

Promoting Adolescents' Engagement, Knowledge and Health

An Integrated Intervention for Safe Spaces of Adolescent Girls in Rural Rajasthan

PAnKH is an integrated community-based program being implemented in select villages of Dholpur district of Rajasthan by the International Center for Research on Women (ICRW), along with its implementation partner Professional Assistance for Development Action (PRADAN), and technical partners the Institute for Fiscal Studies (IFS) and International Inspiration (IN). The program also receives support from the MacArthur Foundation, Child Investment Fund Foundation (CIFF) and Pentland.

The program aims to:

- develop an **integrated** model to engage unmarried and married adolescent girls between the ages of 12 and 19, their parents, communities, schools, health systems and other key stakeholders;
- test the **effectiveness of the 'integrated intervention model' in improving Sexual and Reproductive Health (SRH) of adolescent girls compared to 'girls' only intervention'** and standard government initiative(s);
- support **research uptake** and **policy advocacy** to strengthen ongoing adolescent SRH programs.

In particular, the program aims to enhance community support to retain girls in schools and promote higher education through delayed marriages and prevention of violence against women and girls (VAWG).

► Why 'PAnKH' ?

PAnKH, which translates to 'wings' in English, is symbolic of the aspiration to chart the course of one's own life. Wings here represent the cognitive faculty, imagination, thought, freedom and victory and the unbridled potential of human capability.

We perceive PAnKH as an expression of empowerment, where adolescent girls are able to explore their capabilities and potential to the utmost and fulfill their aspirations by making independent choices, such as decisions on health, well-being, education, livelihood, choice of partner and reproduction, at critical junctures.

We envision that our project will be instrumental in creating a supportive (and safe) environment in communities so that the girls are valued by the society and their act of challenging inequitable social norms does not jeopardize their basic right to freedom from fear, gender-based discrimination and violence.

Context

PAnKH is situated within the framework of the Rashtriya Kishore Swasthya Karyakram (National Adolescent Health Program) launched by the Ministry of Health in 2014. RKSK is a comprehensive health program for adolescents aged 10-19 years focusing on their nutrition, reproductive health and substance abuse issues, among others.

Why Rajasthan?

Adolescent girls in rural Rajasthan continue to face discontinuation from secondary schools, early marriages, and early and repeated pregnancies despite legislations against child marriage and several government programs¹ incentivizing continued school education and delayed marriages², and promotion of reproductive health.

According to the National Family Health Survey-3 (NFHS-3, 2005-06), in nearly half of Rajasthan's districts (16 out of 33), the proportion of girls marrying before 18 years of age ranges from 61 percent to 75 percent, whereas in

the remaining districts it ranges from 30 percent to 60 percent. Modern contraceptive use is only 7 percent among adolescents in the age group of 15-19 and 20 percent among the age group of 20-24 years. The proportion is lower in rural areas as compared to urban areas. Further, 19 percent of girls had begun child bearing in rural Rajasthan when they were still adolescents between ages 15 and 19 years (NFHS-3, 2005-06). Moreover, only 44 percent reported receiving at least three ANC checkups and 36 percent had deliveries at a health facility. Around one-third of women in the age group of 20-29 years had a birth interval of less than two years. Early initiation and frequent pregnancy with limited services have serious maternal health implications.

The school drop-out rate in Rajasthan is also quite high, particularly in secondary schools. According to the District-Level Household and Facility Survey-3 (DLHS-3, 2007-08), 41 percent of girls from the age group of 14-17 years are out of school, compared to 14 percent among girls from the age group of 11-13 years. This is similar to the state average, i.e., 42 percent of girls from the age group of 12-19 years are out of school.³

Where is PAnKH being implemented?

With a population of 1.2 million and approximately 100,000 adolescent girls between the ages of 12 and 19 years (Census 2011), **Dholpur, Rajasthan**, is one of the high priority districts under the National Health Mission. Child marriage is a widespread affliction in Dholpur, with 62 percent of girls aged 20-24 years getting married before the age of 18 years.³ The complete ANC coverage among women and girls between 15 and 49 years of age is only 8 percent and institutional delivery happens only in about half of the cases. Further, 41 percent of girls from the age group of 12-17 years are out of school.³

Intervention Model, Study Area & Design

The PAnKH program and study are being conducted across 90 clusters (approximately 125 villages) of Dholpur, using a three-arm randomized control design and mixed methods of data collection with 30 clusters in each arm. The 90 clusters are spread across three blocks – Bari, Baseri and Dholpur covering almost a population of 135,000.

Study Models

- **Model I:** 'Girls only intervention' includes girls aged 12-19 years, unmarried and married.
- **Model II:** 'Integrated intervention' includes girls aged 12-19 years, unmarried and married; men and boys aged 15-24 years; parents/caregivers of all selected girls; community stakeholders; and health providers.
- **Model III:** 'Control group' with no intervention component, except the regular government program intervention, if any.

These study models will enable evaluation of the comparative effectiveness of the 'integrated model' vis-à-vis 'girls' intervention on outcomes related to attitude toward gender norms, safety at home and in public spaces, age at marriage, school retention, agency, life skills and SRH of adolescent girls.

Beginning in 2016, the intervention program (Model I and Model II) will run for 16-18 months, while the control arm (Model III) will be part of only the standard government health program. Finally, a quantitative endline survey will be conducted across all study arms. Each arm has an approximate population of 45,000.

The study will reach out directly to:

- 6,000 girls between 12 and 19 years of age through educational sessions, of whom 4,000 girls between 12 and 16 years of age will be also engaged through sports;
- 2,500 men and boys aged 15-24 years;
- 3,000 parents;
- 100 health service providers;
- Key community stakeholders.

³ Prohibition of Child Marriage Act, 2006; some well-known programs to enhance value of girl child are Dhan Lakshmi Scheme (2009) (centrally funded scheme), Raj Lakshmi Scheme (1992) [now discontinued], Bal Vivah Virodh Abhiyan (Child Marriage Protest Program) (2005) [a nationwide program raising awareness against child marriage] and Kasturba Gandhi Balika Vidyalaya (KGBV) (2007) [a component SSA for setting up residential schools at upper primary level for girls belonging predominantly to Scheduled Castes, Scheduled Tribes and Other Backwards Castes and minorities in difficult areas. These schools have classes from VI up to XII].

<http://rajasthan.gov.in/SpecialInterestGroupCorner/WomenCorner/Pages/Girl-Child-Scheme.aspx?ContentType=Scheme;>

Intervention

During the implementation period of 16-18 months, we estimate that approximately 3,000 unmarried and married girls in the age group of 12-19 years, their parents, and men and boys of ages 15-24 years are likely to be reached directly through the intervention in the integrated 30 villages.

In addition, around 25,000 girls and boys, women and men will be engaged indirectly through campaigns and peer-to-peer interaction. In the girls' only arm, 3,000 girls between the ages of 12 and 19 years – married and unmarried – will be included in the program, however, no specific efforts will be undertaken with their parents and men and boys, or other community stakeholders.

▶ What we are trying to achieve?

Outcome 1 – Improved SRH-related practices for girls to access and utilize SRH services, including use of contraceptives

Outcome 2 – Increased support from parents, men and boys, communities, and other key stakeholders to address girls' SRH needs, including support for delaying marriage

Outcome 3 – Increased support from parents, communities, men and boys and other key stakeholders to eliminate various forms of VAWG

Key intervention activities

- **Engaging village-level male and female mentors** – In this project, village-level mentors will play an instrumental role in engaging and enhancing girls' attitude, agency and skills. The mentors will be closely supervised by female and male field facilitators from PRADAN, who will oversee implementation of the program across a group of clusters. Young women aged 18 to 24 years from all 60 clusters (married as well as unmarried) who can present themselves as role models and are willing to conduct group education sessions with girls will be recruited. Similarly, in the integrated model, men with gender equitable attitudes, leadership skills and will to work for the issues highlighted in the study will be recruited as male mentors.
- **Learning through Group Education Activities (GEA) to build peer networks for collective change among girls, boys, men, and parents** – In order to build peer networks, collectivization of girls, men and boys and parents will be undertaken by way of forming groups. Village-level mentors (supervised by field facilitators) will hold weekly GEAs with girls (Model I and Model II) and fortnightly with boys and men (only under Model II), and at regular intervals with parents (only under Model II). As per the local socio-cultural context and the comfort and convenience of the participants, multiple groups will be formed. Efforts will be made to have separate groups for younger and older age cohorts, to impart age appropriate curriculum.
- **GEAs with girls** – The mentors will facilitate GEA sessions with married and unmarried adolescent girls in their respective village-level groups. A total of 40-45 sessions, each lasting one hour will be conducted on a weekly basis. We recognize the challenges of bringing married adolescents for regular sessions; therefore, special efforts would be made to conduct fewer, but intensive sessions with them around agency building and SRH.
- **Sports with girls** – Drawing lessons from the Parivartan Girls, a sports-based mentoring program for adolescent girls aged 12-16 years to improve their self-esteem, self-efficacy and support their educational aspirations; we will conduct weekly sports sessions with girls (2 hours per

▶ How we are trying to achieve these outcomes?

Strategy 1: Enhance agency and skills of girls through gender transformative approaches

- Using a combination of the cognitive-affective approach and life skills to engage girls in collective critical self-reflection that enable them to recognize and challenge inequitable gender norms and use of violence, and make responsible choices and decisions about their SRH needs;
- Creating safe spaces for discussions to challenge and question entrenched beliefs and everyday behaviors;
- GEA with age appropriate and need-based content to improve agency and skills of adolescent girls;
- Use sports, mainly Kabbadi, to strengthen confidence, comfort with body, negotiation skill, and peer support.

session). In addition, two tournaments will be held (one per year) during the project period. This will provide an opportunity for girls from different villages to come together and interact. On the side-lines of the tournament, some interactive activities in campaign mode will be planned to facilitate an interface and discussion between adolescent girls and community members.

- **GEAs with men and boys** – Bringing together men and boys in one group is quite challenging. However, using different program strategies to address the challenge, we intend to carry out 10-12 sessions with men and boys (45 minutes per session) on a fortnightly basis. These sessions will be aligned with the girls' sessions.
- **Engagement with parents** – Group sessions with mothers will be conducted at regular intervals and would include discussions on adolescent girls' SRH needs and their aspirations; need for maternal health and services; gender-based discrimination and violence; information about resources and programs to empower girls; and parent-child communication. The sessions for fathers will be aligned strategically with the community mobilization process. We propose to use a 'positive deviant role model' approach by promoting them and making them visible to identify culture-specific innovative ways for engaging with other parents.
- **Engagement of other stakeholders at the community level** – A community advisory group (CAG) will be established under the project to ensure support to the proposed study activities as well as gain preliminary feedback from them. This group will comprise members

Strategy 2: Create safe spaces in households, communities, schools and health systems

- Girls can make informed choices and decisions with respect to education, marriage and other SRH issues only if they are free from fear and violence, are valued and live in a supportive environment;
- Girls need safety within home, community, and other defined spaces that they access;
- Engage parents/in-laws, men and boys, school staff, health providers and other influencers/ gatekeepers through GEAs, campaign and advocacy meetings.



Strategy 3: Improve girls' access to SRH services through capacity building of service providers:

- Strengthen interface between health providers and adolescent girls;
- Undertake advocacy to strengthen policies and programs for adolescents.

from local non-government organizations (NGOs), community-based organizations (CBOs), police, school representatives and PRI representatives. During the community mobilization process, the members of the CAG will be engaged to reinforce the messages at the community level.

• **Community mobilization campaign** – In addition to focused activities with girls, parents and men and boys, community meetings and campaigns led by male and female mentors and program participants will be organized. These activities will specifically focus on enhancing the value of the girl child and awareness about various forms of violence within the private and public spheres in communities and its impact on girls' freedom and rights. The campaign will highlight and engage with the community to underscore the ills of child marriage and pregnancy at early ages; SRH needs of adolescent girls; and the need for SRH service utilization. Further, different opportunities will be utilized to conduct meetings with different stakeholders in the communities.

- **Sensitization of service providers** – Access to quality SRH services is an essential element to advance sexual and reproductive health of adolescents. The project will engage with existing service providers, including Accredited Social Health Activists (ASHA) and Anganwadi Workers (AWWs). Sensitization workshops on SRH needs of adolescent girls; services that are available and accessible to them; locating and addressing barriers to access; and enhancing access to services using existing government platforms will be organized.

Disclaimer: This project brief is based on a program, **PAnKH**- Promoting Adolescents' Engagement, Knowledge and Health, being conducted by ICRW in partnership with PRADAN, IFS and IN. The project brief may be quoted or reproduced partially or in full with prior permission.

⁵A sports and mentoring program for adolescent girls in Mumbai, which uses the popular Indian sport of Kabaddi for empowering girls. The program is being implemented by ICRW and Apnalaya.

Technical partners: Institute for Fiscal Studies (IFS) and International Inspiration (IN)

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