

Designing of Social and Behaviour Change Communication Strategy

Study Finding Report

18 April 2019



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Acronyms

MNCP	Marriage No Child's Play program
SRHR	Sexual and Reproductive Health Rights
ASRHR	Adolescents Sexual and Reproductive Health Rights
SBCC	Social Behavioural Change Communication strategy
KAP	Knowledge Attitude and Practice
AFHCs	Adolescent Friendly Health Clinics
ANM	Auxiliary Nurse Midwives
ASHA	Accredited Social Health Activist
FGDs	Focus group discussions
IDI	Indepth Interviews
DE	Data entry
SPSS	Statistical Package for Social Sciences
STDs	Sexually transmitted diseases
ANC	Antenatal Care
IFA	Iron Folic Acid
IPC	Interpersonal communication
IEC	Information, Education, Communication

Background

B.1 Our Understanding of the Assignment

Child marriage is a complex issue and has several negative consequences. Bihar – an eastern state of India, is characterized by chronically high fertility rates and consequently poor health outcomes, along with low levels of development, per capita income, and women’s status. Moreover, young girls in Bihar typically experience early marriage, early childbearing, poor pregnancy care, and very low rates of modern contraceptive use. In a study on child marriage in the Indian states of Bihar and Jharkhand respondents were asked what they considered was an appropriate age at marriage, and more than 40% said that a girl should be married when she reaches adulthood. While young girls lack viable alternatives to early marriage, both girls and boys face limited options for educational and economic attainment.

Recognizing the need for more concerted efforts, Bihar Voluntary Health Association with support from by Simavi, Netherlands has designed Marriage No Child’s Play (MNCP) program in the districts of East and West Champaran of Bihar to address the most critical factor of child marriage in the region. The long term objective of the program is to ensure that the ‘young people are able to decide if and when to marry and pursue their SRHR in supportive environment’. The seven expected outcomes of the program are:

2. Young people are better informed about SRHR including adverse effects of child marriage and empowered to voice their needs and rights.
3. Increased access to formal education for girls at risk of and affected by child marriage
4. Increased access to economic opportunities for girls at risk of and affected by child marriage, and their families
5. Increased access to child protection systems for girls at risk of and affected by child marriage
6. Increased utilization of SRHR services that are responsive to the needs of the young people. Particularly, girls at risk, and affected by child marriage
7. Increased engagement and collective social action against child marriage and in support of ASRHR
8. Supportive rights-based legal and policy environment against child marriage

The implementation has been ongoing since September 2016 and the program has experienced learning which result in immense scope of work to deeply understand the existing social norms in the region which perpetuates early marriages in the region. [The Girls Not Brides](#) organization notes that child brides are often isolated, and they frequently feel disempowered and are deprived of their fundamental rights to health, education and safety. At the outset, we propose to undertake a mixed-methods research to understand the prevalent social norms which expedite child marriages in the Raxaul and Majhulia blocks of East and West Champaran districts of Bihar.

B.2 Objectives of the Study

The objectives of the study are to:

- 1) Develop a data supported theoretical framework that integrates the different explanation of child marriage. The theoretical framework will be based on the intended or unintended collective practices or social norms and their influences on the individual behaviours which further accelerate and contribute into persistence of child marriages in the region.
- 2) Develop Social Behavioural Change Communication (SBCC) strategy for Marriage No Child's Play programme having relevance with the regional context and appropriate for the target group.

Broad objective of the evaluation is to assess as to what extent the program have been successful in improving the KAP indicators around the menstrual health and hygiene. The study also document the changes in the perspectives of the girls and women reached directly through the program and the boys and men reached indirectly reached through the program.

B.3 Research Questions

The key research questions in the study will include the following:

I. Positioning of social norm among the various strata of the community

- The existing religion and caste specific social norms which propagates child marriages in the region
- What is specific orientation of different age groups (adolescent/parents/grand-parents) around social norms which force them to perpetuate child marriage?
- How does men and women peer group influence differently or equally to abide the social norms in the society?
- How existing gender discrimination influence early marriages in the family?

II. Social norms and relation between available Livelihood options

- To what extent the livelihood opportunities (regular/seasonal/both) define the choices / impact of social norms a family?
- How decision of marriages influenced while only father/ both the parents/ elder brother or some other family member is the bread earner?
- Does the impact social norms affected by the education status of Grand parents or mother is educated?

III. Social norms and relation with Education status

- How the perception of social norms varies in high, low or illiterate families?
- Does the impact social norms affected by the education status of Grand parents or mother is educated?
- What is the perception of the community about the importance of the education of a girl child?
- According to the community what are the factors related to the education of a girl child

which may later positively or negatively affect her marriage proposal?

IV. How the following Factors influence the Key decision makers to opt for early marriage for the children in the family

- More number of girl child than the male child
- Widow young mother being the bread winner of the family
- If father is in advanced age group or suffering from any disease
- Rise in dowry amount
- Reputation of the family

V. Awareness on SRHR and its influence on the child marriage

- What is level of understanding of the parents of married or at risk adolescent regarding poor health consequences of early marriages?
- What is the relationship between the parents age at marriage with that of the marriage of their child?
- How does the culture of silence/misconception around SRHR issues among the families influence the decision of child marriages?
- Whether the availability and accessibility of Adolescent friendly health services anyways have any direct impact on the wellbeing of the adolescent?
- What are the misconception exist among the parents for which they put restrictions on their adolescent children to visit the AFHCs?

VI. Awareness on Govt. policy

- Is community aware of the state and central Govt. policies to stop child marriages?
- What is the reaction of the community towards Govt. anti-child marriage and dowry prevention campaign in the state?
- What restrict or enable the community to enact the Govt. policies to stop child marriages in this region?
- What are the alternative options community prefer in this region to perpetuate early marriages to avoid the law?

VII. Experiences of Policy implementers and civil society organisation

- What are the purposeful initiatives taken by both Govt. and civil society organisation to prevent child marriage in the region?
- How do Govt. and Civil society organizations design their program to hard to reach families?
- Do the Govt. and civil society implementers observed any pattern of positive or negative change which has reduced or accelerated the occurrences child marriages in the region?

VIII. Change makers and overcoming the barriers of social norms

- Which segment of the community (Adolescent/parents/Grandparents) more openly challenges the existing social norms around child marriages

- What are the factors (social-political position, education and economic status) that provide them the strength to go against the child marriage?
- How does the larger community react to such situations which are against established social norms?

IX. Alternative options

- What are the social norms/perception among the community which restrict the movement of adolescent and young girls to pursue higher education or employment opportunities?
- How does the availability of higher education and employment opportunities could be related to slow down the occurrence of child marriages in the region?

X. Girls' communication ways

- How are girls(married and unmarried) communicating
- What are their ways of communication with other stakeholders specifically
- With peers(both girls and boys)
- With family (e.g. parents, siblings, Husband)
- With Family in Laws
- Community(e.g, mothers group, petty shop owner)
- With school
- With Govt. frontline Workers (ANM, ASHA)
- With CPCs

XI. Effective medium of communication

- What is present accepted medium of Behavioural Change Communication in the region?
- How electronic and print media performs in the region as a medium of communication?
- What could be more effective medium of BCC to address child marriage in the region?

C. Research Design and Methodology

The purpose of the quantitative study is to provide representative, valid and reliable population-based estimates of Knowledge, Attitude and Practice (KAP) indicators related to child marriage.

Some of the research considerations are:

- **Actual vs. stated behaviour:** To understand the pathways adopted by parents and the immediate gatekeepers, mere capturing of the stated behaviour might not be adequate. It is imperative that along with stated behaviour, the research intervention makes provisions for capturing actual behaviour with regards to pathways.
- **Role of Eco system / environment:** The choice of the pathway would often be dependent on an individual's social, environmental, cultural, financial, factors hence, it is imperative to understand the impact of the same during the study

The above considerations are suggestive of a 360^o view of the Knowledge, Practices & Attitude towards child marriage in this region of Bihar. Along with the key quantitative

information, the study also provides qualitative readouts so that the “why” and the “how” are responded too. To assure this, a judicious mix of closed- and open- ended questions are applied. Following research methods were adopted for the study:

- Explanatory Research Method was primarily engaged for this study. The different research tools were employed not only to describe reality but to understand why it is as it is. The consultant paid extra attention to causal factors and outcomes of the target phenomenon, in this context with special reference to social norms, perceptions, behaviours, expectations, customs, attitudes etc. that perpetuate child marriage and the factors that inhibit or facilitate change in these social norms.
- Guttman Scaling Method was engaged for mapping of attitudes and belief systems in the different social groups that contribute to the phenomenon.
- Stratified Random Sampling Method was engaged for selection of sample strata.
- Interpretive Research Method was engaged for collection of data.

C.2 Study Setting

The study was conducted in the Raxaul and Majhulia blocks of East and West Champaran districts of Bihar.

C.3 Target Group

The research techniques adopted with the following target groups included study were:

In-depth / Key informant interviews

- Adolescent girls and boys (In-school and drop-out Adolescent girls and Married and unmarried boys)
- Parents of (unmarried/married/in-school/out school) adolescents boys and girls at risk
- Immediate influential/elder relative
- District level stakeholders (Child protection and Law and enforcement)and other local civil society organisations

Focus Group Discussions

- Service provider (Frontline workers),
- Community leader, PRI, School Management Committee, religious leaders.

Case Studies

- Influential stories of promoting or protesting child marriage in the region

C.4 Sample Size

The terms of reference have indicated that a mix of key informant interviews/ in-depth Interviews (IDI) and focus group discussions (FGD) was carried out with different target segments. The group

discussions provide group perspectives. The samples were drawn across the two blocks with a primary focus on different types of communities, which represent the districts cultural diversities.

Besides the strong quantitative aspect, the assessment also has a strong qualitative element. In line with the same, the study used semi-structured tools to assess the perspectives of the different target groups. Further, it is critical that the respondents for the FGDs are recruited carefully. Participants were selected because of shared social or cultural experiences (e.g. gender, ethnicity), or shared concern related to the study focus and to divulge their shared experiences.

In addition, stories were collected using case study technique. These stories were used to represent both narratives promoting and protesting child marriage in the region and its implications on people’s lives. The stories help to go beyond numbers and perceptions; to identify unexpected changes and to better understand determinants of child marriage in the region. The stories collected from both Raxaul and Majhulia blocks. The stories identified through the discussions with the community, FGDs and IDIs.

Sample Overview for Qualitative

Category	Number Per district	Total Sample
IDIs		
Adolescent girls (unmarried) in school	6	12
Adolescent girls (unmarried) out of school	6	12
Married adolescent girls	6	12
Adolescent boys (unmarried)	6	12
Adolescent boys (married)	6	12
Parents of adolescent girls at risk: in school and out of school	18	36
Parents of adolescent boys at risk: in school and out of school	12	24
District level stakeholders	4	8
Total IDIs	64	128
FGDs		
Religious leaders, community leaders, PRI, School Management Committee members	2	4
Service providers (Frontline workers)	2	4
Total FGDs	4	8
Total Case studies	4	8

D. Project Implementation Plan

D.1 Preparatory Phase

This stage involved four key activities i.e. pretesting of research tools, their translation in Hindi, sampling and finalization of study plan. Soon after the award of the assignment, our team of experts started working on the questionnaires to be used in the current process evaluation study.

Development of Study Tools and Guides

The questionnaire was developed for the study based on the key areas of inquiries and past studies. Any components that are necessary to accurately capture the intended information from the target groups were incorporated in the FGD and IDI. Guidelines were freshly developed by the research team in line with the key research questions identified. The tools developed for the study was particularly suitable for balancing gender dynamics and discussing sensitive topics. The tools and guides were shared with BVHA for the necessary feedback.

Field Team Composition

It is proposed to employ 4 teams (3 members each) to complete the field work in 15 days. The field manager was the senior member of the field team. He was responsible for the completion of the assigned workload and the maintenance of data quality across two study districts.

D.2 Field Staff Training

All members of the field research teams were trained by the core study team implementing the research. The training agenda was developed and finalized collaboratively. Training agenda included objective, tools, sampling design and on expected data quality was scheduled for 3 days. The training was facilitated by the Team Leader and the Field Manager from Promancy. To ensure best of data quality, Field Manager had to get perspective of the exercise, and then only they ensured the best-fit quality monitoring mechanisms. It was through a participatory exercise involving all the field team members.

Training was conducted in a participatory manner. **Due emphasis was given to follow the ethical considerations and confidentiality norms.** There was a session dedicated for deliberation on case study selection process and the techniques to collect the stories.

D.3 Data Collection

After training and selection of field surveyors, a detailed field plan which explains the teams' field movement plan was developed and shared with client team so that they could plan their travel in case it wants to make on-field observations/monitoring etc. A periodic field status report was also shared with client every week while the data collection was going on.

We employed 4 teams (3 members each) to complete the field work in 20 days. The field manager was responsible for the completion of the assigned workload and the maintenance of data quality across two study districts. The data collection was carried using the conventional pen and paper method.

D.4 Database Preparation

The field and analysis team carried out the office scrutiny. The team consisted of the team of supervisors who have participated in training and carried out the survey. While scrutiny, attempt was made to scrutinize 100% questionnaires in a manner that makes it easy to be entered as per DE programme.

Once the data have been stored in computer readable form, the next task was to eliminate the more obvious errors that would have occurred during the data collection, coding and input stages. An edit program was specified. This looked at missing values, skips, range checks and checks for inconsistency. An edit programme required a set of instructions for the computer package used that automatically examined, and drew attention to, any record that appeared to have an error in it.

Detailed notes for the in-depth interviews and focus group discussions were maintained. A process sheet was maintained to document information including the time and place of the interview/FGD, the subjects covered, the person providing information, the field team member conducting and documenting that interview, and other relevant information.

D.7 Data Analysis and Report Writing

The analysis outputs were generated using the SPSS 21.0. We undertook the basic analysis which included simple percentage of all variables of interest, and descriptive statistics of key variables in the study. The analysis also involved undertaking a systematic thematic analysis of the open-ended information and emerging themes were synthesised by tabulating them in a common analytic framework. Content analysis not only looked for the major themes that cut across groups but also at the key insights that might have been shared by only one person.

Data triangulation involved cross-checking different interviews for consistency, and in case of any differences, conducting further analysis or data collection. Investigator triangulation involves multiple analysts contributing to the analysis, and in cases where interpretations differ, data being re-examined before reaching an agreed interpretation.

Before writing the report, an outline was prepared based on the results of the analysis. The outline consisted of profile of the study area and the respondents, main findings and the conclusions and recommendations.

E. Social and Behaviour Change Communication Strategy

Social and Behaviour change communication (SBCC) is an interactive process with communities (as integrated within an overall program) to develop tailored messages and approaches using a variety of communication channels to develop positive behaviours; promote and sustain individual, community and societal behaviour change. Child marriages are characterised by high levels of illiteracy, poor access to information, poverty, and gender-based disparities serve as significant barriers. To prevent child marriages, SBCC will play a critical role as part of MNCP program. Based on the inputs from the study, an SBCC strategy will be developed, which will entail the strategic objectives of the SBCC, core elements of communication, medium, tools and frequencies of communication.

F. Main Findings

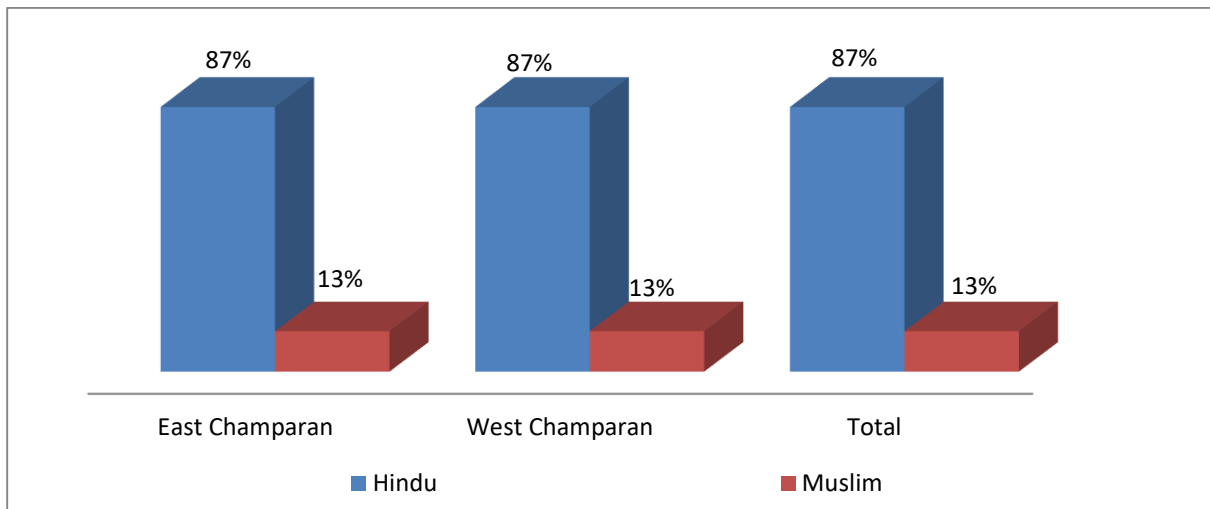
F.1 Background and Socioeconomic Characteristics of Study Population

This section deals with the salient demographic, socioeconomic and contextual characteristics of the adolescent population sampled from the study districts of Eastern and Western Champaran in the state of Bihar. In addition, issues related to the age at marriage, educational attainments, caste group and religious affiliations, and economic status of the household of the adolescent has been examined to ascertain the background factors that probably drive various social norms and community practise related to child marriages and its acceptability in the present context.

Adolescent Characteristics

Drawing upon the quantitative data from the 60 sampled adolescent girls and boys (including those being unmarried, married, within school and outside school adolescent), it emerged that there persists noticeable socioeconomic and demographic variability in the background characteristics of the study population.

Figure 1: Religious composition of the adolescents



Close to every nine out of the ten sampled adolescent were Hindus, and remaining others were Muslims (Figure 1). The caste composition suggests that more than three-fourth adolescents belonged to the Other Backward Classes, followed by Scheduled Caste and General category (Figure2). The parental age at marriage of the respondents indicates that the *median age at marriage of the mother's was 16 years*; whereas, the *median age at marriage of the father's was 19 years*. This data clearly confirmed the preponderance of the practice of the child marriages both among men and women in the study areas. The current marital status among adolescents suggests that little below two-third were currently unmarried, while, more than one-third were currently married (37% staying with spouse, and four percent yet not staying with spouse) (Figure 3).

Figure 2: Caste composition of the adolescents

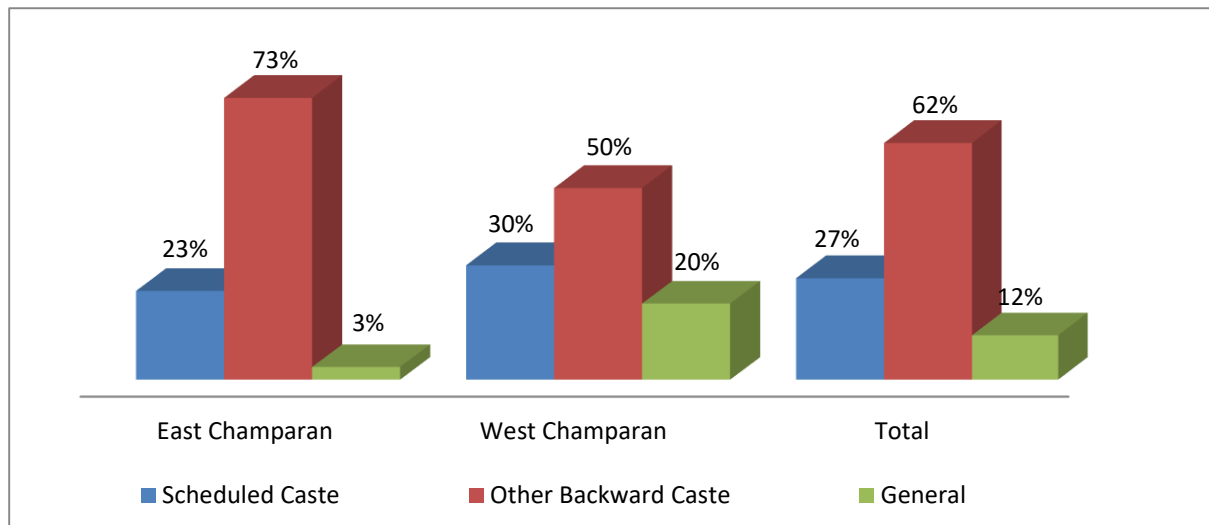
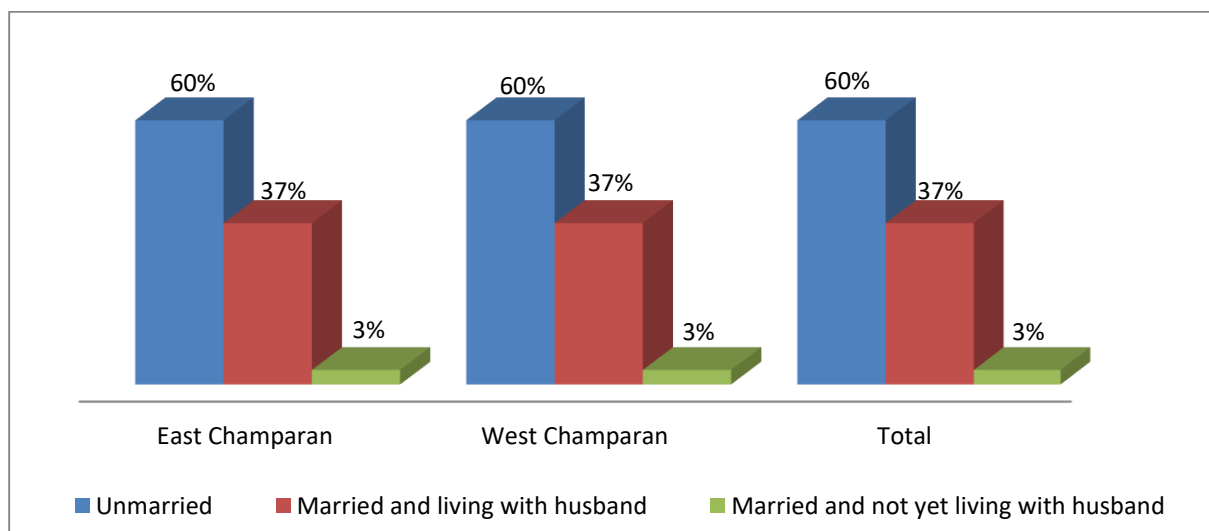
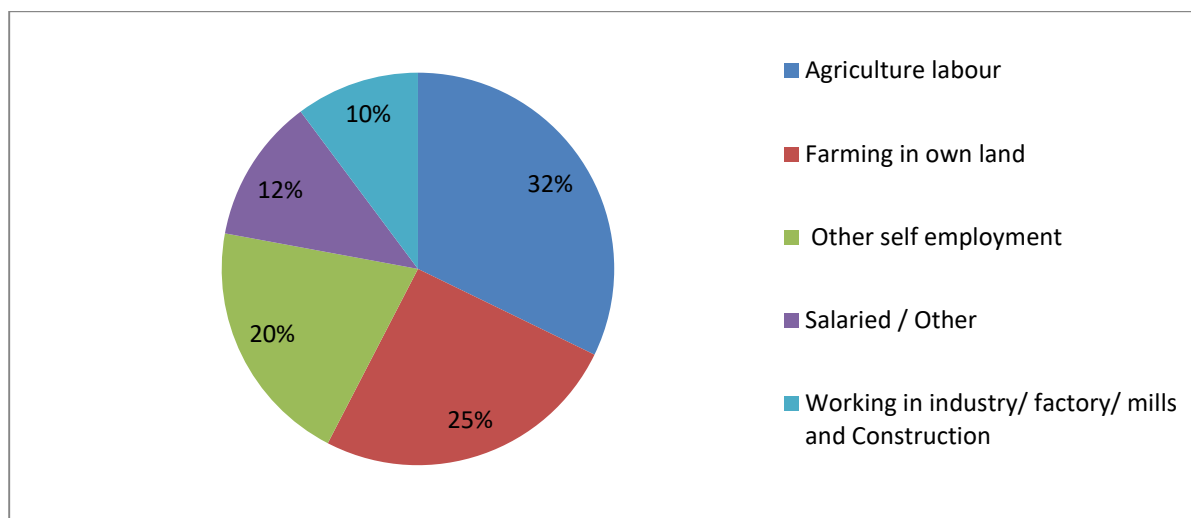


Figure 3: Marital status of adolescents



Looking into the living arrangement of the adolescent, it emerged that every nine out of ten adolescent were living with parents, eight percent with their spouse, and remaining two percent were living with parent-in-laws/other relatives. It is important to underscore that more than two-third of adolescent were living into the joint families, one-fifth were living in the nuclear families, and eight percent were living in the extended families. The average size of household of adolescent was eight members. Occupational composition of the head of household indicates that one-third were engaged as the agricultural labourer, one-fourth were farming in their own land, one-fifth were self-employed, 12 percent had salaried jobs, while remaining other 10 percent were working in the industry/factory/mills and construction work (Figure 4). Majority of the adolescent lived in the *Katcha* or *Semi-Pukka* house, while, only 18 percent lived in *Pukka* house.

Figure 4: Occupation status of the head of household of the adolescents



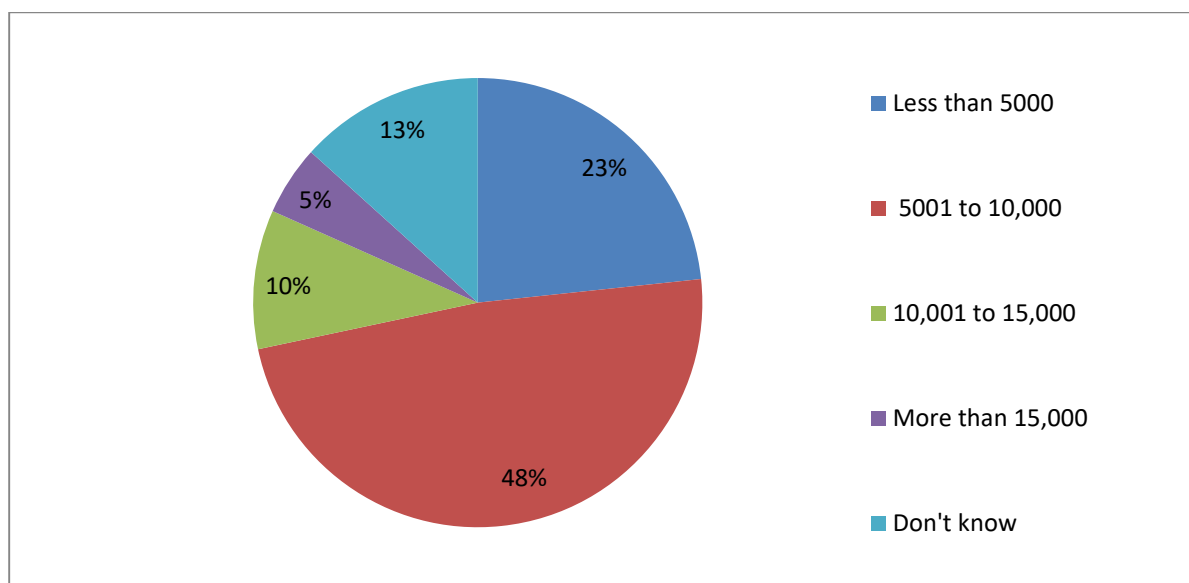
The educational composition of adolescents indicates that *only 40 percent respondents were currently engaged in the formal education*, and remaining others currently did not. Among the adolescents who reported to be currently studying, 54 percent were doing middle school (6-8th standard), 29 percent were doing secondary school (9-10th standard), and 17 percent were doing higher secondary (11-12th standard). Majority of these adolescents (95 percent) expressed the desire to work after having completing their formal education. On the contrary, the educational attainment among adolescents who were not currently studying, 14 percent never received any formal education, 31 percent completed primary standard (Class 5th), 31 percent completed Middle standard (Class 8th), 19 percent completed Secondary standard (Class 10th), while, only three percent completed Higher Secondary (Class 12th). This suggests that two-third of the adolescents were educated up to Middle school only. The three major reasons *for the school dropouts among adolescents include household chores, caring for other siblings, and got married*. Some of the other stated reasons include school is far away, outside work, lack of money etc. It was also found that most of the adolescents received the formal education in their own villages (84 percent), and only a few had to go outside their village for schooling.

The employment status of the adolescent indicates that only 13 percent respondents reported that they were involved in some form of employment outside their households. Among those who reported to have been working outside household, 63 percent started at the age between 11-14 years, and 37 percent of them started working between 15-18 years. The nature of employment of the above adolescents includes salaried jobs (50 percent), local labour (38 percent), and self-employment (12 percent). Although, it's noteworthy here that 88 percent adolescents were involved in household chores. The educational status of parents of the adolescent suggests that 93 percent mother's were illiterate, whereas, 59 percent father's were illiterate. Furthermore, the educational status of grand-parents indicates that 98 percent grand-mother's were illiterates.

Parental Characteristics

The current marital status of the parents indicates that majority of them were currently married (98%), whereas, only a few of them were widowed (two percent). The educational status of parents suggests that majority were illiterates (56%), six percent completed Primary school, 20% completed Secondary school, and remaining 18% completed Higher Secondary school. Large proportion of the parents (85%) reported to have been currently working. The nature of employment of the parents indicates that 37% were domestic worker, 20% were engaged in agricultural activities on others land, 14% were self-employed, 12% were engaged in agricultural activities of own land, 10% had salaried jobs, and remaining six percent were engaged in small/cottage industry. Of the total 60 sampled parents in the study, 57% were father, 40 percent were mother, and three percent were other senior relatives. The average monthly income distribution of the household suggests that majority of them (48%) earned between Rs. 5000 to 10,000 per month, whereas, close to one-fourth households' average monthly income was below Rs. 5000 (Figure 5).

Figure 5: Average monthly household income



F.2 Positioning social norms regarding child marriages among various strata of community

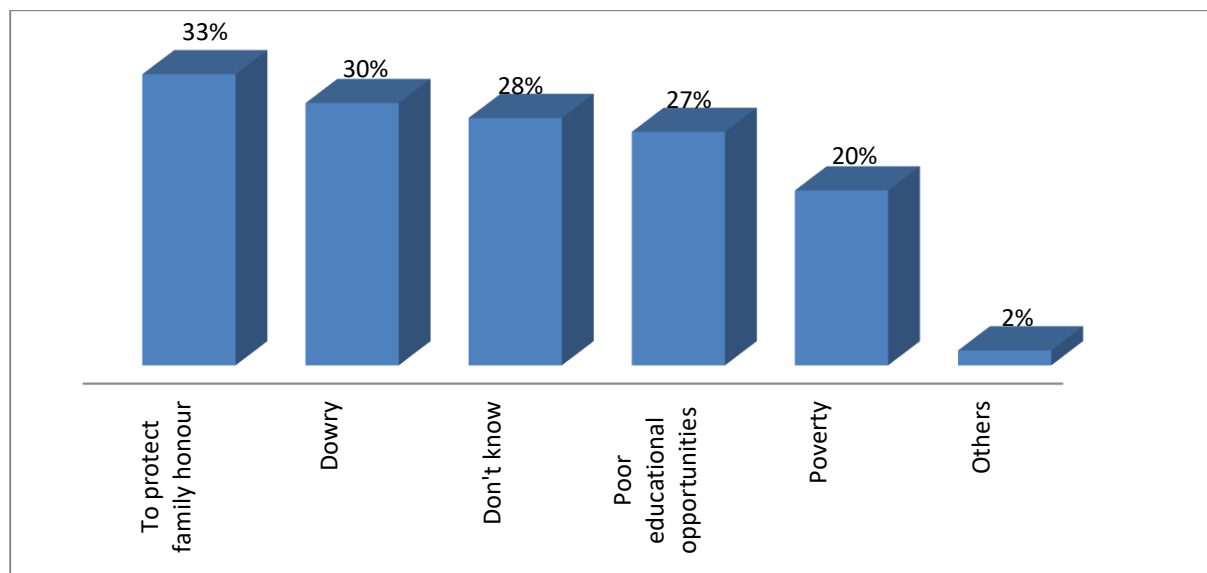
Drawing upon the varied perspectives of the parents and adolescents themselves, this section presents a critical analysis of over-arching social norms, customs, and traditions, cutting across communities/social strata, to garner a synoptic overview related to the incidence of child marriages and its different dimensions in the study population.

Social norms perpetuating incidence of child marriages- Adolescents Perspective

The underlying factors driving the centuries old practice of child marriage in the state of Bihar needs to be explored to identify the amenable set of remedial solutions to eradicate the curse of early marriage among young people, particularly adolescent girls. Based on the evidence of the

quantitative data from the adolescent, it emerged that the belief attached with *'minimizing dishonour due to improper female sexual conduct'* as the principal factor triggering parents, families and communities to marry their daughters as soon as they hit the pubertal age (Figure 6). In addition, substantial proportion of the adolescents further contended that poor economic condition of household, skyrocketing marriage expenses/dowry, and poor educational opportunities for girls were equally critical factors driving child marriages in the study region.

Figure 6: Adolescent reported major factors governing the social norms of child marriage



In order to substantiate relevant meanings to the quantitative data, detailed narratives on the circumstances and situations shaping the incidence of child marriages were collected through qualitative interviews of the adolescent girls in the study area. A 16 year old married woman (got married at the age of 14 years) from the East Champaran district of Bihar explained her circumstances related to early marriage in the following manner- *'main reason behind my early marriage is the tension of my parents for my safety that some miss happening does not happen with my daughter and being afraid of this they married me earlier'*. Another 18 year old married woman (got married at the age of 13 years) from the same district narrated the family situation related to her child marriage- *'My parents are very poor. Due to belonging to a backward classes and poverty, I was married at very early age and my career got ruined. I wanted to study further and wished to become teacher. But due to marriage, I cannot do anything'*.

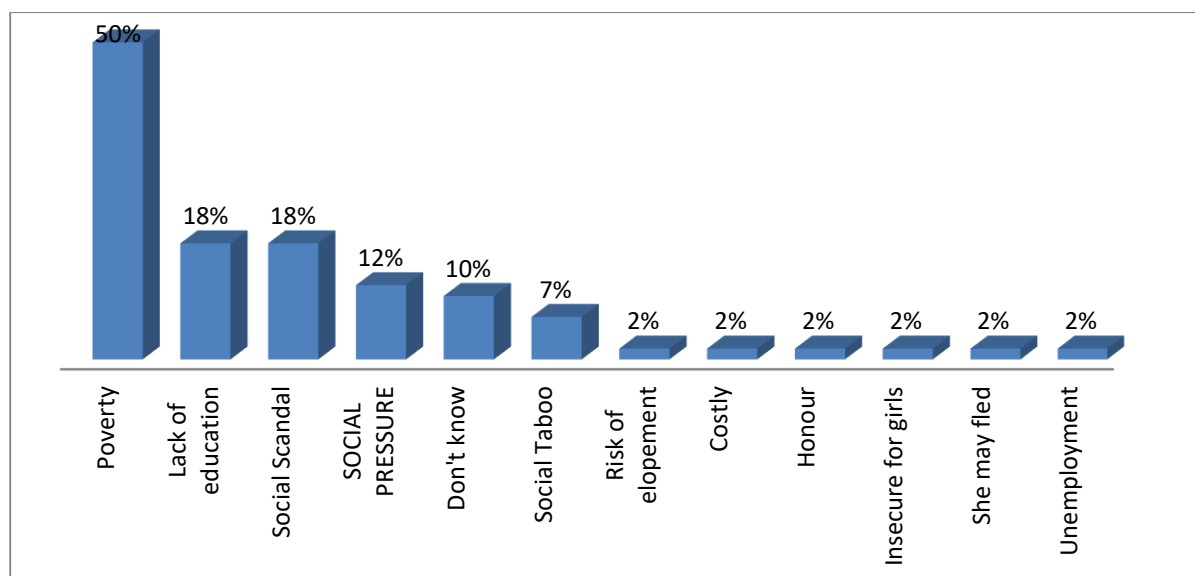
Quite a similar set of circumstances and situational factors related to child marriage were also indicated in the qualitative interviews with adolescent girls from the West Champaran district of Bihar. A 17 year old married woman (who got married at the age of 14 year) explained her situation at the time of marriage- *'Due to my early marriage, my education was stopped. I was in 5th class when got married. I had great interest in study. I wanted to get high position after studying. The reason behind my early marriage is the pressure of my parents and society because I belong to SC.*

After going to in laws house, I got engaged in the house hold work. They did not allow me to go anywhere and my desire to go anywhere was ruined'. Another 17 year old married woman (who got married at the age of 16 year) explained circumstances related to her child marriage- 'The reason behind my early marriage is my parents being illiterate and also the economic condition of my family was very bad. My studies got stopped due to my marriage and also burden of my house hold work came on me. My health also is very weak because at very early age I am going to be mother.' Another 18 year old married woman (got married at the age of 16 year) reported her story related to the child marriage- 'I got married two years before. The reason of my marriage at the age of 16 is the poor condition of my parents along with this due to being uneducated he also lacks knowledge and hence do not allow us to go outside. I did not want to marry I wanted to study further and do something in future but due to marriage this was not possible.' These crucial inputs from the adolescent girls who actually fall prey to the illegal practice of child marriage helped to understand some of the situational/contextual factors related to child marriage. Among other factors, the economic deprivation of household, lack of parental education, lower caste affiliation, sense of violation of the sexual purity of girls and threat to family honour, and societal/community conformity pressure were the prominent factors leading to the incidence of child marriage in the study area.

Social norms perpetuating incidence of child marriages- Parental Perspective

Data related to the parental perspective on the existing social norms perpetuating child marriage suggests that the burden of poverty, lack of education, social pressure/scandal/taboo, honour of family/insecurity for girls/fear of elopement, dowry, inadequate livelihood opportunities etc. emerged as the major factors driving the on-going menace of child marriages in the study area (Figure 7). However, three most prominent factors reported by the parents include poverty, lack of education, and social pressure/taboo/scandal that reinforce the menace of child marriage.

Figure 7: Parental reported major factors governing the social norms of child marriage



Social norms perpetuating incidence of child marriages- District Officials Perspective

In order to incorporate the viewpoints of district level government officers who were actively working/managing the community issues related to child marriages in the East and West Champaran district of Bihar, in-depth interviews with these important government stakeholders were conducted. Learning from the vital inputs of the government official (from *Block Development Office, District Hospital, Integrated Child Development Centre, Auxiliary Nursing Midwife, Computer Office* etc.) can help to understand the community based narratives on the child marriages, and also shed some light on the extent of sensitization/urgency among the government officials towards tackling various dimensions linked with child marriage. Drawing upon the cumulative narratives of the BDO officer, ICDS officer, ANM worker, Computer Officer from the East Champaran and West Champaran districts of Bihar, it emerged that the poor economic condition of households/poverty, lack of education among local people, particularly among parents/grand-parents, restricted livelihood opportunities, inadequate educational opportunities- particularly for girls after the 8th standard in the village, social/community pressure for early marriage, and lack of knowledge about the sexual and reproductive health matters of the adolescents were the key factors supporting the on-going menace of child marriage in the study districts.

Social norms perpetuating incidence of child marriages- Community/Village Council/Religious Leaders Perspective

Intensive focus group discussions exercises were conducted with several Community leaders, members of the village council, and religious leaders to understand the broader community level perspectives related to social norms supporting/promoting child marriages in the study districts. Based on the inputs of the community leaders, it emerged that principally the burden of poverty, lack of parental/grand-parental education, curse of dowry, inadequate livelihood opportunities, and lack of understanding about the sexual and productive health issues of adolescent were broadly associated with the incidence of child marriages in the study area. These leaders did inform about several government level initiatives that intends to promote girls education and livelihood opportunities. However, the underlying societal norms supporting exorbitant dowry, inadequate attention to girl's education, and family honours attached with sexual purity of girls typically compelled the poor and uneducated parents to marry away their adolescent girls.

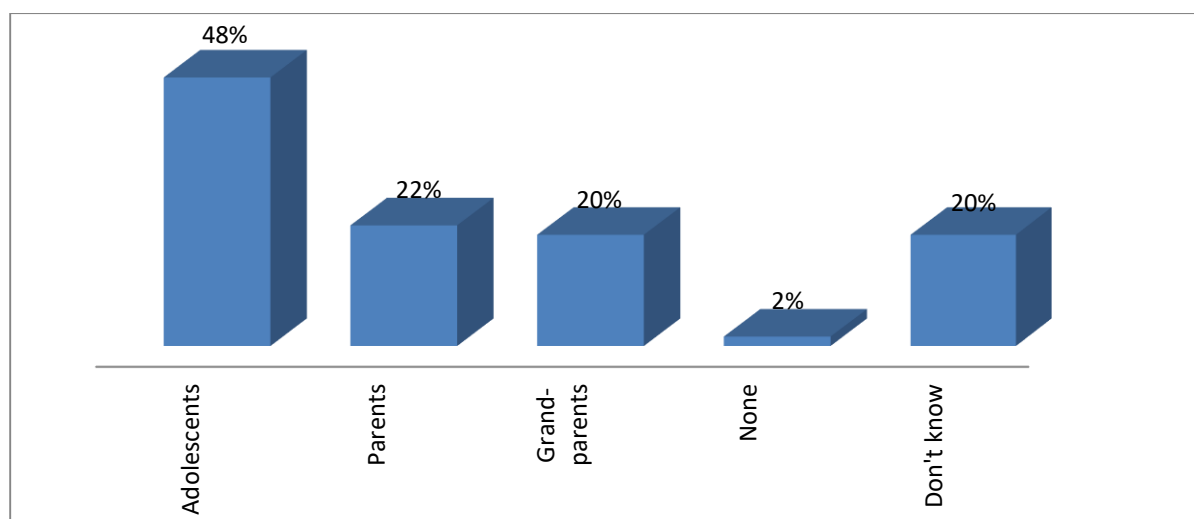
F.3 Linkages between Social Norms of Child Marriage, Education and Livelihood Opportunities

The present section dwells with the wide ranging social customs, cultural traditions and communities practices that anchor and probably propagate the relevance of child marriages in the contemporary times in the study context. In particular, emphasis has been laid upon the role of the parents, other relatives, peer groups, religious and community leaders, and critically interrogate their perspectives to put forth both the positive and negative factors related to the perpetuating the menace of child marriages in the study population. In addition, the critical role of the educational achievement and the livelihood opportunities of the adolescent themselves, along with experience of other gendered deprivations (i.e. disproportionate engagement in domestic/non-economic chores) that reduces the prospects of going for higher educational/career aspirations and finally increase the risk of child

marriage among them. It is also relevant to mention here that adolescent girls faced disproportionate school dropout owing to multiple neglect at the household, school, community and society at large. This means that, going forward, prospects of findings any suitable livelihood opportunities and training skills among adolescents for securing their futures, that actually becomes an elusive dreams for millions of adolescent girls living in similar circumstances.

Data related to perpetuating the norms related to child marriage suggests that, among all the people within the households, the role of grand-parents (80%) appears to be very critical towards reinforcing the social norms of child marriages, followed by the parents and other relatives (10%) in the household. The empirical evidence also confirmed the presence of deep rooted gender based discrimination against the adolescent daughters cutting across different life matters, including access to education, food, clothing, healthcare, freedom to going out, livelihood opportunities, and marriage decisions. Often adolescent boys get a relatively better deal as compared to their female counterparts on the above fronts. Elucidating the forms of discrimination meted out against the adolescent girls in the study area, respondents reported that the adolescent girls were usually married off at an early age, had to shoulder a disproportionate burden related to the household chores, and robbed away with the educational and livelihood opportunities after entering into the wedlock at such an tender age. Exploring the association between education and social norms governing the menace of child marriage, it emerged that majority of adolescent reported that access to quality education may help to make a sizeable dent into the prevailing social norms supporting the illegal customs of child marriage (Figure 8). It was also noted that promoting female education can be the most powerful intervention to address the menace of child marriage in the study region. This can go in hand with generating general awareness and public awakening about the value of girl child and promoting equal opportunity cutting across the deep seated gender divide.

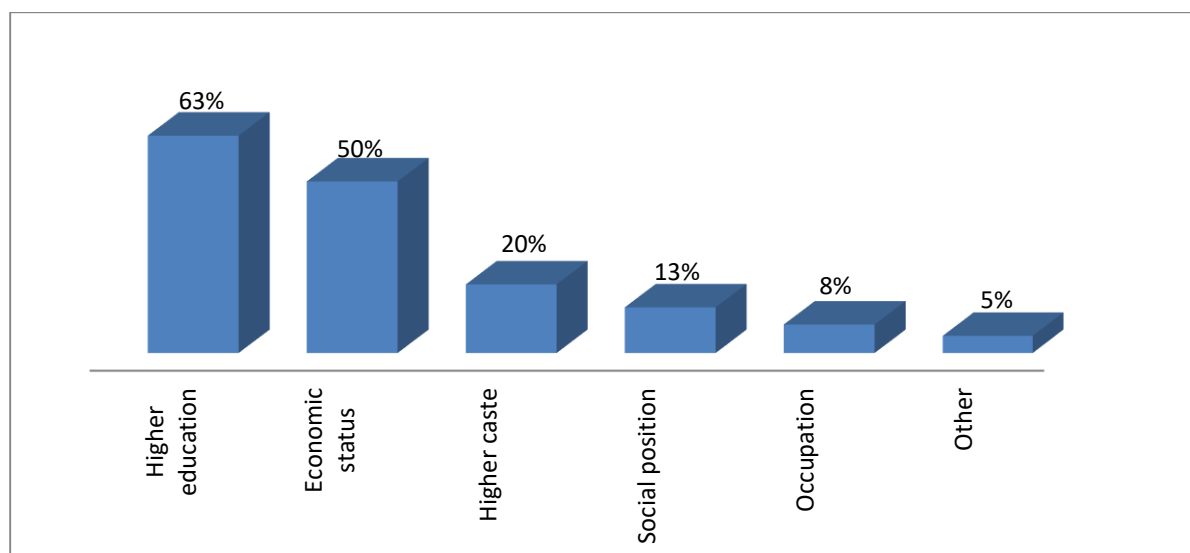
Figure 8: Segments of society challenging social norms of child marriage



The empirical evidence also clearly suggests that- in addition to the access to quality education- the economic status, social groups, social position, and livelihood opportunities also makes a significant impact towards addressing the menace of child marriage (Figure 9). In one of the qualitative

interviews, one of the 18 years old married woman (got married at 14 years of age) mentioned that- *'If there would have been any means of employment then there would have been means of livelihood for our family, there would have been no early marriage of boy or girl in our village. If there would have been any industry in our village our life would have been easy'*. Another 17 years old married woman (got married at 13 years of age) reported that- *'Our village has no other means of livelihood. If we are married earlier than our whole life will be passed in poverty. If there would have been any source of income in our village than the life will be comfortable'*.

Figure 9: Different factors enabling segment of society to challenge social norms of child marriage



On the other hand, during qualitative interaction with the district level officials in the East Champaran district about the linkages between livelihood opportunities and risk of child marriage, it was highlighted that- *'The means of livelihood poses impact on the decision of marriage in our locality... if any girl is working or taking education somewhere outside- no pressure is built upon them for early marriage'*.

Commenting on the association between means of livelihood and marriage decision, one of the community/village council leaders narrated that- *'the means of livelihood affects the choice of child marriage if the boys and girls are working; we do not marry him early. Means of livelihood had great effects on the social norms. If girls are engaged in work, they get the means of life and they can take the decision of their life by own'*.

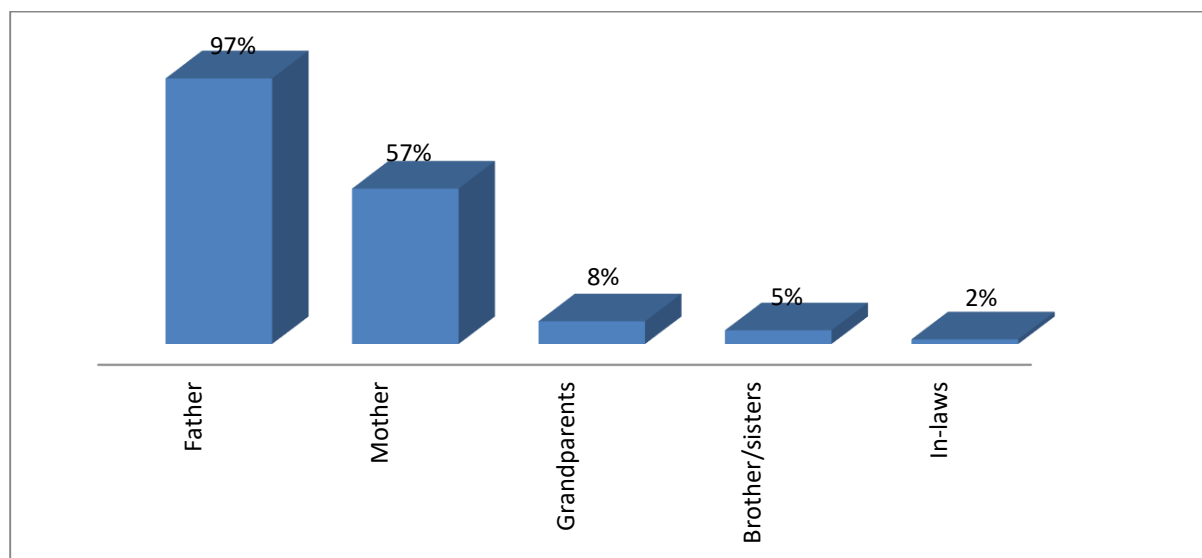
On the other hand, underscoring the linkages between education and risk of child marriage, another community/village council leader reported that- *'The educated family has knowledge about social norms. They know about the problems caused due to early child marriage that's why they marry their child at proper age, but the illiterate people have no idea about it and they do what other do in the society. The education of parents and grandparents and mothers has many rituals on child marriage. The family in which the grand-parents are educated they want their child to study higher and do*

something in life. The family in which the grand-parent and mothers are not educated, they want that they should marry their child and shed off their duty'.

F.4 Conundrum of Agency, Mobility and Behavioural Change Communication to Curb Child Marriages

This section engages with the critical discourse on the existing conundrum of women agency, freedom of physical mobility, access to diverse means of information communication that together determines the propensity of these young girls to choose between educational attainments, livelihood options, or get trapped into the centuries old cultural malpractice of child marriage- that heightens the risk of early pregnancy, poor maternal and child health, maternal mortality, economic impoverishment of the affected families, and leaves very little scope to manoeuvre a respectable future of themselves and their families. In addition, factors related to the socioeconomic and demographic differentials in the women agency, freedom of mobility and access to diverse handle of information communication shall be examined to assess the strata of adolescent girls who appear to be at critical risk of being married before attaining the legal age of marriage. In particular, the means of information communication can provide a unique leverage for programmatic interventions that may help these young adolescents to motivate their parents, families and communities understand the implications of elderly marriage and its related disadvantages for society at large.

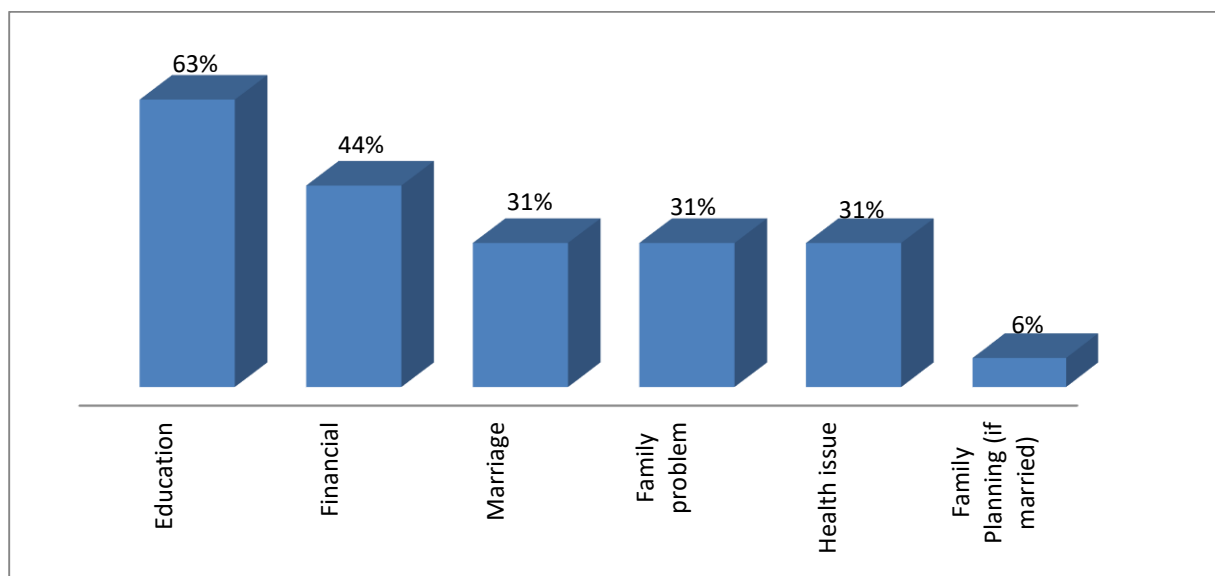
Figure 10: Major decision maker in the families of adolescent participants



Empirical data on the decision-making agency in the families of adolescent participants suggests that predominantly it is the father of adolescents who takes most of the vital decision on behalf all the family members (Figure 10). Afterwards, their mother, grand-parents, and older siblings have some say in the household matters. It is worth noting here that little above one-fourth of the adolescent participants reported to have some agency on matters related to their own lives, whereas, nearly three-fourth adolescent did not have any such agency on matters that are related to their personal lives. Among the adolescents who had some agency on the matter related to their personal lives,

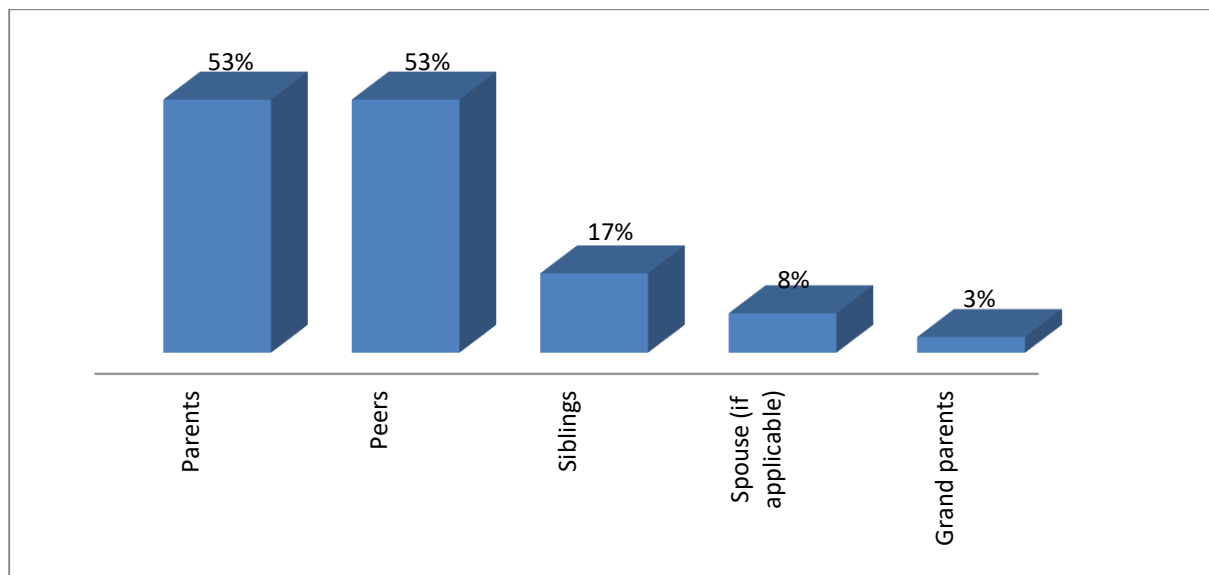
some of the important matters include educational aspirations, economic/financial decisions, family problem, health issues, and marriage decisions (Figure 11).

Figure 11: Agency on important personal/family matters among adolescents



It was also observed that more than 40% of adolescent reported that they did not have any agency to inform/negotiate with parents about their prospective marriage timings, or matters related to their prospective spouse selection. On the other hand, close to two-third adolescents reported that they did not have agency to walk confidently in the public places across their villages. However, there appears a clear gender-divide in the adolescent mobility agency as, more than three-fourth adolescent boys could freely/confidently go out in the public places across the villages- that is much higher as compared to their female counterparts. Furthermore, only 38% adolescents could go out unescorted in the public places across the village. It was also observed that one-third adolescents were not allowed to go out unescorted to visit their friends little away from their home. On similar lines, more than 45% adolescent were not allowed unescorted to visit their friends outside their villages. Interestingly, only 43% adolescent reported that they can freely express their personal opinions on different matters to their family members without any hesitation. This again clarifies that predominantly most of the adolescent could not even freely discuss their views, ideas, and opinions within the four corners of their family. It may be worth noting here that adolescent were relatively more open to discuss their view, ideas, and opinions with peer groups than own family members in the study area (Figure 12).

Figure 12: Major sources to discuss/share personal problems among adolescents

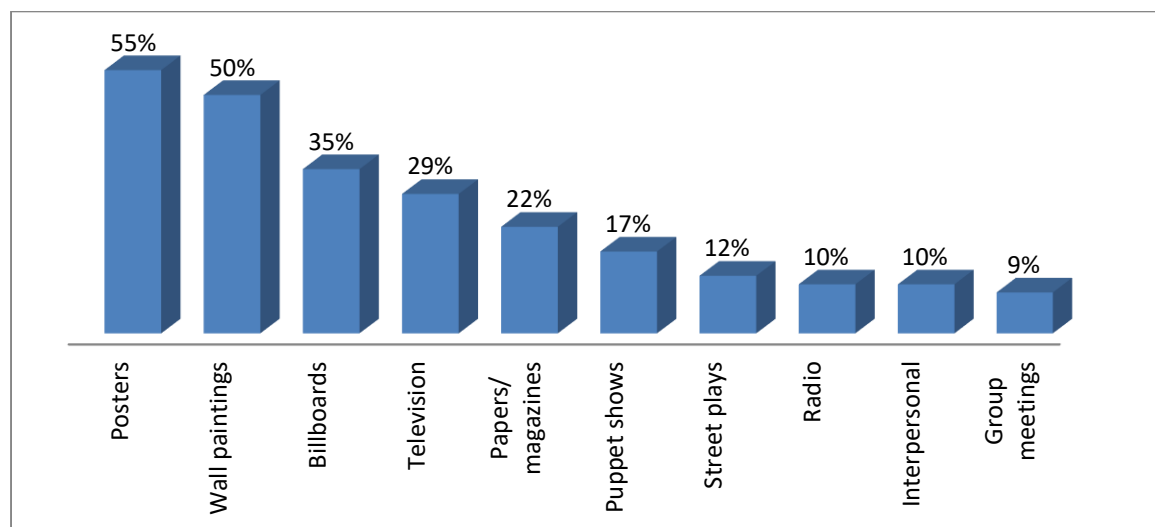


Among the married adolescents, the agency of expressing opinions, views and ideas was furthermore restricted as less than one-third adolescent could only speak out their minds to the in-laws. However, majority of the adolescent reported that their opinions are not usually given due importance/respect than other members of the in-laws families. Interestingly, 46% adolescent reported that they can comfortably express/communicate their opinions/views in their schools, and most of them were quite satisfied in the sense that their teachers/other school employees did consider their opinions with due respect and attention. In addition, given the rising health care needs of the adolescent population, interaction with the health care system is critical to achieve full best possible health and well-being. Empirical data indicates that less than one-fifth of the adolescents could comfortably communicate/express their concerns with the frontline government health workers (i.e. ANMs). Another important result shows that, among adolescent who interacted with the government frontline health workers, only one-fourth were satisfied with the warmth, respect, and attention received during mutual interaction between them.

On the other hand, only one-tenth of the adolescents were confident about their agency to convince others during a public interaction. In addition, only one-fifth of the adolescent were confident about speaking/expressing their opinion on a public platform. It is important to note here than about 30% adolescent spend below one hour time per day with their peers, whereas, another 42% adolescent reported to have spent about one to two hours with peer on daily basis. This indicates that peers appear to be most important part of the adolescent's social networks who regularly interact with one-another and share their mutual ideas, concerns and beliefs. Data further confirmed that parents were also important avenues for the adolescents to discuss/share any problems that they might have faced. It may further be noted that the principles means of communication between the adolescents and parents/parents-in-laws/school teachers/peers etc. is through direct inter-personal communication. However, there was considerable use of indirect communications- may be through

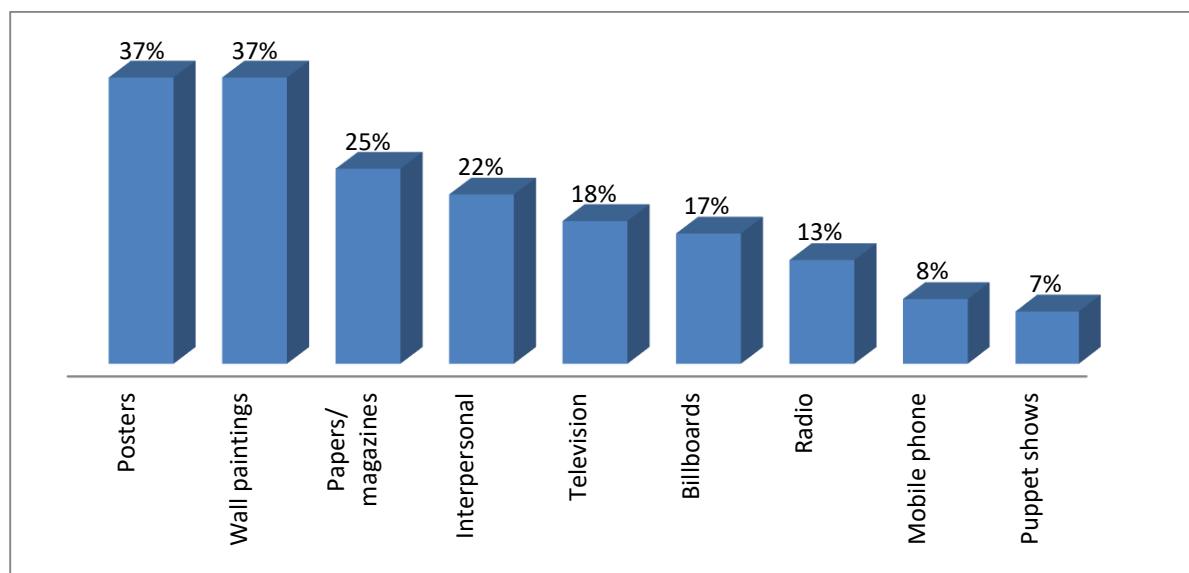
hints or written messages through which the adolescent tried to communicate hesitantly with the school teachers/frontline health workers etc.

Figure 13: Accepted medium of behavioural change communication strategies in the study region



In order to understand the potentially important mediums of behavioural change communication strategy among adolescent in the study region, the empirical evidence suggest that posters were the most preferred medium, followed by wall paintings, billboards, television, papers/magazines, puppet shows, radio, interpersonal communication, and group meetings (Figure13).

Figure 14: Most effective medium of behavioural change communication strategies to address the menace of child marriage in the study region



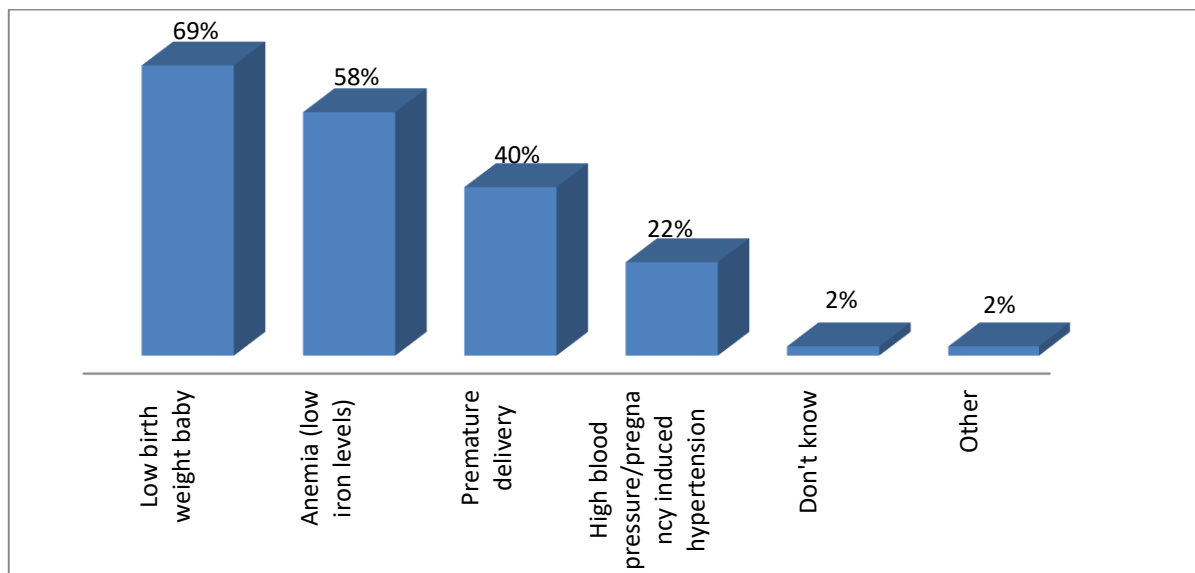
On the other hand, the quantitative data further highlighted the fact that, the top three most effective medium for launching the behavioural change communication strategies includes posters, wall paintings and paper/magazines in order to address the menace of child marriages in the study districts (Figure14). Other effective strategies also include interpersonal communication, television and radio shows, bill boards, mobile phone, and puppet shows to generate public awareness related to the harmful implications of the child marriages on the adolescent girls, their children, families, communities and society at large. These behavioural change communication strategies may be productively used to encourage the grand-parents, parents, and other important stake holders in the communities to recognize the tremendous potentials of educating girl child and therefore giving equal opportunity for growth and development to their children, irrespective of gendered considerations. Generating public consciousness about the sexual and reproductive health rights of adolescents and damaging effect of early marriage on the individual and societies can go a long way in bring social behavioural change and allow the adolescent to live a life full of opportunities and hope to achieve their personal and family ambitions. However, these behavioural communication strategies needs to be supported with concerted government welfare efforts towards providing quality educational opportunities across villages, accessible/safe mode of transportation, economic/livelihood opportunities, and incentives for adolescent girls to come out and participate freely in the everyday life of the community and society.

F.5 Awareness related to Sexual and Reproductive Health Rights (SRHR) and Prospects of Reducing Child Marriages

This section helps to provide a comprehensive assessment related to the extent of awareness related to matters of sexual and reproductive health rights, appropriate of marriage, pregnancy, risks of contracting HIV/AIDS, access to adolescent friendly health clinics (AFHC), parental perceptions of the AFHC, and its overall linkages with the prevalence of child marriages in the study region. In this connection, awareness related to different methods of contraception, risk/plausibility of getting pregnant, details of pregnancy care services for a save outcome for both potential mother and infant, risk and pathways of HIV/AIDS transmission, risk of sexually transmitted diseases (STDs) and its different types has been examined. In order to meet the sexual and reproductive health needs of the adolescent population, awareness and access to the adolescent friendly health clinic is critical. In view of the same, awareness and access to the AFHC shall be investigated and role of parents (both positive and negative) has been also examined.

The empirical data on the legal age at marriage for boys (i.e. 21 years) and girls (i.e. 18 years) were correctly reported by most of the study participants. More than three-fourth of the adolescents reported that incidence of early/child marriages were strongly linked with adverse health outcomes for the girls. For instance, child marriage was reported to be linked with premature delivery, low birth weight baby, higher burden of anaemia, pregnancy induced high-blood pressure etc. that leads to the risk of life for both the young lactating mother and her newborn infant (Figure 15). Knowledge about contraceptive methods was inadequate among the adolescents as more than 40% of adolescent didn't know about family planning methods.

Figure 15: Adverse health outcomes related to child marriage among adolescents in the study region



It may be worth noting here that the awareness about modern family planning methods among adolescents in the study districts was modest. Majority of the adolescents knew about tubectomy (female sterilization), followed by the condoms, oral pills, copper-T/IUD/Loop, and vasectomy (male sterilization) (Figure 16). However, it was most disturbing to learn that only 67% adolescent were not aware of the fact that unprotected sexual intercourse could actually lead to pregnancy. With regard to most appropriate age to start motherhood, the median age of 22 years was reported by the adolescents.

Figure 16: Awareness about modern family planning methods among adolescents in the study region

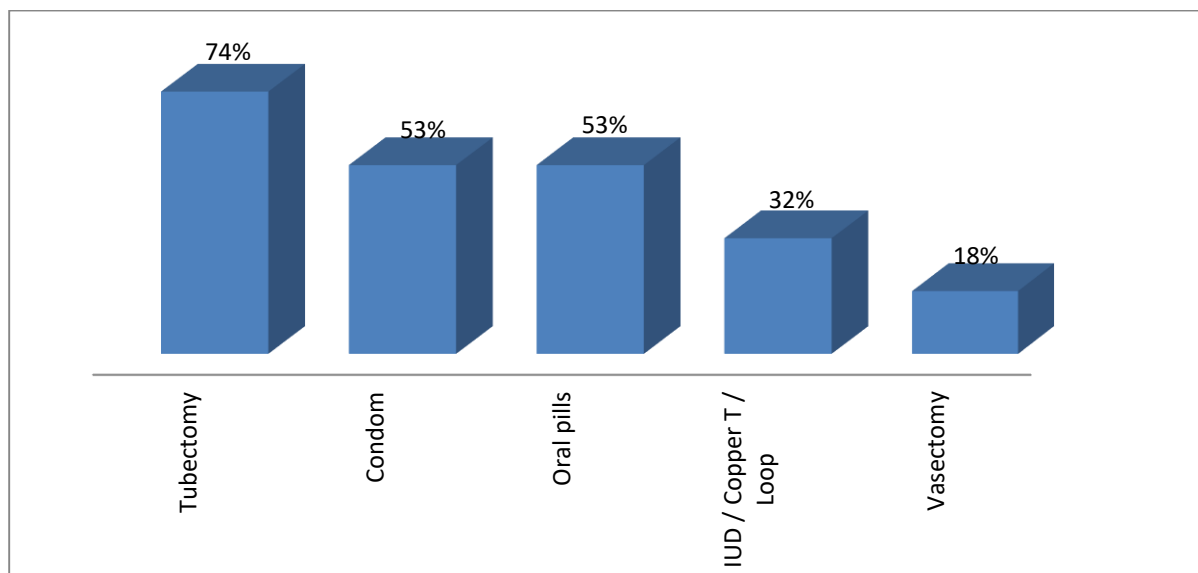
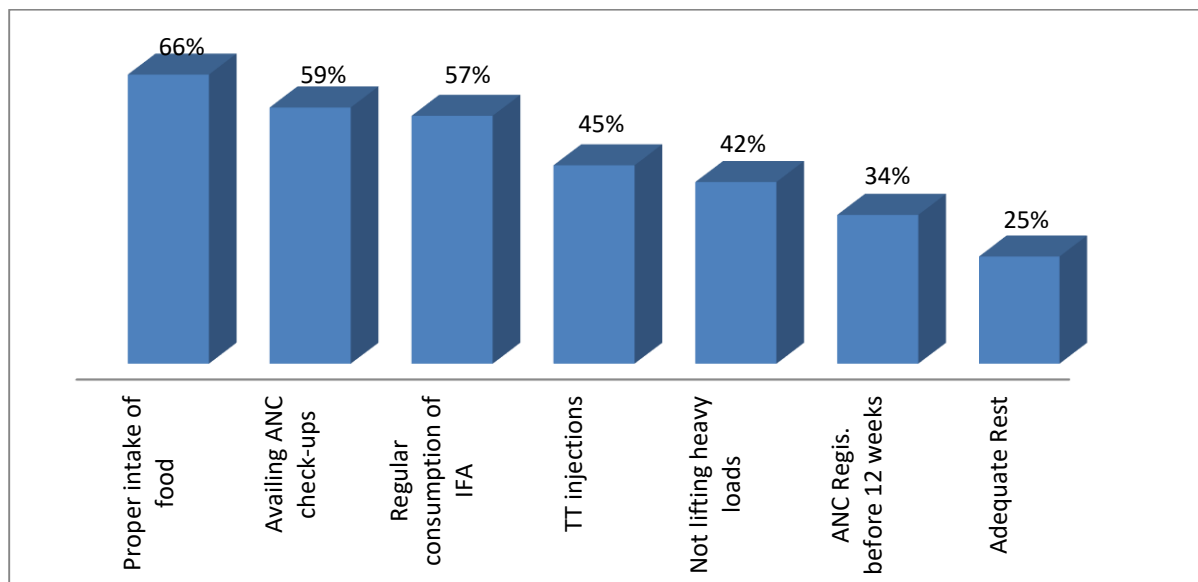
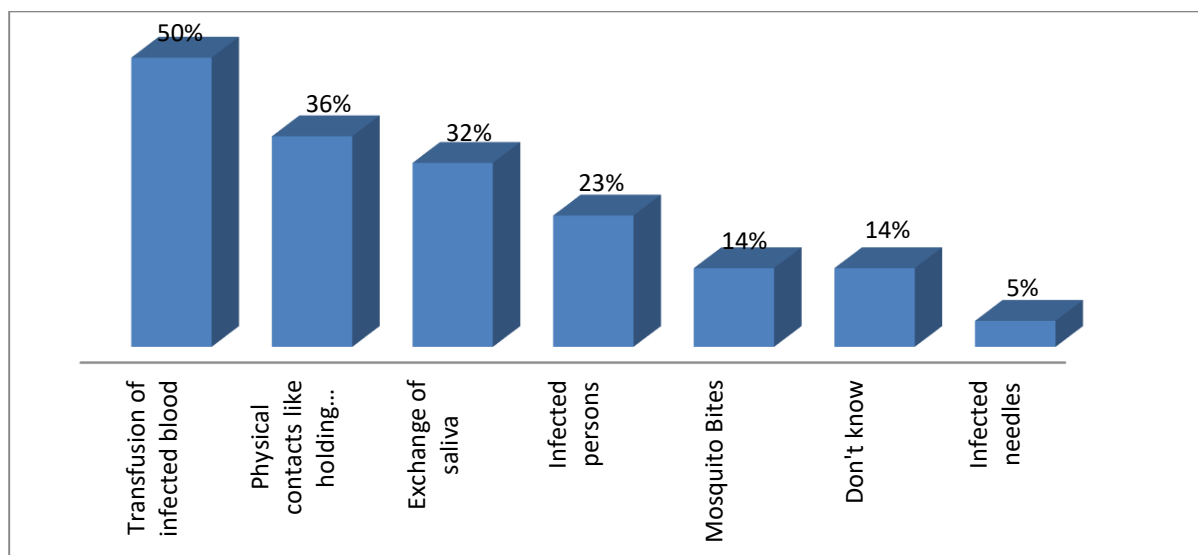


Figure 17: Awareness about special care needed for the pregnant women among adolescents in the study region



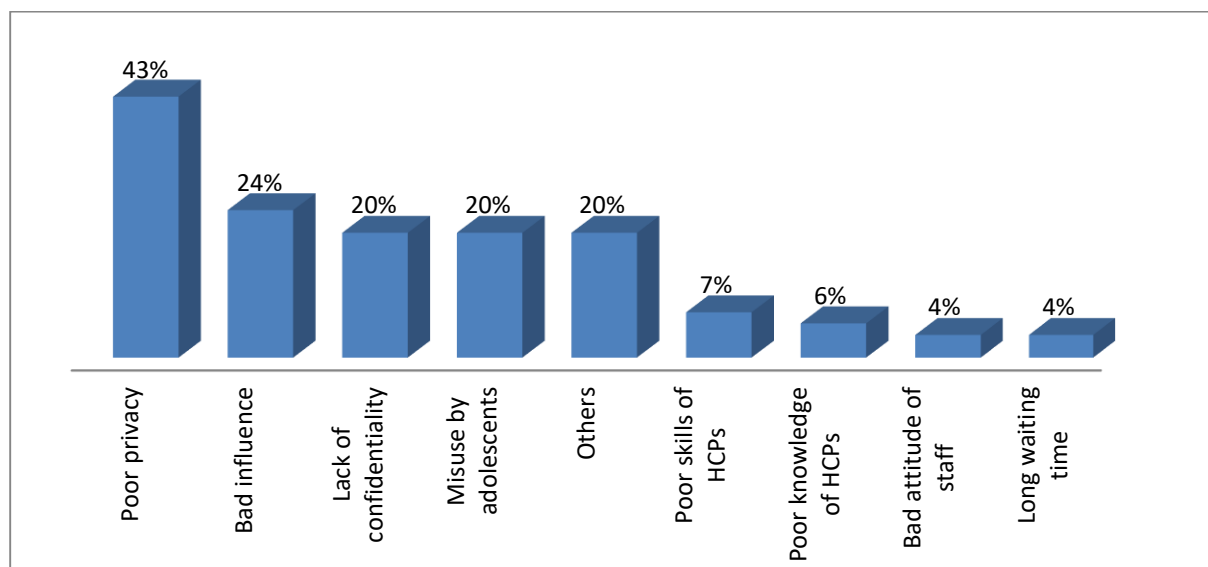
Furthermore, close to 90% adolescents reported that special care of pregnant woman is needed for safe-motherhood. Elucidating the details about what actually constitute the domain of special care of pregnant women, 66% adolescents reported that proper food intake, followed by 59% adolescent reported for availing the recommended antenatal care (ANC) services, 57% adolescent reported for regular consumption of iron folic acid (IFA) tablets, 45% reported for tetanus injections, 42% reported for not lifting any heavy object during pregnancy, 34% reported for ANC registration before 12 weeks of pregnancy, and 25% reported for taking adequate rest during pregnancy (Figure 17). On the other note, one-third of adolescent were aware about the sex-determination diagnostic techniques. As a matter of concern, about 36% adolescent have heard about the HIV/AIDS.

Figure 18: Awareness about transmission of HIV/AIDS infections among adolescents



Drawing on the different potential mechanisms and popular misconceptions related to the transfusion of HIV/AIDS from infected person to others, data suggest that more than half of the adolescents had incomplete information related HIV/AIDS transmission. About 36% adolescents reported that HIV/AIDS can be transmitted through physical contacts such as holding hands/hugging the infected person (Figure 18). Quite similar proportion of adolescents also reported that HIV/AIDS transmission can happen through exchange of saliva or mosquito bites from the infected person to others. Even more concerning is the fact that 97% adolescent were not aware about the sexually transmitted diseases (STDs). It is important to note here that only 30% adolescents reported that they could openly talk/discuss about the sexual and reproductive health rights. However, adolescents reported that they could discuss the SRHR issues with their mother (55%), followed by father (22%), friends (22%), and neighbours (17%). Another important result indicated that only one out of every ten adolescents (12%) accessed the Adolescent Friendly Health Clinics (AFHC) to seek some health care services. About 24% adolescent reported that they could visit the AFHCs on their own. About 38% adolescents reported that their parents have given them permission to access health services from the AFHCs. One of the critical issues is the rampant misconception about the efficacy of the AFHCs among parents who often discouraged adolescents from seeking the health services through AFHCs. Among various misconception led reservations that parents had about AFHCs, some of the most formidable ones included the lack of privacy, bad influence, lack of confidentiality, misuse by the adolescents, poor skills of AFHC, bad attitudes of health staff etc (Figure 19). However, close to half of the adolescents reported that AFHCs helps to promote the health status.

Figure 19: Parental misconceptions about adolescent friendly health clinics (AFHCs)

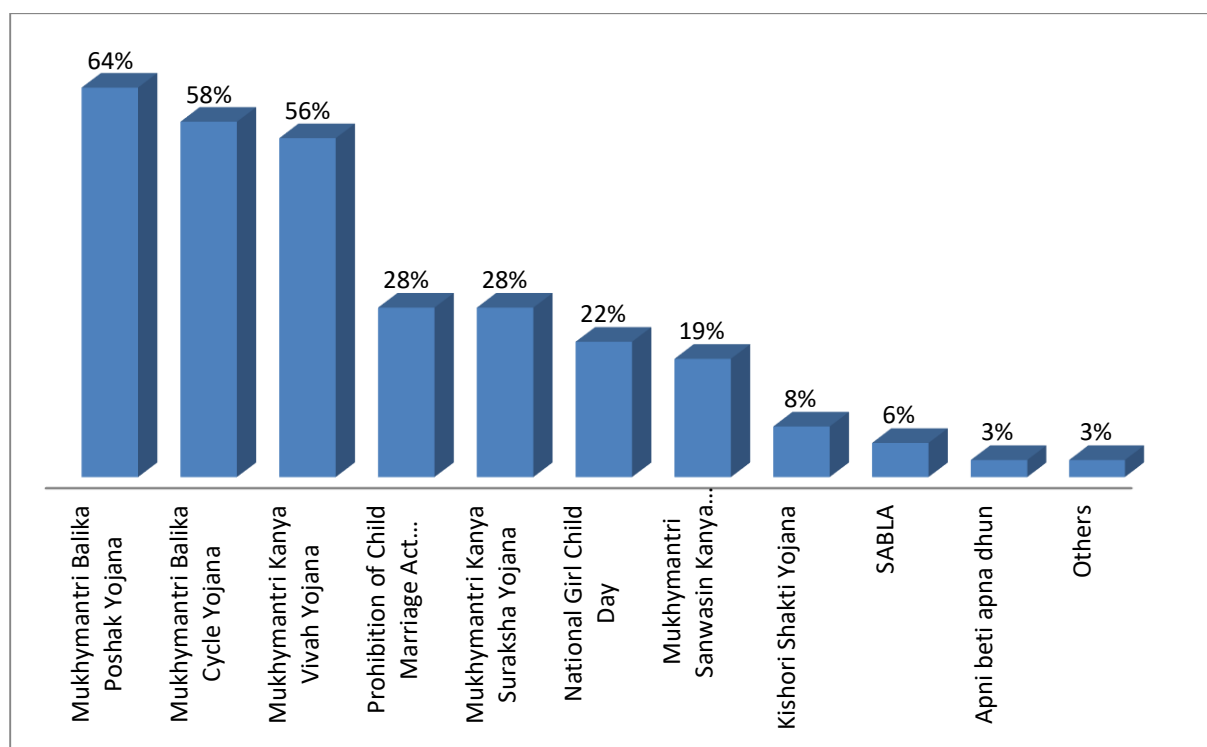


Furthermore, quantitative data indicates that AFHCs helps to promote the menstrual hygiene (31%), prevention of anaemia (31%), supply of contraceptive methods (10%), treatment of sexually transmitted diseases (STDs) (8%) etc. among the adolescents in the study region.

F.6 Role of Community Organization and Government/Public Policy Response to Discourage/Control Child Marriages

This section provides a critical assessment of the role of different community organizations and range of government enacted regulations/policies to curtail the menace of child marriages in the study areas. To what extent the adolescent, parents and other stakeholders are aware about the laws that prohibit the practice of child marriage. Furthermore, how far different programs and policies being implemented by the state government and local administration have been able to dent the cultural practice of child marriages has been evaluated.

Figure 20: Awareness about various government sponsored schemes to discourage child marriage among adolescent in the study region



Data suggests that there were more than 10 different government sponsored schemes mandated to discourage/control the menace of child marriage in the study region (Figure20). In addition, these schemes also intended to generate the public awareness and general social commitment to recognize the value of girl child, and accordingly make conscious investment in the education, health and well-being of girls and women. Some of the most noted schemes to control the child marriages included- *Mukhymantri Balika Poshak Yojana*, *Mukhymantri Balika Cycle Yojana*, *Mukhymantri Kanya Vivah Yojana*, *Mukhymantri Kanya Suraksha Yojana* etc. It was observed that 48% adolescents were aware about government sponsored anti-child marriage and dowry prevention campaigns in the study region. Equal proportion of adolescents (48%) reported that the government/civil society organization supported anti-child marriage and dowry prevention campaigns were positively received by the local people and communities at large. Among various issues that were often put forth as plausible reasons for failure of implementing government/civil society organization

supported anti-child marriage and dowry prevention campaigns included lack of access to schooling facilities- particularly at the secondary level onwards, rampant economic deprivations/poverty, exorbitant cost of weddings, political patronage that weakens the strict compliance of the statutory instruments controlling the child-marriage and dowry prevention.

F.7 Emerging issues from the research study

This study used a mixed method research design to understand the persistent burden of child marriages in the East Champaran and West Champaran district in the state of Bihar. In doing so, the main objective of the study was to assess the overarching social norms and related socioeconomic, cultural and contextual circumstances that unfortunately pushed thousands of young adolescents- *particularly adolescent girls*- into the menace of child marriage.

Early marriage in India is symptomatic of multiple, interconnected causes and structural inequalities. As a matter of fact, being a child wife, these young women don't have any real control on their bodies and minds, and therefore lack essential educational/livelihood skills/decision making agency/freedom of mobility to secure their lives. These multiple deprivations are further perpetuated through teenage motherhood that elevates the risk of life for both pregnant mother and new born infant. These complex processes are responsible for high burden of maternal and infant/child mortality rates in the state of Bihar in general.

The study suggested overall that social pressure/scandal/taboo, honour of family/insecurity for girls/fear of elopement, dowry, inadequate livelihood opportunities etc. emerged as the major factors driving the on-going menace of child marriages in the study area. However, three most prominent factors reported by the parents include poverty, lack of education, and social pressure/taboo/scandal that reinforce the menace of child marriage.

Based on the findings from the present study, following are the emerging issues that is leading to child marriages in the study region:

- ✓ **Fear of security:** Families are concerned regarding the violation of the sexual purity of girls, sexual exploitation and threat emerged as the principal factor triggering parents, families and communities to marry their daughters as soon as they hit the pubertal age. A fear of *kharab mahaul* (the poor external environment) was articulated repeatedly, especially with the sensationalized reporting of cases of rape and violence against women.
- ✓ **Poverty:** Poor economic condition of household, poor educational opportunities for girls, lower caste affiliation, and societal/community conformity pressure were equally critical factors driving the burden of child marriages in the region. Girls are reported to be the liabilities that will not contribute to the families' income, and when the girls are married off, they become someone else' liability.
- ✓ **Gender inequality and norms:** Girls' low status appear to be the major reason for their early marriage. They are not given opportunity to make decisions about their education, marriage and child bearing. The study suggested how norms of femininity can be oppressive for the adolescent

girls, and how deeply held ideas of marriage are tied to them through constructs of the 'good wife' and 'good daughter-in-law'. Further, the effect of gender norms on men and boys suggest that they sometime feel the pressure from parents to discipline their wives and reported that sometimes they resort to violence against their young wives. Majority of the boys married at an early age, do not have a viable and sustainable source of income to support their families, which causes a lot of stress and therefore, lead to violence.

- ✓ **Dowry:** Since it is almost customary to pay a dowry in terms of money, goods, estate to the groom at the time of marriage, and due to skyrocketing marriage expenses/dowry, the families reportedly prefer to marry them off young, to even unemployed boys as that would mean far less of a dowry to be paid. The dowry that the marital family asks for is directly related to age. An older girl, as we have seen, will pay a higher dowry. Younger brides typically have a lower dowry, in part because they are considered easier to control, train and socialize in the ways of the marital home and are less likely to resist.
- ✓ **More than one daughter:** In the families with more than one daughter, it customary to marry of the eldest daughter. However, if a suitable groom is found for the younger child, the parents quickly arrange for the elder one without any consent of hers.
- ✓ **Lack of education and livelihood opportunities:** Different stakeholders perspectives (district level government officers/community/village council/religious leaders) on the burden of child marriages indicated that lack of education among local people, particularly among parents/grand-parents, restricted livelihood opportunities, inadequate educational opportunities- particularly for girls after the 8th standard in the village, and lack of knowledge about the sexual and reproductive health matters of the adolescents were the key factors for the on-going menace of child marriage in the study districts.

Dedicated efforts towards promoting female education (particularly secondary level education) and extensive programs for strengthening livelihood opportunities/vocational training may help adolescent girls to secure an alternative to early marriage. This shall also instil requisite decision-making agency and freedom of physical mobility that will reinforce the education and livelihood investments among adolescent girls.

- ✓ **Migration:** The aspiration towards urban life and to escape deprivation and poor economic condition is powerful attraction. Whether the aspiration towards moving into a better life amounts trafficking, there was overall an ambiguity among the stakeholders. Rare incidences of overlap between early marriages and trafficking were reported through the study, though there were cases of elopement as well as younger girls getting married to older men.

F.8 Recommendations for Social Behavioural Change Communication (SBCC) Strategy

Through this research study, a noble scientific attempt has been made to underscore the major demographic, socioeconomic and cultural factors that put the future of millions of young girls at the risk. In this connection, role of parents, relatives/peers, community leaders, religious leaders, community organizations and government programs/policies towards regulating and discouraging child marriages has been analysed. Extent to which different social behaviour change communication strategies has been successful and help to discourage the practice of child marriage has been streamlined for scaling up across other regions. Following are the key recommendations for the SBCC strategy.

- ✓ **Engaging with parents:** Parents along with adolescents emerged as two main actors who needs to be focussed for intervention related to early marriage and dowry prevention programs. Intensive community level interpersonal communication (IPC) campaigns should be launched to sensitize the parents and generate public awareness on importance of female education and livelihood opportunities, benefits of delayed marriage and welfare of households, and existing legal instruments that prohibits the practice of child marriage and dowry in the state of Bihar. These IPC campaigns could include local street plays, folk songs and performance advocating for female education, future aspirations etc. In addition, the study highlighted that adolescent girls and boys need to be encouraged and supported to continue schooling up to secondary grade and beyond. Therefore, parents should be informed that continued education will health benefits and shall ensure the postponement of early pregnancy and poor reproductive health/well-being.
- ✓ **Peer led approaches:** Interpersonal communication by peer educators should focus on inculcating positive messages on continued education, livelihood opportunities, decision making agency, SRHR, AFHCs etc. The evidence from the present study highlighted that ‘peer-groups’ are the most potential avenue among adolescents with respect to monitoring the social learning and social influence on range of ideas/behaviours/actions. Therefore, any programmatic intervention program that fails to explicitly capture the adolescent peer groups shall inadvertently miss out on making credible social behavioural change program. Specific programs on inculcating gender equity norms, value of education and learning, healthy practices, family life education, vocational trainings/livelihood enhancing trainings etc. must be channelized through the local ‘adolescent groups’/networks at the community level. Such innovative efforts rely upon the local role models among the community whom the young adolescents might want to emulate and follow over time.
- ✓ **Formation of ‘Youth clubs- Yuva Mandalis’:** This is another strategy where young adolescent boys/girls may come together and led the community level sensitization/awareness programs on relevance of gender equity and harmonious development in the long run. Particularly, ‘female youth club’ may help to evolve and spread positive message of educating young girls, providing opportunities to secure livelihood/economic career, and delayed marriages. Such innovative efforts can go a long way in changing social norms against child marriage and dowry system at the local level.

- ✓ **Multi-channel communication:** The most effective social behavioural communication strategy to restrict child marriage, prevention of dowry, and promotion of SRHR knowledge among adolescents could be through combinations of posters, wall paintings, paper/magazines and mass media campaigns. The communication campaigns for community sensitization and awareness against practices of child marriage and dowry payments needs to be multipronged. This could include putting up posters and wall painting at the major landmark crossing, government buildings (school/village council hall/bus stand, post office/ health center) and public parks to sensitize and generate public discourse/discussion on the diverse implications/legal actions against child marriage/dowry payments. In addition, regular mobile unit/loudspeakers may also be operated on weekly basis (particularly on weekends) spreading the messages in favour of promoting female education, gender equitable norms, livelihood opportunities/skills avenues for adolescent/youth, and legal actions against child marriage/dowry payments.

- ✓ **Positive messaging:** SBCC strategy needs to vigorously focus on positive messages on early marriage and positive role models in the study region. Intensive media campaigns through television, radio, community talk shows, street plays, local folk songs, women mandali's, adolescent's club, youth clubs, local ANM/ASHA workers, Anganwadi workers etc. could all work together to spread the positive message from the institutional ramparts to the local households. The peer leaders from the local community will play a very positive role in spreading positive messages and help to draw inspirations from. Showcasing individuals who avoided early marriage creates positive role models for other families to follow.

- ✓ **Sectoral integration:** In order to achieve the above goals, multi-sectoral and integrated efforts are critical. Substantive investment in the fields of primary and secondary level school education, provision of scholarships- particularly for girls, improving the village transportation connectivity to the local school/colleges etc., provision of separate water/sanitation facilities in the school/college premises, provision of bi-cycles for girl students etc. needs to be made in order to motivate both the pupil and parents to access the education facilities with safety and convenience. In addition to the conventional school curriculum, concerted efforts must be made for imparting the vocational/skill-oriented training so that livelihood opportunities may also be enhanced for the adolescents, particularly young girls. In addition, the district level government officials must be sensitized and regularly trained about different issues/needs/challenges faced by the adolescent/young people and accordingly makes necessary institutional arrangements for the educational/health/sports/edutainment activities in the local villages.

G. Social and Behaviour Change Communication (SBCC) Strategy

G.1 Rationale for the SBCC strategy

Social and Behaviour change communication (SBCC) is about changing specific behaviors – “well defined actions at the household, community and at the service levels”. SBCC approaches recognize that behavior change is more about identifying the causes and barriers to behavior change and overcoming the barriers. It is about understanding the communities, contexts and environments in which behaviors occur. SBCC is also about using persuasive techniques to demand health rights. SBCC is about integrating new practices into long standing social, cultural and communication systems.

SBCC is an interactive process with communities (as integrated within an overall program) to develop tailored messages and approaches using a variety of communication channels to develop positive behaviours; promote and sustain individual, community and societal behaviour change. The root causes of child marriages are illiteracy, poor access to information, poverty, and gender-based disparities serve as significant barriers in the study region. To prevent early marriages, SBCC will play a critical role as part of MNCP program. Before individuals and communities can acknowledge and adopt the services and facilities available to them, misconceptions need to be dispelled and people need to be reacquainted with services and expertise available to them.

There are emerging issues that need to be targeted with comprehensive BCC interventions namely:

- Deep rooted social and gender norms
- Low risk perception of the health consequences of early marriage and pregnancy
- Attitude towards changing practices
- Influencer issues
- Lack of knowledge about government schemes and programs

The aim for this strategy is therefore to empower young people to exercise their agency in making important life decisions. The strategy aspires towards a vision where all young people can access their rights and there is an overall enabling environment in their family, and in society, at large.

G.2 Primary users of the SBCC strategy

This SBCC Strategy has been developed for the MNCP program managers, implementors, policymakers at the communities and district involved in SBCC interventions. It is anticipated that the organizations, institutions and individuals will be guided by this strategy to design and develop appropriate and relevant targeted SBCC interventions.

G.3 Theoretical Framework of the SBCC Strategy

Behavioral theories help programs to understand why people behave as they do. Subsequently programs seek to develop strategies based on theories that reinforce healthy behavior or change unhealthy behavior. SBCC programs use theories to promote factors that will influence desired behavior most.

In selecting a theoretical framework, the following have been taken into consideration:

1. Most of the theories developed and used have had mixed results hence the need for a combined approach in the selection of theories in order to address the factors that will most influence the desired behavior.
2. The need to address issues identified through the research study.
3. The need to forge strong working partnerships with the stakeholders and the community to ensure that proposed strategies are tailored to local circumstances and needs.
4. Behavioral interventions have not adequately informed by local realities and root causes.

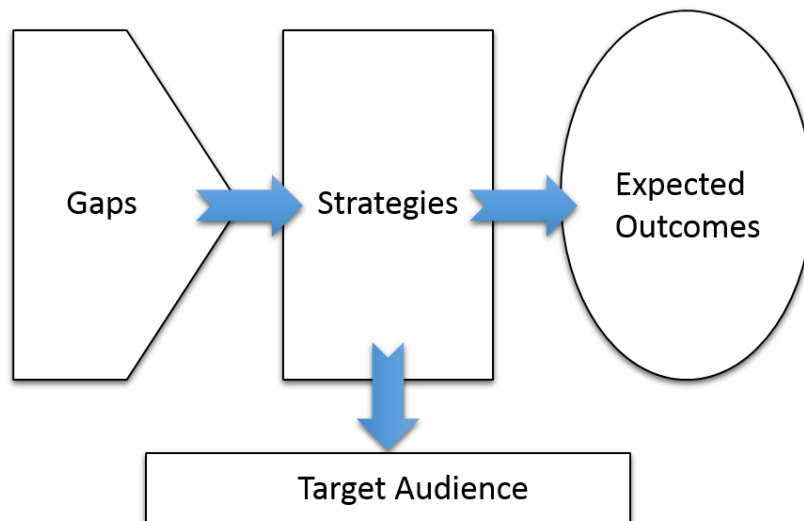
The theoretical models take cognizance of the fact that human behavior is determined by the broader socio-economic, cultural and environmental factors and hence SBCC strategies and programs must also target the structural issues and the norms. Therefore, human behavior will remain critical in preventing early marriage and that, interventions at individual, community level and for the society at large can ensure safer spaces. To this end, the theoretical models that are relevant for the implementation of this strategy will be those related to:

- Early marriage prevention strategies that provides information about the reasons, root causes, prevalence and possible impact on young people health, sexual and reproductive health, perceived susceptibility towards family's decision making and subsequent behavior change.
- Social influence that posit that young people engage in behavior such as early sexual practices partly because of societal influences but more specifically from family pressures hence interventions should address family influence are likely to result in desired behavioral change.
- Finally, young peoples' empowerment that asserts that change happens through active involvement that enables a critical review of social and cultural factors that determine reality and taking actions.

G.4 SBCC Framework

The purpose of this SBCC strategy is to provide a framework for effective implementation of targeted early marriage related SBCC interventions in Bihar state in East and West Champaran districts, with special focus on empowerment of young people.

The SBCC framework is based on the research study results. It is presented in Figure 1 below. The framework has informed the formulation of the strategic direction and the detailed components of this strategy. Similarly, this framework provides evidence-based interventions.



Effective behavior change communication can promote the program by:

- **Increasing knowledge** - ensure necessary information for people to understand the poor reproductive health outcomes caused by child marriages, correct information about different schemes of government and the AFHCs in the community.
- **Stimulate community dialogue** - Encourage community dialogue to create an enabling environment for the anti-child marriage practices.
- **Promote essential attitude change**- Better quality of information regarding the existence of the practices of child marriage in the community, ensure education and livelihood opportunities, shifting gender norms, and promote value of girl child
- **Advocate** - SBCC can lead individuals, communities, and opinion leaders toward advocating and advising effective approaches to anti child marriage policies and programs through multi-sectoral integration.

While changing behavior, the individual and community goes through a series of steps—sometimes moving forward, sometimes moving backward and sometimes skipping steps. Even when individuals, communities adopt new behaviors, they may at times revert to old behaviors, at least under certain circumstances. Understanding where most of a group is in the change process is crucial when designing a SBCC strategy. Understanding who the key influencers in the process are is also pivotal.

G.5 Social and Behavior Change Theory that will inform strategic communication

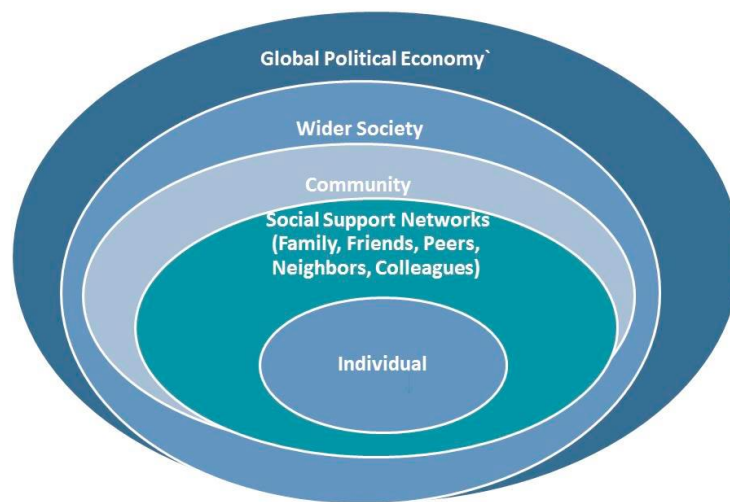
SBCC decision-makers and implementers need to select the most feasible and effective approaches in order to effect sustainable behavior and social change. Conceptual models and theories help to guide strategic thinking in the design of effective SBCC strategies, messages and materials.

The Ecological Model, the Diffusion of Innovations Theory, have been adopted to inform the SBCC strategy. The combination of these theories underscores the importance of:

The Ecologic Model

According to the Ecologic model, behavior is influenced by a number of factors, including: intra-personal factors (characteristics of the individual such as knowledge, attitudes, behavior, self-efficacy and skills); inter-personal processes including formal and informal social networks and social support systems (including the family, peers, friends, and colleagues); community factors (relationships among organizations, institutions and informal networks within defined boundaries), the wider society, including public policies and institutional factors (e.g. government institutions and systems, social institutions, including religion, formal and informal rules and regulations for operation, national, regional and district laws and policies, etc.). Behavior change strategies, therefore, should range from skills development at the intra-personal level, to strategic communication, to policy advocacy, to improved systems and supply chains, to social mobilization at various levels. The Ecologic Model acknowledges the importance of the interplay between the individual and the environment and considers multi-level influences on behavior. In this regard, the individual is considered important but not enough in the process of behavior change: many other factors influence behavior and therefore must be addressed at the different spheres of influence.

Ecologic Model: Levels of Influence on Human Behavior



Existing behavior – a cycle of neglect

Evidence from the research study suggests there is high prevalence of child marriages, whereas, low recognition of the existing issues of child marriage. Awareness about the government schemes, services offered by the adolescent friendly health clinics, low agency among adolescent girls and economics around child marriage - a key barrier to prevention strategies. Another challenge is to induce behavior which will aid in breaking away from traditional behavior and encourage adoption of a new concept –like continued education of adolescent girls and accessing livelihood opportunities.

Communication objective

Therefore, the main objective of the communication campaign is, to not only spread positive messages about delaying marriages, sharing information about sexual and reproductive health, education and livelihood opportunities and social mobilization through involvement of elders in the community, opinion leaders and strengthen adolescent agency through positive role models.

Desired behavior

Empower adolescent girls and boys who can exercise agency in important decision making about life choices

Feel: Accessing information about reproductive health matters, livelihood options and government schemes will ensure empowerment with knowledge

Do: Engage in group activities, collectives and connect with peer leaders to get positive messages

Think: Now that I can benefit from these information and services, I should tell others about it as well

Inspiring behavior change – communication architecture

- Formation of youth groups (*clubs or mandalis*), pressure group led by the group of peer educators
- Key opinion leaders like teachers, health workers religious leaders will be made more approachable for adolescent issues and advice on alternatives to early marriage
- Evolution to becoming aware about menace of child marriage and necessity for prevention furthered through media interventions
- Involving parents, parent-in-laws and elders in the community and enablers like ASHAs/AWWs to regularly keep abreast on livelihood options as alternative to early marriage and the adolescent friendly health services

G.6 Implementation strategies

Communication climate

Bihar has a rich communication climate including the use of television, radio, outdoor media, and new ICT technologies to rapidly expand reach and impact. Mass media is pervasive, especially radio. Telecommunication is an entry point, as seen through various application based and entertainment initiatives. In the light of this overall communication climate, East and West Champaran's communication landscape is average – with radio and television being more common is certain blocks than others. Mobile based entertainment is popular, with film and music-based content being sought after.

Behavior change is possible only through strategic communication interventions that are well founded on research and involve those most affected. The following are some of the strategies that can be used to bring about the changes:

- i) Entertainment education through radio, television and print: Entertaining TV and radio formats such as drama, variety shows, animation and other formats, such as

music and videos, can be employed to inform and motivate people through magnification of positive behavior by role models.

- ii) Use of community level channels: Art, comics, short films, theatres, games, etc. are effective entertaining formats aimed to appeal to the parents either rationally or emotionally. Facilitated discussions and interchange with audiences on the child marriage issues is needed after theatre or film shows in order to capitalize on their learning and attention. This discussion and reflection enhance knowledge and attitudes changes, inducing self-reflection and behavior change.
- iii) Interpersonal communication and counselling: It is noted that change agents (peer educators) need to be empowered with appropriate communication skills. Peer education is one of the approaches under this strategy that aims to build knowledge, motivation and life skills.
- iv) IEC materials and messaging: Development and distribution of IEC materials is very core to effective SBCC programs. IEC materials are effective instruments for passing/transmitting messages for advocacy, promotion and community involvement and participation activities.

G.7 Core Elements of the Communication Strategy

OBJECTIVE	AUDIENCE	MEDIUM	PROPOSED INTERVENTIONS	EXECUTION	TIMELINE
Improve access to the information on issues of child marriage	Adolescent girls and boys, parents, opinion leaders (teachers, frontline workers, panchayat members etc.)	IEC, IPC, Sloganeering	- Mobile based Audio-Visual content	Creative strategy	4 Weeks
			- Comic book,	Creative route	(Parallel)
		Mass media, Out of Home	- Calling out slogans, marches (once in month)	Creative execution - scripting, production and post production of radio series, mobile based A/V, Posters / Banners (10 – 1 each for PHC/APHC/AFHC/ School/ Panchayat in one block)	6 Weeks
			- Radio series – testimonial/role model based	Pretest the creative content (finalization)	2 Weeks
Increase demand for services and products	Community – adolescent girls and boys and	IEC, IPC, OUT OF HOME	- Visual based handouts with RH information for life skills training	Creative strategy	4 Weeks
				Creative route	(Parallel)
				Creative	6 Weeks

	parents		<ul style="list-style-type: none"> - Mobile based A/V services (Common tool as above) - Reckoner card of govt. schemes, adolescent friendly health services 	<p>execution - scripting, production and post production of radio series, mobile based A/V</p> <p>Pretest the creative content (finalization)</p>	2 Weeks
Improve adolescent friendly health services – information and counselling services	Community – adolescent girls and boys and parents	IPC, community based intervention, out of home	<ul style="list-style-type: none"> - Rebranding and relaunch of adolescent friendly health clinics 	Creative strategy	4 Weeks
			<ul style="list-style-type: none"> - Regular monthly APHC/PHC adolescent health day for relationship/ trust building 	Creative execution: Branding unit (2), Directional Signage (4), Handouts (2)	8 Weeks