aspect has been that within age categories where programme has directly engaged with the adolescents (15-18 years) and where the interaction has been more in the form of providing support (19-22). Attitudes towards education among age groups 15-18 years and 19-22 years are much stronger when compared with the 11-14 year age group, with whom the programme did not engage directly at all. This variation in strength of attitudes as a function of intensity of engagement is also evident among adolescents, parents and community. In other words, attitudes among adolescents, and followed by parents, have witnessed a positive shift as the intensity of engagement with the two group was relatively high. While at the community level, norms have more or less remained stable with some positive green shoots.

Overall, while there is a distinct albeit varying degree of positive movement in attitudes of both parents and adolescents towards education and pursuing career opportunities, status at the

community level largely remains the same. As a result, increasing demands with respect to education and economic independence from adolescents while pushes parents at home, they also face an opposing pressure from the community in this regard. Moreover, there is a clear need to address the question of building attitudinal resilience towards education as a non-negotiable right even in the face of a crisis such as the current one.

11. Health

The following section summarizes the quantitative and qualitative endline study findings on different aspects of adolescent healthcare and perceptions of various stakeholders in comparison with baseline and midline study. The programme in the last four years had worked on mainly three aspects – (a) increase awareness of adolescents and families, (b) adolescents demand health services and (c) improve quality of health services provided. It is within the broad outline of 'Supply and Demand' that the mid-term assessment report has attempted to understand the progress made by the program through its various initiatives and activities.

11.1 Context

The last year of the programme was implemented under the shadow of the pandemic where health services worked under extraordinary pressures. Strategy for programme's health interventions from the start had been towards converging with and leveraging upon government platforms to achieve its outcomes. But with the onset of COVID19 focus of the health services was completed diverted towards handling the increasing caseload with routine services relegated to the backseat for the time being. Anganwadi Centers and front-line workers, which were single point of contact for communities for accessing essential preventive care (vaccination, nutrition, menstrual products etc.) were shut down during the lockdown and platforms such as Village Health and Nutrition Days (VHNDs) were not organized for almost three to four months in villages. At the time of the study, it had been less than six months since the village level health services were somewhat reinstated. Thus, the progress made by the programme on its set outcomes may be understood within this larger frame.

11.2 Demand Side - Awareness, Access and Demand for Services

Accessing health services: Adolescents were probed on whether they had accessed any health services in the last six months. The following table presents the findings:

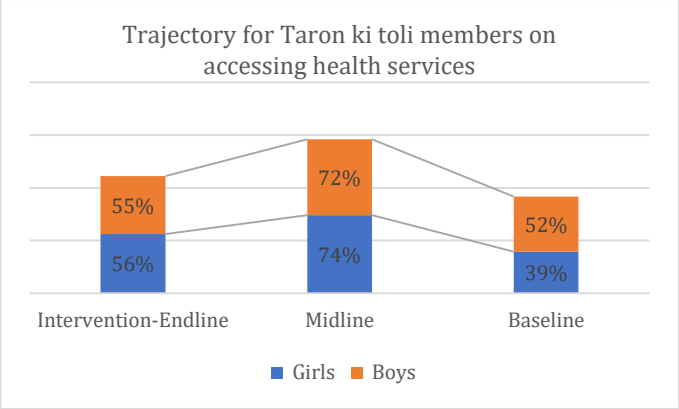
Table 42:% of adolescents who visited any health facility in last 6 months

%of adolescents who visited any health facility in the last 6 months	Intervention -Endline (IE)	Control-Endline (CE)	Baseline (B)	Δ IE-CE	Δ IE-B
11-14 Girls	45%	43%	35%	2%	10%
11-14 Boys	55%	65%	52%	-10%	3%
15-18 Girls	56%	37%	39%	19%	17%
15-18 Boys	55%	53%	52%	2%	3%
19-22 Girls	66%	51%	39%	15%	27%
19-22 Boys	58%	41%	52%	17%	6%

**Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

***Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

Looking at the quantitative data it emerges that girls within the 15-18 years and 19-22 years of intervention endline (IE) category show the most improvement with respect to accessing services since the baseline and when compared with control endline (CE) as well. In other age and gender groups (11-14 boys, 15-18 boys and 19-22 boys), the percentage has remained stable since the



baseline. However, if the midline data[35] on the aspect is analyzed then the programme had made significant strides since the baseline. **Error! Reference source not found.** presents comparison between baseline, midline[36] and endline on adolescents accessing health services. As is evident, greater number of adolescents, girls and boys were accessing health services by the midline. The data has significantly declined since then and this could largely be attributed to supply side constraints as a consequence of COVID19 related pressures on health services.

Reasons for visiting health facilities: While primary reason for visiting health facilities remained to be 'general illnesses across gender and age categories in baseline, control-endline and intervention-endline as well as intervention-endline for both boys and girls; there has been an improvement in demand for services such as IFA tablets and sanitary napkins since the baseline:

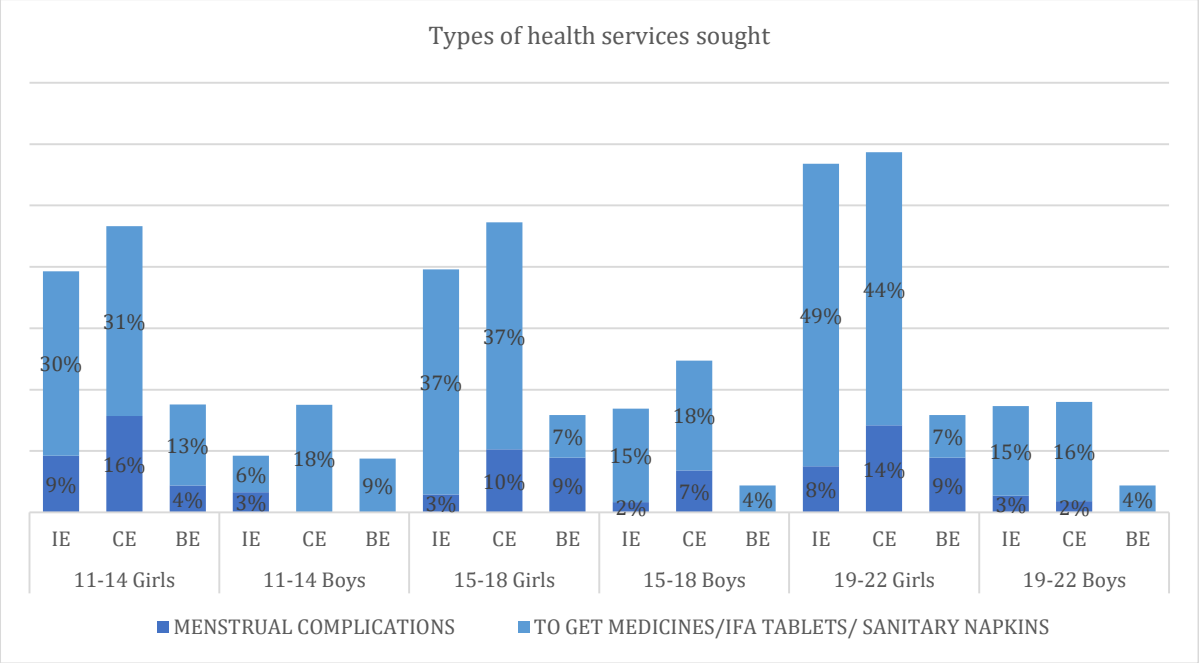


Figure 28: Types of health services sought

However, the demand for these services have also seemed to increase in almost equal quantum in control-endline areas as well. The following table presents the change between intervention-endline, control-endline and baseline on this services.

[35] Question not included during pre-endline

[36] During midline adolescents covered were in the age groups of 12-16 years. For the current comparison 15-18 years from baseline and TKT members from endline compared with those *Taron ki toli* members who were 13 years or above during midline as these age groups are expected to be within the 15-18 years cohort at the time of the current study

Table 43: Seeking services such as IFA/Sanitary napkins - change since baseline

To get medicines/IFA tablets/ sanitary napkins	IE	CE	BE	IE-CE	IE-B
11-14 Girls	30%	31%	13%	-1%	17%
11-14 Boys	6%	18%	9%	-12%	-3%
15-18 Girls	37%	37%	7%	0%	30%
15-18 Boys	15%	18%	4%	-3%	11%
19-22 Girls*	49%	44%	7%	5%	42%
19-22 Boys*	15%	16%	4%	-2%	10%

**Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

***Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

Qualitative findings from the current and previous studies have consistently suggested that there has been a significant increase in demand for services such as IFA/sanitary napkins as a direct result of the mobilization carried out by the programme. In fact, even post pandemic, front line workers from intervention-endline areas remarked that the demand for the services is fast reaching its previous levels despite the hiatus in services due to COVID19. This has posed a challenge for the health workers as the supply side up till recently was either focused on COVID related services or quickly catching up with essential vaccination schedules (pregnant and lactating mothers and infants) which has not been carried out during lockdown. This supply side constraints may be currently reflected in the demand for these services where intervention-endline and control-endline emerged to be at the same levels.

Reasons for not visiting health facilities: Dominant reasons for not visiting health services across all age and gender categories in intervention-endline was "no such requirement' (11-14 Girls: IE 98%; 11-14 Boys IE 94%; 15-18 Girls IE 98%; 15-18 Boys IE 95%; 19-22 Girls IE 97%; 19-22 Boys IE 94%). Many households reported that since children were mostly home during the last one year, there weren't many cases of illnesses and hence did not feel the need to visit any health facility. Nevertheless some noteworthy findings from this aspect have been:

- In intervention-endline areas within the 11-14 years Girls category, there were negligible cases of adolescents reporting 'not allowed to go by family" as reason for not visiting health facilities, compared to 7 percent such cases in control areas; the difference here statistically significant.
- In intervention-endline areas within the 15-18 years Girls category, no cases adolescents reporting 'not allowed to go by family" as reason for not visiting health facilities, compared to 3.4 percent and 3.2 percent such cases in control-intervention and baseline areas; a significant difference in both cases.

These findings also point towards easing of norms with respect to mobility of girls in the context of health within intervention area. This is also evident in findings on health where across age categories, significantly higher proportion of girls have reported improvement in mobility when visiting health facilities (Chapter: Gender Based Discrimination **Error! Reference source not found.**)

On receiving benefits from ASHA, AWW, ANM and other health facilities: Programme in the last four years had also worked on generating awareness amongst adolescents on the kinds of

services specific to adolescent health that they may receive from platforms such as ASHA, AWW and ANM. In this context, there has been significant progress made within intervention-endline areas. The following table presents the change in proportion of adolescents in intervention-endline when compared with control-endline and baseline who reported receiving any kind of services from the front line workers:

Table 44: Change in proportion of adolescents who reported recieving services from ASHA, ANM, AWW

Age and gender categories	ASHA		ANM		AWW	
	IE-CE	IE-BE	IE-CE	IE-BE	IE-CE	IE-BE
11-14 Girls	21%	31%	3%	8%	10%	19%
11-14 Boys	5%	10%	3%	-2%	6%	6%
15-18 Girls	30%	46%	28%	34%	23%	30%
15-18 Boys	18%	20%	13%	12%	19%	19%
19-22 Girls*	29%	46%	20%	31%	24%	32%
19-22 Boys*	14%	15%	9%	10%	13%	13%

**Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

***Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

Looking at the table above, it may be inferred that except for the 11-14 boys categories where largely services have remained since baseline, adolescents across other age and gender categories within intervention-endline areas reported receiving services in much higher proportion, indicating towards programme impact despite COVID 19.

Counselling services received: Adolescents were also asked if they had received any kind of counselling on subjects such as menstrual health, health and nutrition, sexual reproductive health. The following graph presents the details:

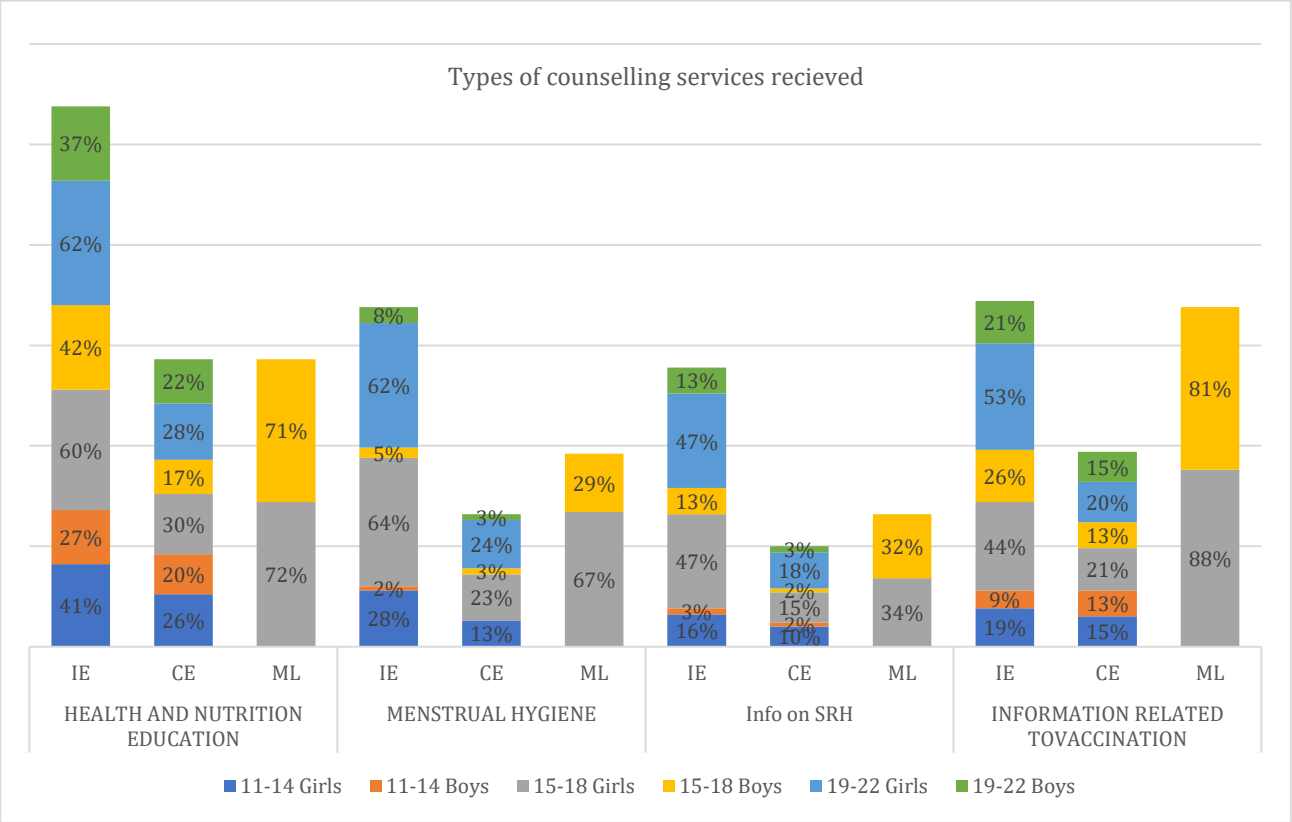


Figure 29: Types of counselling services received

When compared with control endline, intervention areas fare significantly better across the four key counselling themes. Within the themes, higher proportion of adolescents in intervention endline when compared with control endline reported receiving counselling on the health and nutrition education and menstrual hygiene. Within age and gender groups, 15-18 year and 19-21 year girls, groups programme directly engaged with reported receiving counselling in greater percentage. The spillover effect of the programme is visible within the 11-14 year girls category. On the other hand, while 11-14 years boys in intervention endline reported receiving counselling on health and nutrition (27%), on other aspects such as menstrual hygiene, sexual and reproductive health and vaccination their access to services is considerably lower when compared with other age and gender categories. Similarly with boys in 15-18 years and 19-22 years categories, counselling on sexual and reproductive health, menstrual hygiene and vaccination were limited. What is also noteworthy is that while there has been a drop in proportion of counselling services received by adolescents since the midline (question not included in baseline) especially on vaccination, largely owing to COVID, supply of these services has displayed resilience despite the tremendous pressure the health services have been in since the onset of COVID19. The following table presents the change in receiving of counselling services when compared with control endline and since baseline:

Types of Counselling Services Received (Change)	Health and Nutrition		Menstrual Hygiene		Info on SRH		Info on Vaccination	
	ΔIE-CE	ΔIE-ML	ΔIE-CE	ΔIE-ML	ΔIE-CE	ΔIE-ML	ΔIE-CE	ΔIE-ML
11-14 Girls	15%		15%		6%		4%	

Types of Counselling Services Received (Change)	Health and Nutrition		Menstrual Hygiene		Info on SRH		Info on Vaccination	
	ΔIE-CE	ΔIE-ML	ΔIE-CE	ΔIE-ML	ΔIE-CE	ΔIE-ML	ΔIE-CE	ΔIE-ML
11-14 Boys	7%		2%		1%		-4%	
15-18 Girls	30%	-12%	41%	-3%	32%	13%	23%	-44%
15-18 Boys	25%	-29%	2%	-24%	11%	-19%	13%	-55%
19-22 Girls	34%		38%		29%		33%	
19-22 Boys	15%		5%		10%		6%	

**Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

***Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

There has been a visible improvement when it comes to awareness around the subject of menstruation and dialogue around it. During qualitative discussions, adolescent girls (in the 15-18 years and 19-22 years category) were comfortable in discussing the subject and did not hesitate to talk about it even when there were other male family members in the vicinity. Another aspect that has emerged is that *Taron ki toli* members from districts such as Ghazipur expressed that they are openly able to talk about menstruation even with male trainers indicating towards the rapport that has been established. Social capital developed through *Taron ki toli* extends to health as well. A team change leader from Lucknow reported that she has been approached by younger members of the group in case they have had any questions on the issue. Adolescent boys as well could easily talk about the issue. Discussion among family members (particularly with mothers, sisters and sisters-in-law) around menstruation are extremely common. The programme also trained girls to make sanitary pads and has successfully worked towards removing taboo around menstrual hygiene. In some cases, mothers reported adopting sanitary napkins or some of the hygiene practices that their daughters had told them about. In other cases, notions and taboos around menstruation are slowly percolating to the level of other female family members of the adolescents as well**.** There have also been instances of collective action such as in Gorakhpur where girls have openly demanded at the block level for better menstrual hygiene and sanitary pad in schools.

11.3 Supply of Health Services:

On the supply side, the program has endeavoured to improve quality of health services through capacity building of front line workers and revival of Village Health and Nutrition Day

> *VHNDs in TKT villages more active as compared to others. In those areas proportion of immunization and community participation is higher in BT villages as TKT teams actively mobilize community* – Deputy CMO, Lucknow

Revival of Village Health and Nutrition Days has emerged to be an effective platform for providing regular health services relevant for adolescents. ASHA/AWW reported that there has been an increase in the footfall on VHNDs over the last few years due to significant contribution of the AE programme. However, due to health services being overstretched and platforms such as VHNDs temporarily stopped for a few months, there has been a decline in the overall footfall when compared with midline. Frontline workers though indicated that gradually VHNDs are witnessing the same response as it was pre-COVID. The following table presents the awareness of VHND amongst adolescents across age and gender categories between control and intervention-endline:

Table 45: VHND awareness- Intervention-Control comparison

Age and gender categories	IE	CE	IE-CE
11-14 Girls	23%	15%	7%
11-14 Boys	11%	8%	3%
15-18 Girls	52%	18%	34%
15-18 Boys	34%	11%	23%
19-22 Girls	59%	23%	36%
19-22 Boys	35%	12%	23%

**Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

***Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

There is limited spillover effect on 11-14 years age category however, within groups such as 15-18 years and 19-22 years which the programme directly engaged with, there is significant difference with respect to awareness of VHNDs when compared with control-endline areas.

In terms of the status of quality of services, the programme has organized multiple training programmes with frontline workers on aspects of menstrual health, adolescent nutrition and gender. FLWs reported that they feel better equipped to respond to queries from adolescents on these issues.

In this context the respondents were also asked if there has been any improvement in quality of health services in their area. Proportion of adolescents in intervention-endline, control-endline and during midline who reported that it has improved, has been presented in the table below:

Table 46: Proportion of adolescents reporting that health services have improved in their areas

Age and gender categories	IE	CE	M	IE-CE	IE-M
11-14 Girls	45%	34%	0%	12%	
11-14 Boys	48%	45%	0%	3%	
15-18 Girls	67%	28%	89%	39%	-21%
15-18 Boys	62%	31%	86%	31%	-24%
19-22 Girls*	70%	32%	0%	39%	
19-22 Boys*	63%	42%	0%	20%	

**Compared with 15-18 years gender cohort from the baseline as 19-22 age category not covered during baseline*

***Cells highlighted in green represent statistically significant difference and cells in red represent statistically insignificant difference*

****For 11-14 years and 19-22 years data not covered during midline*

While there has been a significant drop in since midline in the proportion of adolescents (15-18 years category) who reported improvement in health services, the programme fares significantly

better when compared with control across almost all age and gender categories (except 11-14 boys). Here as well the decline from midline may be due to health services operating beyond capacities during the pandemic leading to gaps in regular services.

Frontline workers also reported that there has been a rise in demand for services such as TT injections, sanitary napkins have led to pressures from the supply side. What further exacerbates the issue is that the regular supply itself of essentials such as sanitary napkins, take home rations etc. have been sporadic at best in the last few years and have been further effected by the onset of COVID19.

Discussions with the district partners on programme's engagement with RKSK revealed that convergence with the scheme has not evolved as expected. In non-priority districts such as Lucknow RKSK team was engaged through BT events and often cases at the community level were identified and reported to the team. However, since Lucknow is not a priority district, RKSK clinic is at district hospital level and engagement with them is sporadic at best. Even in high priority districts such as Siddharthnagar no partnership was formed under the programme. Since the scheme itself has not taken off very well, programme sustainability envisioned through RKSK may not be very effective.

11.4 In summary

Overall it has to be highlighted that significant progress has been made on the indicators of health since the baseline despite COVID19. There has been an increase in proportion of adolescents accessing health services and there is greater awareness of platforms such as VHNDs since the baseline. Counselling services on issues such as menstrual health, vaccination etc. within intervention areas not only fare better when compared with control but have also displayed resilience even in the face of the pressures of COVID19 which bodes well for overall programme sustainability. Adolescent girls and boys displayed a visible comfort and knowledge on menstrual health and hygiene. It was also revealed that adolescent girls have discussed the issue of menstrual health with their mothers who in turn have also adopted some of the learnings communicated to them by their daughters. Additionally, while demand for health services has increased, it has led to increasing pressure on the present supply which is anyway plagued by erratic supply of essentials (sanitary napkins, take home ration). In terms of programme sustainability, while AE has been successfully able to revive VHNDs and build capacities of FLWs, convergence with schemes such as RKSK are still riddled with gaps.

12. Conclusions

Based on the findings of the endline study following are key conclusions for the Adolescents Empowerment Programme:

7. **Overall Programme Effect:**
    - Based on the quantitative and qualitative findings, it is apparent that the programme effect was found to maximum among adolescents, followed by their families, and subsequently among other families in the community. Such phenomenon showcases a direct correlation with the intensity of interventions across the three groups, as majority of the programme interventions, including the flagship activity – *Taron ki toli*, were directed towards the adolescents.
8. **Health:**
    - Health interventions demonstrated high effectiveness, particularly around generating demand among adolescents for accessing health services, especially during the times of Covid, showcasing early signs of sustained behaviour change.
9. **Education:**
    - Programme successfully leveraged education as a plank to delay marriage, improve inter-gender communication and increase girls' mobility
    - Loss of livelihoods due to Covid posed risk of negating programme effects around education and marriage in the short run. Adolescents showcased high levels of sensitivity towards their parents, largely because of the adverse socio-economic changes arising as a result of Covid.
10. **Violence**
    - Interventions around violence in the last year of the programme increased awareness and agency among adolescents with respect to identifying and reporting instances of physical and sexual violence.
    - Adolescents demonstrated high levels of recognition of cases of domestic violence. It appears that the interventions have possibly triggered an internal dialogue among adolescents, underscoring the moral dilemma of standing up against the aggressor.
11. **Social Norms**
    - Social norms backed by some form of ambiguous pride associated with the families and clans were found to be most difficult to move. Though *Taron ki toli,* along with other interventions, played a crucial role in building trust among family and community levels, creating avenues to dent regressive norms around inter-gender communication and mobility.
12. ***Taron ki toli* Group as a Platform**
    - *Taron ki toli* groups provided a strong support system in the form of adolescents and trainers, which was not only leveraged by adolescents while negotiating life choices, but also provided necessary psychological support during times of distres

13. Recommendations

Based on the findings of the endline study following are some of the recommendations from design and operational perspective that the programme team may consider while planning for similar programmes and future phases.

Key Issues

8. COVID 19 posed a unique challenge to the programme from multiple fronts. Firstly, COVID and the ensuing lockdown affected the key touch points such as schools, Anganwadi centers, Village health and nutrition days and *Taron ki toli* sessions that the programme had developed or leveraged upon to connect with adolescents and communities. The programme outreach strategy had to be swiftly tweaked to reconnect with adolescents once the lockdown was lifted, and at the same time priorities also had to be reconsidered and aligned with the urgent needs of the communities. According to the logframe, the programme's focus in the last year was to be on violence. However, this was shifted to health as immediately after the lockdown health was one of the few activities that the government was permitting organizations to hold in communities. The theme of violence and related activities such as 'wall paintings' on the other hand were introduced remotely to *Taron ki toli* members. Despite programme quickly adapting to the fluidity of the situation, the overall reach and planned impact of the programme were significantly affected. Not all adolescents could be reconnected with during the last year. In districts such as Siddharthnagar, not even 10 percent of the *Taron ki toli* members could be reached. Engagement with parents and communities came to a halt.
9. Since the intensity of engagement with parents and communities was nominal to begin with, the current situation further created a form of disconnect. Households faced real crisis such as loss of livelihoods, incomes increasing stress levels. As a consequence, families had very little mental space for newer ideas and changes and it was easier to fall back to 'tired and tested' attitudinal and behavioral patterns. As a result, the space for negotiations that the programme had helped adolescents create for themselves at home shrunk substantially. This is also reflected in shift in attitudes when compared with pre-endline on issues such as choice around marriage.
10. With the closing of schools, main lever for negotiations around age of marriage, mobility and inter gender communication was taken away. At the same time the dissonance felt by adolescents over inequity at home and community was not present at the parental and community level. Hence, in the absence of a key negotiation tool and support at that parental and community level, adolescent girls especially are at increasing risk of dropping out in the coming sessions and associated outcomes such as limited mobility and early marriage.
11. While *Taron ki toli* was the core of the programme, there were no specific activities planned with parents. Ratri Chaupal and farmer's group did not get the same momentum as *Taron ki toli*. At the community level as well, the engagement was largely passive and a one way dialogue. While community members appreciated and lauded the efforts of the programme and on surface level agreed with the messaging, it did not lead to them questioning the prevailing norms around marriage, mobility, distribution of household chores etc. For instance, education is seen in a positive light but this has also been coopted by marriage. In other words, a minimum level of education has become an eligibility criteria for marriage and girls are allowed to study as far as it helps them make a suitable match. The governing norm remains to be marriage and education is seen positively as long as it enables it. Education is not received positively if it is seen to be interfering with marriage. This interference could be a perceived threat to the 'reputation' and 'honor' of the girl as a result of increasing mobility or freedom.

12. At the adolescent level, there is a visible preference for education over marriage. Girls perceive marriage as the end of all agency for them. They seem quite despondent at the prospect and feel they will have limited control over their life decisions once they get married. This may lead to frustrations and stress for the girls as in communities marriage is an inevitability.
13. Adolescents display understanding of the concept of gender equality in their current context – as brother-sister or as classmates. This is in terms of sharing chores at home, positive attitudes towards mobility of girls, inter-gender communication etc. However, this understanding does not extend beyond their current contexts. Power dynamics between men and women in marriage are viewed from the same traditional gendered lens. This is one of the reasons that onus of household chores are still mainly on girls as this is what there expected role is once they are married and therefore they need to be good at it. Most of the norms that adolescent girls are ruled by flow backwards from their gender defined role in a marriage. This is also one of the reasons that girls have bleak view of marriage and see it as a loss of agency.
14. On violence, the programme started working on the subject in the last year as it's a sensitive topic and trainers needed to establish a rapport with the adolescents and community before touching upon it. At the endline study stage it emerged that adolescents understand forms of violence, importance of bystander activation and do not rationalize violence when it happens outside home. However, with respect to domestic violence which was found to be quite pervasive in communities, their sense of right and wrong is ambiguous. They rationalized the act in order to defend the person who in most cases was the father. At the level of communities as well, domestic violence is normalized and often victims (newly married women) are advised to practice patience and wait for things to improve.

    In the case of harassment, eve teasing, stalking adolescent girls reported that they told someone about it only after they were ineffective in avoiding the perpetrator themselves. It is a good sign that girls report such cases, but the threshold of reporting is quite high.

Recommendations

In light of these issues, following are some of the recommendations that may be considered:

6. It is recommended that the programme may develop emergency protocols for future such projects. This could **encompass processes for ensuring that programme reach and connect are not significantly impacted during exigencies**.
    a. These could be customized and planned for each of the programme districts based on specific needs.
    b. Another way to possibly strengthen programme resilience in face of emergency is to digitize all content. Some of the *Taron ki toli* chapters were broken down and disseminated digitally during lockdown. The digitized content could be disseminated during non-emergency situation after each of the *Taron ki toli* sessions as well. A key challenge herein would be that many households do not have smart phones to access such content. In such case, adolescents may be given booklets (*Taron ki toli*) that they could carry to their homes.
    c. Similarly, communities and parents could be reached by dissemination of digital content meant for parents and communities through WhatsApp/Message groups. This way, parents and community members may not be disconnected from the programme.
7. **Engagement with parents and communities needed to be more intense.** While adolescents displayed shift in attitudes, the key barriers were mainly at the community level. Parents were willing to make concessions for the demands of their children but they

also faced pushback from the community whenever these concessions intersected with rigid social norms of marriage, 'family honor, reputation of the girl etc.

   a. In order to counter this, it's important that on sticky norms around marriage, the engagement is directly with parents and community members. These engagements need to be a two way dialogue through interactive communication/digital content that may evoke some level of cognitive dissonance.

8. **On violence, engagement needs to be in equal measure with community and parents by way of dialogues and interactive communication content.** At the same time, at the village level, there are not many resolution mechanisms available for cases of domestic violence.

   a. Formation of committees under PRI specifically for prevention and resolution of domestic violence cases may help reduce the incidences.

   b. Similarly, strengthening and reviving of child protection mechanisms at district, block and village level would help highlight cases of violence against children.

9. **It is important to reinforce that the gender equality is a lifelong concept and adolescence may need to apply the same principles in their next phases of lives.**

   a. This is especially relevant for adolescent boys as they hold upper hand in power dynamics in marriage. This intervention could be with older boys pointing toward equitable power sharing with respect to division of responsibilities as well as decision making.

   b. In the same vein, older girls may be counselled on how to apply the negotiation strategies they have learnt as TKT members in the next phases of their lives as well retaining some control over their agency.

10. High penetration of mobile internet normalizes and to a great extent glorifies non-platonic relationships. Moreover, since there is little to no avenue for a conversation around adolescent sexuality, social media platforms which are often known for their toxic content and objectification of women are the only source of information on the subject. **It is therefore recommended that an alternate channel for dialogue on these subjects may be created with special focus on adolescent boys.**

    a. Considering the sensitivity of the topic and conservative nature of most of the communities, adolescent sexuality may not be tackled directly. However, a safe space maybe created where adolescent boys can discuss their viewpoints on peer pressures around the issue of sexuality and the manner in which they view women and girls.

Annexure I: Methodology

Table 47 - Sample covered in end-line

Main Survey						
Category	**Intervention**			**Comparison**		
	End-line (Target)	**End-line (Achieved)**	**Baseline**	**End-line (Target)**	**End-line (Achieved)**	**Baseline**
11-14 Boys	260	268	300	260	266	-
11-14 Girls	260	267	300	260	268	-
15-19 Boys	260	286	300	260	267	-
15-19 Girls	260	282	300	260	267	-
19-22 Boys*	104	114	-	104	110	-
19-22 Girls*	104	112	-	104	109	-
Total	**1248**	**1329**	**1200**	**1248**	**1287**	**-**

**The sample size of Varanasi at baseline was 160 which has been distributed in 19-22 year old group, 80 each for boys and girls (per village 1.5).*

Table 48 – Village wise IDIs conducted

S.No.	**District**	**Village**	**Type**	**Sample per village (covered)**
1	Gorakhpur	Mahawan Khurd	Non-model	8
2	Gorakhpur	Jamunia	Model	8
3	Siddharth Nagar	Chilliya	Model	8
4	Siddharth Nagar	Siswa Buzurg	Non-model	8
5	Maharajganj	Chhapwa	Non-model	8
6	Maharajganj	Murali	Model	8
7	Ghazipur	Durkhushi	Non-model	8
8	Ghazipur	Durgasthan	Model	8
9	Jaunpur	Umarchha	Non-model	8
10	Jaunpur	Bharahupur	Model	8

Table 49 - Intervention village list changes

Village Name *(Removed from the original list)*	**GP Name**	**District**	**Block**	**Type of Village**	**NEW Village Name**	**Block**	**Type of Village**
Sindhagar	Sindhagar	Ghazipur	Kasimabad	Model	Berukharha	Kasimabad	Non-model
Bahtura	Bahtura	Ghazipur	Mardah	Model	Kodai	Mardah	Non-model
Chiuradeeh	Chiuradeeh	Gorakhpur	Bhathat	Non-model	Jamunia	Bhathat	Model
Kazipur	Kazipur	Gorakhpur	Jangal Kaudia	Non-model	Ahirauli	Jangal Kaudia	Model
Churawanpur	Churawanpur	Jaunpur	Baksha	Model	Khunshapur	Baksha	Non-model
Kolhui	Kolhui	Maharajganj	Brijmanganj	Non-model	Badago	Brijmanganj	Model
Mahdewa Basdila	Mahdewa Basdila	Maharajganj	Laxmipur	Non-model	Murali	Laxmipur	Model
Tandiya Bazar	Tandiya Bazar	Siddharthnagar	Jogia	Non-model	GONAHA	Jogia	Model
Ramwapur Nankar	Ramwapur Nankar	Siddharthnagar	Shohratgarh	Non-model	CHILHIYA	Shohratgarh	Model

Table 50 - Quantitative survey plan

Day	**Team**	**Village**	**Block**	**District**
Day 1 (30th January, 2021)	Team 1	Nandauli	Mohanlalganj	Lucknow
	Team 2	Jamunia	Bhathat	Gorakhpur
	Team 3	Kauraha	Machhalishahar	Jaunpur
	Team 4	Mardah	Mardah	Ghazipur
	Team 5	*Intervention sampling not started*		Sidhharth Nagar
	Team 6	Murali	Laxmipur	Maharajganj
Day 2	Team 1	Dehwa	Mohanlalganj	Lucknow
	Team 2	Bhairwa	Bhathat	Gorakhpur

(31st January, 2021)	Team 3	Bharahupur	Machhalishahar	Jaunpur
	Team 4	~~Kodai~~ **Baraura**	~~Mardah~~ **Kasimabad**	Ghazipur
	Team 5	Bargadawa	Naugarh	Sidhharth Nagar
	Team 6	Gauharpur	Laxmipur	Maharajganj
Day 3 (1st February, 2021)	Team 1	Kamal Pur Bichlika	Mohanlalganj	Lucknow
	Team 2	Niyamatpur	Bhathat	Gorakhpur
	Team 3	Barahata	Machhalishahar	Jaunpur
	Team 4	~~Durkhushi~~ **Kodai**	Mardah	Ghazipur
	Team 5	Sisawa Grant	Naugarh	Sidhharth Nagar
	Team 6	Eksarva	Laxmipur	Maharajganj
Day 4 (2nd February, 2021)	Team 1	Meesa	Gosaiganj	Lucknow
	Team 2	Tal Koila	Jangal Kaudia	Gorakhpur
	Team 3	Karaudi	Machhalishahar	Jaunpur
	Team 4	~~Indaura~~ **Durkhushi**	Mardah	Ghazipur
	Team 5	Tetari Bazar	Naugarh	Sidhharth Nagar
	Team 6	Chhapwa	Nautanwa	Maharajganj
Day 5 (3rd February 2021)	Team 1	Hardoeya	Gosaiganj	Lucknow
	Team 2	Ahirauli	Jangal Kaudia	Gorakhpur
	Team 3	Belapar	Buxa	Jaunpur
	Team 4	Indaura	Mardah	Ghazipur
	Team 5	Ahari	Jogia	Sidhharth Nagar
	Team 6	Paisiya Babu	Nautanwa	Maharajganj
Day 6 (4th February 2021)	Team 1	Baghauli	Gosaiganj	Lucknow
	Team 2	Kazipur	Jangal Kaudia	Gorakhpur
	Team 3	~~Khunshapur~~ **Utaru Kalan**	Buxa	Jaunpur
	Team 4	Durga Asthan	Kasimabad	Ghazipur
	Team 5	GONAHA	Jogia	Sidhharth Nagar
	Team 6	Sampatiha	Nautanwa	Maharajganj

Day 7 (5th February 2021)	Team 1	Saraiya	BKT	Lucknow
	Team 2	Khajur Gaon	Campairganj	Gorakhpur
	Team 3	Umarchha	Buxa	Jaunpur
	Team 4	Banka Khas	Kasimabad	Ghazipur
	Team 5	Siswa Bujurg	Jogia	Sidhharth Nagar
	Team 6	Badagon	Brijmanganj	Maharajganj
Day 8 (6th February 2021)	Team 1	Paharpur	BKT	Lucknow
	Team 2	Sonaura Buzurg	Campairganj	Gorakhpur
	Team 3	Khunshapur	Buxa	Jaunpur
	Team 4	Berukharha	Kasimabad	Ghazipur
	Team 5	Nibi	Shohratgarh	Sidhharth Nagar
	Team 6	Bargahpur	Brijmanganj	Maharajganj
Day 9 (7th February 2021)	Team 1	Banauga	BKT	Lucknow
	Team 2	Mahawnkhor	Campairganj	Gorakhpur
	Team 3	*Buffer day to cover shortages, if any*		Jaunpur
	Team 4	*Buffer day to cover shortages, if any*		Ghazipur
	Team 5	Chilhiya	Shohratgarh	Sidhharth Nagar
	Team 6	Mahuari	Brijmanganj	Maharajganj
Day 10 (8th February 2021)	Team 1	*Buffer day to cover shortages, if any*		Lucknow
	Team 2	*Buffer day to cover shortages, if any*		Gorakhpur
	Team 3	*Buffer day to cover shortages, if any*		Jaunpur
	Team 4	*Buffer day to cover shortages, if any*		Ghazipur
	Team 5	Parigawa	Shohratgarh	Sidhharth Nagar
	Team 6	*Buffer day to cover shortages, if any*		Maharajganj

Process of Matching of Intervention and Comparison villages

Sampling frame for baseline villages, for each district will be stratified by combining demographic indicators – **Village population** (no. of households), **Proportion of SC-ST population**, **Distance from District HQ**, and **presence of educational** and **health facilities**. All five variables are being measured in different units, and hence, difficult to combine. It is therefore essential to convert each one of these into dichotomous variables, and create 32 (2^5) different combinations.

It is noteworthy that out of all five variables, three (village population, presence of education and health facility) are in one direction, whereas the other two (% of SC-ST population and Distance from district HQ) are in the opposite direction. Before combining these, we recode them in way that all variables are in the same direction:

1. Village population: **High/1 [Above district median]; Low/2 [Below district median]**
2. % of SC-ST population: **Low/1 [Below district median]; High/2 [Above district median]**
3. Distance from district HQ: **Low/1 [Below district median]: High/2 [Above district median]**
4. Presence of education facility: **Presence/1; Absence/2**
5. Presence of health facility: **Presence/1; Absence/2**

For the first three variables, categories have been formed around the respective medians, and hence, will have 50-50 percent of the sampling frame on either side of the median value. For the other two variables, the point of inflection will be actual presence/absence of health and education facility.

Bring together all five dichotomous variables would provide us with 32 different combinations, as provided below:

Cat. No.	Village Size	SC-ST population	Distance from District HQ	Presence: Education Facility	Presence: Health Facility
1	1/High	1/Low	1/Low	1/Presence	1/Presence
2	1/High	1/Low	1/Low	1/Presence	2/Absence
3	1/High	1/Low	1/Low	2/Absence	1/Presence
4	1/High	1/Low	2/High	1/Presence	1/Presence
5	1/High	2/High	1/Low	1/Presence	1/Presence
6	2/Low	1/Low	1/Low	1/Presence	1/Presence
7	1/High	1/Low	1/Low	2/Absence	2/Absence
8	1/High	1/Low	2/High	1/Presence	2/Absence

Cat. No.	Village Size	SC-ST population	Distance from District HQ	Presence: Education Facility	Presence: Health Facility
9	1/High	1/Low	2/High	2/Absence	1/Presence
10	1/High	2/High	1/Low	1/Presence	2/Absence
11	1/High	2/High	1/Low	2/Absence	1/Presence
12	1/High	2/High	2/High	1/Presence	1/Presence
13	2/Low	1/Low	1/Low	1/Presence	2/Absence
14	2/Low	1/Low	1/Low	2/Absence	1/Presence
15	2/Low	1/Low	2/High	1/Presence	1/Presence
16	2/Low	2/High	1/Low	1/Presence	1/Presence
17	1/High	1/Low	2/High	2/Absence	2/Absence
18	1/High	2/High	1/Low	2/Absence	2/Absence
19	1/High	2/High	2/High	1/Presence	2/Absence
20	1/High	2/High	2/High	2/Absence	1/Presence
21	2/Low	1/Low	1/Low	2/Absence	2/Absence
22	2/Low	1/Low	2/High	1/Presence	2/Absence
23	2/Low	1/Low	2/High	2/Absence	1/Presence
24	2/Low	2/High	1/Low	1/Presence	2/Absence
25	2/Low	2/High	1/Low	2/Absence	1/Presence
26	2/Low	2/High	2/High	1/Presence	1/Presence
27	1/High	2/High	2/High	2/Absence	2/Absence
28	2/Low	1/Low	2/High	2/Absence	2/Absence
29	2/Low	2/High	1/Low	2/Absence	2/Absence
30	2/Low	2/High	2/High	1/Presence	2/Absence
31	2/Low	2/High	2/High	2/Absence	1/Presence

Cat. No.	Village Size	SC-ST population	Distance from District HQ	Presence: Education Facility	Presence: Health Facility
32	2/Low	2/High	2/High	2/Absence	2/Absence

On the basis of counts of 1s, we classify 32 different combinations into six broad categories – **'1' in all five variables [n=1]**; **'1' in any four variables [n=5]**; **'1' in any three variables [n=10]**; **'1' in any two variables [n=10]**; **'1' in any one variable [n=5]** and **zero '1' in five variables [n=1].** We plan to stratify the sampling frame for all comparison villages matching the profile of baseline village along these six categories, and sample proportionate number of villages from each stratum. For comparison, it will be ensured that similar proportion of villages (as during the baseline) were sampled from each of the six categories.

Process of Matching of Individual Adolescents

Sampling frame for adolescents from the intervention villages for each of the six categories (11-14 boys and girls; 15-19 boys and girls; 19-22 boys and girls), for each village will be stratified by combining indicators – **education**, **religion**, **caste**, **type of ration card** and **number of siblings**. All five variables are being measured in different units, and hence, difficult to combine. It is therefore essential to convert each one of these into dichotomous variables, and create 32 (2^5) different combinations within each age and gender categories.

Before combining these, we recode them in way that all variables are in the same direction:

1. Highest education of the adolescent in each of the three age categories
    - 11-14 yrs: High/1 [class 5 or above]; Low/2 [below class 5]
    - 15-19 yrs: High/1 [class 8 or above]; Low/2 [below class 8]
    - 19-22 yrs: High/1 [class 10 or above]; Low/2 [below class 10]
2. Religion: High/1 [Majority (Hindu)]; Low/2 [Minority (any other)]
3. Caste: High/1 [General]; Low/2 [SC/ST/OBC]
4. Ration Card: High/1 [APL]; Low/2 [BPL/Antyodaya]
5. Number of Siblings: High/1 [2 or less]; Low/2 [More than 2] – *this was however removed due to data for baseline not available*

Bringing together all five dichotomous variables would provide us with 32 different combinations within each age-gender category, as provided below:

Cat. No.	Education	Religion	Caste	Ration Card
1	1/High	1/Low	1/Low	1/High
2	1/High	1/Low	1/Low	1/High

Cat. No.	Education	Religion	Caste	Ration Card
3	1/High	1/Low	1/Low	2/Low
4	1/High	1/Low	2/High	1/High
5	1/High	2/High	1/Low	1/High
6	2/Low	1/Low	1/Low	1/High
7	1/High	1/Low	1/Low	2/Low
8	1/High	1/Low	2/High	1/High
9	1/High	1/Low	2/High	2/Low
10	1/High	2/High	1/Low	1/High
11	1/High	2/High	1/Low	2/Low
12	1/High	2/High	2/High	1/High
13	2/Low	1/Low	1/Low	1/High
14	2/Low	1/Low	1/Low	2/Low
15	2/Low	1/Low	2/High	1/High
16	2/Low	2/High	1/Low	1/High
17	1/High	1/Low	2/High	2/Low
18	1/High	2/High	1/Low	2/Low
19	1/High	2/High	2/High	1/High
20	1/High	2/High	2/High	2/Low
21	2/Low	1/Low	1/Low	2/Low
22	2/Low	1/Low	2/High	1/High
23	2/Low	1/Low	2/High	2/Low
24	2/Low	2/High	1/Low	1/High
25	2/Low	2/High	1/Low	2/Low

Cat. No.	Education	Religion	Caste	Ration Card
26	2/Low	2/High	2/High	1/High
27	1/High	2/High	2/High	2/Low
28	2/Low	1/Low	2/High	2/Low
29	2/Low	2/High	1/Low	2/Low
30	2/Low	2/High	2/High	1/High
31	2/Low	2/High	2/High	2/Low
32	2/Low	2/High	2/High	2/Low
100.00				

On the basis of counts of 1s, we classify 32 different combinations into six broad categories – '**1' in all five variables [n=1]**; **'1' in any four variables [n=4]**; **'1' in any three variables [n=10]**; **'1' in any two variables [n=10]**; **'1' in any one variable [n=5]** and **zero '1' in five variables [n=1].** We plan to stratify the sampling frame for all intervention endline adolescents matching the profile of baseline village adolescents along these six categories (in each age-gender category), and sample proportionate number of adolescents from each stratum. For comparison as well, it will be ensured that similar proportion of adolescents (as during the baseline) were sampled from each of the six categories (in each age-gender category).