

# INCREASING THE AGE AT MARRIAGE AND DELAYING FIRST PREGNANCY THROUGH A SELF-EFFICACY AND GENDER-TRANSFORMATIVE APPROACH



Endline assessment of Mera Samman Mera Swabhiman  
(My Honour Is My Respect)  
gender-transformative program  
Evaluation report 2018



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## **Acknowledgments**

Mera Samman Mera Swabhiman (My Honor Is My Respect) Increasing Age at Marriage and Delaying First Pregnancy Program was undertaken by the MAMTA Health Institute for Mother and Child to implement and evaluate long-term activities geared towards equipping and empowering adolescent boys and girls with self-efficacy and decision-making skills that could improve their capacity to make choices that affect their education, delay of marriage and negotiating reproductive choices. Above all, we are grateful to the American Jewish World Service for supporting this work. This program would not have been possible without the insights, cooperation and support of many. In particular, we thank Manjima Bhattacharjya and Praneeta Kapur for providing technical support and inputs. We are thankful for the in-house technical support extended by MAMTA colleagues who contributed to the data collection and report writing. Last and not the least, we are grateful to all the participants who shared their experiences and viewpoints with us.

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**Cover photo: Swabhiman Kendra safe space center being inaugurated by elected members in Sheopur**

## Section 1

### Introduction and context

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Child marriage continues to be a pervasive concern worldwide, with negative health and development outcomes for adolescent girls and boys. Globally, around 51 million female youths aged 15–19 are married (UNICEF, 2011). In rural India, around 31.5 percent of women aged 20–24 years were married before they were 18 years old, according to the latest National Family Health Survey findings (2015–2016). Sociocultural norms perpetuate the differential treatment of girls and boys, which makes them highly vulnerable to child, early or forced marriage. In resource-poor settings, many girls discontinue schooling for a number of reasons, such as the onset of their menstrual cycle, the distance from home, they must take care of younger siblings, they must work with their parents, they lack transportation and/or there are concerns for their safety and security. Additional reasons relate to school: the lack of toilets, the co-education environment, poor performance, low interest, poor teaching methodologies and even poor teacher competencies. School retention among boys is marginally better.

Additionally, the arrival of puberty decreases a girl’s access to friends and her freedom to move around her community (Santhya and Jejeebhoy, 2015). Mobility is much more restricted for married girls, who become particularly isolated from their peers. While the inequitable gender norms prevent girls from making their own decisions, even on matters most intrinsic to their lives, boys enjoy more freedom to exercise choices—but with extreme risk because their decisions are often misguided by patriarchal norms.

After marriage, young couples are coerced into starting their family. Decisions on when to have children and how many children are typically governed through a family’s continuous endeavor to conform to community norms rather than a couple’s own informed choices. Norms around sexuality prevent spousal communication on these issues as well as access to contraceptives of choice.

### Program rationale

The latest National Family Health Survey findings revealed a high prevalence of child marriage in Madhya Pradesh and Rajasthan states. In Madhya Pradesh, two districts had a particularly high prevalence of child marriage: rural Sheopur (at 42.4 percent of girls) and rural Rajgarh (at 53 percent of girls). In Rajasthan, the two districts also with high rates were rural Bundi (41.5 percent of girls) and rural Tonk (52.7 percent of girls). These districts also had large proportions of adolescent pregnancies and school drop-outs, poor access to health services and a high incidence of gender-based violence (IIPS and Macro International, 2017).

To address the critical determinants of early marriage and early pregnancy in those high-prevalence zones, the MAMTA Health Institute for Mother and Child, with support from the American Jewish World Service, initiated in 2015 a three-year community-based program targeting highly vulnerable groups of youth that entailed establishing safe spaces and using a gender-transformative approach to work at increasing the age at marriage and delaying first pregnancy. The highly vulnerable groups comprised female and male youths who were economically poor, had dropped out of school and/or belonged to social groups in which child

marriage is highly prevalent, including Scheduled Castes, Scheduled Tribes and other minorities, including Muslims.

### **1.1 The program**

In 2015, the MAMTA Health Institute for Mother and Child launched the Mera Samman Mera Swabhiman (My Honor Is My Respect) Program for ‘Increasing Age at Marriage and Delaying First Pregnancy: An Outcome of Improved Levels of Self-efficacy Among Young Men and Women Using Safe Spaces and a Gender-Transformative Approach’. Gender-transformative approaches create opportunities for individuals to challenge gender norms, promote positions of social and political influence for women in communities and address power inequities between persons of different genders. Being “gender transformative” means addressing the underlying causes of gender inequality to set the scene for the sustained achievement of inclusive development outcomes. It takes on the task of fostering community-led changes in unequal gender relations to promote shared power, control of resources and decision-making.

The program was implemented in two districts, one in Rajasthan State (Bundi) and one in Madhya Pradesh States (Sheopur), each with a high prevalence of marriage among girls (more than 50 percent) from socially and economically marginalized populations.

#### **Intervention package**

As part of the program, MAMTA established 80 Swabhiman Kendras (“center of self-respect”) as safe spaces in the targeted districts. Structured peer education sessions were conducted in these centers to improve the self-efficacy of 811 boys and 1,840 girls while applying a gender-transformative approach to improve informed decision-making processes. The following intervention package was used with the targeted populations:

1. Female and male youths (aged 14–21)
  - Peer-led sessions on self-efficacy
  - Exposure visits
  - Links with education and livelihoods opportunities
2. Parents
  - Community meetings
  - Mass awareness activities (posters, rallies)
3. Representatives from Panchayati Raj Institutes,<sup>1</sup> teachers, front-line functionaries, police
  - Sensitization meetings
  - Advocacy dialogues

A structured module was developed to address biased gender norms among boys and girls within the Swabhiman Kendra safe spaces. These centers were established within each community with

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<sup>1</sup> Panchayati Raj Institutes are local governance institutions that works on a three-tier system at the village, block and district levels.

the support of village stakeholders for their acceptance and sustainability. The stakeholders were linked with these centers to supervise the progress and address community-based obstacles that may hinder normative transitions. Within the program, many tools, including a snakes-and-ladders game and a card game, were used to target specific gender norms related to the continuation of education and delaying age at marriage and pregnancy. Gender norms, such as women should do housework and men should earn money by going out and women should be gentle and men should be tough, were addressed by increasing the voice and visibility of girls. Cricket and football teams were promoted among the girls by involving local women leaders to transform age-old gender norms related to mobility and visibility of girls in common spaces. As well, community members and leaders were exposed to these changes to normalize and internalize the process for its continuity in the community context.

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## **1.2 Program objective and goals**

The overall objective of the program was to address the critical gender, social and health determinants of child and early marriage and early pregnancy in the two districts (of Madhya Pradesh and Rajasthan states). The three-year program was designed to increase the self-efficacy of female and male youths by using safe spaces and a gender-transformative approach, with the intent of ultimately increasing the age at marriage and delaying first pregnancy.

The specific goals of the program:

- Increase school retention, especially for female youths, by at least one or two academic sessions or years.
- Increase the age at marriage among female and male youths (adolescents) in communities by 8–12 months.
- Increase the age of first pregnancy among young married female youths in communities by six months.
- Positively influence gender and community norms and practices towards delaying child marriage, the age at first pregnancy and increased years of schooling and education.

## Section 2 Evaluation

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### 2.1 Research design

A quasi-experimental research design with a control was adopted to evaluate the impact of the program. The survey was carried out among the randomly selected youths aged 14–21 years at the baseline and the endline in the program and the control sites. A district was purposively selected from each state after considering the socio-demographic indicators for the control (comparison) group, also in each state.

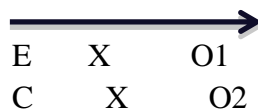
#### *Study setting*

The study was conducted in the following program and control districts:

- i. **Rajasthan: Bundi and Tonk** (as program and control districts, respectively).
- ii. **Madhya Pradesh: Sheopur and Rajgarh** (as program and control districts, respectively)

#### *Sampling*

A quasi-experimental research design with a control, as shown in the below diagram, was followed for the evaluation.



Where

E = represents the experimental group

C = represents the control group

X = represents the program

O1 = represents post program result of the experimental group

O2 = represents post program result of the control group.

#### *Sample size calculation*

For calculating the sample size, we used child marriage prevalence and adolescent population size (male and female youths aged 15–21), as per the 2011 census at the district level, with 95 percent confidence interval and 5 percent margin of error. A representative sample of 240 girls and 240 boys was estimated per block by using the sampling formula. The sample size was thus calculated. A total of 480 girls (240 each block) and 240 boys from each program district and 480 girls and boys from control district (240 each) were interviewed using a quantitative survey. A total of 1,200 youths from each state constituted the total sample at both the baseline and the endline. Using the probability proportional to size sampling procedure, we selected the sample from each state.

### *Qualitative methods*

Qualitative interviews were conducted during the endline period with married and unmarried adolescent girls (10 each) in the program districts in Madhya Pradesh and Rajasthan states, using interview guides.

## **2.2 Background: State and district profiles**

### **Rajasthan**

The state of Rajasthan has ranked consistently low and remains below the national average on the Human Development Index (UNDP, 2017), with a large gender gap visible in literacy levels (at 64.6 percent for females and 80.9 percent for males) and in the child sex ratio (at 888 females for every 1,000 males). According to the findings from the fourth National Family Health Survey (2015–2016), the prevalence of physical and sexual violence in Rajasthan was around 25.1 per cent, with Bundi (at 62 percent of girls, 69 percent of boys) and Tonk (at 59 percent of girls, 62 percent of boys) high-prevalence districts. These districts also have high percentages of adolescent pregnancies and school drop-outs, poor access to health services and a high incidence of gender-based violence.

### *Bundi*

Bundi is located in Kota division. It is among the districts with a high prevalence of child marriage, mainly concentrated among rural, poor, illiterate, Scheduled Caste, Scheduled Tribe and Other Backward Caste population subgroups. A marked difference was found in the school drop-out rates between the sexes, with girls outnumbering boys. The 2011 census data revealed low literacy among females (at 46.6 percent), compared with males (at 75.4 percent) and a sex ratio of 922 females for every 1,000 males, thus reflecting high levels of gender inequality. Teenage pregnancies are common in the district, with two in five married teenage girls either pregnant or mothers.

### *Tonk*

Tonk is located in Ajmer division. Gender disparity is apparent among the school drop-out rates as well as the literacy rates, which were 45.5 percent for females and 77.1 percent for males in the 2011 census data. The district had a sex ratio of 949 females for every 1,000 males in 2011. Tonk is among the districts with a high prevalence of child marriage, particularly in the rural areas. Population subgroups, such as poor households, illiterate persons, Scheduled Castes, Scheduled Tribes and Other Backward Classes, have a high concentration of early marriage. Contraceptive use among young women is quite low. Consequently, the district has a high level of teenage pregnancy. The total fertility rate for the district is 3, which is above the desired level of 2.1.

### **Madhya Pradesh**

The prevalence of child marriage is considerably low in Madhya Pradesh State, at 29 percent. It is high, however, in some districts (at more than 50 percent), including Sheopur and Rajgarh. The prevalence of spousal violence among women across the state was 33 percent in the fourth National Family Health Survey (2015–2016) findings. The school drop-out prevalence (for Class 1 to Class 10) was also high, at 51 per cent during the 2010–2011 school year (MHRD, 2014).



### ***Sheopur***

Sheopur is part of Chambal division. It is among the districts with a high prevalence of marriage among children—younger than the legal age, at 51 percent for girls and 63 percent for boys. The concentration of early marriage is mainly among rural areas, poor households, illiterate persons and Scheduled Caste, Scheduled Tribe and Other Backward Caste subgroups. The literacy rate in the district remains a concern, particularly for women. A marked difference can be seen in the school drop-out rates for girls, compared with the boys, which leads to low literacy among women. The district has fewer females than males, as well. Nearly half of all pregnant female youths do not give birth in a health facility.

### ***Rajgarh***

Rajgarh is located in Bhopal division. Child marriage is widely prevalent, with 56 percent of girls and 62 percent of boys married before the legal age. The literacy rate for men and women has increased since 2001; however, there is a noticeable disparity between the rates, at 49 percent for females and 73 percent for males, based on the 2011 census data. Also, more girls drop out of school than boys. Teenage pregnancy is quite high in the district, particularly in urban areas. Nearly half of the married teenage girls in urban areas are pregnant or already mothers.

## Section 3

### Impact of the program

#### 3.1 Socio-demographic profile

The socioeconomic data on the survey respondents (table 3.1) suggest that the majority of the male youths were aged 17–19 years while the female youths were aged 14–17 years in both the program and control sites. In the program areas, more than 88 percent of the female and male youths were married, although all had not started living as a couple in the marital home. Of them, 16.8 percent of the male youths and 6.8 percent of the female youths had started living as a married couple. Almost all respondents practiced the Hindu religion.

**Table 3.1: Selected characteristics of respondents in the baseline and endline surveys**

Characteristics	Male					Female				
	Baseline		Endline			Baseline		Endline		
	C	P	C	P	Total	C	P	C	P	Total
<b>Age males</b>										
17 years	38.0	34.3	50.4	43.8	41.5	NA	NA	NA	NA	NA
18–19 years	35.7	34.9	24.4	28.7	30.9	NA	NA	NA	NA	NA
21 years	26.3	30.8	25.2	27.5	27.5	NA	NA	NA	NA	NA
<b>Age females</b>										
14–15 years	NA	NA	NA	NA	NA	38.8	29.1	31	24.5	29.6
16–17 years	NA	NA	NA	NA	NA	35.2	42.3	30.2	33.6	36.2
18 years	NA	NA	NA	NA	NA	26	28.6	38.8	41.9	34.2
<b>Caste</b>										
Scheduled Castes	25.6	11.9	19	24.6	20.4	22.2	19.1	21.5	27.6	22.8
Scheduled Tribes	20.5	42.1	25	45.4	33.3	19.3	33.6	20	25.5	26.3
Other Backward Classes	50.6	44.3	44.4	24.4	40.8	55.3	45.3	49.2	42.5	46.7
General	3.2	1.7	10.4	5.0	5.1	3.0	1.6	9.2	4.0	3.9
<b>Religion</b>										
Hindu	98.5	99.3	97.1	98.1	98.3	98.2	98.8	96	94.6	96.9
Other	1.5	0.6	2.9	1.9	1.9	1.8	1.1	4	5.4	3.1
<b>Marital status</b>										
Currently married (living together)	12.6	19.1	6.5	16.5	13.8	10.4	14	7.1	6.8	9.8
Married but not living together	74.8	69.6	89.8	80.4	78.6	76.4	72	87.5	87.9	80.6
Never married	12.6	11.3	3.8	3.1	7.6	13.2	14.1	5.4	5.3	9.6
<b>N</b>	<b>468</b>	<b>461</b>	<b>480</b>	<b>480</b>	<b>1 904</b>	<b>492</b>	<b>953</b>	<b>480</b>	<b>960</b>	<b>2 893</b>

Note: C- Control sites, P – Program sites, NA – Not applicable

### 3.2 Education: Attitudes, decision-making, gender norms and practices

The level of current education of adolescents increased from the baseline to the endline surveys for both the female and male youths in all sites. Yet, the comparison between the program and control sites on the status of currently studying adolescents reflects the program’s impact in terms of increased continuation of education. At the baseline period in the program sites, around 52 percent of the female and male youths were in school, which increased to more than 60 percent by the endline period. This reflects a clear shift in educational attainment of both the female and male youths in the program areas.

*A higher percentage of female and male youths at the end of the program aspired to study beyond their current level of education.*

The findings pertaining to the female and male youths’ aspirations to study further (table 3.2) show that the endline cohorts of the unmarried female and male youths have higher aspiration than their counterparts in the baseline cohorts. And the increase in aspiration for higher education was greater in the program sites (rising 13.6 percentage points for unmarried male youths and 15.3 percentage points for unmarried female youths) than in the control sites (falling 3.2 percentage points for unmarried male youths and rising 2.4 percentage points for unmarried female youths). As for education decision-making, the endline cohort of unmarried female youths in the program sites were more likely than their counterparts in the control sites to report that their opinion influenced their education choices.

**Table 3.2: Percentage of female and male youths reporting on education indicators**

Indicators	Male					Female				
	Baseline		Endline		Total	Baseline		Endline		Total
	C	P	C	P		C	P	C	P	
Currently studying	75.2	51.2	78.5	62.9	67.0	72.4	51.6	74.4	63.4	62.8
Study further beyond current level of education	78.8	56.4	75.6	69.0	70	76.6	54.4	79	69.7	67.3
Opinion taken in education decisions	78.4	57.3	61.3	74.0	67.9	80.9	65.7	65	78.4	83.1
<b>N</b>	<b>468</b>	<b>461</b>	<b>480</b>	<b>480</b>	<b>1 889</b>	<b>492</b>	<b>953</b>	<b>480</b>	<b>960</b>	<b>2 885</b>

Note: C- Control sites, P – Program sites

#### Gender attitudes of female and male youths related to education

The baseline and endline surveys assessed certain attitudes of the female and male youths towards gender roles, relevance of education for girls, safety and security, and barriers in pursuing education specifically for girls. The assessment was done using a three-point scale: agree, partially agree or disagree with related statements.

*Higher percentage of female youths displayed a positive shift for education than their male counterparts.*

Gender attitudes and norms supporting girls' education improved, especially in the program sites. The findings of the surveys (table 3.3) show that the endline cohorts of female and male youths had shifted attitudes when compared with their corresponding baseline cohorts. The change was predominantly visible among the female youths than among the male youths on many of the normative statements. For example, agreement regarding the statement "Girls can walk safely where men and boys gather" moved from 18.8 percent to 62.7 percent among unmarried female youths and from 27.5 percent to 56.3 percent among unmarried male youths, with the shift more significant among the female youths.

Remarkable shifts were observed among the female youths on the statement "Girls can go to school even if it's far away from their village": Among the female youths, the change was higher by 17 percentage points at the endline than their baseline cohort (at 66.2 percent, compared with 82.7 percent), whereas this change was merely 4 percentage points for their male counterparts (at 64.2 percent, compared with 67.9 percent).

**Table 3.3: Percentage distribution of respondents who agree with specific gender statements**

Indicators	Male					Female				
	Baseline		Endline			Baseline		Endline		
	C	P	C	P	Total	C	P	C	P	Total
<b>A woman's most important role is to take care of her home and cook</b>	71.6	75.1	49.6	52.7	62.2	30.7	48.4	27.1	11.7	29.6
<b>Girls can go to school even if it's far away from their village</b>	87.4	64.2	45.2	67.9	66.1	73.8	66.2	59.6	82.7	71.9
<b>Girls can walk safely in areas where men and boys usually gather</b>	28	27.5	49	56.3	40.2	12.0	18.8	47.5	62.7	36.9
<b>Boys are naturally better than girls in studies</b>	17.5	29.1	27.5	27.1	25.4	10.0	24.2	13.5	6.0	14.0
<b>It is unsafe to send girls to school after the onset of menstruation</b>	27.1	43.4	24.2	25.6	30.1	32.5	22.1	22.3	18.5	22.7
<b>Because girls have to get married, they should not be sent to school for higher education</b>	77.4	75.1	36.9	43.1	58	64	59.7	23.8	12.1	38.7
<b>Investing in girls' education is not financially beneficial</b>	3.6	9.8	20.2	15.4	12.3	0.6	8.4	11.5	2.5	5.6
<b>It is not safe to send girls to school due to violence</b>	39.3	53.8	46.7	30.8	42.5	13.6	36.7	19.6	9.4	20.8
<b>N</b>	<b>468</b>	<b>461</b>	<b>480</b>	<b>480</b>	<b>1 889</b>	<b>492</b>	<b>953</b>	<b>480</b>	<b>960</b>	<b>2 885</b>

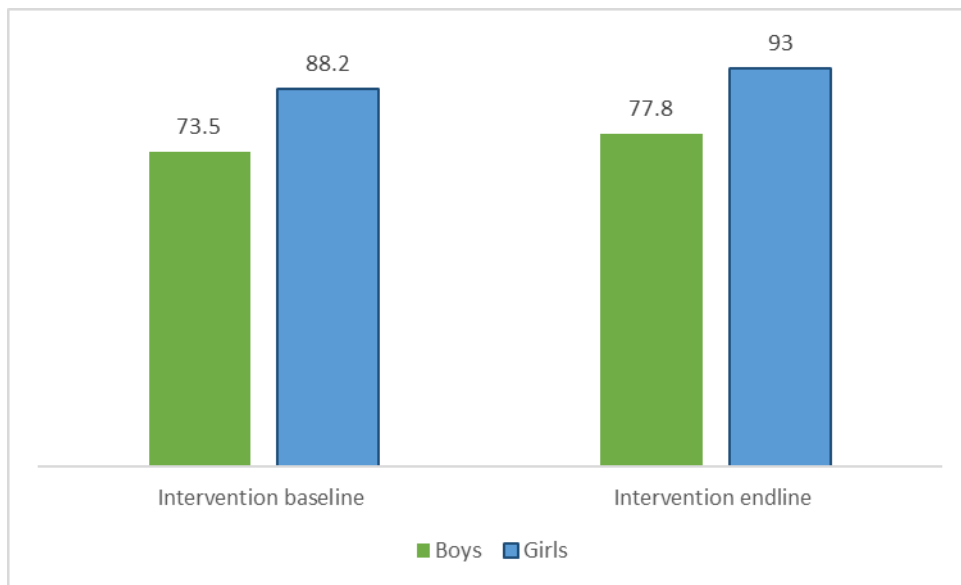
Note: C- Control sites, P – Program sites

*A higher percentage of female youths at the end of the program interacted with their parents to achieve higher education.*

To assess youths' agency in communicating with their parents for pursuing higher education, they were asked whether they discussed this ambition with their parents or other family decision-

makers. The endline result shows a positive trend for both the female and male youths (at 77.8 percent and 93 percent, respectively), although it was more visible among the female youths (figure 3.1).

**Figure 3.1: Female and male youths talked with parents to stay in school**



In the qualitative discussions, female youths who had participated in the program spoke with confidence about breaking through gender stereotypes and challenging gender roles. Female youths reported that the program sessions on life skills education and self-efficacy available through the Swabhiman Kendra safe space improved their assertiveness and decision-making skills.

One of the young women, now 21 and not married, decided to continue her education after having dropped out of school for three years. She then opened her own beauty parlor: “Earlier, I was very shy and cowardly. I was not comfortable talking to other people, female or male. But now I can talk to anyone. I used to be afraid of the police; however, during an exposure visit to a police station, I made friends with two female constables and came to know about their work. I never thought that I would ever visit a police station. We were also taken to [the National Rural Livelihood Mission] office where they suggested I apply for a loan to expand my beauty parlor. I am grateful that I became associated with Swabhiman Kendra.”

### **3.3 Marriage: Knowledge, attitudes, gender norms and practices**

This section summarizes the shift in knowledge, gender norms, decision-making and practices related to marriage for both the female and male youths in the program and control sites.

## Knowledge about the legal age for marriage

### *More adolescents in the program sites had correct knowledge of the legal age for marriage.*

The percentage of the survey respondents aware of the legal age for marriage (21 years old for male youths and 18 years old for female youths) was considerably higher in the program sites than in the control sites. A striking observation of the study was that more female youths than male youths, either in the program sites (at 99.6 percent, compared with 96.5 percent) or the control sites (at 95.8 percent, compared with 90.2 percent), were aware of the legal age for marriage (table 3.4).

### *Increased interaction with parents regarding age at marriage and choice of partner.*

The study also assessed the involvement of female and male youths in decision-making with their parents related to their marriage interests. Significant changes were observed pertaining to parents' acceptance to involve children in deciding the age at which they would like to marry and their choice of partner (table 3.4). In terms of timing of marriage, the respondents were asked whether their parents sought their opinion on when to marry. A considerable increase of 27 percentage points was registered among the female youths in the program sites (from 25.8 percent to 52.6 percent), indicating that female youths had gained the confidence to share their opinions with their parents. However, there was hardly any shift in the response of the male youths, which is an area of concern.

The study population was asked whether their parents sought their opinion on their choice of groom or bride. The endline evaluation showed a positive response for the female and male youths, with the increase in the proportion of female youths (from 34.1 percent to 56.9 percent) drastically more than for the male youths (from 46.4 percent to 54.3 percent).

**Table 3.4: Percentage of female and male youths reporting on marriage indicators**

Indicators	Male					Female				
	Baseline		Endline		Total	Baseline		Endline		Total
	C	P	C	P		C	P	C	P	
<b>Awareness of legal age for marriage</b>	98.3	86.8	90.2	96.5	93.0	96.1	84.6	95.8	99.6	93.4
<b>N</b>	<b>468</b>	<b>461</b>	<b>480</b>	<b>480</b>	<b>1889</b>	<b>492</b>	<b>953</b>	<b>480</b>	<b>960</b>	<b>2 885</b>
<b>Parents involve them regarding timing of marriage</b>	39.8	42.1	36.7	41.5	40.5	29.3	25.8	30.0	52.6	32.6
<b>Parents inquire about choice of groom or bride</b>	44.1	46.4	36.7	54.3	45.9	37.1	34.1	31.7	56.9	39.2
<b>N</b>	118	140	49	94	401	116	267	60	116	559

Note: C- Control sites, P – Program sites

## Gender attitudes of female and male youths related to marriage

*A more positive shift about marriage norms emerged among both female and male youths.*

The findings presented in table 3.5 show that the endline cohorts of female youths and male youths had improved attitudes related to marriage when compared with their corresponding baseline cohorts. For example, a positive shift is evident in the female and male youths who agree: “A girl who is not married young is a risk to her family.” That is, the percentage of youths believing this to be true went down. The shift is more visible among female youths (from 29.3 percent to 8.4 percent) than male youths (from 64.4 percent to 43.1 percent). It is also interesting to see that a large number of female youths (82.6 percent) and male youths (82.5 percent) agreed to the statement: “Girls should be allowed to decide about their marriage.”

**Table 3.5: Percentage distribution of respondents who agree with specific statements**

Indicators	Male					Female				
	Baseline		Endline			Baseline		Endline		
	C	P	C	P	Total	C	P	C	P	Total
Marrying girls early helps to protect them from sexual relations	67.1	60.5	48.5	47.5	55.8	37.4	41.9	37.1	42.2	40.4
A girl who is not married young is a risk to her family	57.9	64.4	42.5	43.1	51.9	15.9	29.3	21.9	8.4	18.8
Girls should be allowed to decide about their marriage	69.0	54.9	52.9	82.5	64.8	77.6	70.3	64.0	82.6	74.6
Girls are ready for marriage after first menstruation	12.2	18	29.8	17.9	19.4	3	11.3	17.5	5.1	8.9
A girl must get married when she finds an appropriate groom, even if she was in school	27.1	38	37.3	27.9	32.4	21.5	36.7	19.8	4.9	20.7
Girls should keep their parents/elders happy, even if they have to marry early	26.9	41.0	33.1	33.8	33.6	12.8	42.2	21.5	5.8	21.7
<b>N</b>	<b>468</b>	<b>461</b>	<b>480</b>	<b>480</b>	<b>1 889</b>	<b>492</b>	<b>952</b>	<b>480</b>	<b>960</b>	<b>2 884</b>

Note: C- Control sites, P – Program sites

## Marriage and *gauna* practice

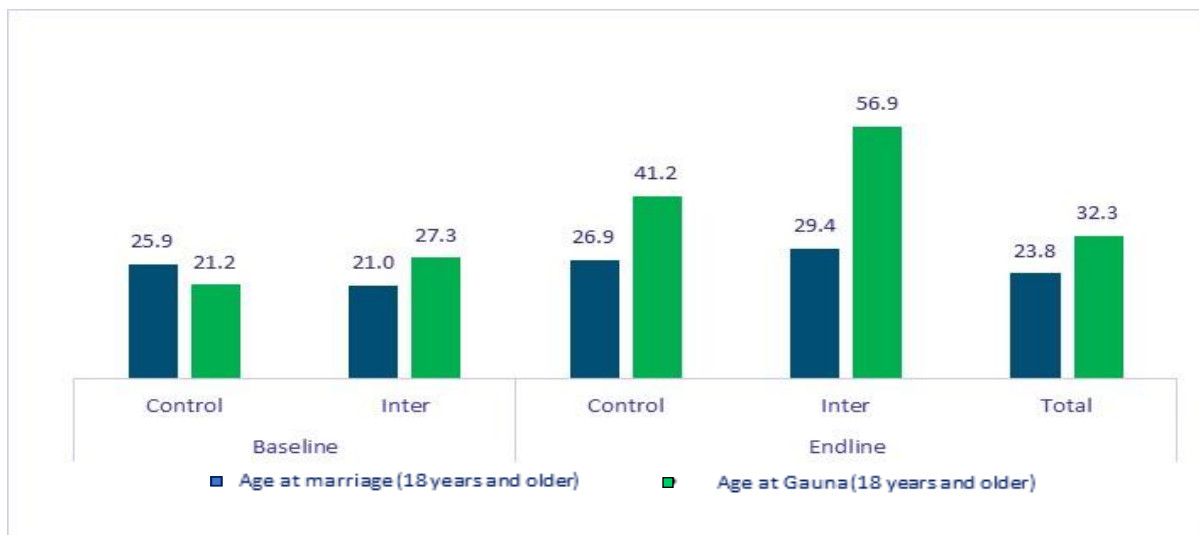
*The endline results show an increase in age at marriage as well as age at consummation of marriage.*

The baseline data showed that only 21 percent of the females in the program sites had married when they were 18 or older. That proportion had improved by the endline period, to 29.4 percent (figure 3.2). Similarly, the age at the consummation of the marriage (*gauna*) among female youths had drastically shifted. For the baseline period, 27.3 percent of married female youths reported their consummation of the marriage at age 18 or older, and this had increased to 56.9 percent at the endline period.

The qualitative accounts from the female youths in the program sites also describe how the program empowered them to negotiate their marriage decisions. Female youths recounted the interactive sessions on gender roles and responsibilities and what they had learned on socialization processes and the life-cycle approach of early and child marriage and its harmful impacts. They cited the Prohibition of Child Marriage Act and the self-efficacy and decision-making skills through storytelling sessions.

One female youth described how Swabhiman Kendra facilitated the process of delaying her marriage at a young age: “While playing a card game, I came to know that one should not be married at an early age because he/she has to sacrifice his/her education and their whole life will be ruined. I was willing to continue my education and not be married at an early age, so I acquired support from members of Swabhiman Kendra and an *anganwadi* worker. I sought support with my teacher to delay my marriage. My teacher discussed this with the *panchayat* secretary and the sub-divisional magistrate, and finally the police contacted my parents and warned them to not marry me before age 18 years. I express my gratitude to Swabhiman Kendra, which has saved my life from becoming a curse by providing me meaningful knowledge.”

**Figure 3.2: Percentage of female youths reporting marriage and the consummation (*gauna*) of their marriage**





### 3.4 Family planning: Attitudes, decision-making, gender norms and practices

#### Knowledge of modern contraception methods

*Significant increase in knowledge about modern contraception methods among the female and male youths.*

The female and male youths in the program sites now have better knowledge about modern contraceptives. A significantly large number of the female and male youths in the program sites have knowledge about condoms and injectables (more than the other methods). However, awareness of the pill had increased significantly among female youths and marginally among male youths by the endline period (table 3.6).

**Table 3.6: Percentage distribution of female and male youths aware of modern contraception methods**

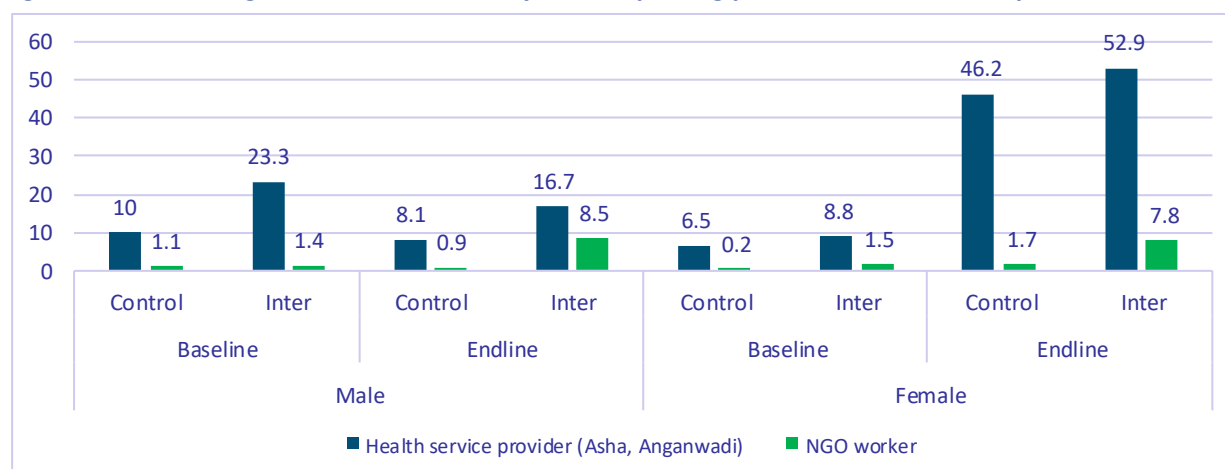
	Male					Female				
	Baseline		Endline			Baseline		Endline		
	C	P	C	P	Total	C	P	C	P	Total
<b>Pill</b>	89.3	63.3	66.4	69.5	73.4	92.7	67.2	83.2	90	80.5
<b>IUD or loop</b>	4.9	2.6	20.4	14.4	8.6	1.0	0.4	12.6	16.1	6.0
<b>Injectable</b>	25.6	16.1	23.0	25.2	22.0	64.0	33.1	66.4	70.6	53.1
<b>Condoms or <i>nirodh</i></b>	87.0	47.5	78.3	87.9	73.2	18.7	7.2	43.7	45.6	23.4
<b>Rhythm method</b>	1.7	0.9	3.4	0.3	1.4	0.0	0.2	0.8	1.9	0.7
<b>Withdrawal</b>	1.1	0.7	0.4	0.7	0.7	0.0	0.0	0.0	0.1	0.0
<b>N</b>	<b>459</b>	<b>347</b>	<b>235</b>	<b>305</b>	<b>1 346</b>	<b>479</b>	<b>728</b>	<b>119</b>	<b>688</b>	<b>2 014</b>

Note: C- Control sites, P – Program sites

#### Awareness of places to avail of contraceptives

As reflected in figure 3.3, a larger proportion of female youths than male youths in the program sites (at 52.9 percent, compared with 16.7 percent) as well as the control sites (at 46.2 percent, compared with 8.1 percent) knew that contraceptives are available from the *anganwadi* center (type of child care facility) in the village. Interestingly, awareness of obtaining contraceptives from a private doctor improved only among male youths in both the program and control sites. Also, NGOs were reported as a source for contraceptives among the female and male youths at the endline period.

**Figure 3.3: Percentage of female and male youths reporting places to seek contraception**



### Gender attitudes of the female and male youths related to contraception and family planning

*Adolescents in the program areas were more gender equitable than in the control sites.*

The results from the endline survey show that the female and male youths from the program sites were more gender equitable than their counterparts in the control sites. For example, there was a positive shift in attitudes among the female and male youths who agree: “It is the man who should decide whether to use contraceptives or not” (table 3.7). This perception had significantly reduced among the male youths (from 60.3 percent to 41.5 percent) and the female youths (from 29.2 percent to 12.2 percent).

It is also interesting to see that fewer female (from 23.8 percent to 6.9 percent) and male (from 45.1 percent to 27.1 percent) youths agreed that: “Only husbands can decide when to have a first child.”

**Table 3.7: Percentage distribution of respondents who agree with specific gender statements**

Gender statement	Male					Female				
	Baseline		Endline		Total	Baseline		Endline		Total
	C	P	C	P		C	P	C	P	
<b>It is the man who should decide whether to use contraceptive or not</b>	68.6	60.3	41.7	41.5	52.8	28.7	29.2	22.3	12.2	22.2
<b>A woman has the right to use contraceptive, even if her husband doesn't agree</b>	13.9	8.9	32.3	44.4	25.0	37.4	22.9	40.4	52.8	38.2
<b>Only husbands can decide when to have a first child</b>	43.2	45.1	38.8	27.1	38.4	5.1	23.8	21	6.9	14.5
<b>N</b>	<b>468</b>	<b>461</b>	<b>480</b>	<b>480</b>	<b>1 889</b>	<b>492</b>	<b>951</b>	<b>480</b>	<b>960</b>	<b>2 883</b>

Note: C- Control sites, P – Program sites

### 3.5 Pregnancy: Fertility intentions

*More married female youths in the program sites than in the control sites want to delay their first pregnancy.*

Table 3.8 shows that more female youths in the program sites wanted to delay their first pregnancy and did not want to conceive within one year of marriage. This shift appeared among the married female and male youths. Interestingly, more female youths at the endline period said they wanted to conceive after two years of marriage (from 41.2 percent at the baseline to 71 percent). This shift of nearly 30 percentage points is quite significant, suggesting increased levels of self-efficacy for negotiating or planning a pregnancy by the adolescents.

**Table 3.8: Percentage of female and male youths reporting intention for first childbearing**

	Male					Female				
	Baseline		Endline			Baseline		Endline		
	C	P	C	P	Total	C	P	C	P	Total
<b>No response</b>	0.2	1.1	7.1	2.1	2.7	0.8	2.3	20.6	1.5	4.8
<b>Within one year</b>	12.2	21.5	16.9	11.9	15.4	3.3	12.3	2.9	1	5.5
<b>Within 2 years</b>	17.3	21.3	19	29	21.8	20.1	29.2	7.5	12.1	18.4
<b>After 2 years</b>	70.1	53.4	49.8	52.1	56.2	67.7	41.2	47.3	71	56.7
<b>I will not have a choice</b>	0	0.4	3.8	1.7	1.5	0		1.3	0.6	1.4
<b>N</b>	<b>468</b>	<b>461</b>	<b>480</b>	<b>480</b>	<b>1 889</b>	<b>492</b>	<b>952</b>	<b>480</b>	<b>960</b>	<b>2 884</b>

Note: C- Control sites, P – Program sites

The qualitative reflections of the female youths demonstrated that the training session on sexual and reproductive health increased their awareness of how early childbearing impacts the overall health of the mother and the child. The program imparted negotiation skills to further delay first pregnancy and emphasized that the use of contraceptives is a joint decision between wives and husbands.

As one of the married female youths said: “I took my own decision of delaying pregnancy by at least two years for the sake of my own health as well as the baby’s health. I decided to bear a child only when I am financially capable for better parenting. I communicated this to my husband as well. My husband also agreed to use a condom to delay the pregnancy.”

## Section 4

### Discussion and moving forward

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#### 4.1 Discussion

The findings present the descriptive and univariate analysis of the program. More rigorous analysis is underway to demonstrate the association of intervention outcomes with various gender and sociodemographic and self-efficacy indicators.

The endline survey findings lead to many critical observations. The program was successful in bringing a transformative shift in gender norms, reflecting gender equality on roles and responsibilities (table 3.3); decision-making related to marriage (table 3.5) and decision-making related to use of contraceptives and childbearing (table 3.7). The impact of normative change is visible on decision-making related to educational aspirations, use of contraceptives and delaying age at marriage. Table 3.2 shows the improved involvement of the female and male youths with their parents in decision-making related to the continuation of education. The same can be seen in the involvement of female and male youths in decision-making related to the timing of marriage and choice of marriage partner. This is a notable shift, specifically in the rural poor setting context, where gender norms are more rigid and complex. This indicates the program was successful in improving the skills of youths to make informed and assertive decisions and to influence family and community members in supporting their decisions. These findings are similar to previous evaluation studies globally and in India that found that participatory, gender and social norm-change interventions can delay the age at marriage and improve sexual and reproductive health outcomes (Population Council and Pathfinder International, 2016).

Improved communication with parents for demanding rights was also evident among the survey respondents on such critical issues as educational aspirations, age at marriage and choice of groom (figure 3.1 and table 3.4). Previous evaluations also found that programs that reflect more gender-equitable relationships are achieved through improved communication and joint decision-making environments in which discussion about protective behaviors is possible and desirable (Chandra-Mouli, Lane and Wong, 2015; Acharya, Kalyanwala and Jejeebhoy, 2009).

Overall, both the qualitative and quantitative findings underscore the importance of using a gender-transformative approach to building up the self-efficacy skills of female and male youths. This program is one of few interventions that have used this approach, resulting in multidimensional impacts regarding enhanced agency, decision-making and negotiation skills for reducing the age at marriage and delaying pregnancy—in addition to transforming gender norms.

#### 4.2 Charting a way forward

We highlight the way forward that emerged from the evaluation that has relevance for adolescent programming in India. In the present context, there is a focus on improving the health and development of adolescents in the national health program. Evidence, however, shows that peer educators and health functionaries in the national health program focus more on “safer” topics, such as nutrition and pregnancy-related care, rather than comprehensive sexuality education and rights, contraceptive use and sexual violence. Further, peer educators and health functionaries

lack skills to provide adolescents responsive commodities and services, resulting in poor acceptability of services among adolescents (Santhya and Jejeebhoy, 2015).

The evaluation findings demonstrate the potential of replicating the gender-transformative approach among peer educators and front-line functionaries to sexuality, rights and self-efficacy for the effective achievement of adolescent health outcomes that can supplement the national health program.

Based on the program learnings, we propose to scale up the program in two districts of Madhya Pradesh and Rajasthan states, with a focus on strengthening the capacity of front-line workers to address normative changes that will improve the health and social indicators within the national health program framework. The gender-transformative approach with self-efficacy tools, module and kit (adapted and modified) will be applied with selected functionaries; the impact will be measured in a case-control method. This will help in building evidence on the impact of improving gender-equitable norms and self-efficacy for the improved accessibility of young populations to health, education and other developmental services in a sustained manner.

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