

# END LINE EVALUATION REPORT OF THE PROJECT MARRIAGE – NO CHILDS PLAY UNDER MORE THAN BRIDES ALLIANCE

Submitted to



Submitted by

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## LIST OF ABBREVIATIONS

BVHA	Bihar Voluntary Health Association
MTBA	More Than Bride Alliance
NFHS	National Family Health Survey
SRHR	Sexual and reproductive health and rights
UNICEF	United Nations Children's Fund
UN	United Nation
MNCP	Marriage No Child's Play
SRR	Sexual and Reproductive Rights
GOI	Government of India
HDI	Human Development Index
GDI	Gender Development Index
NFHS	National Family Health Survey
PPS	Probability proportional to size
FGD	Focus Group Discussion
KII	Key Informant Interviews
PRI	Panchayati Raj institution
BDO	Block Development Officer
ANM	Auxiliary Nursing Midwifery

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## **EXECUTIVE SUMMARY**

Child marriage refers to the practice in which a young child, usually a girl below the age of 18, is married to an adult man or a boy. Child marriage is a global problem. It is spread across India. Child marriage is not only a gross violation of human rights as per the United Nations Convention on the Elimination of All Forms of Discriminations against Women, but also undermines progress towards developmental goals. Child marriage is both a symptom of and a contributor to gender inequality. Studies demonstrate the clear linkages between the incidence of child marriage and poor health indicators, often due to early child bearing that contributes to high levels of maternal mortality and morbidity (ICRW, 2008).<sup>1</sup>

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.

Recognizing the need for more concerted efforts, Bihar Voluntary Health Association with the support from More than Brides Alliance, had designed a project “Marriage No Child’s Play (MNCP)” 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 ‘young people are able to decide if and when to marry and pursue their SRHR in a supportive environment’

The seven expected outcomes of the program were:

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

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<sup>1</sup> [Microsoft Word - Cover Page Child Marriage.docx \(niti.gov.in\)](#)

The implementation of the project was started since November of 2016 and will be ended in the month of December 2020. The program has experienced lot of changes in the knowledge attitude and practices of the adolescent girls, boys, parents, community stakeholders, faith-based leaders etc. and there are still some areas where there is much scope for changes. There are lot of existing social norms in the region which perpetuates early marriages in the region where the project interventions help in improving such norms.

At the end of the project, end line evaluation was conducted to systematically and objectively assess the completed project. Global Path fields was commissioned as the external organization to conduct end line survey in the two districts of the project and compare the findings with base line survey findings. This aimed to determine the relevance and level of achievement of project objectives, development, effectiveness, efficiency and impact.

The proposed assessment covered a multi-dimensional analysis of various programmatic indicators for the adolescent girls and boys and their parents involving a multidimensional analysis of various interventions, barriers and challenges, and other aspects. The report evaluated the positive behavioural changes in direct and indirect beneficiaries of the project on child marriage and SRHR towards improvement.

The present end line evaluation took place in November 2020 and highlighted the approach, strategies, effectiveness of interventions, management and community mobilization of the programme in a more meaningful manner. For the end line assessment, we have used both quantitative and qualitative data collection approaches. To collect quantitative data, a survey was done to understand the changes that have been brought in the last four years through the Project focused Knowledge, Attitude and Practice of the community regarding early marriage and SRHR issues through a structured questionnaire. Similarly, for quantitative data Focus Group discussion with the adolescents, married girls and boys and parents and Key Informant Interviews with the stakeholders was conducted to compare baseline data with end line data related to girl's empowerment, SRHR information, life skill education, economic empowerment, parent's attitude

The end line evaluation shows that among the adolescent girls and boys & married girls and boys, and parents' knowledge, attitude and practice on early marriage, pregnancy, sexuality, HIV/AIDS, menstruation and reproductive health, equal rights and Sexual and Reproductive health and rights has increased in both Raxual and Majhualia block of east and west Champaran of Bihar.

Following are the comparative findings of the end line assessment:

- There was a rise in educational status of the adolescent girls and boys, as in the end line survey, majority of the respondents (in school) were perusing higher studies (higher secondary -66.14%; higher education -33%) which was not the case in the baseline.
- The end line survey depicted that married girls (51.3%) were regularly attending online classes.
- There was slight rise in the awareness of the boys from baseline (9%) to end line (17.4%). Average (70%) amongst both the block disagree that vocational training could provide them skill and capacity to seek job in the market.
- The adolescent girls across both the blocks preferred cutting and tailoring as the predominant vocational course of their interest.



- The married girls considered vocational training effective and took interest in the program. 26.3% of the married women (in school) considered vocational training useful in end line data which was 14.9% in the baseline.
- Also 39.5% married women (out school) in end line had expressed her interest and taken interest in vocational activities which was only 11.63% in the baseline.
- There was an average decrease of 15% from end line to baseline amongst the working adolescent girls and boys who are less than 18 years of age. Both girls (63.6%) and boys (75%) of the age group of above 18 years work either against money or in support of family livelihood.
- It was very positive to note that 100% of the respondents were aware about the right age of marriage in both the blocks depicting enhanced knowledge of early marriage from baseline.
- An average of 80% in the end line survey had agreed that dowry is illegal but in Majhualia still dowry was a practice as 50% of the respondents consider dowry as legal practice.
- The data revealed that despite continuous efforts of BVHA, the respondents in both baseline (16%) and end line (15.5%) were not comfortable on sexuality. Also 82% of the respondents in baseline and end line said that they had no illegitimate sexual relation.
- The adolescent girls and boys give preference to their education and career. They consider 20 years and above as the right age of pregnancy (33.3% amongst unmarried girls in Majhualia, 18.7% amongst unmarried girls in Raxual )
- The majority of the married girls considered health risk to mother (86% in Raxual , 67.2% in Majhualia) as the major effect of underage pregnancy followed by health risk to child , education and career.
- In Raxual, and Majhualia, majority of the girls and boys (average 70%) prefer using condom followed by pills.
- There is a decrease from baseline (50%) to end line (32%) of the out-school married girls in the age category 15-18 yrs have conceived in Raxual and increase in Majhualia from 47% in baseline to 84.5% in end line.
- There is positive change in the behavior and attitude of the married boys and girls in family planning. In baseline most of the married girls (Raxual-30%, Majhualia-25.7%).
- This was a positive to note that respondents are aware about their rights and duties towards family and self which was not the case in baseline (Raxual -43%, Majhualia - 27%).
- The married girls shared that they face problems during pregnancy as fatigue, depression, medical complications and others as in Majhualia , 42.9% of the married girls face mental illness as depression during pregnancy which was 0% in baseline.
- The knowledge and practice of girls and boys have increased due to intervention in the blocks. In end line (Raxual married Boys-13%: unmarried boys-16% married girls-6%, unmarried girls-15%) a few respondents were of the view that menstruation is a disease which has further decreased to average 5% in end line.
- A significantly large section of the respondents (Average baseline – 60% Average end line -73%) prefer government hospital as the treatment center in Sexually Transmitted diseases across the study block; Raxual and Majhualia
- Majhualia (baseline-61.29 end line- 52.1%) and Raxual (baseline- 58.82% end line-21%) block, there is a slight decrease in number of cases of mental harassment.
- But in both Raxual and Majhualia amongst married girls and boys and unmarried girls there is average 50% rise in the level of awareness

- On the issue of gender equality, it was very unfortunate that there is minimal rise in the level of awareness on gender issues. In Raxual, very few married girls were aware on gender equality from baseline (17%) to end line (11.5%). While amongst married boys in end line, 73.6% of the respondents were practicing gender equality which was only 17 % in baseline.
- There is average 60% rise in the awareness level of respondents from end line to baseline (10%) of knowing anyone who has availed such services. Across the domains age, gender, marital status and schooling, there is an average rise of 50 % of the respondents who know anyone in their surrounding who had availed SRHR services

Therefore, there is a need to launch a robust advocacy campaign for prevention of child marriage and a need for awareness and sensitization programmes including media campaigns for creating an environment of delaying marriage and empowering adolescent girls. Increasing girls' access to and motivation for pursuing higher education and vocational training is a key intervention strategy for delaying age at marriage. Promotion of girl's schooling including attention to special vocational and livelihood training directed at increasing girl's income earning opportunities and delaying marriage. Also, there is a felt need to address the issue of sexuality within adolescents and sensitize them about the SRHR and human rights of women and children where civil society organization can play a crucial role to carry out such target-oriented advocacy in schools, colleges and institutions .

## 1. INTRODUCTION

The right to free and full consent to a marriage is recognised in the United Nations (UN) Universal Declaration of Human Rights (UN 1948) with the recognition that consent cannot be “free and full” when one of the parties involved is not sufficiently mature to make an informed decision about a life partner. The Convention on the Elimination of All Forms of Discrimination Against Women (UN 1979) states that the betrothal and marriage of a child shall have no legal effect and all necessary action, including legislation, shall be taken to specify a minimum age for marriage. The Committee on the Elimination of Discrimination against Women recommends this age to be 18. Based on the Convention on the Rights of the Child (UN 1989), child marriage refers to marriage in which one party is under the age of 18 years. National and international communities are increasingly recognising child marriage as a serious challenge, both as a violation of children’s human rights and as a barrier to key development outcomes<sup>2</sup>.

Child marriage disproportionately affects young girls, who are much more likely to be married as children than young boys (Mathur, Greene & Malhotra 2003). Child marriage rates in South Asia are the second highest in the world, behind only West Africa. In terms of numbers, one-half of all girls affected by child marriage reside in South Asia (ICRW 2011b). A recent quantitative analysis (Raj, McDougal & Rusch 2012) of changes in the age of children at marriage in four South Asian countries – Bangladesh, Nepal, Pakistan and India – reveals that over the past two decades significant relative reductions have occurred in the marriage of girls under the age of 14. No relative change has been recorded in the marriage of girls aged 14-17.

Child marriage refers to any formal marriage or informal union between a child under the age of 18 and an adult or another child. While the prevalence of child marriage has decreased worldwide – from one in four girls married a decade ago to approximately one in five today – the practice remains widespread. The United Nations Sustainable Development Goals call for global action to end this human right violation by 2030.

### India

India alone accounts for one-third of girls married before age 18 globally (UNICEF 2014). Recent National Family Health Survey data highlighted that more than one-quarter of women (27%) aged 20–24 were still getting married before age 18 (IIPS 2016). Although child marriage is on the decline in India, the pace of decline is very slow with about one-fifth percentage point decline (21%) in the past decade according to Census of India 2001 and 2011 (Office of the Registrar General and Census Commissioner, India n.d., a, n.d., b).<sup>3</sup>

“If efforts are not accelerated, more than 120 million girls will marry before their eighteenth birthday by 2030.”

UNICEF

<sup>2</sup> [PLAN-ASIA-Child-Marriage-3-Country-Study.pdf \(icrw.org\)](#)

<sup>3</sup> More Thab Bride Alliance: Baseline Report, India, 2017

However, in some states, the prevalence of child marriage still exceeds 60 per cent with the highest rates found in Bihar, Jharkhand, Rajasthan and Andhra Pradesh.<sup>4</sup>

More recent data available from the National Family Health Survey (NFHS-4, 2015–16) highlight large declines in early marriage, defined as the percentage of girls married before age 18. According to NFHS-4, the five states with the highest prevalence of early marriage were: West Bengal (41%), Bihar (39%), Jharkhand (38%), Rajasthan (35%), and Assam (33%). The practice is more prevalent in rural areas compared to urban areas, with rates of 56 and 29 per cent respectively (UNICEF 2011). There is a clear association between child marriage and education. The incidence of child marriage is 77 per cent among girls with no education, 62 per cent among girls with a primary education and 27 per cent among girls with a secondary education or higher (Gupta et al. 2008). Under the Prohibition of Child Marriage Act (2006), the legal age of marriage is 18 years for girls and 21 years for boys. It mandates punitive measures against all who perform, permit or promote child marriage.<sup>5</sup>

### Child Marriage and Sexual and Reproductive Rights

Sexual and reproductive health (SRH) is a state of complete physical, mental and social well-being in all matters relating to sexuality and the reproductive system. It implies that individuals are able to have a satisfying and safe sex life free of coercion or discrimination, the capability to reproduce, and the freedom to decide if, when, and how often to do so.

In order to enjoy good SRH, individuals need to be able to exercise their sexual and reproductive rights (SRR), which include: freedom to decide whether, when and with whom to engage in sexual relationships; freedom of sexual expression; freedom to enter into marriage with consent, to found a family, and to choose the timing, spacing and number of children to have; to have access to information and means to achieve their reproductive goals, and; to be free from discrimination, degrading treatment, coercion and violence. Together, SRH and SRR are known as sexual and reproductive health and rights (SRHR).a SRHR are enshrined in a number of human rights instruments and international agreements, including the Programme of Action of the International Conference on Population and Development, Platform for Action of the International Conference of Women, the Convention on the Rights of the Child, and the Convention on the Elimination of All Forms of Discrimination Against Women.

When girls marry as children, they are denied the ability to make critical choices about their futures, and are thereby denied their basic SRR. Child marriage is also a significant contributor to poor sexual and reproductive health outcomes for adolescent girls, which can follow them into adulthood and also affect the well-being of their own children.<sup>6</sup>

Efforts to end child marriage has also been the mandate to press governments to meet their obligations under international law to eliminate the practice. Key international human rights treaties include the **International Covenant on Civil and Political Rights**, the **Convention on the Elimination of All Forms of Discrimination against Women**, and the **Convention on the Rights of the Child**. While there is growing evidence of the effectiveness of a number of

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<sup>4</sup> [EarlyChildMarriageinIndia\\_LandscapeAnalysis\\_FULL.pdf \(ajws.org\)](#)

<sup>5</sup> [Child marriage | UNICEF](#)

<sup>6</sup> [Girls-Not-Brides-5.-Child-Marriage-and-SRHR-Ir.pdf](#)

community-level approaches, government cooperation, law enforcement, and national-level initiatives are key to scale and sustainability.

Further, there are many other frameworks to prevent Child marriage in India.

### Legal and Institutional Framework for Preventing Child Marriage

The prevention of child marriage is supported by the legal provision specified in the Prohibition of Child Marriage Act 2006. A snapshot of the provisions of the Act are as follows:

#### **Prohibition of Child Marriage Act :2006**

- The legal age for marriage is 18 years for females and 21 years for males;
- Child marriage is an offence punishable with rigorous imprisonment, which may extend to 2 years, or with fine up to Rs. 1 Lakh, or both; Child marriage is a cognizable and nonbailable offence;
- Child marriages are voidable and can be annulled;
- Persons who can be punished: those performing child marriages; male adults above 18 years marrying a child; and
- Persons responsible for the child (i.e. parent, guardian promoting, permitting, participating or failing to prevent a child marriage).

The **National Commission for Protection of Child Rights (NCPCR)** mandate is to ensure that all Laws, Policies, Programmes, and Administrative Mechanisms are in consonance with the Child Rights perspective. The Commission visualises a rights-based perspective flowing into National Policies and Programmes, along with nuanced responses at the State, District and Block levels, taking care of specificities and strengths of each region.

#### Bihar State Scenario

Bihar accounts for a mixed bag of accomplishments vis-à-vis status of women and girls in the state. While most development indicators point at significant gains in opportunities of well-being for women and girls over the last two decades in particular, the state continues to face persistent challenges towards addressing gender-based inequalities in multiple domains of life, which have a strong bearing on the prospects of the development of the girl child in particular.<sup>7</sup>

For instance, the latest edition of the National Family Health Survey (2015-16) points at significantly high proportion of women in the age group of 15-49 years suffering from Anemia (60.3%), while nearly 39.1% women aged 20-24 years were married before the age of 18 years. The gender gap in literacy, at 19.7 percentage points, is still significant as per Census 2011, with the state registering only 51.5% literate women.

According to Census 2011, Bihar has a population of 104 million, making it the third most populous state in India. With a population density of 1,106 per sq km, the state is also one of the most densely populated. Almost 88.7 per cent of Bihar's population resides in rural areas. Bihar has a child population of 19.13 million in the 0-6 years age group, the second highest child

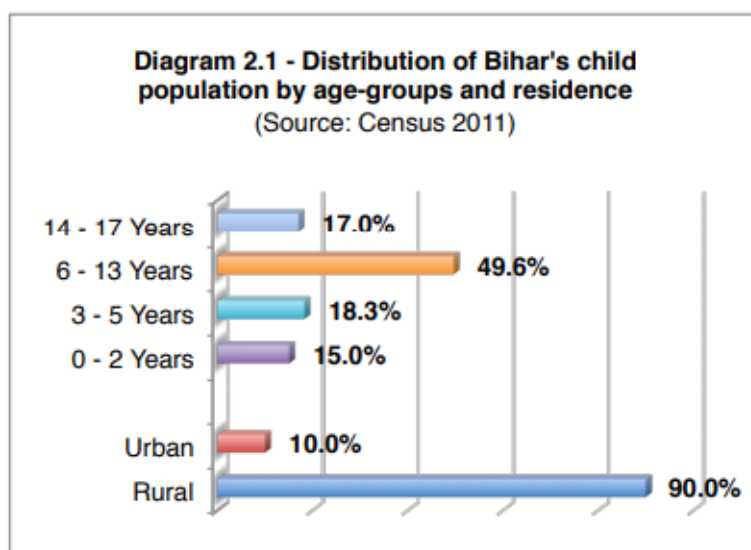
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<sup>7</sup> [EarlyChildMarriageinIndia\\_LandscapeAnalysis\\_FULL.pdf \(ajws.org\)](#)

population among all Indian states and accounting for 12 per cent of the total child population of India in this age group. Almost 46 per cent of Bihar's population is aged less than 18 years.<sup>8</sup>

#### Child Population in Bihar<sup>9</sup>

As per Census 2011, the total child population of Bihar in the age group of 0-17 years is 4,75,03,065, which is close to half (45.6%) of the total population (10,40,99,452) of the state. The female child population in the age group of 0-17 years constitutes nearly 47.5% of the total child population of the state. Majority (90%) of Bihar's child population resides in rural areas, whereas urban child population accounts for only 10% of total child population.



The sex ratio of the state stands at 918, much lower than the national ratio of 943. As per the Rapid Survey on Children, which was conducted by the Ministry of Women and Child Development (GoI) in 2013-14, the state has about 45.2% of girls aged 15-18 years whose Body Mass Index was less than 18 kg/m<sup>2</sup>.

#### District wise Population of Children in Bihar<sup>10</sup>

<sup>8</sup> Unicef India

<sup>9</sup> Bihar State Draft Plan of Action for Children 2017

<sup>10</sup> Bihar State Draft Plan of Action for Children 2017

**Table A2. District wise Population of children in Bihar**

State/ Districts	Total Child Population (0-17 years)	Below 3 years	3-5 years	6-13 years	14-17 years	Males	Females	Child Sex Ratio
BIHAR	4,75,03,065	15.0%	18.3%	49.6%	17.0%	52.5%	47.5%	935
Pashchim Champaran	18,57,845	15.0%	19.2%	50.2%	15.6%	52.4%	47.6%	953
Purba Champaran	24,18,754	15.4%	19.3%	50.2%	15.2%	53.0%	47.0%	933

According to a report of the Ministry of Women and Child Development, Government of India (2009), Bihar had the lowest rank among 35 States/UTs on both HDI (0.552) and GDI (0.525) in 2006. Its performance in terms of Gender Empowerment Measure (2006) was one of the lowest at 0.385 (all India 0.451) – particularly low in terms of Index of economic Participation and Decision-making Power (0.269) and Index of power over Economic Resources (0.258), though fairly high in terms of Index of participation in Political Arenas & Decision Making (0.628).

NFHS-4 (2015-16) indicates a positive change in this direction and records a decline of 21 percent point from NFHS-3 (2005-06) in the rate of child marriages in Bihar. However, child marriage remains widespread in Bihar, where about 39 per cent of all women 20-24 years of age were married before their 18th birthday, which is significantly higher than the national average that hovers around 27%. District wise variations indicate Madhepura (58.3%) having highest percentage of girls married before the age of 18 years, followed by Supaul and Begusarai with 56.9% and 53.2% respectively.

Further, as per NFHS the percentage of men age 25-29 years married before 21 years of age is slightly higher than women married off early and indicates relatively much slower pace of change. With 7.2 percent point decline from NFHS 3, the percentage of men married off before 21 years of age hovers around 40%, which is much higher than the national average of 20.3%. Early child bearing as a result of early marriage is another scourge that needs to be dealt with. As per NFHS-4, about 12.2% women aged 15-19 years in the state were already mothers or pregnant at the time of survey, which is relatively higher than the national average of 7.9%. The practice is relatively more prevalent in rural areas than in urban areas.

**Table 1: Prevalence of Early Marriage and Early Pregnancy (in %) in Bihar**

Indicators	NFHS 4 (2015-16)		NFHS 3 (2005-06)	
	Urban	Rural	Urban	Rural
Women aged 20 -24 years married before age 18 years	26.9	40.9	39.1	60.3
Women age 15-19 years who were already mothers or pregnant at the time of the survey	8.3	12.8	12.2	25.0

In the East and West Champaran, girls as young as 12 or 13 years get married and bear their first child before they turn 15 or 16. However on the positive note it has registered a fall as indicated below:

**Table 2: Prevalence of Early Marriage and Early Pregnancy in East and West Chmaparan (in %)**

Indicators	NFHS 4(2015-16)	
	West Champran	East Champaran
Women age 20-24 years married before age 18 years	37.9%	43.5 %
Women age 15-19 years who were already mothers or pregnant at the time of the survey	19.9%	17.7 %

### **More Than Brides Alliance (MTBA)**

The More Than Brides Alliance (MTBA) is an alliance of several partners led by Save the Children, Netherlands and is an implementing program to reduce the prevalence of child marriage and its negative consequences for young women and girls in five countries. Other partners of the alliance are Oxfam Novib, Simavi, and the Population Council. The five countries in which the program that's named "Marriage: No Child's Play" is being implemented are: India, Malawi, Mali, Niger, and Pakistan. Broadly, the programs implemented by MTBA have defined five key result areas:

- Empowering at-risk and already-married adolescents, girls in particular, with life skills education (LSE), comprehensive sexuality education (CSE), and sexual and reproductive health and rights (SRHR) information.
- Providing alternatives to child marriage and mitigating the impact on married girls, through enhancing access to education, economic opportunities, and child protection systems for girls and their families.
- Increasing access to SRHR services for young people.
- Changing social norms.
- Influencing legal and policy frameworks.

In Bihar, Save the Children and Simavi are working with BVHA to implement the "Marriage: No Child's Play" program in East and West Chanparan districts of Bihar.

Therefore, understanding the intensity of the issues that child marriage violates girl's and boys' sexual and reproductive rights and further lead to poor health and economic outcome, Bihar Voluntary Health Association (BVHA) with the support from More than Brides Alliance had initiated a project "Marriage No Child's Play (MNCP)" in the districts of East and West Champaran of Bihar to address the most critical factor of child marriage and ensure that 'young people are able to decide if and when to marry and pursue their SRHR in a supportive environment.

The following chapter is about BVHA and its journey till 2020.



## 2. METHODOLOGY

The project evaluation was the process that critically examined the program. It involved collecting and analysing information about a program's activities, characteristics, and outcomes. The purpose of this end line evaluation was to make judgments about the project, **to evaluate its effectiveness and suggest recommendation.** To evaluate the project and its impact on the field, BVHA along with Global Pathfields conducted the end line evaluation and objectively assessed the completed project.

### 2.1 Process

An initial virtual meeting was held with the BVHA team involved in the project implementation along with discussion with Director Program and Project team, BHVA, to understand the vision of the project along with the long-term strategy of BHVA. The key motivation of this meeting was to develop a clear understanding of scope of work and get a sense of BHVA team's expectations from Global Pathfields team under the assignment. This meeting formed the bases of this study and thus, all core team members were be part of the meeting. The other objectives of the meeting were:

- ***Familiarity with project team:*** A consultative approach was used throughout this end line evaluation. Thus, it was very important that both teams know each other and their expectations.
- ***Collect and identify key project documents for literature review:*** For developing the deep understanding of the project the below mentioned documents were reviewed:

- Project documents relate to attitudes and knowledge of adolescents and parents on SRHR and child marriage
- Attitudes and knowledge of adolescent boys and girls (10-19 years)
- Attitudes and knowledge of the community
- Other relevant documents related to project as reports etc.

Therefore, methodology for the study envisaged desk and literature review, field research, participatory study, in-depth and focused interviews with the community, beneficiaries and stakeholders along with focused group discussions and field observation conducted by Global Pathfields and analysis of data collected with report writing

## 2.2 Research Design

For the study Global Pathfields has used both quantitative and qualitative data collection approaches. To collect quantitative data, a survey was done to understand the changes that have been brought in the last four years through the Project focused Knowledge, Attitude and Practice of the community regarding early marriage and SRHR issues through a structured questionnaire. For each included participant a form containing basic socio-demographic characteristics and whether the participant was available, absent or refused to participate was collected.

Probability Proportional to Size (PPS) technique and Cochran's formula was used to create the sampling framework. Probability proportional to size (PPS) sampling is a method of sampling from a finite population in which a size measure is available for each population unit before sampling and where the probability of selecting a unit is proportional to its size In- Depth Interview methods was used to collect data. The number of samples required for the survey was assessed by Cochran's formula, i.e.,

$$n = \frac{pqz^2}{d^2}$$

n = required sample size

p = proportion of the population having the characteristic

q = 1-p

z = Z value of confidence level

d = degree of precision

The proportion of the population (p) was taken as 0.5 as unknown prevalence, and it assumes maximum heterogeneity (i.e., a 50/50 split).

Further we kept confidence level as 95% (Z value of 95% confidence level is 1.96), degree of precision as 5% and accounting for sampling error of 5%. So, by considering all these parameters, the sample size for the study was calculated as mentioned in the table below for data collection:

	RESPONDENTS	SAMPLE SIZE (INTERVIEWS)	SAMPLING TECHNIQUES
<b>Quantitative</b>			
<ul style="list-style-type: none"> <li>Married Adolescent girls &lt;15 yrs in school and out of School</li> <li>Married Adolescent girls 15 - 18 yrs in school and Out of School</li> <li>Married Adolescent Boys &lt; 21 yrs in school and Out of School</li> <li>Un-married Adolescent girls &lt; 15 yrs in school and Out of School</li> </ul>	Children (Most marginalized children like children at risk of being married Other vulnerable group of children like differently abled and children in need of care and protection)	<b>608</b>	<i>Stratified Purposive Sampling:</i> From each category equal number of samples was selected.
<ul style="list-style-type: none"> <li>Un-married Adolescent girls 15 - 18 yrs in school and Out of School</li> <li>Un-married Adolescent Boys &lt; 15 yrs in school and Out of School</li> <li>Un-married Adolescent Boys 15 - 21 yrs in school and Out of School</li> </ul>	Fathers of adolescent girls & boys Mothers of adolescent girls and boys, Community members, VLCPCs, Adolescent Groups, Children Groups CSOs,	<b>152</b>	<i>Stratified purpose sampling:</i> From each category equal number of samples was selected randomly.
<b>Total</b>		<b>760</b>	

**Table-2: Summary of FGDs, KIIs by methods and respondents**

SN	Method	Respondents/source	Number
1	Key informant interviews (KIIs)	<ul style="list-style-type: none"> <li><b>Block level Officials:</b> Block Development Officer, PRI members, Health Service providers, Block health Manager / MOIC,</li> </ul>	6
		<ul style="list-style-type: none"> <li><b>District level:</b> Member of District Child Protection Committee, Child marriage protection officer, , Sub divisional officer, District Program Manager, District Education Officer.</li> </ul>	6
		<ul style="list-style-type: none"> <li><b>BVHA Executive Director</b></li> </ul>	1
		<ul style="list-style-type: none"> <li></li> </ul>	1
	<b>Total</b>		<b>13 KIIs</b>
2	Focus Group Discussions (4-5 per group)	Children and Parents	8
	<b>Total</b>		<b>8 FGDs</b>

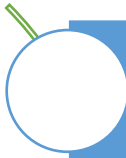


The list of villages/wards identified for the study using PPS method from each of the two study districts are given below:

Sl.	Block Name	Panchayat	Village
1	Majhaulia	Dhokarahan	Dhokraha
2		Dhokarahan	Mathia urf Bhataulia
3		Dhokarahan	Dudha Chaturi
4		Dhokarahan	Dudha
5		Dhokarahan	Bhaluhi
6		Baithania Bhanachak	Bhanachak
7		Baithania Bhanachak	Gurchurwa
8		Baithania Bhanachak	Konhra Dih
9		Baithania Bhanachak	Baithania
10		Baithania Bhanachak	Shampur
11		Nautan Khurd	Nautan Khurd
12		Nautan Khurd	Semra Birit
13		Nautan Khurd	Mathia Birit Bandobasti
14		Nautan Khurd	Bekhabra
15		Nautan Khurd	Sirkohiya
16		Bakharia	Bakharia
17		Bakharia	Ojhaulia
18		Bakharia	Patkhaulia
19		Bakharia	Thawaia
20		Bakharia	Bilaspur
21		Bakharia	Karamtola
22		Purendra	Purendra
23		Purendra	Belwa
24		Purendra	Piparia
25		Pantoka	Bharatmahi
26		Pantoka	Bairiya Brit
27		Pantoka	Ekderwa

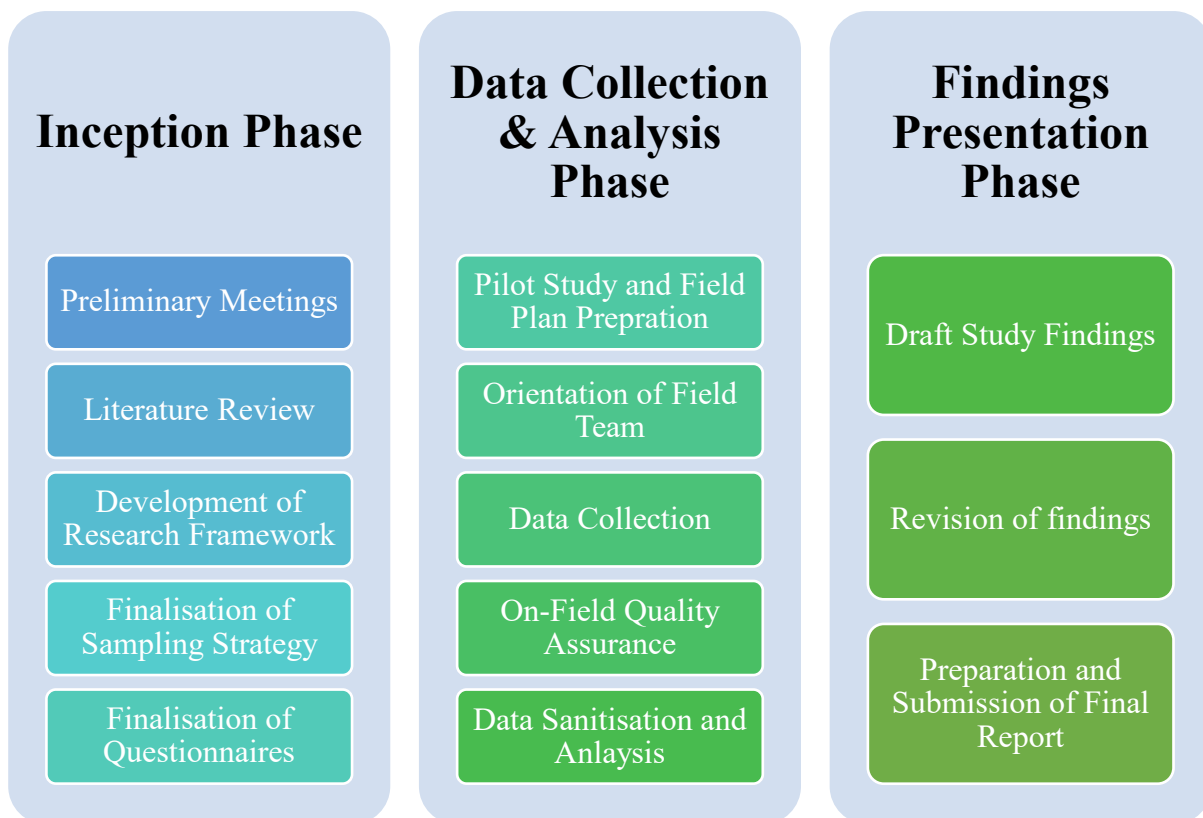
28	Raxaul	Pantoka	Sihpur
29		Pantoka	Haraiya
30		Pantoka	Pantoka
31		Dhangadhawa Kourihar	Dhangarhwa
32		Dhangadhawa Kourihar	Kaurihar
33		Dhangadhawa Kourihar	Senuaria
34		Dhangadhawa Kourihar	Laxmipur

After finalizing the project design and tools to be used in the evaluation, a training of Field Teams from the two districts of the project area was organized to train them on the android application and its operating guidelines. The objective of the training was to develop the understanding amongst the supervisors for the better and unbiased findings. They were also introduced about the project goals and objectives along with the training and demonstration of the android application (CAPI) to be used to collect the data from the field. A time line was prepared for the field visit, data collection and its compilation along with the necessary coordination mechanism between BVHA and Global Pathfields field teams for the smooth data collection while addressing the possible obstacles.

The supervisors from their respective districts prepared a data collection team for conducting interviews. Real time monitoring and support was extended to field teams in order to ensure that the data collected was without error. The key objectives of the Research were:

-  To provide BVHA with detailed end line data on key project indicators and to measure the changes in comparison to baseline data in girls' and boys' lives related to girl's empowerment, SRHR information, life skill education, economic empowerment, parent's attitude
-  To compare the baseline data and how the project interventions helped in changing the status
-  To catch any other important observations or findings

To meet the key objectives of the research, a mixed method approach, involving both quantitative and qualitative method was adopted. **Quantitative data** was collected by administering survey questionnaires tailored to each sub-population and **qualitative data** was gathered through FGD's. The methodology of final assessment includes the following:



**The first phase** was the **Inception Phase**, which involved all the preparatory activities. The key objectives were to reconfirm the project team of BVHA on the expectations from Global Pathfields under the assignment and prepare for the field data collection/ research.

**The second phase** was the **Data Collection and Analysis Phase**. This phase involved execution of field data collection activity and structuring of the findings. The key objective of this phase was to understand the stakeholder's views on identified indicators using different approaches. The data collected was analysed and put in a structured format as data collection findings.

**The final phase** was **Findings Presentation Phase**, the findings were put for review in front of key stakeholders and based on the review, they were finalised and presented to BVHA and team.

### **Limitation of the Study**

The study has been undertaken by the GLOBAL PATHFIELDS, keeping in view the standard research practices and methodology, in order to ensure quality standards within timeframe. However, keeping the festival season and spread of COVID-19 outbreak, we also face challenge in terms of on time data collection. Some of the key stakeholders were reached out after much follow up, which leads to increase in the duration of the study.

The next chapter is on the findings from the research.

### 3. KEY FINDINGS – BOYS AND GIRLS

This chapter presents the end line evaluation findings of the study with adolescent girls, boys and young married girls and boys. The analysis was done to assess knowledge, awareness, attitude and practice of respondents on issues of child marriage, Sexual Rights and Reproductive Rights sexuality, pregnancy and child rights. Also, the educational status was examined through some set of questions related to their education and its importance in development and empowerment of the young girls and boys in East Champaran (Raxual) and West Champaran (Majhaulia) districts of Bihar. **For better comprehension, the chapter has been divided into eight parts as:**

- A. Socio demographic profile of the young married and unmarried girls and boys of various age groups (15-21 years)
- B. Education status
- C. Vocational status
- D. Early marriage – Knowledge, attitude and practices
- E. Sexuality – Knowledge, attitude and practices
- F. Pregnancy – Knowledge, attitude and practices
- G. Menstrual and Reproductive health– Knowledge, attitude and practices
- H. Violence and harassment
- I. Entitlements and perception on equal rights
- J. SRHR- Knowledge, attitude and practices

#### **SOCIO DEMOGRAPHIC PROFILE OF THE YOUNG MARRIED AND UNMARRIED GIRLS AND BOYS OF VARIOUS AGE GROUPS (15-21 YEARS)**

The socio demographic profile in the end line evaluation represents (Table) the data of 304 Boys and 304 Girls in the Raxual Block of East Champaran and Majhaulia Block of West Champaran respectively in the state of Bihar.

<b>Table 3.1. Number of respondents – Strata</b>		
	<b>RAXUAL</b>	<b>MAJHAULIA</b>
<b>Married Adolescent Girls 15 years 15-18 years - In School</b>	46	30
<b>Married Adolescent Girls 15 years and 15-18 years - Out School</b>	32	44
<b>Married Adolescent Boys 21yrs - In School</b>	19	57
<b>Married Adolescent Boys 21yrs - Out School</b>	68	8
<b>Un-married Adolescent Boys 15yrs and 15-21yrs - In School</b>		58
<b>Un-married Adolescent Boys 15yrs and 15-21yrs - Out School</b>	11	56
<b>Un-married Adolescent Girls 15 to 18yrs - Out School</b>	17	47
<b>Un-married Adolescent Girls 15-18yrs - In School</b>	33	27
<b>Un-married Adolescent Girl &lt; 15 yrs - In School</b>	7	9
<b>Un-married Adolescent Girl &lt; 15 yrs - Out School</b>		12
<b>Un-married Adolescent Boys &lt; 15 yrs - In School</b>		18
<b>Un-married Adolescent Boys &lt; 15 yrs - Out School</b>		9
<b>TOTAL</b>	<b>233</b>	<b>375</b>

The respondents amongst both the Blocks as Raxual and Majhaulia belong age group between 15-21 years of age. In Raxual, 57.9% of the respondents were female and 42.1% were male. Similarly in Majhaulia , 54.9% were male and 45.1% were female. The sex ratio of the respondents was almost the same as in the baseline. Further, in both the block as Raxual (63.5%) and Majhualia (69.9%) majority of the respondents were from Schedule caste which was not the case in baseline. Majority of the respondents belong to Below poverty line as they possess Below Poverty line card as a part of entitlement {Raxual (99.9%) and Majhaulia (98.4%)}. The majority of the population were hindu in both the blocks; Raxual (87.1%) and Majhualia (88.5%). A complete summary of socio demographic profile of the sample data is given in table below:

	BASE LINE		END LINE	
	RAXUAL	MAJHAULIA	RAXUAL	MAJHAULIA
	n=222	n=228	n= 233	n=375
<b>SEX</b>				
Male	104 47%	100 44%	98 42.1%	206 54.9%
Female	118 53%	128 56%	135 57.9%	169 45.1%
Transgender				
<b>Social group</b>				
General caste	55 24.8%	55 25%	13 5.6%	21 5.6%
SC	75 33.8%	105 46%	148 63.5%	262 69.9%
ST	28 12.6%	21 9%	69 29.6%	92 24.5%
OBC	104 47%	100 44%	3 1.3%	0
<b>Entitlements (YES)</b>				
Birth Certificate	29%	22%	54 23.2%	78 20.8%
BPL Card Holder	48%	61%	231 99.1%	369 98.4%
Aadhar Card Holder	85%	89%	146 62.7%	259 69.1%
<b>Religion</b>				
Hindu	196 88%	213 93%	203 87.1%	332 88.5%
Muslim	26 12%	15 7%	30 12.9%	43 11.5%
Others	64 28.8%	55 20%	0	0

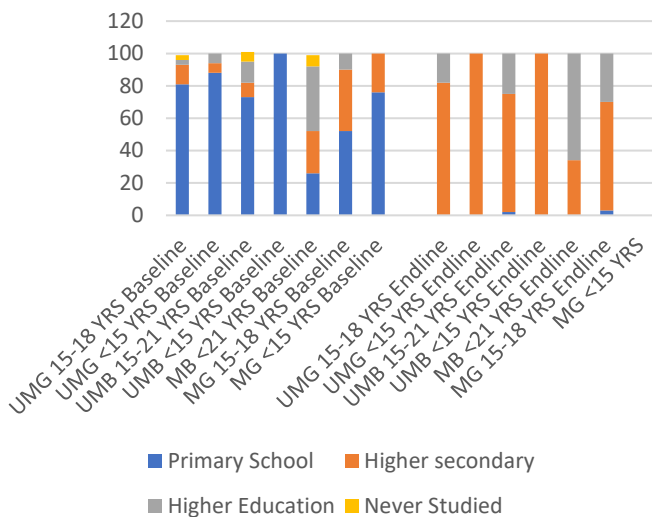


**Education status**

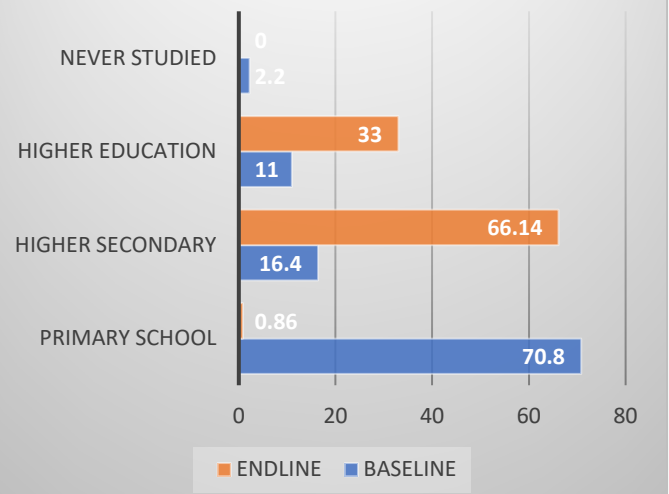
The analysis of respondents was done based on their educational status - whether in school or out of school. The point to be noted is that in-school also includes in-college categories within the prescribed age group.

At this juncture, it would be important to examine the factors that lead to drop out from school in different study blocks. There was a rise in educational status of the adolescent girls and boys, as in the end line survey (fig 3.1a), majority of the respondents (in school) were perusing higher studies (higher secondary -66.14%; higher education -33%) which was not the case in the baseline. Earlier, majority of the respondents (in school) studied in primary classes (70.8%) up to five class as presented in the fig 3.1b. This represents that adolescent girls and boys take interest in education and going for higher studies

**Fig 3.1 a EDUCATIONAL STATUS In School**

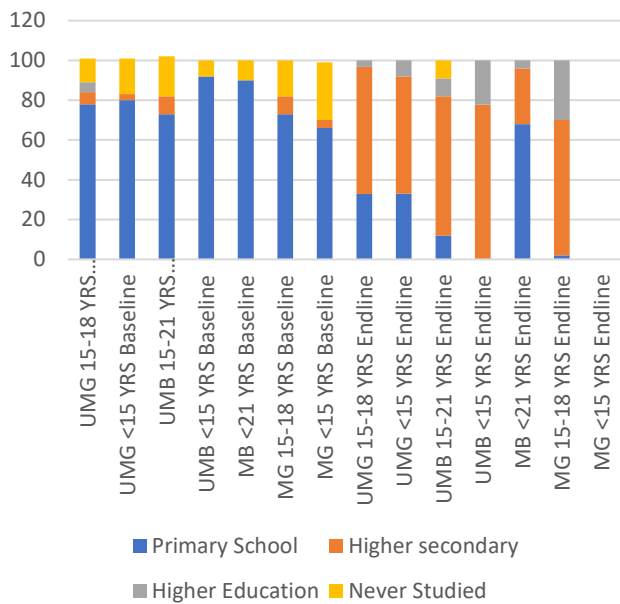


**Fig 3.1 b EDUCATIONAL STATUS In school**

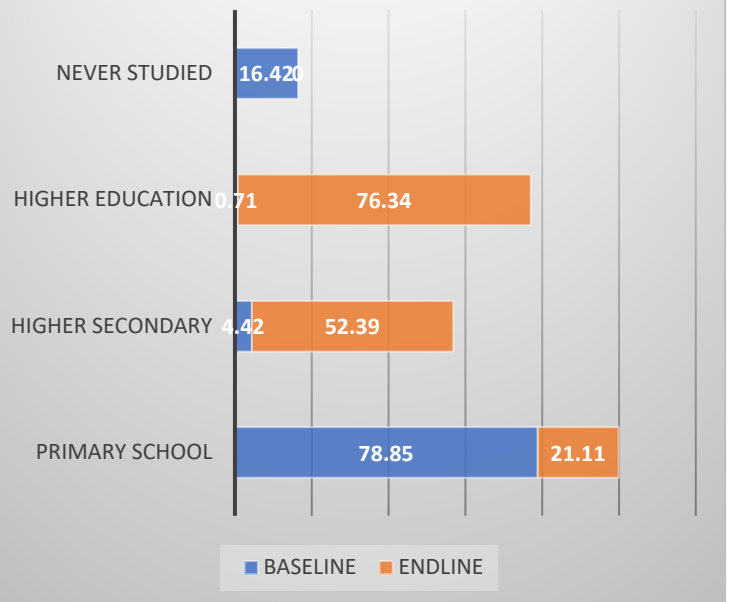


Similarly, adolescents’ boys and girls were drop out their education after completing the higher secondary (52.39%) and higher education (76.34%) (fig 3.2 b) which was not the case in baseline. The respondents in the baseline data indicated that children drop out from the education system much earlier in primary classes across the age group (Fig 3.2 a) as represented below in the graphs. This clearly indicate improvement in the education indicators across project locations. The awareness and sensitization sessions have enhanced the educational status and motivated girls and boys to attain higher education as a key strategy to delay the age of marriage. The youth now understand the importance of education and its relevance to lead a dignified life.

**Fig 3.2 a EDUCATIONAL STATUS OUT SCHOOL**

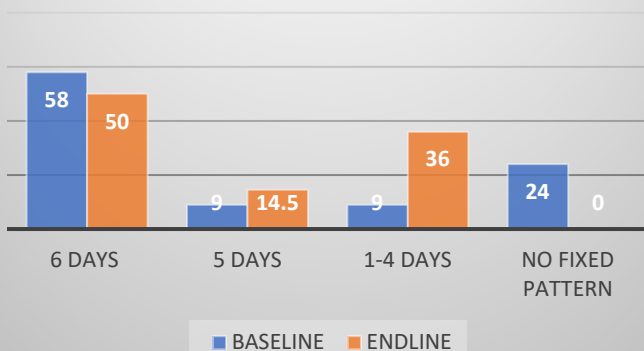


**Fig 3.2 b EDUCATIONAL STATUS OUT SCHOOL**

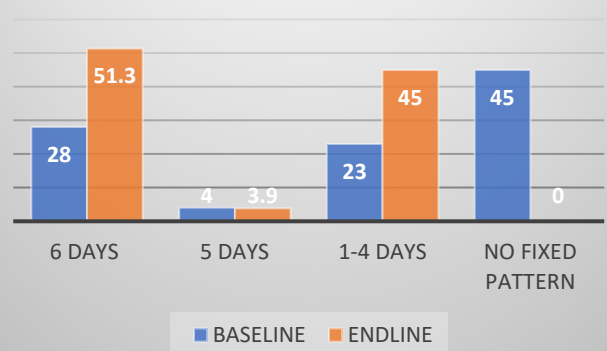


It was also positive to note that COVID and closure of regular classes in school had not affected the interest of students in education. Rather it had been an opportunity for the married girls to attend the school. **The end line survey depicts that married girls (51.3%) were regularly attending online classes** depicted in the figure 3.3 b . Also, majority unmarried were attending school regularly as represented in the fig 3.3 a below.

**Fig 3.3 a Days attended School in a week \_ Unmarried Girls**



**Fig 3.3 b Days attended School in a week \_ Married Girls**



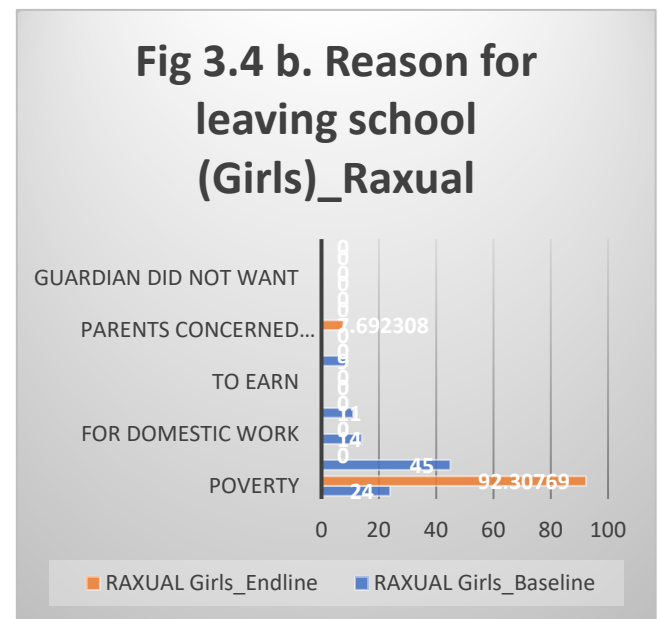
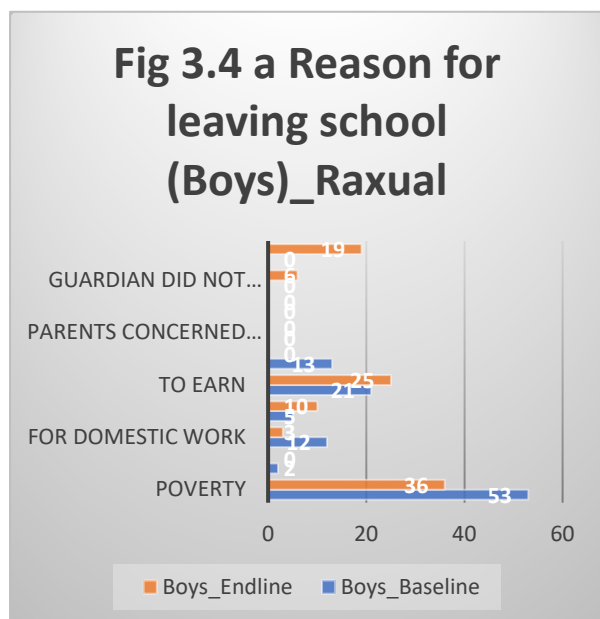
We further analysed to determine the level of class attainment and a significant percentage for unmarried and for married girls and boys did peruse the Senior secondary and Senior education after which they were bound to discontinue.

The primary reason (Fig 3.4) to leave the school both in baseline and end line, as mentioned across the block was Poverty (Raxual boys- 36%; Majhualia- boys- 98%) (Raxual Girls 92%; Majhualia Girls-70%). While in baseline for girl getting married was also one of reason for leaving the school but in end line both adolescent girls and boys consider only poverty as the hindrance in perusing higher education.

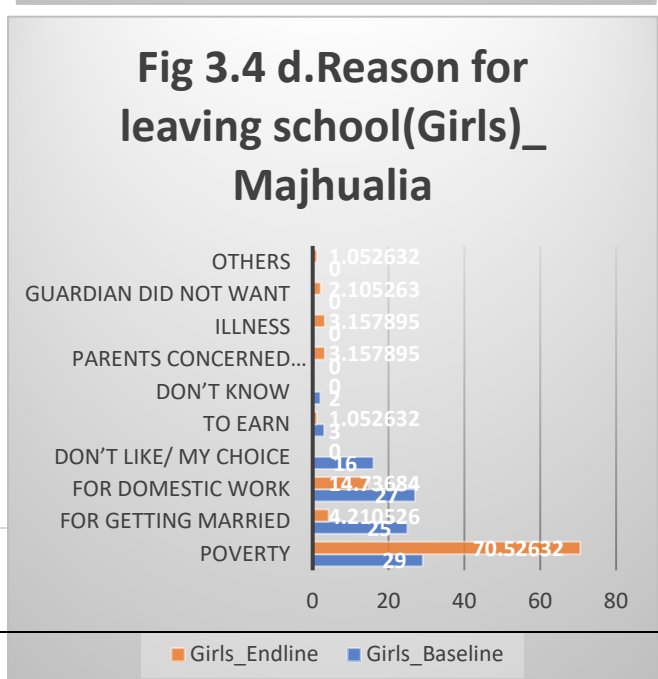
The evaluation study reveals the existing correlation between education and skill development. The promotion of schooling along with the special attention to vocational training for skill development had directed to increased income earning opportunities in both the districts leading to empowerment of youth specially girls.

This indicates a sense of empowerment among adolescent girls as well as their participation in the decisions, concerning their lives.

Promotion of girl's schooling should include attention to special vocational and livelihood training directed at increasing girl's income



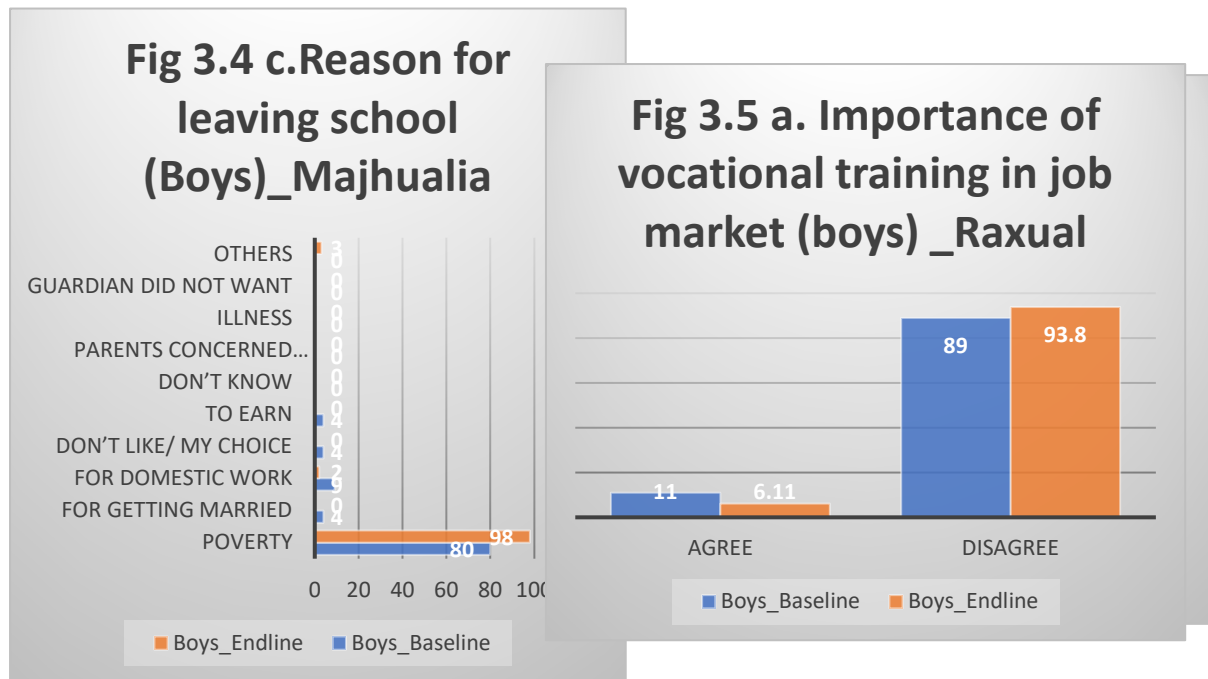
earning opportunities



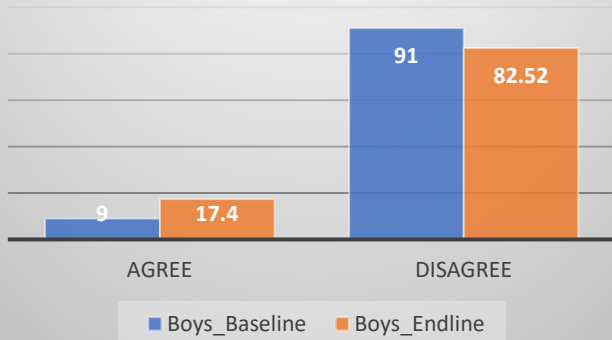
**VOCATIONAL TRAINING**

The Figure (Fog 3.5) present data on the on the experience and preferences of adolescent girls and boys in Raxual and Majhualia. Findings revealed that very few adolescents had participated in a vocational training program. The majority of the respondents disagreed that vocational training plays a significant role in job market. However, in Majhualia there was slight rise in the awareness of the boys from baseline (9%) to end line (17.4%). Average (70%) amongst both the block disagree that vocational training could provide them skill and capacity to seek job in the market as presented in the table below.

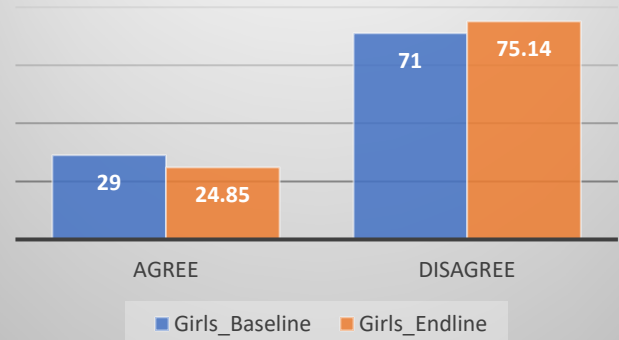
We would like to emphasis strategic concern on this issue, as skills and employment (including female labour force participation) are considered as emerging challenges across the country. Furthermore, improved skills set has a direct implication on the availability of jobs, migration, poverty, economic and social empowerment. Keeping this in view, the study suggested to increase focus on this area.



**Fig 3.5 c.Importance of vocational training in job market (boys)\_Majhualia**

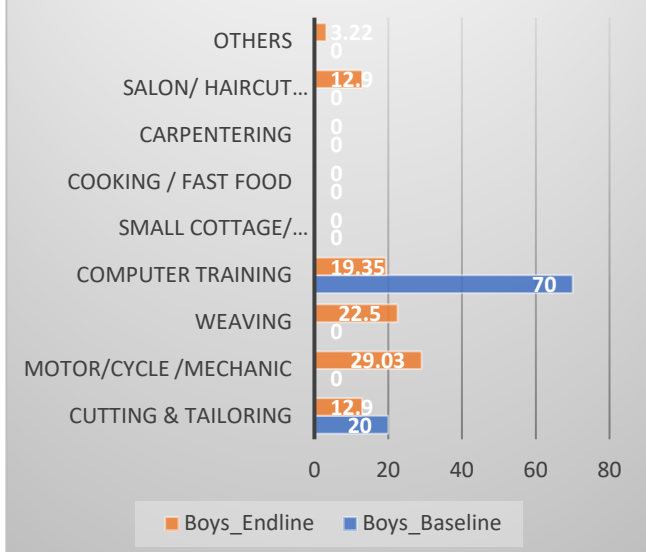


**Fig 3.5 d.Importance of vocational training in Job market(girsl)\_Majhualia**

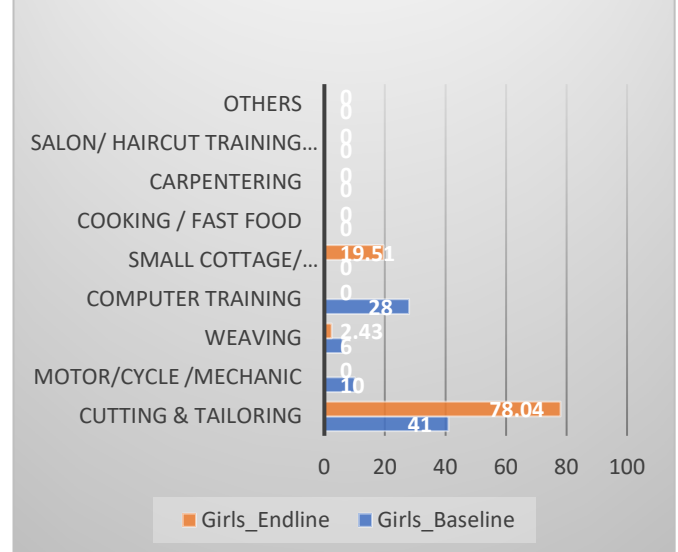


The figure (Fig 3.6) highlights adolescent girls' preferences for participation in vocational training activity by the trade they would prefer to join. The adolescent girls across both the blocks preferred cutting and tailoring as the predominant vocational course of their interest. Also, there was a rise of 30 % in Raxual for this course. While in Majhualia , adolescent girls had a slight shift in preferred vocational program as small cottage/ weaving (34.54%) which was not the case in baseline (0%). Amongst boys, computer training and mechanic remain the dominant vocational program as presented in

**Fig 3.6 a.Type of vocational training(boys)\_Raxual**

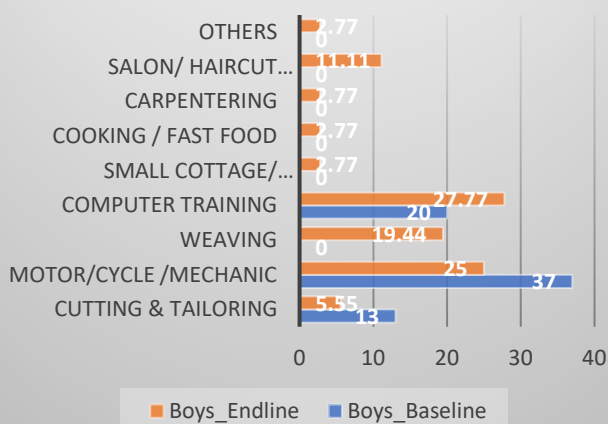


**Fig 3.6 b.Type of vocational training(girls)\_Raxual**



the figure.

**Fig 3.6 c.Type of vocational training(boys)\_Majhuali**  
**a**



**Fig 3.6 d.Type of vocational training(girls)\_Majhualia**

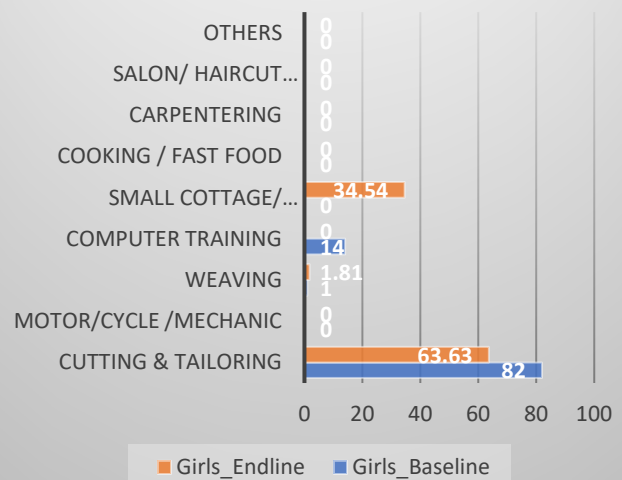
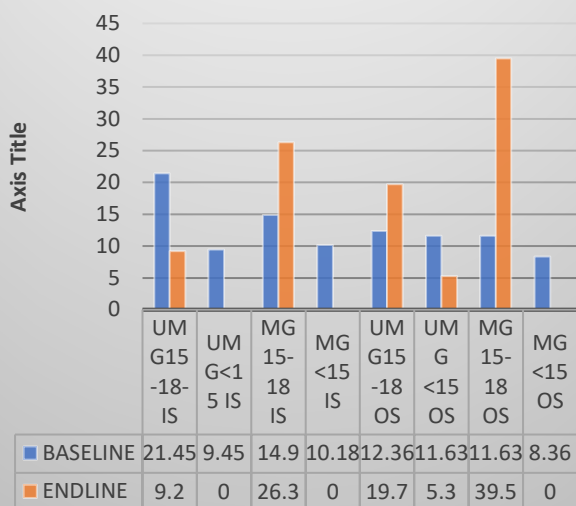


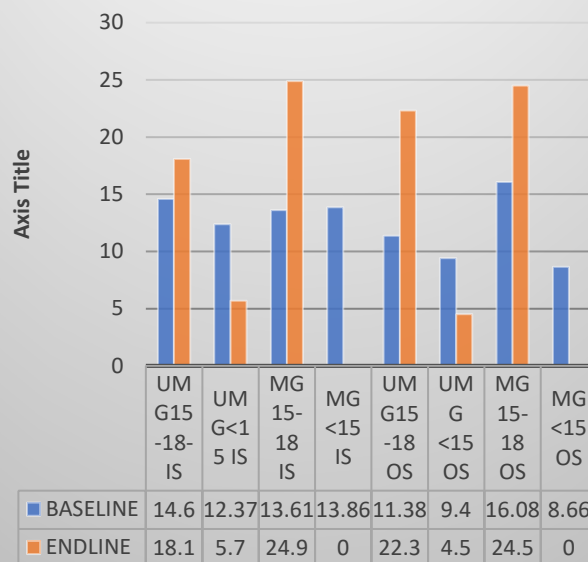
Figure represent (Fig 3.7) that married girls considered vocational training effective and took interest in the program. 26.3% of the married women (in school) considered vocational training useful in end line data which was 14.9% in the baseline. Also 39.5% married women (out school) in end line had expressed her interest and took keen interest in vocational activities which was only 11.63% in the baseline as presented below.

Also, The majority of adolescent girls aged 15–19 were interested in participating in a vocational training program in the next one year, if supported as presented below in the figure

**Fig 3.7 Feedback on effectiveness and interest in vocational training by different categories of girls**



**Fig. 3.8 Interest to attend vocational training in next 1 year by different categories of girls**



**JITENDRA KUMAR**

**20 years**

**Married**

**Village: Shyampur**



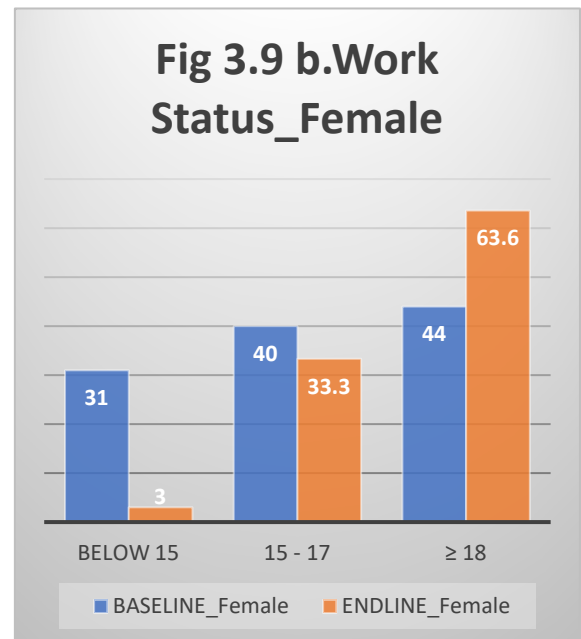
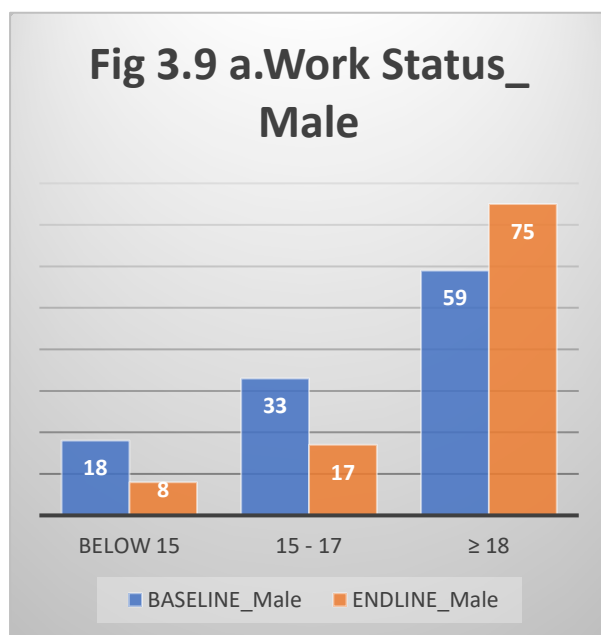
“Unfortunately, got married at an early age due to family pressure but I did not drop out of school. I still have dreams in my eyes and career goals. BVHA counselled to continue my education and pursue vocational courses to develop my skills and find job in the market. It will be great if BVHA can provide us some sessions on personality development which will help me in giving interview and secure a job. Also, I will not plan my family till I start earning to lead a respectful life. I even assure that I won’t let any of my cousins get married before the age of 21 years for boys and 18 years for girls.”

**WORK STATUS**

Women constitute an important component of labour force and contribute substantially in the economic growth of the country. However over the years, India has seen a steady decline in **Female Labor Force Participation (FLFP) from 37% in 2004 to an all-time low of 27 percent in 2014**<sup>11</sup>.

**It has further declined and now The Female Labour Force Participation is 24.8% in the year 2020**<sup>12</sup> Thus, **India has one of the lowest female participation rates in the world, ranking 120th among the 131 countries** for which data is available<sup>13</sup>. In this backdrop, the study tried to capture the work status among respondents.

The data represent the work status of the respondents in the study. It was positive that there was an average decrease of 15% from end line to baseline amongst the working adolescent girls and boys who are less than 18 years of age. Both girls (63.6%) and boys (75%) of the age group of above 18 years work either against money or in support of family livelihood as presented in the figure.3.9



The majority of the respondents above 18 years of age preferred agriculture (68.2%), daily wage labour(81.8%) or migrate for work (100%). There was a rise in migration (100%) from

<sup>11</sup> World Bank. 2017. *India development update: unlocking women's potential*. Washington, D.C.: World Bank Group. <http://documents.worldbank.org/curated/en/107761495798437741/India-development-update-unlocking-women-s-potential>

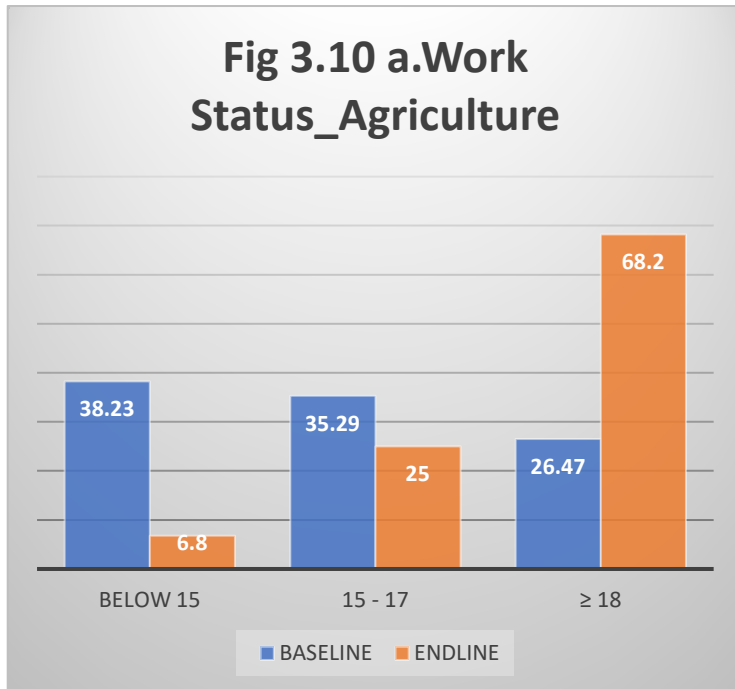
<sup>12</sup> United Nations Global Compact Network India

<sup>13</sup> India ranks 120th among 131 nations in women workforce, says World Bank report, dated 29<sup>th</sup> May 2017, <http://www.hindustantimes.com/india-news/india-ranks-120th-among-131-nations-in-women-workforce-says-world-bank-report/story-Q5AVD5aRImLHA1RAFpnZuJ.html>

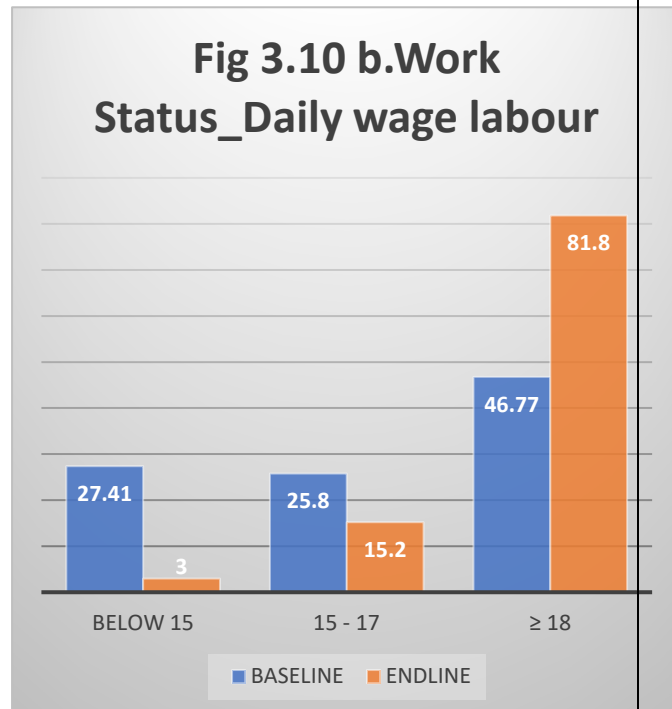


both Raxual nad Maujhualia which was less in baseline (42.85%) as presented below. (Figure 3.10)

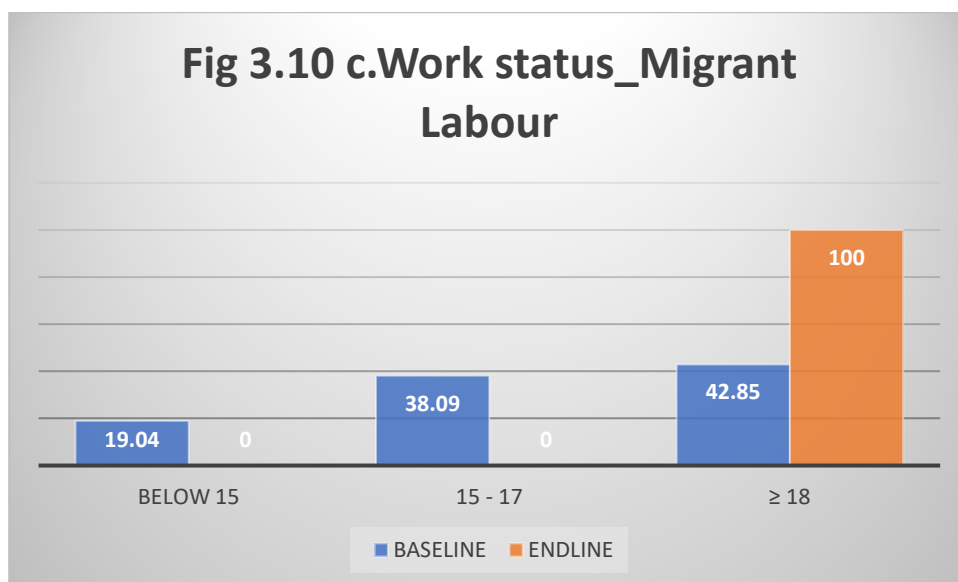
**Fig 3.10 a. Work Status\_Agriculture**



**Fig 3.10 b. Work Status\_Daily wage labour**



**Fig 3.10 c. Work status\_Migrant Labour**



### **EARLY MARRIAGE – Knowledge, attitude and practices**

The contemporary practice of early and child marriage in India is rooted in rigid societal norms and serves to bolster long-standing social inequalities and power structures. Marriage at a young age prevents both girls and boys from exercising agency in making important life decisions and securing basic freedoms, including pursuing opportunities for education, earning a sustainable livelihood and accessing sexual health and rights.

Early and child marriage is a symptom of a deeply fractured and unequal society. The data represent (Table 3.3) that adolescent girls and boys were aware about the right age of marriage for girls (18years & above) and boys (21years & above). It was very positive to note that 100% of the respondents were aware about the right age of marriage in both the blocks depicting enhanced knowledge of early marriage from baseline.

**Table 3.3 RIGHT AGE TO GET MARRIED**

<b>Table 3.3 RIGHT AGE TO GET MARRIED</b>				
	<b>RAXUAL</b>			
	<b>BASELINE_Married Boys</b>	<b>BASELINE_Married Girls</b>	<b>ENDLINE_Married Boys</b>	<b>ENDLINE_Married Girls</b>
<b>Girls ( ≥ 18yrs)</b>	86	85	100	100
<b>Boys( ≥ 21yrs)</b>	62	67	94.3	94.9
	<b>BASELINE_Unmarried Boys</b>	<b>BASELINE_Unmarried Girls</b>	<b>ENDLINE_Unmarried Boys</b>	<b>ENDLINE_Unmarried Girls</b>
<b>Girls ( ≥ 18yrs)</b>	66.5	89	100	98.2
<b>Boys( ≥ 21yrs)</b>	50	60	81.8	96.5
<b>MAJHUALIA</b>				
	<b>BASELINE_Married Boys</b>	<b>BASELINE_Married Girls</b>	<b>ENDLINE_Married Boys</b>	<b>ENDLINE_Married Girls</b>
<b>Girls ( ≥ 18yrs)</b>	80.5	84	100	94.6
<b>Boys( ≥ 21yrs)</b>	71	71	100	100
	<b>BASELINE_Unmarried Boys</b>	<b>BASELINE_Unmarried Girls</b>	<b>ENDLINE_Unmarried Boys</b>	<b>ENDLINE_Unmarried Girls</b>
<b>Girls ( ≥ 18yrs)</b>	76	71	99.1	98.4

<b>Boys( 21yrs)</b>	≥ 68	51	100	100
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When it was asked to the respondents (**Focus Group Discussion**) why people decide to marry their children early, causes like “dowry,” “poverty” and “fear of sexual violence” were mentioned. While these may be factoring that influence decision making around marriage, they are not the root causes. The root causes are structural inequalities and direct decision-making factors; dowry and other such explanations are ultimately symptoms of those deeper problems. These underlying structures are an interplay of patriarchy, class, caste, religion and sexuality, which lead to complex realities that then influence decision-making

The knowledge level of adolescent girls and boys have risen on child rights and early marriage from baseline to end line amongst both the blocks. Average of 100% of the respondent in the end line understand that early marriage is violation of their child rights which was 70% in baseline across the block as presented in detail in the table 3.4 below.

**Table 3.4 EARLY MARRIAGE IS A VIOLATION OF CHILD RIGHTS**

	<b>RAXUAL</b>			
	<b>BASELINE_Married Boys</b>	<b>BASELINE_Married Girls</b>	<b>ENDLINE_Married Boys</b>	<b>ENDLINE_Married Girls</b>
<b>Agree</b>	73	65	100	90.9
<b>Disagree</b>	0	35	0	9.1
	<b>BASELINE_Unmarried Boys</b>	<b>BASELINE_Unmarried Girls</b>	<b>ENDLINE_Unmarried Boys</b>	<b>ENDLINE_Unmarried Girls</b>
<b>Agree</b>	39	59	100	97.9
<b>Disagree</b>	61	41	0	2.1
	<b>MAJHUALIA</b>			
	<b>BASELINE_Married Boys</b>	<b>BASELINE_Married Girls</b>	<b>ENDLINE_Married Boys</b>	<b>ENDLINE_Married Girls</b>
<b>Agree</b>	80.5	84	100	100
<b>Disagree</b>	19.5	16	0	0
	<b>BASELINE_Unmarried Boys</b>	<b>BASELINE_Unmarried Girls</b>	<b>ENDLINE_Unmarried Boys</b>	<b>ENDLINE_Unmarried Girls</b>
<b>Agree</b>	56	54	100	100
<b>Disagree</b>	44	46	0	0

**SUMAN**

**19 years old**

**Married**

**Village: Pakhariya**



“I am a part of Humjoli Samoh -Sita. My parents were marrying me at the age of 17 years. I was aware that 18 years is the legal age for girls to get married. My friends of the Humjoli samoh shared the worst effects of early marriage to my parents and convinced them to postpone my marriage for an year. Recently, I got married and am continuing my studies. I would like to convey my gratitude to BVHA for enhancing our knowledge on right age of marriage and SRHR.”

Also, respondents were aware that dowry is a punishable offence. An average of 80% in the end line survey had agreed that dowry is illegal but in Majhualia still dowry was a practice as 50% of the respondents consider dowry as legal practice as presented in the table (3.5) below.

**Table 3.5 DOWRY IS LEGAL**

	<b>RAXUAL</b>			
	<b>BASELINE_Married Boys</b>	<b>BASELINE_Married Girls</b>	<b>ENDLINE_Married Boys</b>	<b>ENDLINE_Married Girls</b>
<b>Agree</b>	20	50	9	11.5
<b>Disagree</b>	0	0	69	88.5
	<b>BASELINE_Unmarried Boys</b>	<b>BASELINE_Unmarried Girls</b>	<b>ENDLINE_Unmarried Boys</b>	<b>ENDLINE_Unmarried Girls</b>
<b>Agree</b>	26	37	0	1.8
<b>Disagree</b>	84	73	100	98.2
	<b>MAJHUALIA</b>			
	<b>BASELINE_Married Boys</b>	<b>BASELINE_Married Girls</b>	<b>ENDLINE_Married Boys</b>	<b>ENDLINE_Married Girls</b>
<b>Agree</b>	31	28	41.5	58.1
<b>Disagree</b>	69	72	58.5	41.9
	<b>BASELINE_Unmarried Boys</b>	<b>BASELINE_Unmarried Girls</b>	<b>ENDLINE_Unmarried Boys</b>	<b>ENDLINE_Unmarried Girls</b>
<b>Agree</b>	24	25	72.8	54.9
<b>Disagree</b>	76	75	27.2	45.1

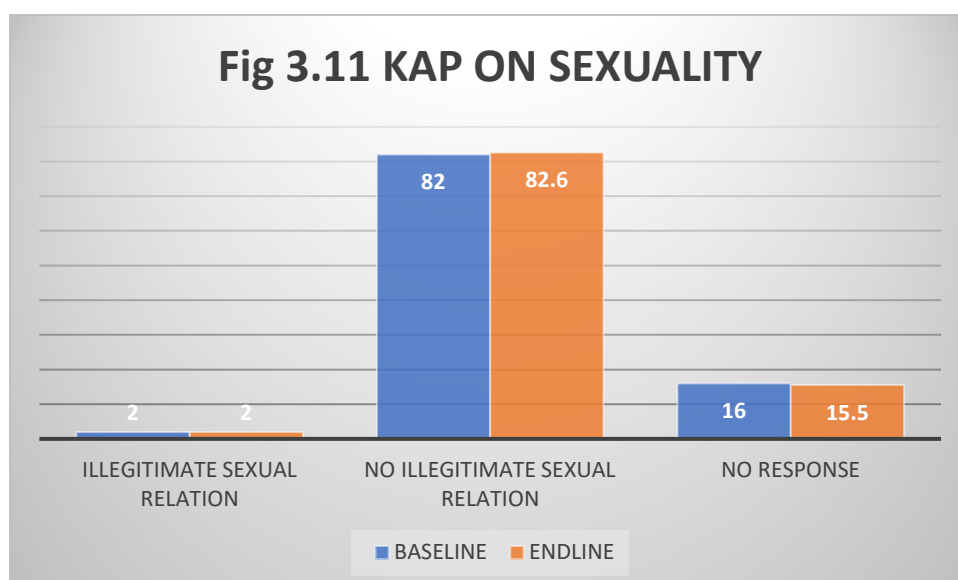
## SEXUALITY – Knowledge, attitude and practices

**Reproductive rights** are legal rights and freedoms relating to reproduction and reproductive health that vary amongst countries around the world. **The World Health Organization defines reproductive rights as follows:** Reproductive rights of the adolescents plays a crucial role in providing them a health life and secure their reproductive rights. Prominent among them are:

- Right to marriage and age of marriage;
- Right to continuation of pregnancy;
- Right to legal and safe abortion;
- Right to birth control;
- Freedom from coerced sterilization and contraception
- Right to oppose sexual harassment
- Right to get adequate youth friendly reproductive health services.
- Right to education and access in order to make free and informed reproductive choices.
- Right to expression of sexuality and right to freedom from discrimination on the grounds of sexual orientation

Adolescent girls and boys in India are engaged in premarital sex despite taboos on intimate interaction with the opposite sex and romantic relationship formation (IIPS and Population Council 2010). This section highlights findings on the prevalence of opposite sex intimate relationships and sexual experiences in these relationships among adolescent girls and boys in the two study blocks of Bihar.

The data also reveal that despite continuous efforts of BVHA, the respondents in both base line (16%) and end line (15.5%) were not comfortable on sexuality . Also 82% of the respondents in baseline and end line said that they had no illegitimate sexual relation as presented in the figure 3.11.

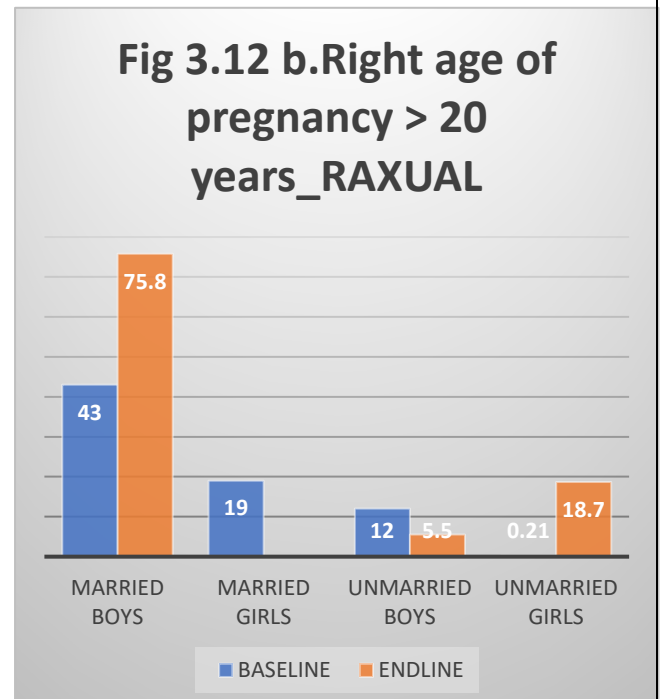
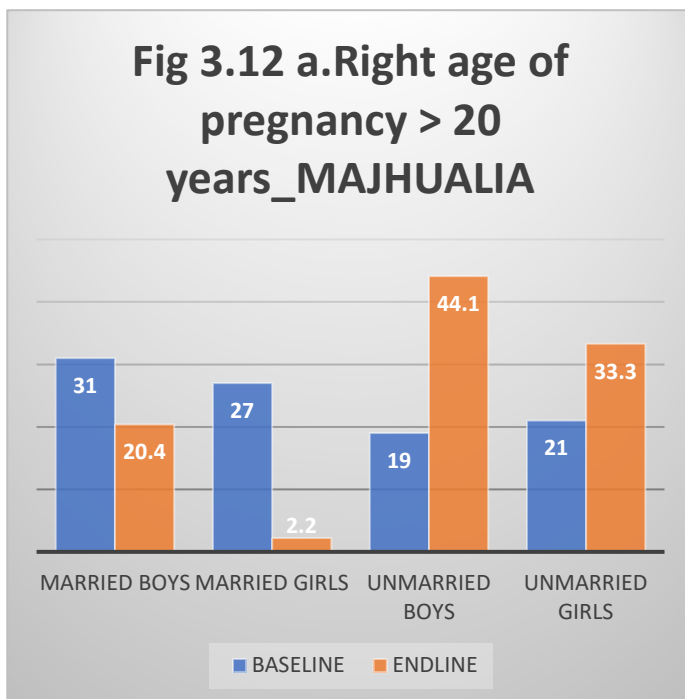


## PREGNANCY – Knowledge, attitude and practices

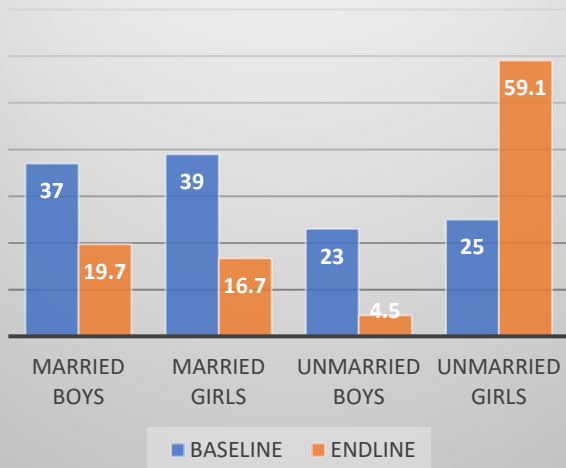
The figure 3.12 reveals that adolescent girls and boys were aware about the right age of pregnancy. In baseline, majority of the respondents across the study block preferred 19-20 years (Figure 3.12 c. d.) as the right age of pregnancy. But the current scenario represented that, adolescent girls and boys give preference to their education and career. They consider 20 years and above as the right age of pregnancy (33.3% amongst unmarried girls in Majhualia , 18.7% amongst unmarried girls in Raxual )

In Majhualia(Figure 3.12 a.) , unmarried boys had raised level of knowledge regarding right age of pregnancy . In baseline only 19% of the married boys could share the right age for pregnancy but in end line , 44.1% of the respondents have knowledge .Similarly in Raxual, , Majority of married girls and boys knew the right age to be pregnant as presented in the figure 3.12 b.

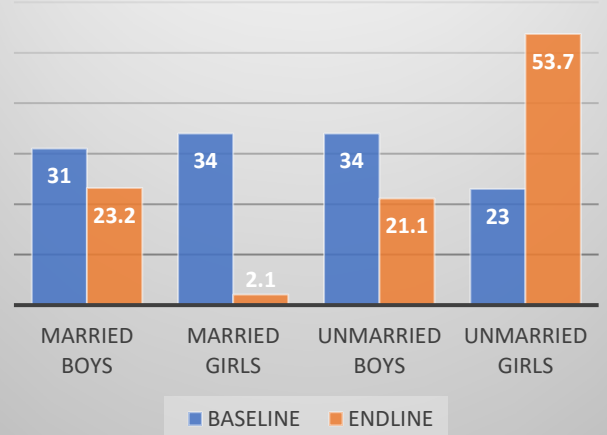
The percentage of girls and boys who consider 19-20 years as the right age of pregnancy has decreased from baseline to endline as presented in the figure 3.12 c and 3.12 d. In baseline Married girls (39%) in Raxual considered 19-20 years as the right age of pregnancy but there is a decrease in end line married women (16.7%). Similarly, in Majhualia, married girls have got aware and now only 2.1% women consider 19-20 years as right age of pregnancy which was 34% in baseline .



**Fig 3.12 c. Right age of pregnancy 19-20 years\_RAXUAL**

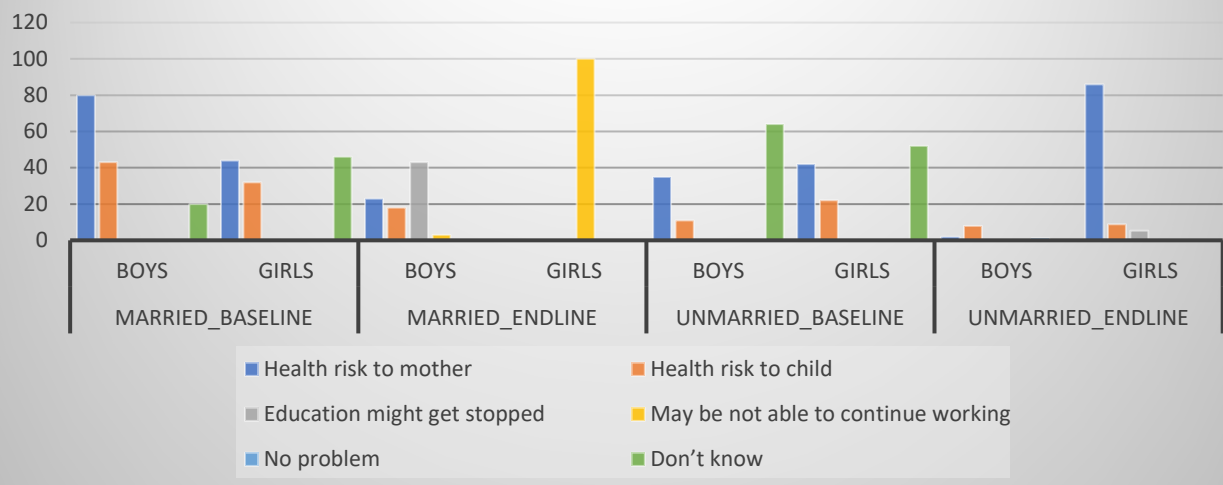


**Fig.3.12 d. Right age of pregnancy 19-20 years\_MAJHUALIA**



The data represent that majority of the girls and boys now prefer 20 years and above as the right age for pregnancy. This depicts their enhance knowledge and importance for education and career. The adolescent girls and boys were aware about the worst effect of underage pregnancy and its complication on the mother, child and family. It is revealed that majority of the married girls considered health risk to mother (86% in Raxual , 67.2% in Majhualia) as the major effect of underage pregnancy followed by health risk to child , education and career as presented in the figure 3.13 a and 3.13 b.

**Fig 3.13 a. Bad effects of underage pregnancy\_RAXUAL**



**Fig.3.13 b. Bad effects of underage pregnancy\_MAJHUALIA**

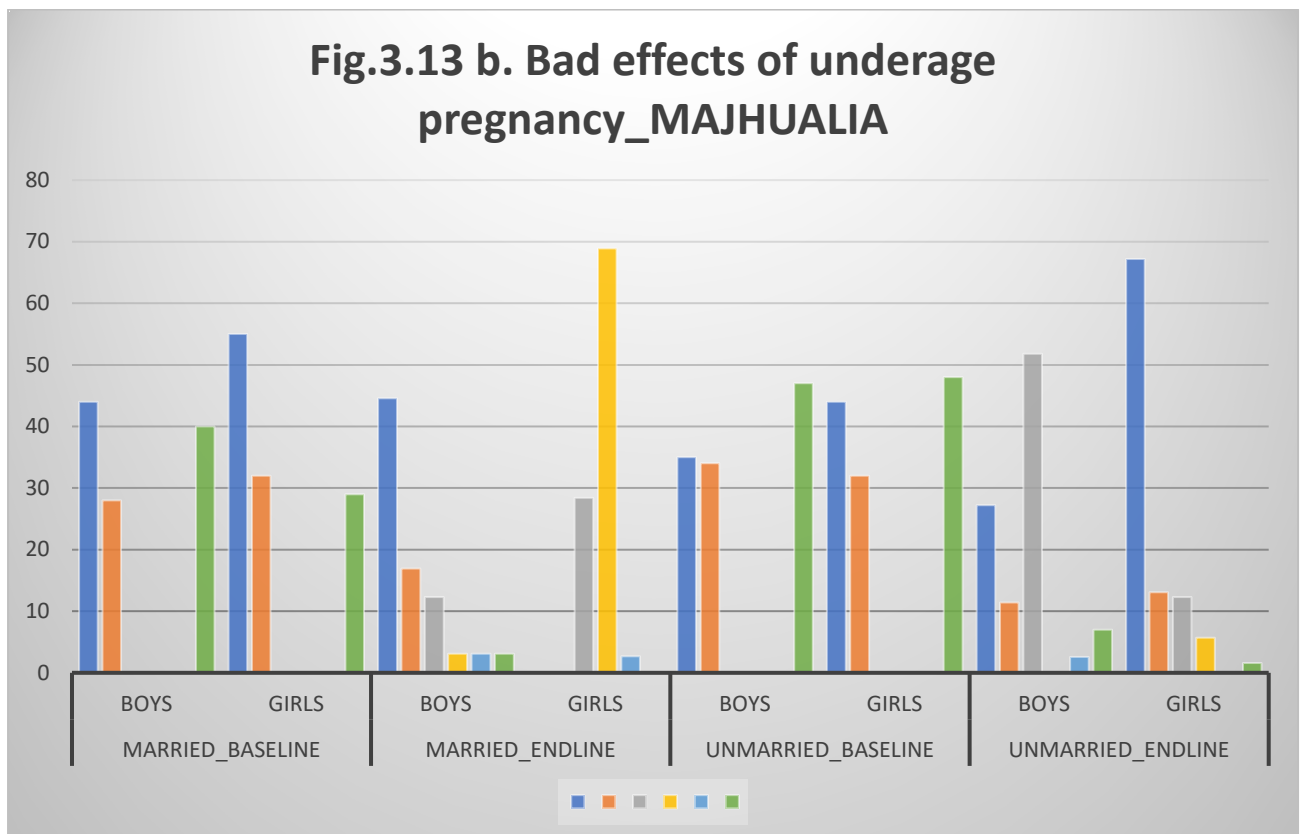


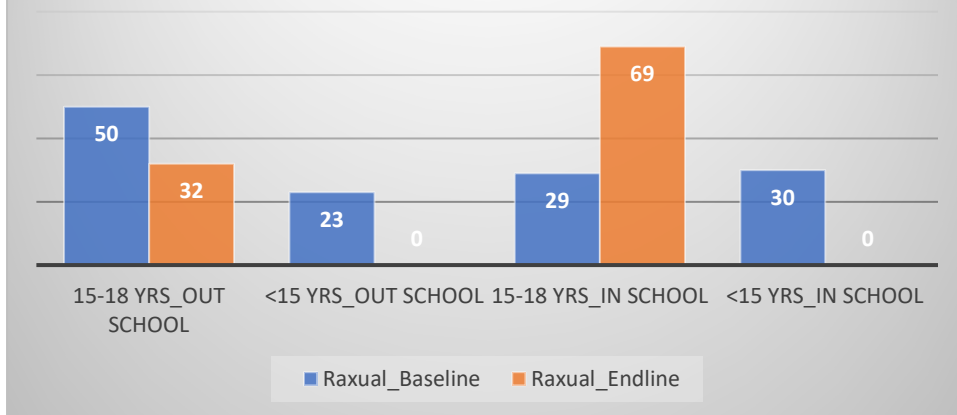


Table 3.6 shows differential in current use of any contraceptive method by adolescents. Findings show that among those who had begun cohabiting with their husband, current use of any contraceptive method and any modern contraceptive method except pills was very limited. In Raxual, and Majhualia, majority of the girls and boys (average 70%) prefer using condom followed by pills as presented in the table below.

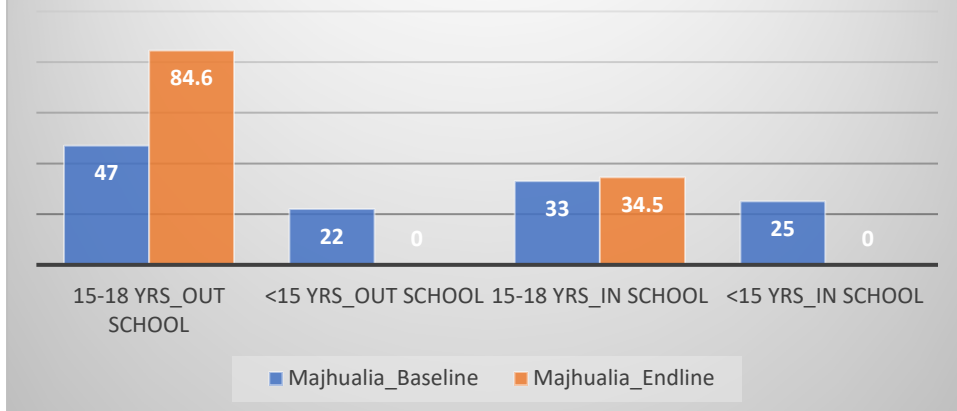
<b>Table 3.6 RESPONSES OF BOYS AND GIRLS ON BIRTH CONTROL MEASURES (IN %)</b>								
<b>RAXUAL</b>								
	<b>Married Baseline</b>		<b>Married End line</b>		<b>Unmarried Baseline</b>		<b>Unmarried End line</b>	
	<b>Boys</b>	<b>Girls</b>	<b>Boys</b>	<b>Girls</b>	<b>Boys</b>	<b>Girls</b>	<b>Boys</b>	<b>Girls</b>
<b>Pills</b>	15	66	7.7	41.4	40	42	40	58.3
<b>Pushing injection</b>	10	13	3.8	17.2	0	0	20	14.6
<b>Condoms</b>	95	15	84.6	41.4	93	8	40	27.1
<b>Time calculation</b>	0	0	3.8	0	0	0	0	0
<b>MAJHUALIA</b>								
	<b>Married Baseline</b>		<b>Married End line</b>		<b>Unmarried Baseline</b>		<b>Unmarried Endline</b>	
	<b>Boys</b>	<b>Girls</b>	<b>Boys</b>	<b>Girls</b>	<b>Boys</b>	<b>Girls</b>	<b>Boys</b>	<b>Girls</b>
<b>Pills</b>	20	89	3.7	64	33	75	8	68.1
<b>Pushing injection</b>	10	22	11.1	0	6	13	36	11.6
<b>Condoms</b>	60	0	77.8	36	61	0	48	14.5
<b>Time calculation</b>	0	0	0	0	0	0	8	2.9

The Figure 3.14 below provides the rate of incidence of pregnancy among married girls since none of the unmarried girls have mentioned to have conceived. A significant percentage of unmarried girls refused to respond to this sensitive question. It is revealed that there is an decrease from baseline (50%) to endline (32%) of the out-school married girls in the age category 15-18 yrs have conceived in Raxual and increase in Majhualia from 47% in baseline to 84.5% in end line .Fortunately, <15 yrs pregnancy among married girls was not noted in the online which was not the case in baseline across the blocks of survey .

**Fig.3.14 a.Conception rate among Married Girls (in %)\_RAXUAL**



**Fig.3.14 b.Conception rate among Married Girls (in %)\_MAJHUALIA**



The table 3.7 reveals positive change in the behavior and attitude of the married boys and girls in family planning. In baseline most of the married girls (Raxual-30%, Majhualia-25.7%) and married boys (Raxual-40%, Majhualia-21.5%) had given birth to a child but in end line ( Raxual-married girsl-10.3%; married boys -17.2% , Majhualia - married girsl-25.7%; married boys-21.5%) the married couple was planning their family and giving prior importance to education and career.

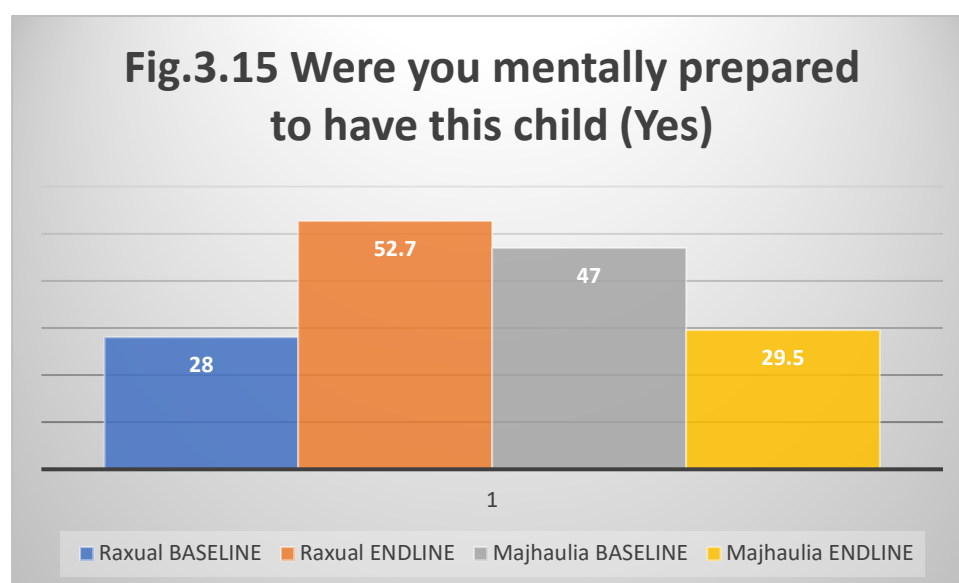
Similarly, now planning a baby is a joint decision of both mother and father. In End line study Raxual (Table 3.7), majority of the married girls (Raxual-55.1%) shared that having a child is the joint decision of the partners. In Raxual (Baseline – 28%, End Line -52.7%), married boys and girls were mentally prepared before giving birth to a child as presented in the figure 3.15.

While in Majhualia (baseline 44%; End line 35.1%), married girls were of the view that still giving birth to a child is not their decision rather they were forced to give birth to a child. Also,

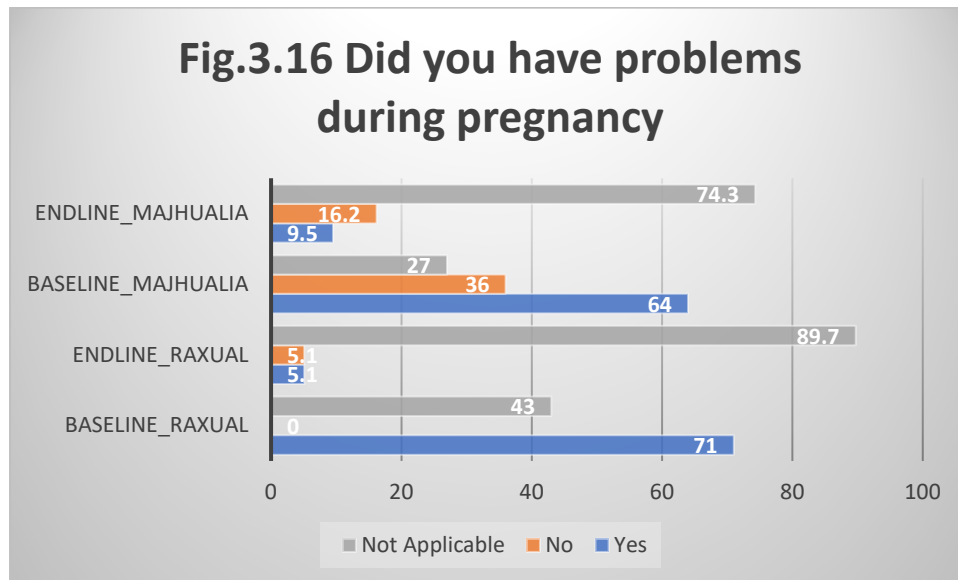
married boys and girls in Majhualia(Baseline – 47% , End Line -29.5%) were not mentally prepared before giving birth to a child as presented in the figure 3.15.

**Table 3.7 FEEDBACK OF ISSUES RELATED TO HAVING A CHILD (IN %)**

RAXUAL					
		Married Girls_Baseline	Married Girls_Endline	Married Boys_Baseline	Married Boys_Endline
Have Child	a	30	10.3	40	17.2
It was joint decision	a	26	55.1	53	40
MAJHAULIA					
		Married Girls_Baseline	Married Girls_Endline	Married Boys_Baseline	Married Boys_Endline
Have Child	a	36	25.7	53	21.5
It was joint decision	a	44	35.1	47	71.4



When respondents were asked if they face problem during pregnancy . majority f the respondents in endline ( Raxual -89.7% , Majhualia -74.3%) were not applicable for the question which means they have not planned their family till date . This was a positive to note that respondents are aware about their rights and duties towards family and self which was not the case in baseline ( Raxual -43% , Majhualia -27% did not had child therefore were not applicable for the question) as presented in the Figure 3.16 below.



Further, married girls shared that they face problems during pregnancy as fatigue, depression, medical complications and others. It was quite disturbing to note that in Majhualia , 42.9% of the married girls face mental illness as depression during pregnancy which was 0% in baseline . Similarly, in Raxual, mothers face medical complications in majority (baseline -60% end line - 75%) as represented in the figure 3.17.

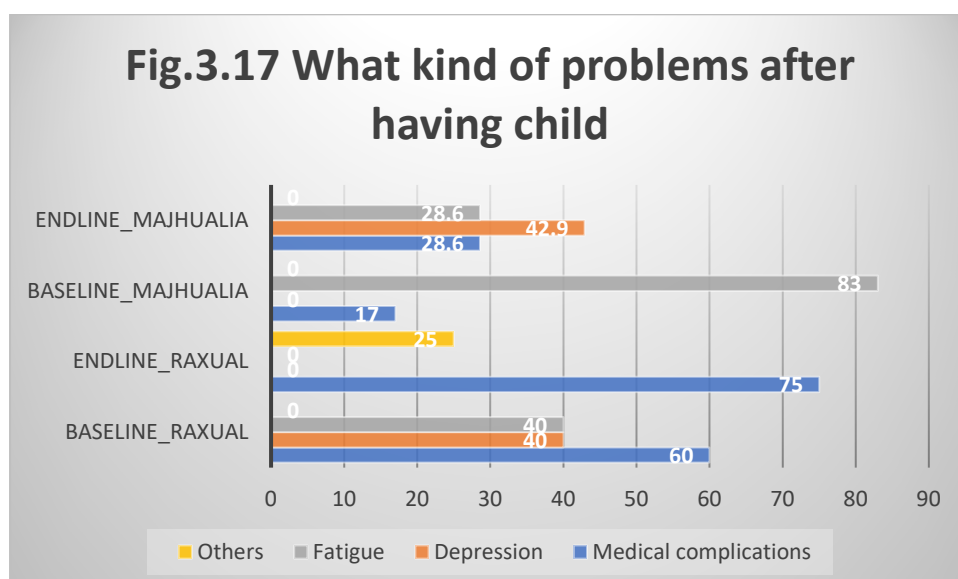
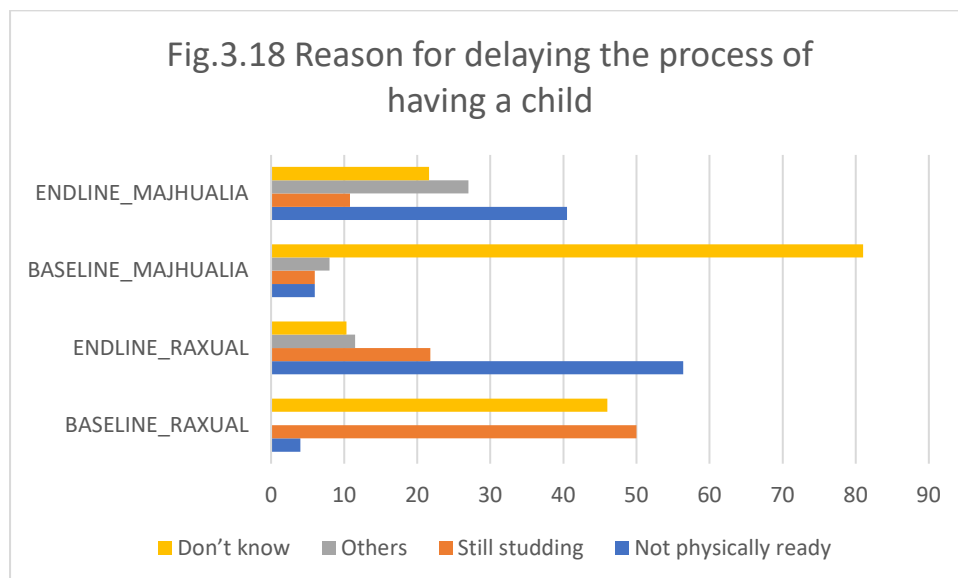


Figure 3.18 reveals that married girls and boys were delaying family planning. The priority has shifted to education and career. They wanted to be become responsible and independent more extending their family as presented in the figure below across the study blocks as Raxual and Majhualia.



**MENSTRUATION AND REPRODUCTIVE HEALTH- Knowledge, attitude and practices**

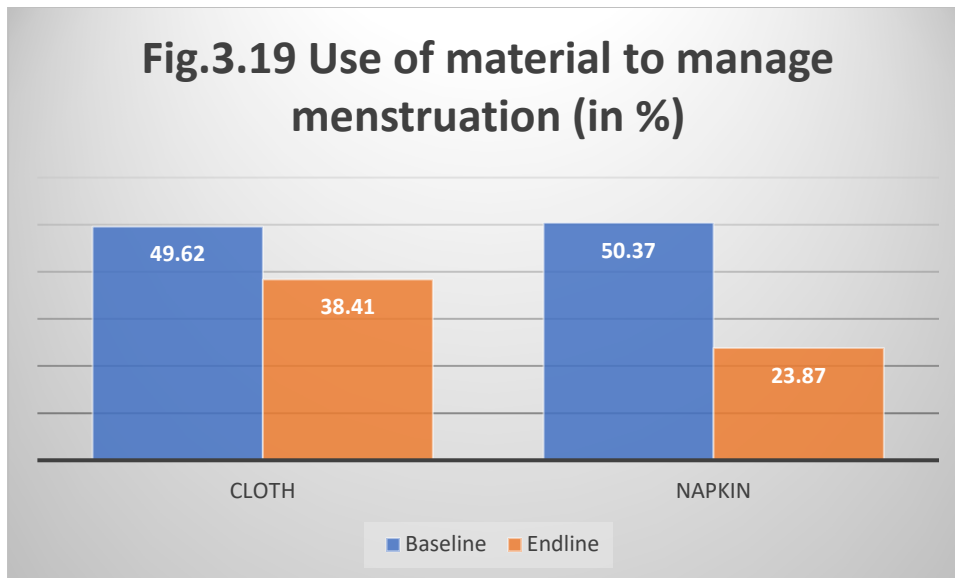
The section represents the knowledge level on menstrual health hygiene management of the unmarried and married girls and boys in Raxual and Majhualia.

The knowledge and practice of girls and boys have increased due to intervention in the blocks. Table 3.8 presents that various taboos and stereotypes regarding menstruation were addressed in the community such that now girls and boys were aware that menstruation is not a disease it's a biological phenomenon of the body. In end line (Raxual married Boys-13%: unmarried boys-16% married girsls-6%, unmarried girsl-15%) a few respondents were of the view that menstruation is a disease which has further decreased to average 5% in end line. And the similar case in Majahualia as presented below in the table 3.8.

But it was quite surprising to reveal that however the use of cloth in menstruation (baseline-49.62% end line-38.41%) has decreased but the use of sanitary napkin has also decreased from baseline survey (50.37%) to end line (23.87%) across the blocks of study as represented in the figure 3.19.

Table 3.8 Menstruation is a disease (Agree)			
Raxaul			
Married_Baseline	Unmarried_Baseline	Married_Endline	Unmarried_Endline

Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
13	6	16	15	10.3	7.7	9.1	0
<b>Majhulia</b>							
<b>Married_Baseline</b>		<b>Unmarried_Baseline</b>		<b>Married_Endline</b>		<b>Unmarried_Endline</b>	
Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
34	4	22	12	27.7	24.3	22.8	23



**NIKU KUMARI**

**16 years**

**Unmarried**

**Village: Bakhariya**



“I have attended many awareness sessions on early marriage, dowry and SRHR. Earlier I used to use cloth and face many problems during menstruation. Menstruation broke my self-confidence and was not comfortable going to school on those days of the month. It was BVHA and facilitators who enhanced my knowledge and taught me menstrual hygiene management. Now I know the right way of using and disposing sanitary napkin and attend school regularly. I feel confident on those days of the month.”

The awareness sessions have enhanced the knowledge level amongst girls and boys across the study blocks; Raxual and Majhulia on menstrual health hygiene management. The respondents are aware about the problems caused due to unhygienic menstrual practices as rashes, pain in the area, infection. The boys had a perception of “pain in the area’ as one of the

diseases associated with unhygienic menstrual practice. While girls mostly identified 'Infection' and Rash / Itching of genitals to be the linked diseases as as presented in the table (3.9) below.

**Table 3.9 PERCEPTION ON COMMON DISEASES AMONG BOYS AND GIRLS ASSOCIATED WITH UNHYGIENIC MENSTRUAL PRACTICE (IN %)**

<b>RAXUAL</b>				
	<b>Girls_Baseline</b>	<b>Girls_Endline</b>	<b>Boys_Baseline</b>	<b>Boys_Endline</b>
<b>Rash/Itching of genitals</b>	62	58.5	50	13.3
<b>Pain in the area</b>	23	17.8	0	28.6
<b>Infection</b>	0	23	0	46.9
<b>Don't know</b>	17	0	50	11.2
<b>Others</b>	0	0.7	0	0
<b>MAJHUALIA</b>				
	<b>Girls_Baseline</b>	<b>Girls_Endline</b>	<b>Boys_Baseline</b>	<b>Boys_Endline</b>
<b>Rash/Itching of genitals</b>	59	71.6	84	16.5
<b>Pain in the area</b>	25	16	16	2.9
<b>Infection</b>	0	12.4	0	4.9
<b>Don't know</b>	21	0	0	68.4
<b>Others</b>	0	0	0	7.3

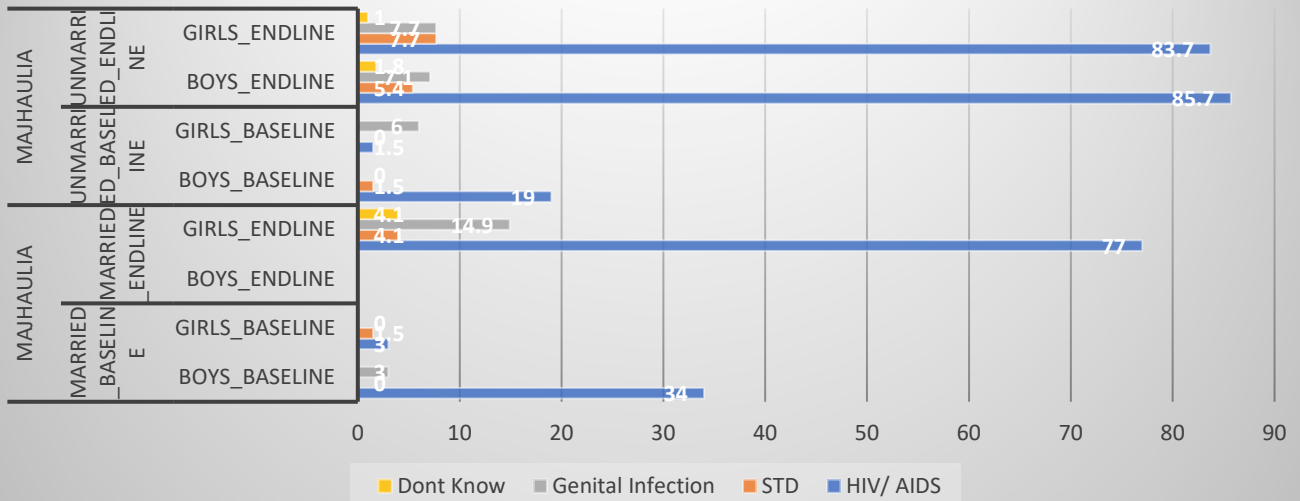
### **SEXUALLY TRANSMITTED DISEASES- Knowledge, attitude and practices**

The session describes the knowledge, attitude and practices on sexually transmitted diseases. The majority of the respondents mentioned of HIV/AIDS. In general, both girls and boyes were more aware of HIV/AIDS as a sexually transmitted disease.

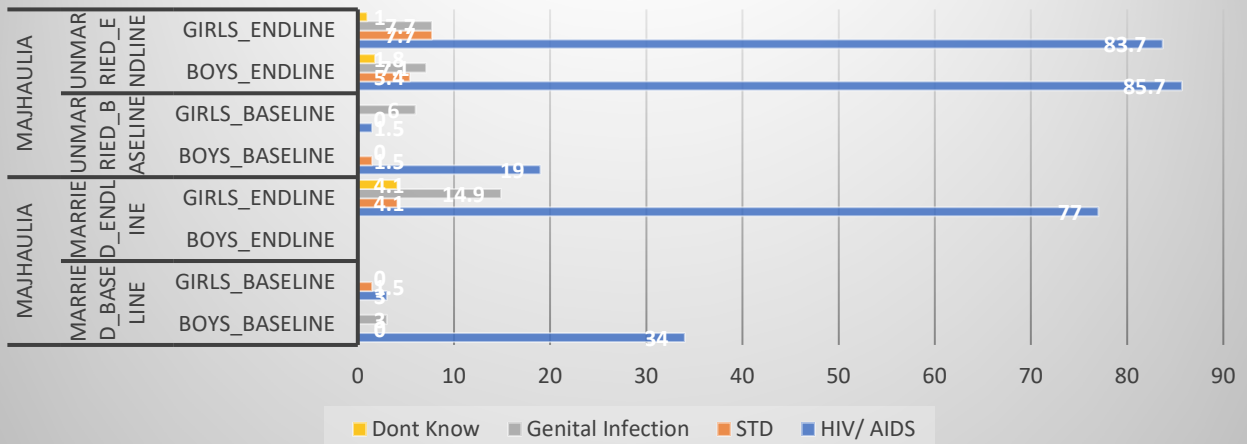
In Raxual, (fig 3.20 a) baseline average of 20% of the girls were aware that HIV/AIDS as the infection acquired through sexual intercourse which has now raised to 83.7%. Similarly in Majhualia , (fig 3.20 b) now average 80% of the girls are aware about HIV/AIDS but still there is a scope to discuss regarding other infection and diseases caused due to sexual intercourse as SIT etc.

Therefore, it is felt that the community require more intervention regarding sexual intercourse and related diseases. This will address the stereotypes and enhance their knowledge on sexually transmitted diseases.

**Fig.3.20 a. Infection acquired through sexual intercourse \_RAXUAL**



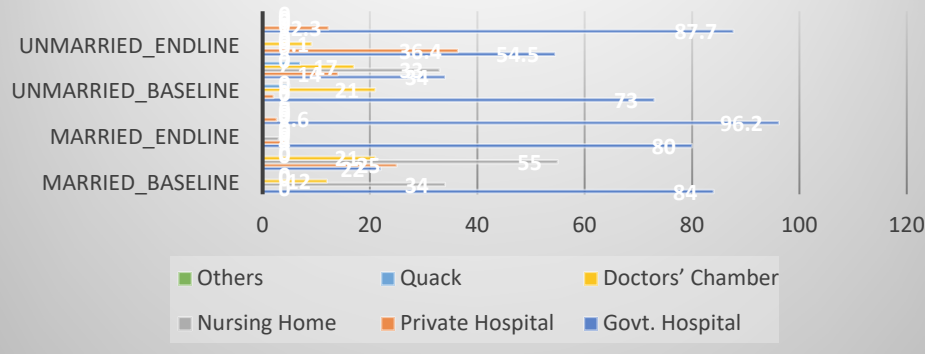
**Fig.3.20 b. Infection acquired through sexual intercourse \_MAJHUALIA**



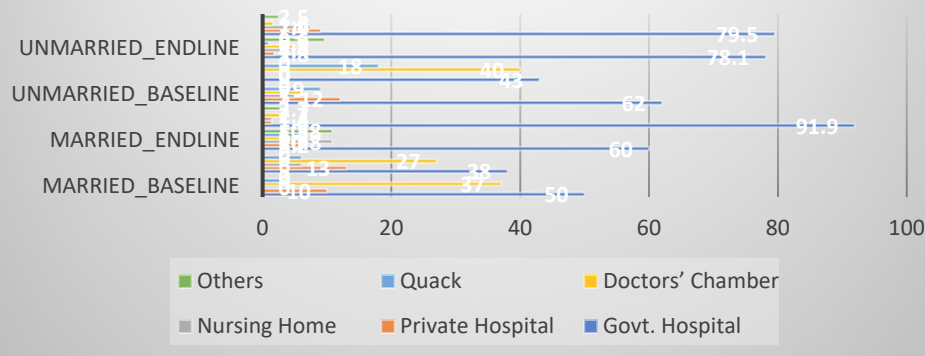
A significantly large section of the respondents (Average baseline – 60% Average end line - 73%) prefer government hospital as the treatment center in Sexually Transmitted diseases across the study block; Raxual and Majhualia. The Scenario has not changed from base line to end line. It is positive that respondents have faith in government institutions and prefer visiting government hospital to avail treatment and medication as represented in the figure 3.21 a, 3.21 b.



**Fig.3.21 a. Preferred treatment centres in Sexually Transmitted Disease (STD)\_RAXUAL**



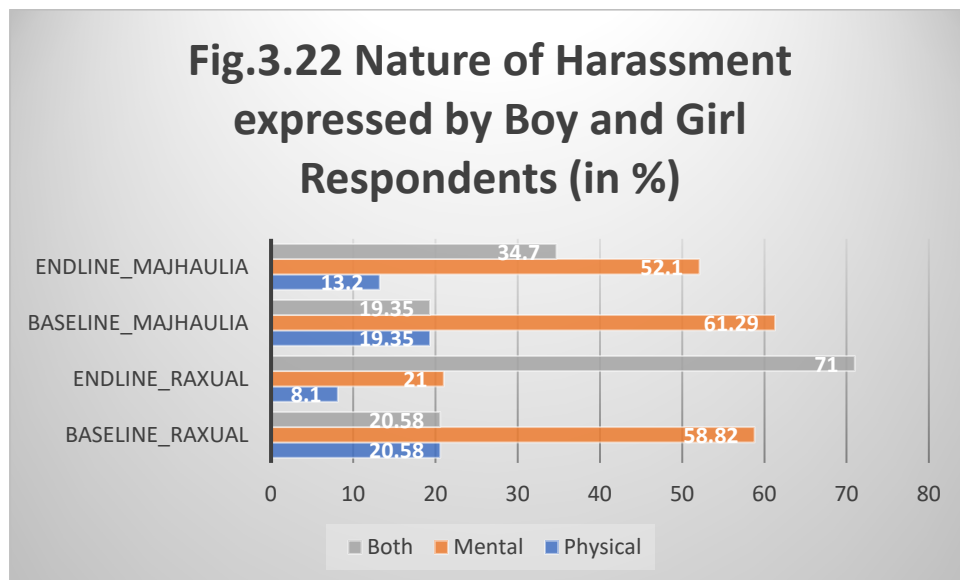
**Fig.3.21 b. Preferred treatment centres in Sexually Transmitted Disease (STD)\_MAJHUALIA**



**HARASSMENT - Knowledge, attitude and practices**

Adolescent harassment in any form – physical or sexual – is in prevalence in all locational frames. The data (figure 3.22) depicts that in Majhualia (baseline-61.29 end line- 52.1%) and Raxual (baseline- 58.82% end line- 21%) block, there is a slight decrease in number of cases of mental harassment. However, still the cases have been recorded across the study blocks of both physical and mental harassment by boys and girls. Further girls and boys have been exposed to mental torture in the form of teasing /annoying and also have experienced physical harassment in the form of beating / slapping etc. The neighbors followed by friend have been the major offenders.

We need to conduct more sessions on gender sensitization and domestic violence as a crime such that cases decrease to minimal number across the blocks.



### **PERCEPTION ON EQUAL RIGHTS**

Fortunately, the respondents in the study block; Raxual and Majhualia have enhanced their knowledge on rights. The boys and girls practice their rights and are aware of the essence of equal rights. However, the unmarried boys are still not practicing their rights (baseline- 40% end line-45.5%). But in both Raxual and Majhualia amongst married girls and boys and unmarried girls there is average 50% rise in the level of awareness as presented in the table 3.10.

**Table 3.10 AWARENESS ON EQUAL RIGHTS**

<b>RAXUAL</b>							
<b>Married_Baseline</b>		<b>Married_Endline</b>		<b>Unmarried_Baseline</b>		<b>Unmarried_Endline</b>	
<b>Boys</b>	<b>Girls</b>	<b>Boys</b>	<b>Girls</b>	<b>Boys</b>	<b>Girls</b>	<b>Boys</b>	<b>Girls</b>
53	34	51.7	70.5	39	21	81.8	82.5
<b>MAJHAULIA</b>							
<b>Married_Baseline</b>		<b>Married_Endline</b>		<b>Unmarried_Baseline</b>		<b>Unmarried_Endline</b>	
<b>Boys</b>	<b>Girls</b>	<b>Boys</b>	<b>Girls</b>	<b>Boys</b>	<b>Girls</b>	<b>Boys</b>	<b>Girls</b>
50	45	86.2	83.8	40	33	45.6	82.8

On the issue of gender equality, it was very unfortunate that there is minimal rise in the level of awareness on gender issues. In Raxual, very few married girls were aware on gender equality (equal rights) from baseline (17%) to end line (11.5%). The girls were not aware that constitution of India grants men and women equal rights. While amongst married boys in end line, 73.6% of the respondents were practicing gender equality (equal rights) which was only 17 % in baseline as presented in the table 3.10. To conclude, every individual deserves to reach her or his full potential, but gender inequalities in their lives and in the lives of those who care for them hinder this reality.

While in Majhualia, there was very minimal respondents who have raised their awareness and practice gender quality as presented in the table 3.11.

A comparative analysis between Raxaul and Majhualia Blocks revealed that boys were more aware than girls in terms of equal rights. Married boys and girls were more knowledgeable than unmarried boys and girls on the issue.

Therefore, there is a scope of intervention to spread awareness on gender related issues to address violence and practice of equal rights and opportunities amongst both the sex.

**Table 3.11 DIFFERENCE OF RIGHTS BETWEEN BROTHER AND SISTER**

<b>RAXUAL</b>							
<b>Married_Baseline</b>		<b>Married_Endline</b>		<b>Unmarried_Baseline</b>		<b>Unmarried_Endline</b>	
<b>Boys</b>	<b>Girls</b>	<b>Boys</b>	<b>Girls</b>	<b>Boys</b>	<b>Girls</b>	<b>Boys</b>	<b>Girls</b>
17	17	73.6	11.5	12	15	36.4	8.8
<b>MAJHAULIA</b>							
<b>Married_Baseline</b>		<b>Married_Endline</b>		<b>Unmarried_Baseline</b>		<b>Unmarried_Endline</b>	
<b>Boys</b>	<b>Girls</b>	<b>Boys</b>	<b>Girls</b>	<b>Boys</b>	<b>Girls</b>	<b>Boys</b>	<b>Girls</b>
9	17	27.7	18.9	4	16	40.4	18.9

For women the issue of conscientization and personal experiences are the driving factors. On their personal experience related to disparities between sibling's majority mentioned that they face discrimination on many grounds as education, food, clothing, access to health and participation in social events. Those who feel that disparities exist, the domain where it existed the most was in education as presented in the table 3.12. Therefore, there is a huge scope of intervention on the gender issues.

**Table 3.12 SPHERE OF DISCRIMINATION**

<b>RAXUAL</b>								
	<b>Married Baseline</b>		<b>Married Endline</b>		<b>Unmarried Baseline</b>		<b>Unmarried Endline</b>	
	<b>Boys</b>	<b>Girls</b>	<b>Boys</b>	<b>Girls</b>	<b>Boys</b>	<b>Girls</b>	<b>Boys</b>	<b>Girls</b>
<b>Education</b>	100	75	6.3	0	100	88	40	55.6
<b>Access to health</b>	0	25	10.9	0	24	0		16.7
<b>Food and dress</b>	17	0	40.6	0	0	18	0	11.1
<b>Marriage</b>	0	30	7.8	0	0	30	0	5.6
<b>Participation in social events</b>	0	60	21.9	0	47	0	60	0
<b>Economic empowerment</b>	0	5	12.5	0	7	13	0	11.1
<b>MAJHAULIA</b>								
	<b>Married Baseline</b>		<b>Married Endline</b>		<b>Unmarried Baseline</b>		<b>Unmarried Endline</b>	
	<b>Boys</b>	<b>Girls</b>	<b>Boys</b>	<b>Girls</b>	<b>Boys</b>	<b>Girls</b>	<b>Boys</b>	<b>Girls</b>
<b>Education</b>	0	43	27.7	18.9	75	33	4.3	13
<b>Access to health</b>	0	0	55.6	0	25	17	4.3	4.3
<b>Food and dress</b>	0	73	16.7	0	50	38	0	8.7
<b>Marriage</b>	33	50	11.1	0	0	25	6.5	0
<b>Participation in social events</b>	0	33	5.6		75	38	78.3	65.2
<b>Economic empowerment</b>	67	0	0	0	25	8	6.5	8.7

Women's access to economic opportunities is restrictive and all sections cutting across age, sex and marital status believe in this and majority believe that this due to the traditional social conditioning. A comparative analysis between Raxaul and Majhulia Blocks reveals that married girls and boys were more aware than married and unmarried boys on women access to

economic opportunity. Married boys and girls are more knowledgeable than unmarried boys and girls on that issue as presented in the table 3.13.

**Table 3.13 GIRLS/WOMEN HAVE ACCESS TO ECONOMIC OPPORTUNITIES.**

<b>RAXUAL</b>							
<b>Married_Baseline</b>		<b>Married_Endline</b>		<b>Unmarried_Baseline</b>		<b>Unmarried_Endline</b>	
<b>Boys</b>	<b>Girls</b>	<b>Boys</b>	<b>Girls</b>	<b>Boys</b>	<b>Girls</b>	<b>Boys</b>	<b>Girls</b>
10	31	5.7	35.9	11	31	54.5	26.3
<b>MAJHAULIA</b>							
<b>Married_Baseline</b>		<b>Married_Endline</b>		<b>Unmarried_Baseline</b>		<b>Unmarried_Endline</b>	
<b>Boys</b>	<b>Girls</b>	<b>Boys</b>	<b>Girls</b>	<b>Boys</b>	<b>Girls</b>	<b>Boys</b>	<b>Girls</b>
28	46	30.8	35.1	24	41	11.4	38.5

**RAHUL KUMAR SINGH**

**18 years**

**Married**

**Village: Shyampur**



“I understand the consequences of early marriage from my experience. It was sad that I could not stop my marriage. But, now with the support of BVHA, I understand the legal practices and rights of adolescents. The knowledge has provided me and the group self-confidence to fight for our rights and even explain our friends whose rights are getting violated. We have successful stopped many child marriages through counseling and are also not afraid to take legal help from police and BVHA if required. Our slogan is SAY NO TO CHILD MARRIAGE.”

**SRHR – Knowledge, attitude and practices**

Sexual and Reproductive Health and Rights (SRHR) by nomenclature is an unknown phenomenon but on elaborating it a bit respondent could react to the set of queries. Table 3.14, an age, gender, marital status, schooling disaggregated information was collated and as revealed a meagre percentage around 10 had availed of SRHR service and this cuts across all categories in baseline while in end line has raised to 70% who have availed services of SRHR.

**Table 3.14 AVAILED ANY OF THE SERVICES OF SRHR**

	Age		Gender		Marital Status		Schooling	
	≥ 15 Yrs	< 15 Yrs	Boys	Girls	Married	Unmarried	In School	Out School
<b>BASELINE</b>	10	4	10	6	12	5	9	6
<b>ENDLINE</b>	71.8	59.7	74.7	48	66.4	56.3	9	6

It was fortunate to represent that there is average 60% rise in the awareness level of respondents from end line to baseline (10%) of knowing anyone who has availed such services. Across the domains age, gender, marital status and schooling, there is an average rise of 50 % of the respondents who know anyone in their surrounding who had availed SRHR services in recent times as presented in the table 3.14.

**Table 3.14 KNOW ANYONE WHO HAS AVAILED SUCH SERVICES**

	Age		Gender		Marital Status		Schooling	
	≥ 15 Yrs	< 15 Yrs	Boys	Girls	Married	Unmarried	In School	Out School
<b>BASELINE</b>	14	7	12	11	17	7	13	9
<b>ENDLINE</b>	76.5	59.5	75.7	48	59.5	64.1	66.4	57.2

The services of SRHR were availed by sisters, brothers, relatives, neighbor and classmates and but discussed less amongst the relatives and brother sister from baseline to end line. However, there is a rise in the percentage amongst peer group (baseline - 20% end line -30%) as presented in the table 3.15.

**Table 3.15 WHO AVAILED SUCH SERVICES**

<b>BASELINE</b>	Age		Gender		Marital Status		Schooling	
	≥ 15 Yrs	< 15 Yrs	Boys	Girls	Married	Unmarried	In School	Out School
<b>Sister/brother/relative</b>	42	50	29	58	50	35	43	45
<b>Neighbour</b>	50	79	58	58	50	70	50	68
<b>Classmate</b>	22	0	33	0	13	20	18	14

Others	0	0	0	0	0	0	0	0
<b>ENDLINE</b>								
Sister/brother/relative	9.2	20.3	20.4	15.1	21	15.9	15.8	21.3
Neighbour	33.8	41.2	41.7	37	42	37.9	41.1	38.5
Classmate	40	33.1	37.8	28.8	33.1	35.4	30.7	38.5
Others	16.9	5.5	0	19.2	3.9	10.8	12.4	1.7

However, there was a recorded rise in establishment of friendly institutions amongst all the categories as age, gender, marital status, schooling across the study blocks Raxual and Majhualia. In baseline amongst  $\geq 15$  Years, only 23% respondents informed about friendly institutions which has increased to 75.3% in end line as presented in the table 3.16.

**Table 3.16 FRIENDLY INSTITUTIONAL SET-UP**

	Age		Gender		Marital Status		Schooling	
	$\geq 15$ Yrs	$< 15$ Yrs	Boys	Girls	Married	Unmarried	In School	Out School
<b>BASELINE</b>	23	16	21	20	28	16	26	15
<b>ENDLINE</b>	75.3	78.2	82.6	73	79.3	76.3	70.1	85.5

Changing a social norm and practice requires collective action. Fortunately, there is an average rise of 50% from end line to baseline across the domains as age, gender, marital status and schooling in the instances of collective and social action against child marriage.

In the **Focus Group Discussion**, Raxual and Majhualia, many respondents shared the instances where the young girls and boys intervene in their community to stop child marriage and practiced equal rights. A young girl shared in Raxual that she took a strong stand for herself at home to stop her marriage at the age of 17. She was supported by her friends and succeeded in convincing her parents to postpone the marriage for two years. Such that she could complete her education.

**Table 3.17 INSTANCE OF COLLECTIVE AND SOCIAL ACTION AGAINST CHILD MARRIAGE**

	Age		Gender		Marital Status		Schooling	
	$\geq 15$ Yrs	$< 15$ Yrs	Boys	Girls	Married	Unmarried	In School	Out School
<b>BASELINE</b>	13	13	12	14	15	12	17	10
<b>ENDLINE</b>	67.1	54.5	65.8	46.7	59.9	52.6	63.8	48.7

#### 4. KEY FINDINGS – FATHER AND MOTHER OF THE BOYS AND GIRLS

This chapter presents the end line evaluation findings of the study with the father and mother of the adolescent girls and boys. The analysis was done to assess knowledge, awareness, attitude and practice of respondents on issues of child marriage, Sexual Rights and Reproductive Rights, sexuality, pregnancy and child rights. Also, the educational status was examined through some set of questions related to their education and its importance in development in East Champaran (Raxual) and West Champaran (Majhaulia) districts of Bihar. For better comprehension, the chapter has been divided into eight parts as:

- A. Socio demographic profile of the parents of the girls and boys of various age groups
- B. Occupation
- C. Education status
- D. Vocational status
- E. Early marriage – Knowledge, attitude and practices
- F. Sexuality – Knowledge, attitude and practices
- G. Pregnancy – Knowledge, attitude and practices
- H. Menstrual and Reproductive health– Knowledge, attitude and practices
- I. Violence and harassment
- J. Entitlements and perception on equal rights
- K. Parental income and education linked knowledge attitude and practice

#### **SOCIO DEMOGRAPHIC PROFILE OF THE PARENTS OF THE GIRLS AND BOYS OF VARIOUS AGE GROUPS**

The socio demographic profile in the end line evaluation represents the data of 39 parents and 113 parents in the Raxual Block of East Champaran and Majhaulia Block of West Champaran respectively in the state of Bihar.

	<b>RAXUAL</b>	<b>MAJHAULIA</b>
<b>Fathers of adolescent girls &amp; boys -In School</b>	06	32
<b>Fathers of adolescent girls &amp; boys - Out School</b>	05	33
<b>Mothers of adolescent girls &amp; boys -In School</b>	08	30
<b>Mothers of adolescent girls &amp; boys - Out School</b>	20	18
<b>TOTAL</b>	<b>39</b>	<b>113</b>

The respondents amongst both the Blocks as Raxual and Majhaulia are the parents of the in school and out school adolescent girls and boys. In Raxual, 71 % of the respondents were female



and 28 % were male. Similarly, in Majhulia, 57 % were male and 42.5 % were female. The sex ratio of the respondents was almost the same as in the baseline. Further, in both the block as Raxual (74.4%) and Majhulia (63.7%) majority of the respondents were from Schedule caste which was not the case in baseline. Majority of the respondents belong to Below poverty line as they possess Below Poverty line card as a part of entitlement {Raxual (99.1%) and Majhulia (98.4%)}. The majority of the population were Hindu in both the blocks; Raxual (95 %) and Majhulia (81.4%). A complete summary of socio demographic profile of the sample data is given in table below

Table4.2. Socio demographic profile of the sample				
	BASE LINE		END LINE	
	RAXUAL	MAJHAULIA	RAXUAL	MAJHAULIA
	n=222	n=228	n=	n=
<b>SEX</b>				
Male	34 50%	31 52%	11 28%	65 57%
Female	34 50%	29 48%	28 71%	48 42.5%
Transgender	0	0	0	0
<b>Social group</b>				
General caste	19 28%	2 3.3%	2 5.1%	6 5.3%
SC	23 34%	17 28.3%	29 74.4%	72 63.7%
ST	17 25%	27 45%	8 20.5%	32 28.3%
OBC	9 13%	14 23.3%	0	3 2.7%
<b>Entitlements (YES)</b>				
Birth Certificate	29	22	54 23.2%	78 20.8%
BPL Card Holder	48	61	231 99.1%	369 98.4%
Aadhar Card Holder	85	89	146 62.7%	259 69.1%
<b>Religion</b>				
Hindu	61 90%	57 95%	111 95%	92 81.4%
Muslim	7 10%	30 5%	2 5.1%	21 18.6%
Others	0	0	0	0

## **OCCUPATION**

The majority of the respondents indulge in agriculture as the major occupation (table 4.3). In baseline, 37% of the fathers in Raxual did agriculture to earn the living while in end line the percentage had raised to 81.8%. Similar is the case in Majhualia where agriculture was the primary occupation of the family. While in Majhualia , father and mother were also daily wage labour (end line-15.4%) and even migrant (end line-4.6%) to earn their living and lead a dignified life .

**Table 4.3 OCCUPATION**

	RAXUAL_BASELINE		RAXUAL_END LINE	
	Father	Mother	Father	Mother
<b>Agriculture</b>	37 %	41 %	81.8 %	50 %
<b>Daily Wage Labour</b>	16 %	5 %	0	42.9 %
<b>Livestock Industry</b>	0	2 %	0	0
<b>Business</b>	9 %	0	0	0
<b>Migrant Labour</b>	3 %	2 %	9.1 %	0
<b>Services</b>	3 %	1 %	0	7.1 %
<b>Others</b>	32 %	48 %	9.1%	0
	MAJHAULIA_BASELINE		MAJHAULIA_END LINE	
	Father	Mother	Father	Mother
<b>Agriculture</b>	36 %	29 %	67.7 %	62.5 %
<b>Daily Wage Labour</b>	34 %	18 %	15.4 %	37.5 %
<b>Livestock Industry</b>	1 %	7 %	0	0
<b>Business</b>	4 %	1 %	10.8 %	0
<b>Migrant Labour</b>	11 %	4 %	4.6 %	0
<b>Services</b>	4 %	0	0	0
<b>Others</b>	10 %	39 %	0	0

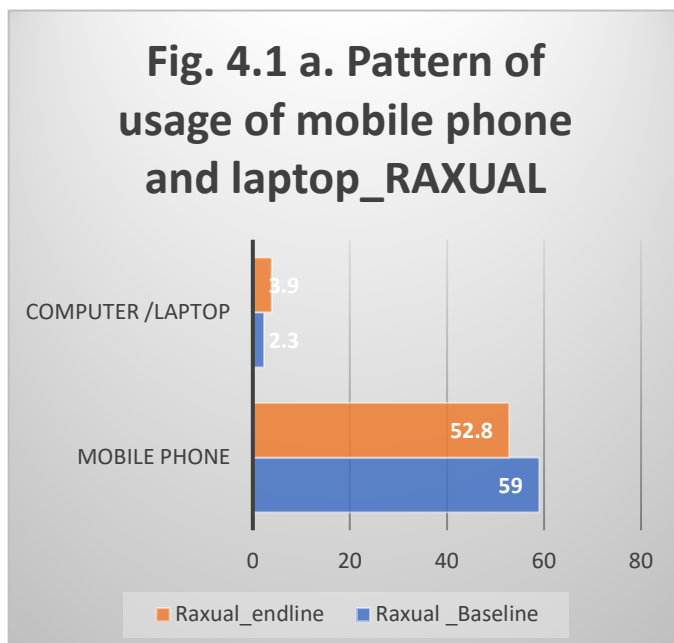
Further, it is positive to note that despite COVID outbreak and lockdown the average income in Raxual had raised from baseline to end line. In Raxual, 5,661 was the mean of average income which is 8756 in the end line. On the other, the mean of income in Majhualia was 9615 in baseline which has decreased to 8209 in end line survey (Table 4.4).

**Table 4.4 AVERAGE MONTHLY INCOME (₹) PER FAMILY**

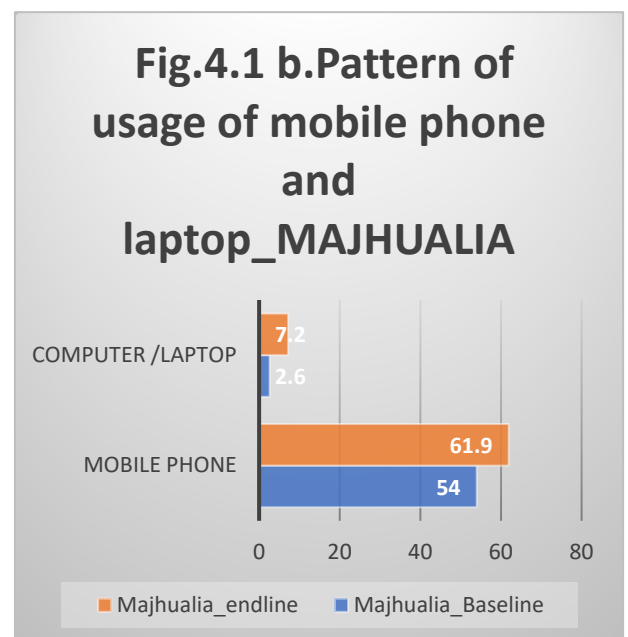
	Raxual_Baseline	Raxual_endline	Majhulia_baseline	Majhulia_endline
<b>In School</b>	6,622	9000	11,410	8422
<b>Out School</b>	4,545	8620	7,196	7947
<b>Overall Mean</b>	5,661	8756	9,615	8209

In Raxual, (fig 4.1a) there was a slight decrease in the number of respondents using mobile over laptop. As 3.9% of the respondents had started using laptop in the end line survey while was 2.3% in the baseline. Majhulia records opposite pattern from Raxual as there is a rise in number of respondents using mobile phone from baseline (54%) to end line (61.9%) as represented in the figure 4.1b

**Fig. 4.1 a. Pattern of usage of mobile phone and laptop\_RAXUAL**



**Fig.4.1 b. Pattern of usage of mobile phone and laptop\_MAJHUALIA**



## **EDUCATIONAL STATUS**

Child marriage often leads to dropping out of school across the sex especially female. This further limit their ability to complete their education and leads to lack of information, knowledge and information about SRHR.

At this juncture, it would be important to examine the factors that lead to drop out from school in different study blocks. The data in the table 4,5 represents the reason for adolescent girls and boys leaving the school as described by their parents. In Raxual, there was a rise in number of school dropout due to marriage, as a few mothers is baseline (25%) considered marriage as the reason for leaving the school which had raised to 75% in the end line survey followed by not going school was their choice (baseline – Father 0%, Mother 8%, end line – Father 40% Mother 10%). Also , parents informed that poverty is the major factor for not admitting the children to school as presented in the table 4.6

While in Majhualia , poverty and marriage were the major reasons mentioned by parents both father and mother for leaving the school in base line as well a in end line as represented in the table 4.5 below. Also. Poverty (table 4.6) is the major factor for the children being illetaerate and not getting admission in the school.

**In Focus Group Discussion in Majhualia**, parents shared that their average income is very low. Therefore, despite their desire to send their children to school and educate them, they miserably fail to send their children to school regularly. It was discussed that BPL families should be capacitated to opt alternative source of livelihood to raise their income such that basic need of food and shelter is met for the family. After that they can ensure that their children attend the school regularly.

**Table 4.5 REASON FOR LEAVING SCHOOL**

	<b>Raxual_Baseline</b>		<b>Raxual_End line</b>	
	<b>Father</b>	<b>Mother</b>	<b>Father</b>	<b>Mother</b>
<b>For getting married</b>	17	25	20	75
<b>Poverty</b>	67	42		5
<b>For domestic work</b>	17	25		5
<b>To earn</b>	8	17		5
<b>Don't like/ my choice</b>	8	0	40	10
<b>Don't know</b>	8	8	0	0
	<b>Majhualia_Baseline</b>		<b>Majhualia_Endline</b>	
	<b>Father</b>	<b>Mother</b>	<b>Father</b>	<b>Mother</b>
<b>For getting married</b>	7	9	42.4	83.3
<b>Poverty</b>	79	91	30.3	5.6
<b>For domestic</b>	14	9	12.1	

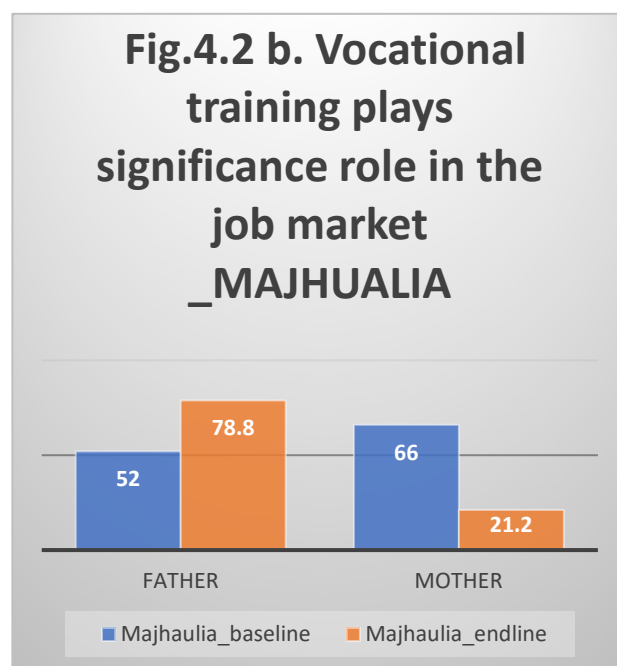
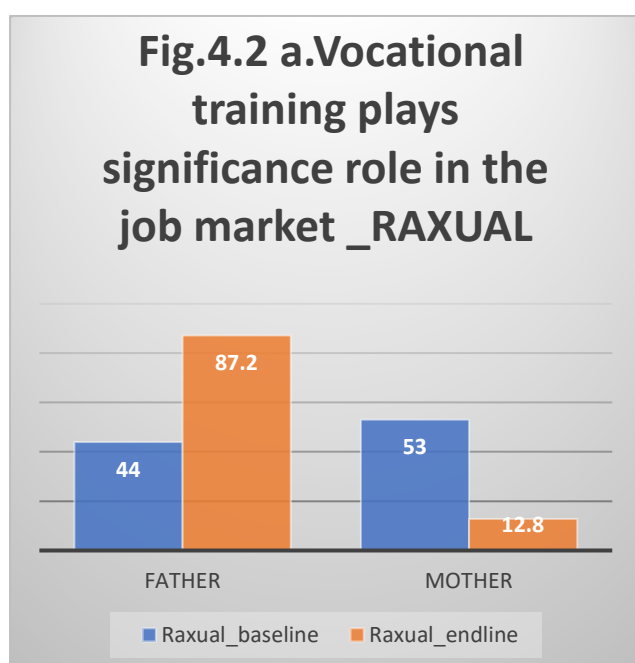
<b>work</b>				
<b>To earn</b>	7	18		5.6
<b>Don't like/ my choice</b>	7	0		5.6
<b>Don't know</b>	0	0	0	0

**Table 4.6 REASON FOR NOT ADMITTING CHILDREN IN SCHOOL**

	<b>Raxual_Baseline</b>		<b>Raxual_End line</b>	
	<b>Father</b>	<b>Mother</b>	<b>Father</b>	<b>Mother</b>
<b>Guardian decision</b>	0	0		10
<b>Poverty</b>	67	75	20	75
<b>Illness</b>	33	0	40	10
<b>No school in nearby location</b>	0	0	20	
<b>Don't know</b>	0	25	20	5
	<b>Majhaulia_Baseline</b>		<b>Majhaulia_Endline</b>	
	<b>Father</b>	<b>Mother</b>	<b>Father</b>	<b>Mother</b>
<b>Guardian decision</b>	0	0	24.2	11.1
<b>Poverty</b>	100	100	45.5	88.9
<b>Illness</b>	0	0		0
<b>No school in nearby location</b>	0	50	12.1	0
<b>Don't know</b>	0	0	18.2	0

## VOCATIONAL STATUS

There is substantial evidence that strategies which address obstacles to education are critical for ending child marriage. Research suggests that strategies that work across multiple levels are most successful: For example, those that improve availability and access to vocational education in combination with efforts to improve quality school education, shift social norms around the value of girls and provide incentives to support families to send adolescent girls and boys to school. The figure 4.2 present data on the same that fathers were of the believe that vocational training plays a significant role in he job market in both the blocks Raxual (baseline-44% end line-87.2%) and Majhualia ( base line-52% end line 78.8%). But mothers in both the block think differently as from baseline to end line their opinion has changed regarding vocational training



as represented in the fig 4.2 a and figure 4.2

b.

**SANJAY PATEL**

**PRI**

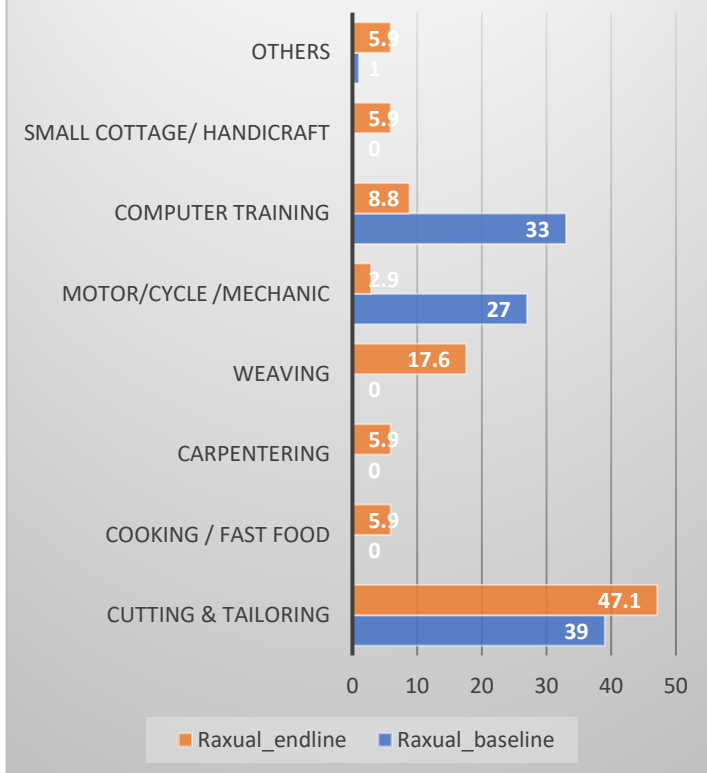
**Dhangarhwa Raxual**

“The awareness level has enhanced at community level amongst the adolescents and their parents. This has reduced the number of child marriage and adolescents give more importance to education and career.”

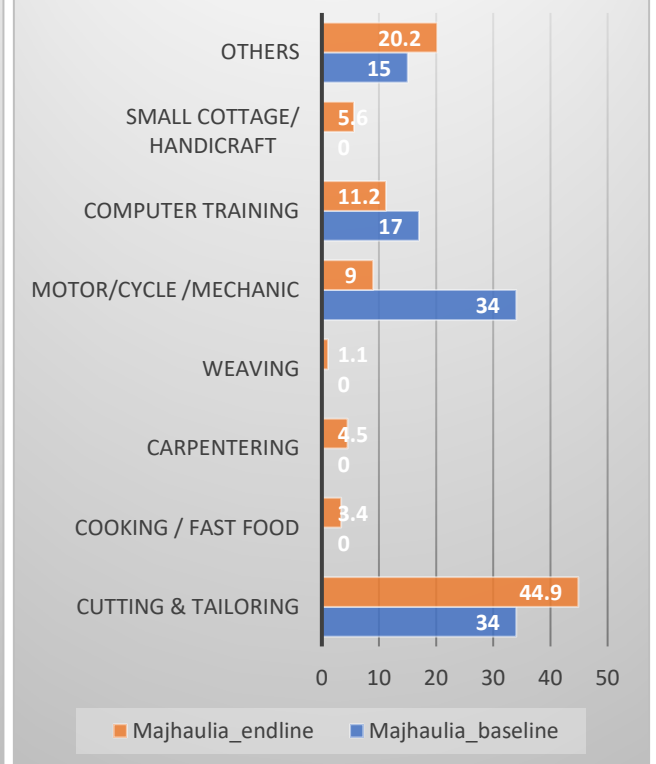
When asked what needs to be done to end child marriage he replied “To stop early marriage and combat child abuse, we need to provide job opportunities at village level.”

Regarding the preferred type of training by parents across the study blocks was computer and cutting tailoring and mechanics as depicted in the figure 4.3 a and 4.3 b. Therefore , computer training , tailoring and mechanic remain the dominant vocational program as presented in the figure.

**Fig.4.3 a.Type of training\_RAXUAL**



**Fig.4.3.b Type of training\_MAJHUALIA**



### **EARLY MARRIAGE – Knowledge, attitude and practices**

Early and child marriage is a symptom of a deeply fractured and unequal society. According to the Prohibition of Child Marriage Act 2006, any girl married below 18 years of age and any boy married before 21 years, is considered a “child marriage”, which is a cognizable offence. The data represent (Table 4.7) that fathers and mothers were aware about the right age of marriage for girls (18 years & above) and boys (21 years & above). It was very positive to note that 100% of the respondents were aware about the right age of marriage in both the blocks depicting enhanced knowledge of early marriage from baseline.

**Table 4.7 RIGHT AGE TO GET MARRIED**

	Raxual_Baseline		Raxual_End line	
	Father	Mother	Father	Mother
<b>Girls ( ≥ 18yrs)</b>	68	53	100	96.4
<b>Boys( ≥ 21yrs)</b>	41	29	100	92.9
	Majhulia_Baseline		Majhulia_End line	
	Father	Mother	Father	Mother
<b>Girls ( ≥ 18yrs)</b>	84	45	100	96.9
<b>Boys( ≥ 21yrs)</b>	84	35	72.3	100

#### **ABDUL SALAM**

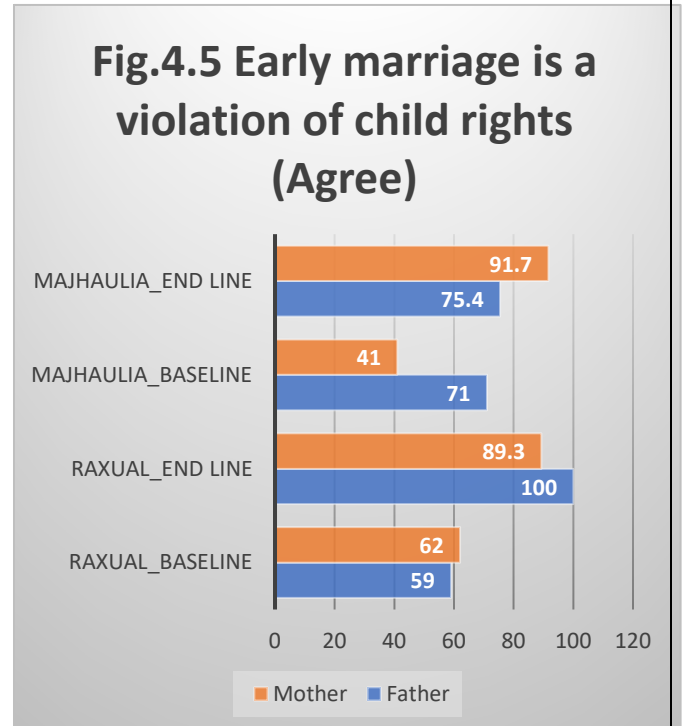
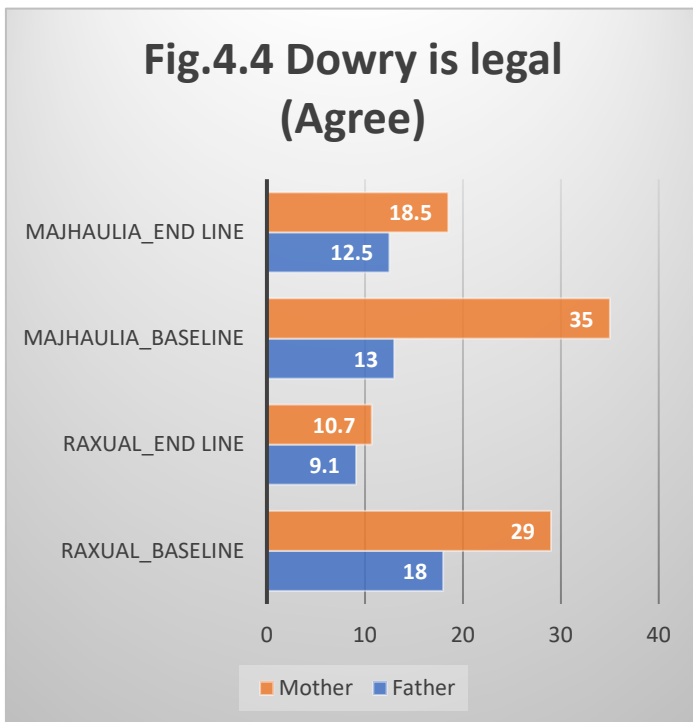
#### **BLOCK HEALTH MANAGER**

#### **Majhulia**

Block Health manager shared that major factor of child marriage is poverty. He was of the view that we need to provide skill training and generate job opportunities for young generation such that they are capable of earning their living and don't marry for dowry and have the capacity to take decision for their life and career. He also shared the fear that economic distress caused due to COVID and lock down in the villages might lead to rise in the number of child trafficking and child marriage.



Unfortunately, the respondents were not aware that dowry is a punishable offence. The majority of respondents in the end line survey had agreed that dowry is illegal but in Majhualia and Raxual still dowry was a practice as average 30% of the respondents consider dowry as legal practice as presented in the table (4.4) below.

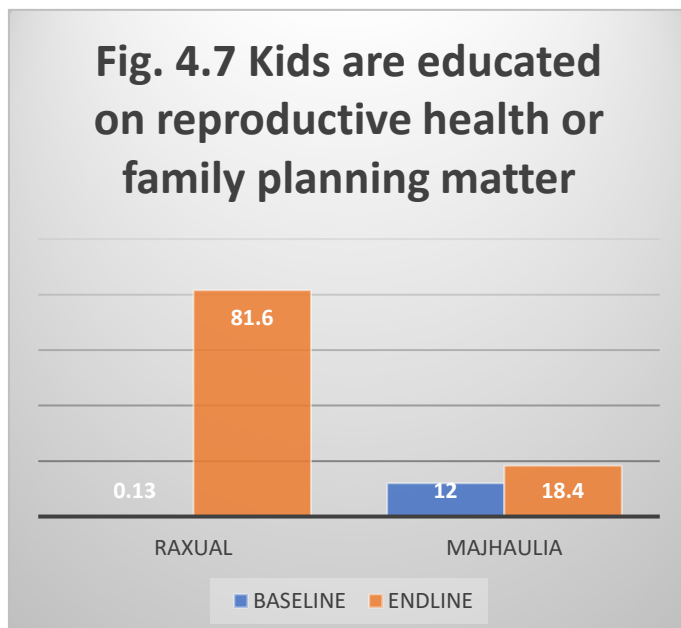
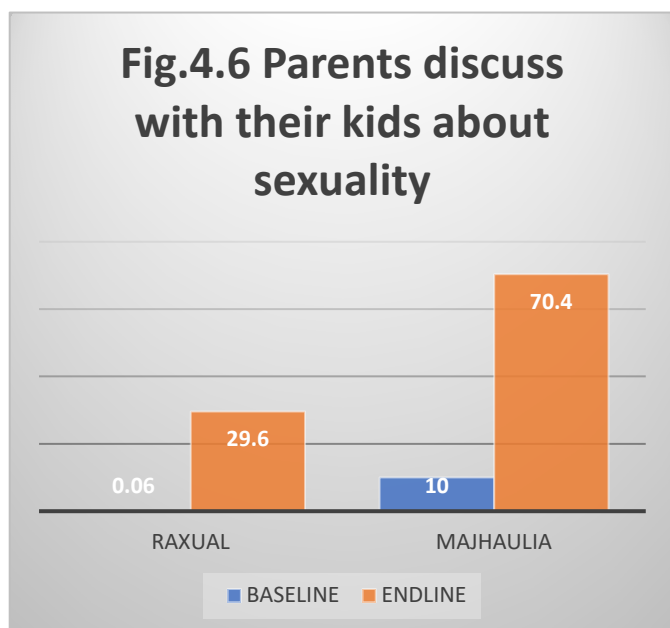


The knowledge level of parents had risen on child rights and early marriage from baseline to end line amongst both the blocks. Average of 100% of the respondent in the end line understand that early marriage is violation of their child rights which was 70% in baseline across the block as presented in detail in the table 4.5 below.

**SEXUALITY - Knowledge, attitude and practices**

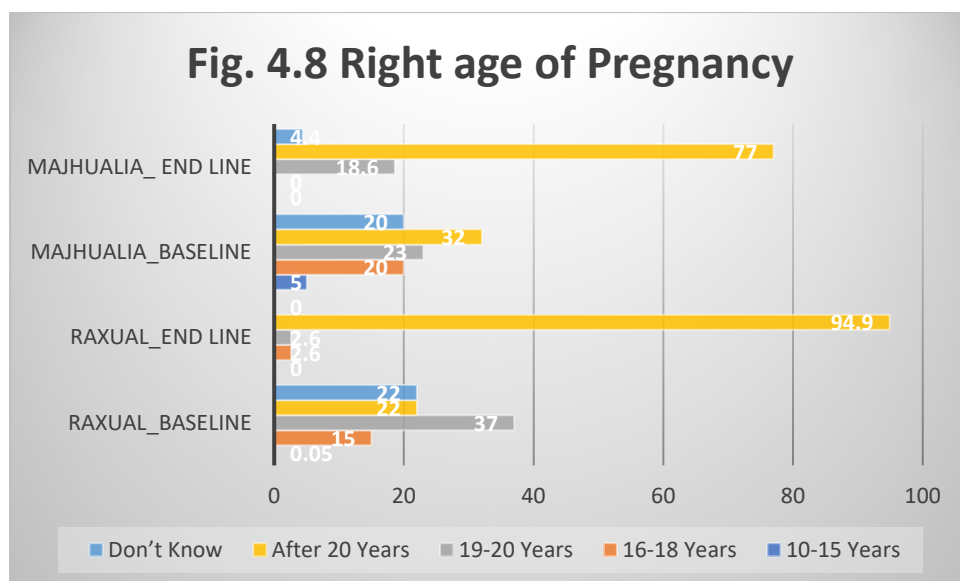
Sexuality is a sensitive topic in India. Parents don't feel comfortable to discuss these sensitive issues openly with their children, But due to continuous intervention of BVHA , parents have started discussing and imparting sex education to their children . In Raxual from baseline to end line there is rise of 30% and in Majhualia baseline has only 10% respondents who discuss sexuality which had raised to 70.4% in end line as presented in figure 4.6.

Similarly, parents also discuss and educate their children on reproductive health and family planning as re presented in the figure 4.7 below.



## **PREGNANCY- Knowledge, attitude and practices**

Since most child marriages results in teenage pregnancy due to societal pressure and lack of sexual and reproductive health knowledge, we analyse level of teenage pregnancy amongst 15-19-year olds. Analysis of parent’s data reveals that amongst the majority of the parents consider after 20 year as the right of pregnancy. In Majhualia , average 70% of the parents were of the view that right age of pregnancy is after 20 years and similarly 90% of the parents in Raxual were of the view that their girls should give birth to a child after the age of 20 years as presented in the figure 4.8 below.



### **NAJMA KHATUN**

#### **HEALTH SERVICE PROVIDER**

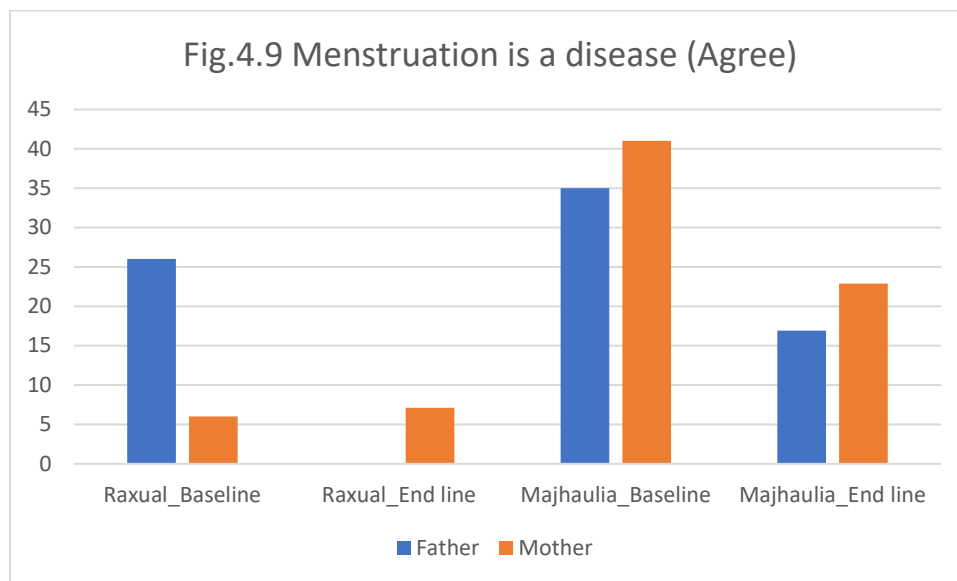
##### **Majhualia**

Najma Khatun shared “adolescent pregnancies are more likely to occur in marginalized communities, commonly driven by poverty and lack of education and employment opportunities. But BVHA intervention in Majhualia has reduced the cases of child marriage and early pregnancy. Young mothers and new married girls are aware about the consequences of early pregnancy on their health and child. The mothers and married girl plan their family with the consent of family and husband.”

## **MENSTRUAL AND REPRODUCTIVE HEALTH- Knowledge, attitude and practices**

The section represents the knowledge on menstrual health hygiene management of the parents in Raxual and Majhualia.

The knowledge and practice of girls and boys have increased due to intervention in the blocks. Table 4.9 presents that various taboos and stereotypes regarding menstruation were addressed in the community such that now parents were aware that menstruation is not a disease it's a biological phenomenon of the body. Sill , amongst mother group we need to spread awareness and address their doubts on the issue .



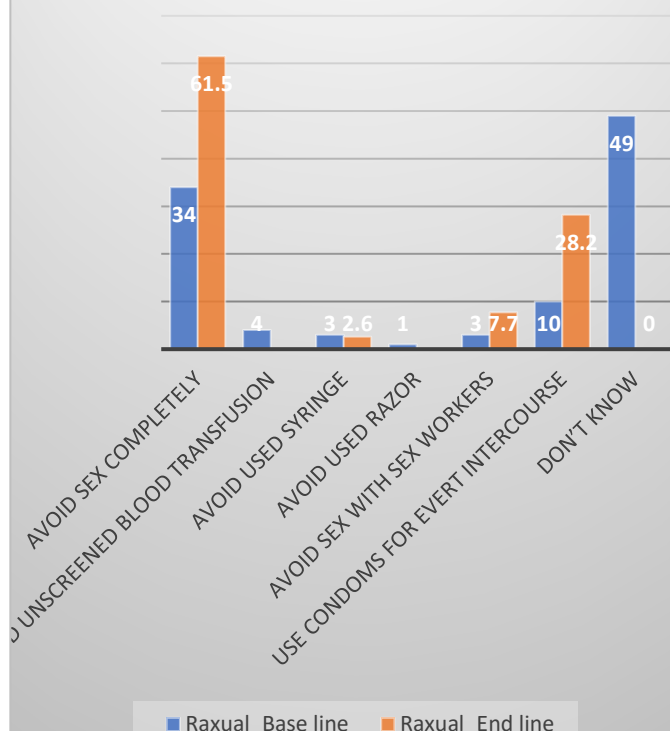
**SEXUALLY TRANSMITTED DISEASES - Knowledge, attitude and practices**

The section represents the knowledge on sexually transmitted diseases of the parents in Raxual and Majhualia. In Raxual (baseline- 34% end line 61.5%), parents knew that unsafe sex is the main reason for the spread of HIV/AIDS followed by sex with sex workers, unscreened blood transfusion as presented in the figure 4.10 a below.

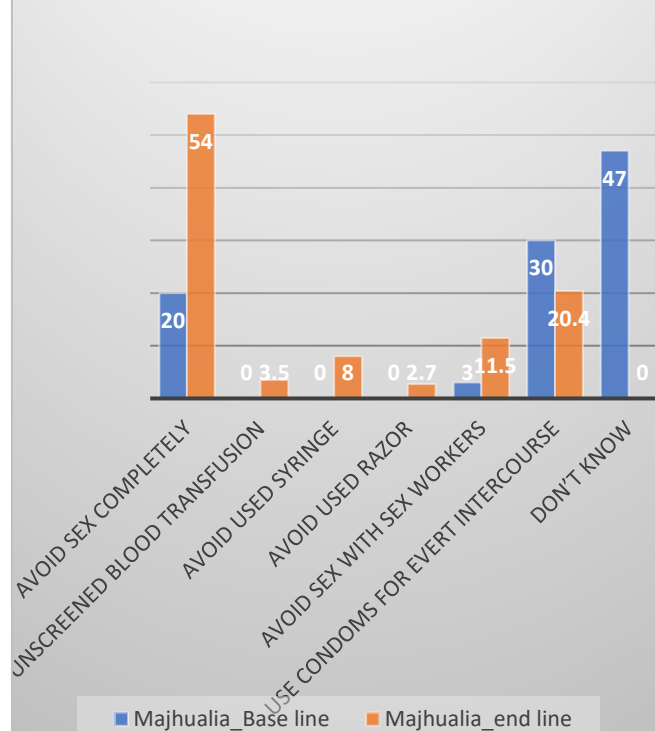
Similarly, in Majhualia, 54% of the parents in end line were of the opinion to avoid unsafe sex to avoid to spread HIV/AIDS and use of condom is safe during sex as presented in the figure 4.10 b below.

Still, it is a felt need in the community for more intervention regarding sexual intercourse and related diseases. This will address the stereotypes and enhance their knowledge on sexually transmitted diseases.

**Fig. 4.10.a Parents on ways to prevent HIV/AIDS\_RAXUAL**

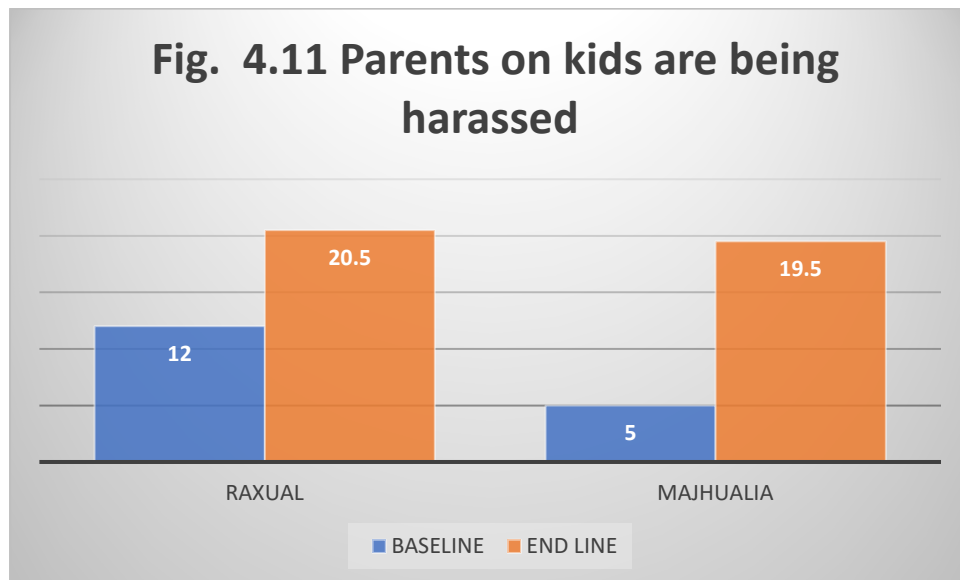


**Fig. 4.10.b Parents on ways to prevent HIV/AIDS\_MAJHUALIA**



## **VOILENCE AND HARASSMENT**

Adolescent harassment in any form – physical or sexual – is in prevalence in all locational frames. A significantly large section of parents informed that their children have faced violence and harassment in one on the other form. In Raxual (baseline- 12% end line-20.5%), and Majhualia (base line-5% end line 19.5%) there is a rise in number of cases in harassment as depicted in the figure 4.11.

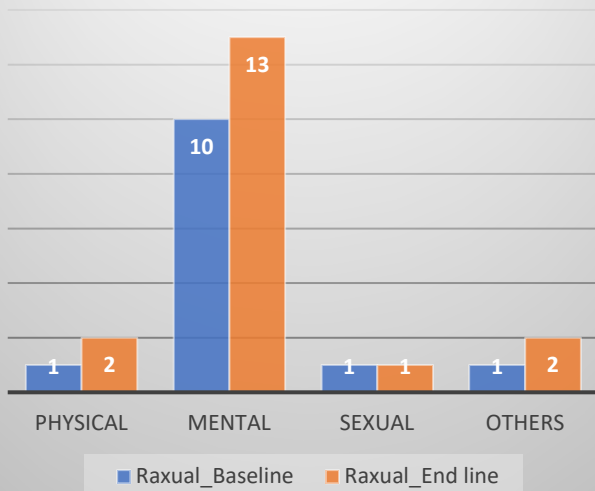


It is very disappointing to note that cases of mental violence had raised from baseline 10% to end line 13% in the figure 4.12.a followed by physical and sexual harassment. While in Majhualia, there is slight decrease in the recorded cases for physical harassment (base line – 37% end line 22%) and sexual harassment (base line- 50% end line 40%) as depicted in the figure 4.12 b.

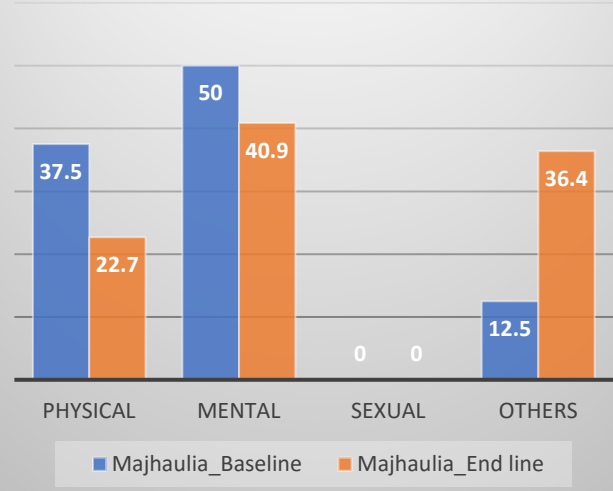
In most of the cases someone know in the neighbor or family has harassed the children as presented in the figure 4.12 c and d. It is very disappointing to record that even school teachers have harassed children

We need to conduct more sessions on gender sensitization and domestic violence as a crime such that cases decrease to minimal number across the blocks.

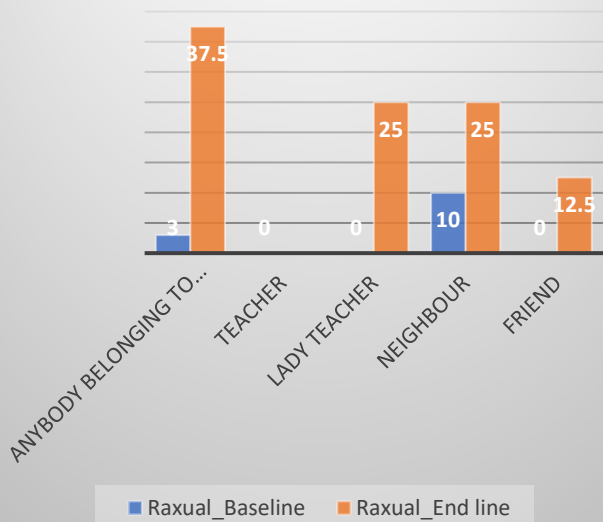
**Fig. 4.12 a. Type of harassment\_RAXUAL**



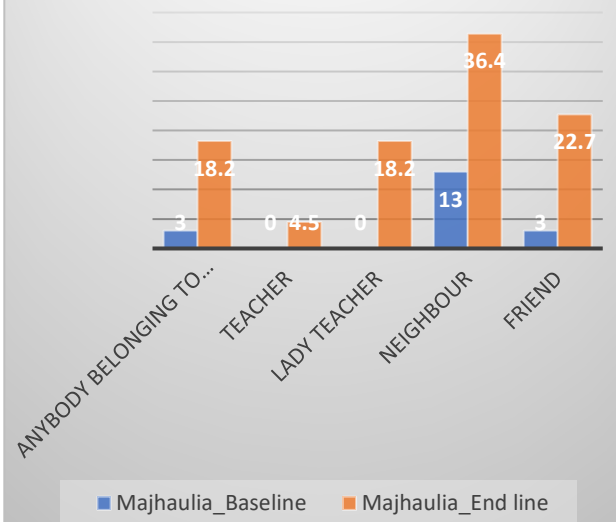
**Fig. 4.12 b. Types of harassment\_MAJHUALIA**



**Fig. 4.12 c. Harassed by whom\_RAXUAL**



**Fig. 4.12 d. Harassed by whom\_MAJHUALIA**



## **PERCEPTION ON EQUAL RIGHTS**

Fortunately, the respondents in the study block; Raxual and Majhualia have enhanced their knowledge on rights. Majority of the parents in Raxual (base line: father 26% mother-29% end line: father-90.9% mother 64.3%) and Majhualia (base line: father 32% mother-45% end line: father 78.5% mother 95.8%) are aware about gender quality and ensure practicing equal rights amongst both girls and boys as represented in the table 4.8

Also, very few parents (table 4.9) were of the opinion that girls and boys should enjoy different set of rights. It was positive that now parents consider both girls and boys equal. This will reduce the gender disparity and inequality in the society and provide equal opportunity to both male and female to lead a dignified and respectable life.

<b>Table 4.8 OVERALL AWARENESS ON EQUAL RIGHTS</b>			
<b>Raxual_Base line</b>		<b>Raxual_End line</b>	
<b>Father</b>	<b>Mother</b>	<b>Father</b>	<b>Mother</b>
<b>26</b>	29	90.9	64.3
<b>Majhualia_base line</b>		<b>Majhualia_end line</b>	
<b>Father</b>	<b>Mother</b>	<b>Father</b>	<b>Mother</b>
<b>32</b>	45	78.5	95.8

<b>Table 4.9 DIFFERENCE OF RIGHTS BETWEEN SON AND DAUGHTER (YES)</b>			
<b>Raxual_Base line</b>		<b>Raxual_End line</b>	
<b>Father</b>	<b>Mother</b>	<b>Father</b>	<b>Mother</b>
<b>26</b>	12	9.1	0
<b>Majhualia_base line</b>		<b>Majhualia_end line</b>	
<b>Father</b>	<b>Mother</b>	<b>Father</b>	<b>Mother</b>
<b>16</b>	3	100	100

Also, it is very positive to record that parents understand that their children have the right to choose their partner, but still, mothers in the study block don't feel that their children should take their decision of life partner. Average of 20% (table 4.10) of the mothers in both the blocks shared that they consider choosing life partner as the right of their adolescent girls and boys .

Further, women's access to economic opportunities is restrictive and all sections cutting across age, sex and marital status believe in this and majority believe that this due to the traditional social conditioning. A comparative analysis between Raxaul and Majhualia Blocks reveals that fathers were more aware than mothers on women access to economic opportunity as presented in the table 4.11.

A comparative analysis between Raxaul and Majhualia Blocks revealed that fathers were more aware than mothers in terms of equal rights.

Therefore, there is a scope of intervention to spread awareness on gender related issues to address violence and practice of equal rights and opportunities amongst both the sex.



**Table 4.10 KIDS HAVE A RIGHT TO CHOOSE THEIR OWN PARTNER**

Raxual_Base line		Raxual_End line	
Father	Mother	Father	Mother
21	21	81.8	17.9
Majhaulia_base line		Majhaulia_end line	
Father	Mother	Father	Mother
26	7	60	22.9

**Table 4. 11 GIRLS/WOMEN HAVE ACCESS TO ECONOMIC OPPORTUNITIES**

Raxual_Base line		Raxual_End line	
Father	Mother	Father	Mother
18	32	45.5	25
Majhaulia_base line		Majhaulia_end line	
Father	Mother	Father	Mother
39	34	41.5	25

**SANDEEP SAURABH**

**BLOCK DEVELOPMENT OFFICER**

**Raxual**

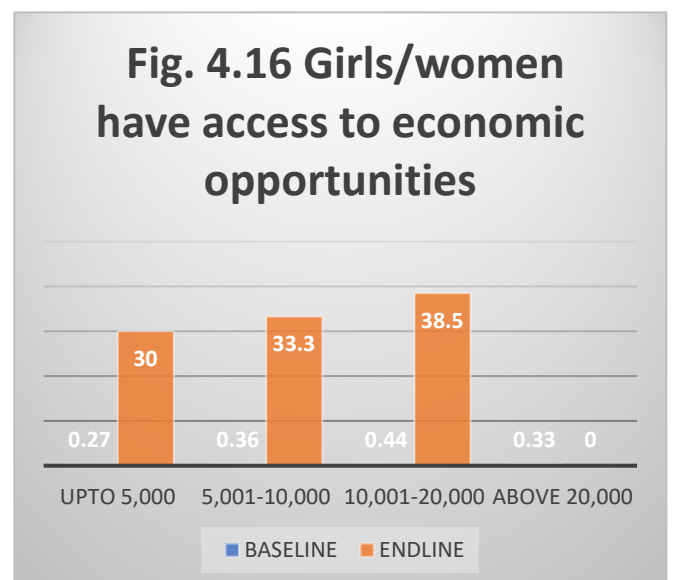
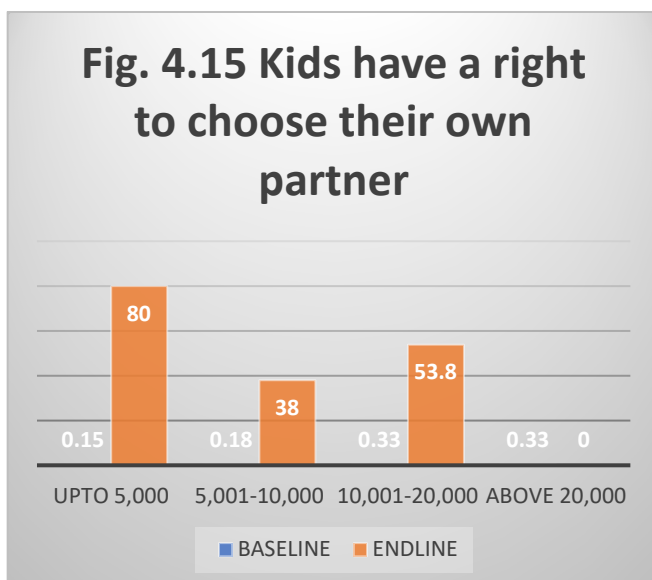
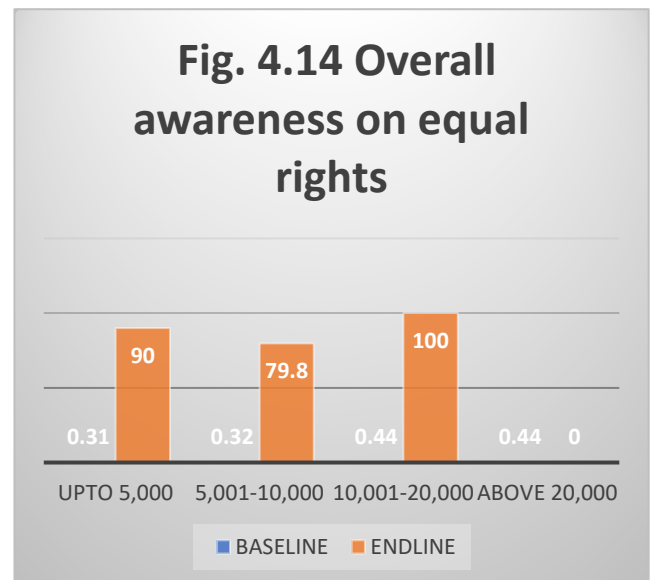
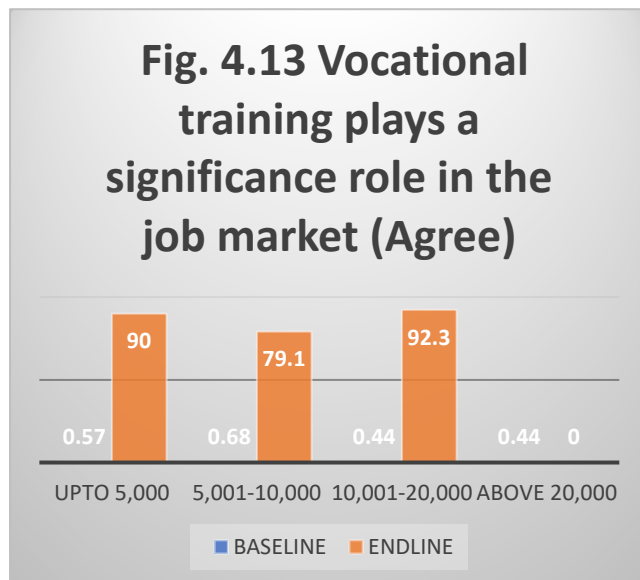


“BVHA has done a commendable work in Raxual . Their intervention has led to the behavioural change in the community. Now. adolescents’ girls & boys and even their parents are aware about the right age of marriage, legal age of marriage and dowry is a criminal offense. Majority of the parents send their children to school where teachers also discuss about sexual and reproductive health and rights. Girls also feel comfortable to discuss their problems with their friends and guardian.”

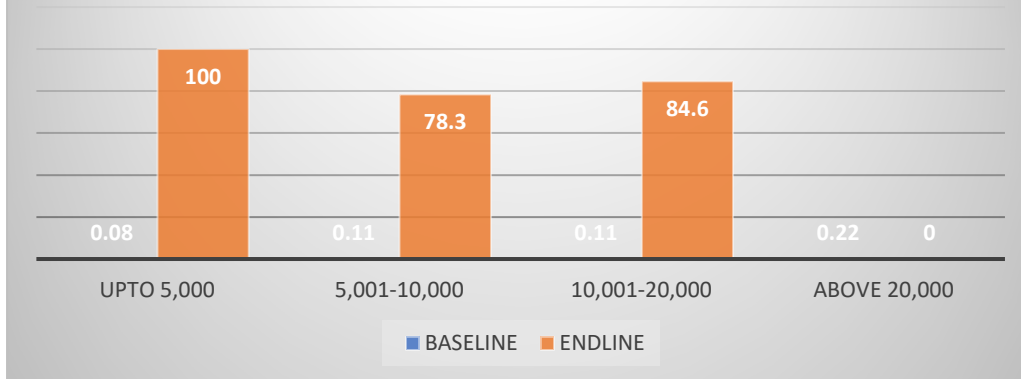
**PARENTAL INCOME AND EDUCATION LINKED KNOWLEDGE ATTITUDE AND PRACTICE**

An analysis was done to correlate parental income and education with KAP related to early marriage. In general income correlation with issues like minimum education attainment of children, right age of marriage, awareness on equal right show a positive correlation. However, on the issue of effectiveness of vocational training in the job market it depicted a positive trend in the lower income levels same as baseline but fell after reaching the Rs10,000 mark indicating that parents with higher income are more interested in educating their children and empowering them through education rather than looking for vocations acquired through skill

training in both base line and end line survey. The point on whether girls should have access to economic opportunities recorded a positive correlation. The table below depicts this feature.



**Fig. 4.17 Knowledge on SRHR**



**MR. MALAY**

**BVHA DIRECTOR**

**Bihar**

“The awareness level has enhanced at community level amongst the adolescents and their parents. For the sustainability and technology integration we are developing an android application BAL PRAHARI. This application is at its initial stage. We will also try to upgrade the application with time and convince Bihar government to adopt the app. To reduce the child marriage, we have also initiated campaign called -WE STAND FOR HER as a gender-based activism.”

## 5. CONCLUSION AND RECOMMENDATIONS

The findings of evaluation highlights, the areas where interventions have shown positive results and some areas where there is a room for improvement.

Among the adolescent girls and boys, knowledge on early marriage, pregnancy, sexuality, HIV/AIDS, menstruation and reproductive health, equal rights and Sexual and Reproductive health and rights has increased in both Raxual and Majhualia block of east and west Champaran of Bihar. Knowledge and practice on dowry had increased to some extent in Raxual but in Majahulia . Adolescent girls and boys & married girls and boys were aware about the bad effects of underage pregnancy but still there is scope of knowledge enhancement on birth control measures. Fortunately, <15 years pregnancy among married girls was also not noted in the end line which was not the case in baseline across the blocks of survey. The married girls and boys are delaying their pregnancy for education, career and physical readiness of the girl. In terms of menstrual health hygiene management, adolescents' girls are still using cloths as preferred material during menstruation. They even face problems as rashes, itching in the genital area. There is a scope of the increase in knowledge, attitude and practices on sexually transmitted diseases. There is a slight decrease in number of cases of mental harassment in Raxual and Majhualia . However, still the cases have been recorded across the study blocks of both physical and mental harassment by boys and girls. Further girls and boys have been exposed to mental torture in the form of teasing /annoying and also have experienced physical harassment in the form of beating / slapping etc. The adolescent girls' boys and increased their knowledge on equal rights but still girls shared that they did not enjoy economic empowerment and decision making. Also, the services of SRHR were availed by sisters, brothers, relatives, neighbor and classmates and but discussed less amongst the relatives and brother sister from baseline to end line.

For parents of the adolescent girls & boys and married girls & boys' knowledge about vocational training, early marriage, entitlements and perception on equal rights, sexuality and pregnancy have improved in Raxual and Majhualia. Parents discuss sexuality and reproductive health related problems with their children at home. Also, violence and harassment has increased in both the blocks. Fathers were convinced that vocational training plays a significant role in job market, while mothers disagree and suffer from lack of economic empowerment. It was very positive that majority of the respondents were aware about the right age of marriage in both the blocks depicting enhanced knowledge of early marriage from baseline. There is a need to address the stereotypes and enhance their knowledge on sexually transmitted diseases amongst the parents. Findings show that few parents were of the opinion that girls and boys should enjoy different set of rights. It was positive that now parents consider both girls and boys equal. This will reduce the gender disparity and inequality in the society and provide equal opportunity to both male and female to lead a dignified and respectable life.

### **FINDINGS**

- Most of the adolescent girls and boys and married girls and boys were found belonging to Hindu Communities (90%). However, also a few of the respondents were from the Muslim community (10%). About 50% of the respondents were from OBC. Majority of

the respondents were BPL card holders (70%). Thus, most of the respondents were from the lower castes. This shows that child marriage is more pronouncing in the lower castes of the society.

- Majority of the respondents and their parents/ guardian were from the labor and peasant class. However, about 15 % respondents were from the above poverty line class. Most of the respondents reported that their main occupation is agriculture and migrant labor Thus, child marriage is found more concentrated in lower economic classes of society.
- The main occupation of their families has been reported to be agriculture, labor and petty business. About 70% respondents were from lower class while 30 % respondents were from lower middle class. Thus, only a negligible proportion of the respondents were reported to be from upper class and higher middle class.
- Majority of the respondents as parents were found educationally backward. About 60% of the respondents were illiterate while around 25% respondents reported that they were literate. Thus, child marriage is found to be concentrated among the educationally backward families.
- The married girls considered vocational training effective and took interest in the program. 26.3% of the married women (in school) considered vocational training useful. Majority are interested in vocational training in beautician, tailoring, computer course. This depicts that the intervention under the project Marriage- No Child's play has developed the interest of the youth to undertake vocational training and skill enhancement session for career growth.
- The main reasons for early marriage were reported to be poverty, traditional custom, demand of dowry, safety and security problems of girls, pressure from relatives and family members. Poverty is the single most important factor for early marriage as more than 1/4<sup>th</sup> respondents reported this. This was found more pronouncing in both the districts of East and West Champaran. There is a felt need to plan intervention related to source of livelihood in the intervention area along with the awareness on RMNCH+A.
- Majority of the respondents in the Focus Group Discussion informed that Gauna was performed after the age of 18 years of age. However, a few parents reported that Gauna was performed just after the marriage. The main reasons for non-performing of Gauna just after marriage were reported to be related with cultural practice, waiting for auspicious occasion and studying of children. The respondents also revealed that married boys/girls are cohabitating with spouse.

- The majority of the respondents were aware about protective measures during sex. Average 70% of the respondents preferred condom followed by pills.
- The majority married girls and boys revealed that their parents took their consent before marriage. They further reported that they were agreed to marry with the concerned persons.
- Most of the respondents reported that they could not pressurize on married couples for pregnancy. About 2.1% respondents reported that the age of young mother at her first pregnancy has been in between 19-20 years. This reveals that a few young married women are taking high risk of child bearing as they are physically and psychological immature in early age. But 59% of the married girls and boys shared that they consider their education and career more important. The boys were of the view that we will plan the family after we settle in life and start earning our way of living. This depicts that the Project- Marriage- No child's play have succeeded to sensitize the respondents about the importance of education in the growth and development of the family and improvement in the way of living.
- The main reasons for early pregnancy were reported to be perceived status, family pressure, desire for a son and also desire for extending own family. Through the project intervention has decreased the percentage of such cases but still a few cases have been recorded during the study.
- Most of the respondents reported that they faced various problems during the pregnancy and after giving birth to the child as fatigue, depression, medical complications and mental illness. Therefore, there is a need for BVHA to plan intervention for pregnant women and mothers to avail services from the PHC as ANC, PNC and vaccination under RMNCH+.
- 100% of the respondents are aware about the legal age of marriage is 18 years and above for girl and 21years and above for boys. The respondents were aware of the Child Marriage Prohibition Act. About 90% respondents accepted that child marriage violates human rights of children. An average of 80% in the end line survey had agreed that dowry is illegal but in Majhualia still dowry was a practice as 50% of the respondents consider dowry as legal practice. Similarly, the awareness about the programmes and schemes for the empowerment of adolescent girls has been reported to be low. Therefore , it can be concluded that project – Marriage- No Child's Play has increased the awareness on Child Marriage Prohibition Act but still there is a scope to aware the respondents on programmes and schemes for the empowerment of adolescent girls.
- About 60 per cent respondents reported that their children discontinued education after marriage. The reasons for discontinuation of education were reported to be poverty, lack of permission from in-laws and spouse.

- Most of the respondents reported that early marriage of children increases the household responsibilities and financial burden.
- On the issue of gender equality, it was very unfortunate that there is minimal rise in the level of awareness on gender issues. 11.5 percent of the married girls' respondents were aware on gender equality. While amongst married boys, 73.6% of the respondents were practicing gender equality. This shows that there is a need for gender sensitization and training sessions on gender equality through sports.
- There is average 60% rise in the awareness level of respondents of knowing anyone who has availed such services. Across the domains age, gender, marital status and schooling, there is an average rise of 50 % of the respondents who know anyone in their surrounding who had availed SRHR services. Thus, the intervention of BVHA has enhances the over all level of awareness of the respondents on SRHR services.

## **RECOMMENDATIONS**

### **Policy and Programme Related:**

- It is imperative to improve law enforcement mechanism in India. Early marriage cannot be eliminated overnight and therefore monitoring of the implementation of existing child marriage laws needs to be strengthened and a protective mechanism should be established for individuals reporting child marriages. The effective enforcement of Prohibition of Child Marriage Act, 2006 must be ensured with strong political and administrative will power.
- It is imperative to create an enabling environment through an integrated strategy of enhanced education opportunities for girls, combined with improved enactment of the Prohibition of Child Marriage Act and interventions to curb child marriage practices. Mass media approaches may have a demonstrated impact on young people's knowledge, attitudes and behavior. The potential for media has been harness in many countries to provide educational entertainment to adults, adolescents and children. Media approaches are most effective when coordinated as part of an integrated intervention. The media may also play an essential role in community sensitization and changing social norms related with practice of child marriage.
- In those districts where the high rate of child marriage is prevailing, setting up special Cells is required. These special Cells may conduct the study regarding the prevalence of child marriage, loop holes in implementation of legislation and laws, administrative challenges for effective implementation of Prohibition of Child Marriage Act, and implement intervention strategies in collaboration with civil societies and government agencies.
- International agencies should launch programmes for behavioural change. Donors and programme planners should support programmes that work to change the attitude that perpetuate child marriage. These programmes must involve community-based

organizations, adolescents and community leaders to achieve greater gender equality and behavioural change.

- A completely new strategy based on a holistic approach of awareness, incentives, education, nutrition and enforcement need to be worked out to protect the rights of the girl children. Women should have access to comprehensive, affordable and quality health care, which should go beyond the reproductive health to take into account their vulnerability to various endemic, infectious and communicable diseases. The social and health consequences of HIV/AIDS and sexually transmitted diseases also need to be tackled from a gender perspective.
- There is a need to hold government accountable for enforcing the legal age of marriage for both boys and girls. The child marriage prevention Act should be effectively enforced to prevent early marriages. There is need to focus on adolescent girls living in difficult circumstances. Effective enforcement of Juvenile Justice Act and rehabilitation of such girls is required.
- Adolescent girls need specific policies to address specific sectors like education, health, family welfare, nutrition, HIV/AIDS, sports, etc. An integrated and holistic development programmes for empowerment of adolescent girls are needed. Adolescents in different circumstances like adolescent with disabilities learning disorders, adolescent sex workers, children of sex workers and street children need more visibility in policies.
- Effective and efficient administration of Conditional Cash Transfer Schemes and other schemes oriented for empowerment of adolescent girls should be ensured while the coverage of such schemes is to be extended. The proposed scheme –Rajeev Gandhi National Scheme of Empowerment of Adolescent Girls should be launched immediately with wider coverage and budgetary support.
- Reproductive and sexual health programmes are to be designed keeping in view of rights to health care services, right to information about prevention, reproduction, transmission of diseases, right to healthy life, nutrition, education, creation and freedom from violence and abuse. More emphasis is required for counselling sensitization, education, and improving the health care services to meet out the emerging needs of reproductive and sexual health to the adolescent girls.
- Marriage cum pregnancy counselling may be promoted through improving community participation, integrated schemes of child development, immunization and nutrition. Life Skill Education is imperative to increase mental abilities and promote mental wellbeing and competency of young girls as they face the realities of life Redesigning population education and life skills programmes of the government to reach out to adolescent s in school and out of school is essential. Counselling and group education to respond to anxieties, fears, information gaps, stress, anger, aggression, depression, loneliness and related mental and emotional needs for the well-being of adolescent girls is also called for.
- There is a need to address the issue of sexuality within adolescents and sensitize them about the human rights of women and children. Appropriate NGOs could be asked by the



educational institutions to carry out such target-oriented advocacy in schools, colleges, etc.

- There should be a proper monitoring mechanism along with a set of parameters, indicators and guidelines to ensure that the cash incentives are disbursed to the intended beneficiaries on time in a hassle-free manner. The concerned ministry or department needs to issue directions to the banks and post offices for opening the zero balance accounts to the beneficiaries. The concerned departments and ministries also need to finalize operational guidelines besides effective publicity of the schemes.

#### **Legislation Related:**

- The compulsory registration of marriage is imperative as there is no law requiring registration of marriages throughout India. Thus, enforcement of such legal provision is likely to pressurize parents for delaying marriage.
- Awareness and enforcement of law must be strengthened to discourage child marriage practices. In order to create awareness and sensitization of government enforcement agencies, orientation and training programmes need to be organized for sensitizing the officials of government enforcement agencies. The elected representatives and community-based workers including development activists also need orientation and training regarding the legal provisions and policy related information for promoting delayed marriage.
- Legislation is necessary to prevent child marriage but it is not sufficient to foster behavior change. Thus, policy makers need to enforce existing laws that increase the age of marriage to 18 years for girls and develop more stringent penalties for parents who arrange for their children to be married.

#### **Others:**

- There is need to launch a nationwide campaign for prevention of child marriage. There is a need for awareness and sensitization programmes including media campaigns for creating an environment of delaying marriage and empowering adolescent girls.
- Increasing girl's access to and motivation for schooling and attaining higher education is a key intervention strategy for delaying age at marriage. However, government schools must be improved both in terms of educational infrastructure and quality education. Scholarships and other financial incentives may be provided to the poor families for attaining secondary and higher education to their daughters. Promotion of girl's schooling should include attention to special vocational and livelihood training directed at increasing girl's income earning opportunities.
- In India, there is strong tradition of collective action and community organizing for social change. The women SHGs and associations need to be encouraged to take collective action for delaying marriage and also preventing child marriage. The SHGs and women associations may play an important role in motivating the girls and their families concerning the continuation of schooling and can also take active part in campaigns against child marriage.

- Safety and security of girls is of prime important. The vulnerable and poor families are the potential victims of trafficking and therefore, effective implementation of Immoral Traffic Prevention Act along with effective implementation of Ujjawala scheme is called for prevention from immoral trafficking and rehabilitation of trafficked victims.
- Child marriage interventions are most effective when they are based on evidence related to the risk factors for child marriage. Policy makers should ensure that girls stay in schools during adolescence and acquire economic and livelihood skills.
- It is also suggested that the current practice of extravagance on the marriage and its related ceremonies should be discouraged with the imposition of ceiling of expenditure during the marriage ceremonies.
- There should be special watch on the pious occasions such as Akha Teej, Ganesh Chaturthi, etc. during which large number of child marriages are being performed. This may be possible through scanning of cultural and social practices in the region by the civil society organizations while compilation of information from the community leaders, development functionaries, representatives of PRIs and community-based organizations may be ensured to prepare a roadmap to prevent the practice of child marriage.
- More research is needed to understand how the situation and needs of married adolescents differ from those of married adults and unmarried adolescents.<sup>14</sup>

## **CONCLUSION**

To conclude, BVHA has been successful in reaching out to various community members across the blocks Raxual and Majhualia has left a positive mark. It has created greater impact in terms of high uptake of services among the parents, married girls & boys and adolescents and also created a cadre of champions as outreach workers and peer leaders who can be torch bearer in the community to support in awareness generation activities and community mobilization for accessing services.

Group meetings and sessions in the community as a part of peer lead approach is also found to be good strategy which is being utilized for learning, sharing and monitoring child marriage and Sexual and Reproductive Health and Rights. The BCC sessions have imparted knowledge and skills in women and adolescents to adapt a change in their behaviour and lead a healthy lifestyle. Coverage for services like usage of contraceptives, marriage after legal age, menstrual hygiene management are off the mark and needs to be sustained.

Further, based on the evaluation findings below are some key recommendations which can consider for formulating future strategies around the similar project component.

For having a sustainable improvement in health among young married couples regular home visits and door to door counselling sessions on registration of pregnancy, information on domestic violence act and effective mental health coping skills can be designed. The mental health sessions should not only be limited to adolescents but should also involve the parents, teachers, health workers to reduce the prevalence of substance dependency and other severe

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<sup>14</sup> [Report Child Marriage in India \(1\).pdf](#)

mental health issues among adolescents. Introduction of age-appropriate sex education with abuse prevention skills at schools, colleges and also in the community to bridge the knowledge gap in adolescent. With this approach, sexual abuse, early sex debut and unsafe sexual practice can be reduced and the contraceptives usage can be increased. This in turn prevents unwanted pregnancy, AIDS/STIs and its complications.

For sustainability, project could focus more on system strengthening activities like techno managerial support during sector meetings of ICDS and Health, structured and systematic home-visits by AWW and ANM, messaging and counselling done during VHND, and supportive supervision by supervisors. Health functionaries at field level should be included in all the planning activities which will help in system strengthening and would also help project in smooth withdrawal and long-term sustainability of the interventions in the project area.

Special emphasis on strengthening of health systems on community mental health by developing their capacity on various mental health issues common to the general population and train the health workers and medical professionals on the counselling skills.

**PHOTO GALLERY**



