

End-line Survey Report of “Increasing Age at Marriage: An outcome of improved self-efficacy of RSKS Functionaries” Project in Rajasthan

Jaisalmer, Rajsamand (Project Districts) and Barmer (Control District)



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Submitted by

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Contents

Particulars	Page Numbers
Preface and Acknowledgements	3-4
Abbreviations/Acronyms	5
CHAPTER 1: Introduction Background	
• Background	6-7
• Project Objective, Strategy and Intervention	8
• Objectives, Research Design and Components of End-line Impact assessment	8
• Structure of the End-line report	9-10
CHAPTER 2: Research Methodology	
• Evaluation Design	11
• Instruments	11
• Sampling	11
• Data Collection	12
• Data Analysis	12
• Confidentiality and Ethical Issues	12
CHAPTER 3: Profile of Study Area	
• Profile of study area	13
• Profile of Khamnor Block (Rajsamand)	13
• Profile of Jaisalmer Block (Jaisalmer)	14
• Profile of Siwana Block (Barmer)	14
CHAPTER 4: End-line Results Survey	
Key Findings -FLWs	15
• Profile of respondents –Background and characteristics	15
• Knowledge on RKSK program and Components and intervention	16
• Trainings and tools	17
• Self efficacy on various topics of RKSK –Marriage, Pregnancy, Contraception, Abortion service delivery, referral, AFHS Clinic, AHD	17-21
• Attitude and beliefs of FLWs on certain statements	22-25
• Training tools used by FLWs	26-27
Key Findings –Adolescents	27-35
• Profile of respondents –Background and characteristics	27-28
• Perception of adolescents on Reproductive Health	28-32
• Engagement of adolescents in RKSK program and components	33-34
• Improved efficacy and decision making on various topics of RKSK –Marriage, Pregnancy, Contraception, Abortion service delivery, referral, AFHS Clinic, AHD	34
• Reflection of IEC and BCC tools used for adolescents’ education	35
Key Findings-PRI and Parents	36-39
CHAPTER -5: Discussions and Conclusion	40-41
Annex-	
• References	42
• Photographs	43

Preface & Acknowledgement

The practice of marrying girls at a young age is a worldwide phenomenon; however, this is most common in South Asian countries including India. Early marriage and early pregnancy are most common in Rajasthan and surrounding states. Rajasthan has witnessed a high prevalence rate of early marriage against the national average. There are multiple reasons behind prevalence of child marriage. Cultural traditions, practices, community, caste and ethnic pressures, educational and economic backwardness, poverty and ineffective enforcement of legislation and laws are the major contributors of child marriage.

Capacity building of FLWs and developing the self efficacy to address the issues associated to child marriage and adolescence can help change the demographic indicators, particularly those related to adolescent health and development.

Mamta - Health Institute of Mother and Child, with the support of AJWS, has implemented a project “Increasing age at marriage: An outcome of improved self-efficacy of RKSK Functionaries” in Rajasthan. The objectives of this project were - enhancing self-efficacy of RKSK functionaries to address structural challenges to delay child and early marriage in a programmatic framework.

To assess the impact of the project, **National Institute of Rural Affairs Samiti, Jaipur (NIRA)** was assigned the task for conducting the end-line survey of this project to assess the project’s progress and achievements against the project objectives.

The end-line survey has been carried out in 3 districts of Rajasthan to assess the impact in terms of change of knowledge and attitude of FLWs, teachers, PRIs, parents, and the adolescents on the issues of child marriage, pregnancy, SRHS, gender and violence against women, role of male in supporting household activities such as child care and daily household chores.

NIRA is pleased to share the report of end-line survey, being spread over five chapters. Chapter One is introductory chapter, which provides rationale and objectives of the study. Chapter Two deals with methodology, sampling, research tools, training of investigators and ethical considerations. Chapter Three is about introduction of study area and geographical coverage. Chapter Four provides the analysis of the views and perceptions of FLWs, teachers, PRIs, adolescents and their parents. Chapter Five is concluding chapter, which provides analysis of main research findings and policy recommendations.

We are highly grateful to the officials of Mamta HIMC and its Executive Director Dr Sunil Mehra, State Lead, Dr. Shachi Adesh and her team members including Mr. Praveer Goyal, Ms. Shilpa Jain and Mr. Ravinder Kushwaha who provided continuous support and guidance in completing the survey, besides immense assistance provided by Mamta HIMC field team staff particularly Mr. Rameshwar, Mr. Kishore and Ms. Renu. We place on record the sincere appreciation of the officials and representatives of local governments, civil societies and other stakeholders for sharing their views on the issues during the study.

Last, but not the least, I must recognize the hard work and professional inputs of the research team - Deepak Bhatnagar, Renuka Bhatnagar, Samajh Kanwar, Renu, Sheela, Loveena Bhatnagar, Pankaj Badaiya, Ashok Khateek, Sanjay, Mehak Bhatnagar, Santosh Chauhan, Ratan Lal, Vinod Rathore and others for conducting the field survey and gathering data; reviewing the literature; data analysis and report writing under the leadership of Mr. Pankaj Bhatnagar.

**Dr. Vishal Singh,
Honorary Director (NIRA)**

Abbreviations/ Acronyms

AFHS-	Adolescent Friendly Health Services
AHD-	Adolescent Health Day
AJWS -	American Jewish World Services
ANM-	Auxiliary Nurse Midwife
ARSH-	Adolescent Reproductive and Sexual Health
ASHA-	Accredited Social Health Activist
AWW-	Angan Wadi Worker
AWC-	Angan Wadi Center
BCC -	Behaviour Change Communication
CAPI -	Computer Assisted Personal Interview
CHC	Community Health Center
EAG-	Empowered Action Group
FLW-	Front Line Worker
GoI-	Government of India
GTA-	Gender-Transformative Approach
IEC -	Information Education and Communication
LHV-	Lady Health Visitor
MoHFW-	Ministry of Health and Family Welfare
NFHS-	National Family Health Survey
NHM-	National Health Mission
OBC-	Other Backward Cast
PCMA-	Prohibition of Child Marriage Act 2006
PHC–	Primary Health Center
PRIs-	Panchayati Raj Institutions
RKSK-	Rashtriya Kishor Swasthay Karykram
RMNCH+A-	Reproductive, Maternal, Neonatal, Child Health + Adolescents
SRHS-	Sexual and Reproductive Health Services
SC-	Scheduled Cast
SDG-	Sustainable Development Goals
ST-	Scheduled Tribes
UNICEF-	United Nations Emergency Children’s Fund
WHO-	World Health Organization

Chapter 1 Introduction and Background

India is one of the signatories of 193 member states committing to the agenda of 'Sustainable Development Goals' (SDGs). The SDGs underlined the importance of eliminating all harmful practices, including child marriage under the SDG-5 that focuses on achieving gender equality and empowerment of women and girls.

Practice of child marriage violates the human rights of adolescents, and has a grave impact on their health, education, sexual and reproductive health rights in addition to their overall development. The effect of child marriage has intergenerational implications and has widespread prevalence in India.

Child marriage does not occur in isolation, it perpetuates multiple complex factors. Child marriage restricts the normal transition of a child through his/her adolescence period, increases vulnerability to ill health, discrimination towards education and social opportunities and exposure to all kinds of violence. Evidence from several research studies clearly indicates that not only is child marriage a gross violation of human rights, but also tends to impact most aspects of human life. Early child and forced marriages curtail freedom of choice and opportunities, besides reinforcing existing structural inequalities related to age, gender, class, caste, religion, sexuality and political economy. The consequences of child marriage are adverse for both sexes, but starker and more significant in the case of girls.

Rastriya Kishor Swasthya Karyakram (RKSK) of Gol emphasized on investing in adolescents, particularly adolescent girls, accelerating the process of empowering them with the knowledge, skills and assets necessary to help them fulfill their dreams and maximize their potential.

Child marriage in Rajasthan

Rajasthan has been and continues to be one of the high prevalence states for child marriage in India; the prevalence being much higher than the national average. The NFHS-5 (2019-21) states that 25.4 percent girls are married below the age of 18 years. It has declined 10 points since NFHS-4 (2015-16).

Approximately 7.2 lakh girls in Rajasthan were married before the age of 18 years, 0-4 years prior to Census 2011. While child marriage is prevalent in all the districts, the census figures show wide variations

between the districts. As per the report on "Status and Decadal Trends of Child Marriage in India", October 2020, by Child Relief and You, Rajasthan account for 55 percent of all the child and adolescent marriages in the country (10-19 years). As per NFHS -5 results the major social determinants of child marriage emerged to be education and literacy level of the women,

Some facts about child marriage



Child Marriage Restraint Act introduced in 1929



Prohibition of Child Marriage Act 2006 replaces the above Act after 70 years



Biggest drop in child marriage confined to girls below 15 years of age No girls in 0-9 years currently married, but large number in 15-17 age group married (Census 2011)

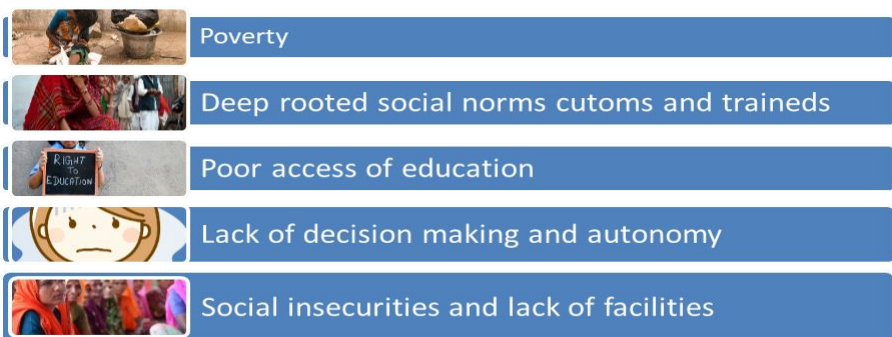


17 million children in the age group of 10-19 years are married, bulk of them (13 million) are girls (Census 2011)

husband’s education, and economic status of the family, place of residence (urban/rural), region of domicile, religion and caste. NFHS gives data on married children only from 15+ years. This poses a huge limitation of any study. Widely accepted, child marriages are part of the societal fabric.

In the state of Rajasthan child marriages are commonly conducted on **three auspicious** days such as Akshay Tritiya / Aakha Teej and Peepal Purnima and even during Mrityubhoj/ Mausar (death feast organised when a family member dies) as a cost saving measure. The practice of *atta-satta* (exchange of brides)

Some factors of Child marriages in Rajasthan



is also common in the state. Based on the prevalence of child marriage, the districts in the State can be categorized into High, Medium and Low.

Table-1.1-Percentage of married population in Rajasthan (Census-2011 and NFHS 4 & 5)

State / District	Percentage of OF MARRIED CHILDREN AND ADOLESCENTS (10-14 years) (Census 2011)	Percentage of MARRIED CHILDREN AND ADOLESCENTS (15-19 years) (Census 2011)	Percentage of Women aged 20-24 years married before age of 18 (NFHS-4)	Percentage of Women aged 20-24 years married before age of 18 (NFHS-5)
Rajasthan	3.11	18.85	35.4	25.4
Jaisalmer	1.62	16.47	48.4	28.9
Rajsamand	4.79	29.4	44.5	27.5
Barmer	2.6	16.04	46.7	20.2

About Project “Increasing Age at Marriage: An outcome of improved self-efficacy of RKSK Functionaries” in Rajasthan and its rationale

Government of Rajasthan has brought out a document of State Strategy and Action Plan for Prevention of Child Marriage, committed to end child marriage in Rajasthan and seeks to provide a guided vision and direction to stakeholders. For effective implementation of the actions/interventions to end child marriage in Rajasthan, there is a need to articulate coordinated mechanisms and resources.

Addressing the child and early marriage by involving various cadres of frontline functionaries and to empower girls and boys to take informed decision Mamta - Health Institute of Mother and Child has initiated a project to develop the capacities of frontline workers on SRHS to address the component of RKSK.

However, biased gender and cultural norms, especially those around child and early marriage still prevents these functionaries in delivering programs that has been initiated with aim of preventing child and early marriage¹. These functionaries themselves have poor self-image, skill and self-efficacy to address root cause of problem i.e., structural inequalities, patriarchy, class, caste, religion and sexuality that limits their action to provide availability and accessibility of services to address child and early marriage.

To address critical determinants of child marriage, Mamta with support from American Jewish World Services (AJWS) is implementing an intervention in two districts of Rajasthan i.e. Rajsamand and Jaisalmer, which count for more than 45 percent of child marriage, low socio- economic status and high seasonal migration that contributes to child and early marriages. The interventions were aimed to demonstrate effectiveness of improved self-efficacy of frontline functionaries of National Adolescent Health Programme known as RKSK and other key community institutions² to delay age at marriage, increase school retention and to eliminate violence against women and girls.

Objectives of the project

The intervention aimed towards enhancing self-efficacy of RKSK functionaries for addressing structural challenges to delay child and early marriage in a programmatic framework.

The specific goals of the project were:

1. Enhanced self-efficacy of functionaries to address normative structural inequalities.
2. Increased demand for availability and accessibility of services and scheme to support girls and boys in their meaningful engagement using IVRS technology.
3. Strengthening departmental convergence to ensure availability of programs.

Activities envisaged and carried out under the project

The project was targeted for improved self-efficacy of Gender Transformative Approach (GTA) to demonstrate decision-making and negotiation skills on delaying the age at marriage and delaying first pregnancy among adolescent boys and girls. Capacities of the frontline functionaries (ASHA, ANM, AWW) and teachers to engage communities on desired health seeking behaviours for adolescents and young people was the key thrust area of the project.

Under this project it was expected to improve progress on indicators of health and on social determinants strengthening the RKSK. Biased gender norms and cultural practices, especially those supporting child and early marriages, prevents government functionaries in intervening and delivering programs for children and adolescents.

The project support initiatives to build capacities of frontline functionaries to empower girls and boys. Facilitation to adolescents were provided through functionaries including ASHAs, ANMs, Sathin, teachers, PRI members and counsellors to obtain the services from *Ujala* Clinic (AFHS) and participate in Adolescent Health Days organized by NHM at PHC and Sub Health Centers. The gender-transformative approach with self-efficacy module and tools like games with message cards, snake and ladder, gender tree, storybook, videos are being used in trainings of department functionaries. The engagements of

frontline functionaries with adolescents using the tools were ensured in project activities. Adolescents from vulnerable groups have been linked with different schemes and programs for addressing adolescent health, preventing child marriages and adolescent pregnancies.

The mindset of gatekeepers of society – parents, PRIs, social, religious and caste leaders - on adolescent health, child marriage and early pregnancy are important to address and influence them to change enhancement of importance and the value of the girl child. In order to make a dent in reducing the impact of harmful traditional practices, efforts needs to be directed to weed out those norms and values that inhibit the survival and development of the girl child and promote discrimination.

NIRA as assessment partner in end-line survey

For conducting the end-line survey of the project, Mamta HIMC engaged **National Institute of Rural Affairs (NIRA) Samiti Jaipur** as an assessment partner through a competitive bid process. NIRA has been professionally involved in conducting research studies, surveys, evaluation studies in the country for the last 20 years besides implementing development projects. NIRA has been partner with Department of Women and Child Development, Department of Social Justice, Rajasthan State AIDS Control Society, District Health Societies, Population Foundation of India, Hindustan Latex Family Planning Promotion Trust, Chetna India, Mamta, New Delhi and many development partners including UNICEF, UNFPA, UNDP, DFID etc. Currently as a SuMa (Surakshit Matrititwa Alliance –Rajasthan) Partner, NIRA has been involved in collecting demand from youths, adolescents and midwives for quality health services under campaign *Hamari Awaj Suno* in last couple of years.

Structure of the End-line Assessment Survey Report

The end-line assessment survey has been carried out in 3 districts of Rajasthan to assess the impact in terms of change of knowledge and attitude of FLWs, teachers, PRI, parents, and the adolescents on the issues of child marriage, pregnancy, SRHS, gender and violence against women, role of male in supporting household activities such that child care and daily household chores.

The end-line assessment survey report is spread over following five chapters.

1. Chapter One is introductory chapter, which provides rationale and objectives of the study.
2. Chapter Two deals with methodology, sampling, research tools, training of investigators and ethical considerations.
3. Chapter Three is about introduction of study area and geographical coverage.
4. Chapter Four provides the analysis of the views and perceptions of FLWs, teachers, PRIs, adolescents and their parents.
5. Chapter Five is concluding chapter, which provides analysis of main research findings and policy recommendations.

Study Design

The study design of the AJWS supported **“Increasing age at marriage: An outcome of improved self-efficacy of RKSK Functionaries”** in Rajasthan intended to measure change at grassroots level in functional understanding of frontline worker, parents, PRIs and adolescents. Randomized Control Trial (RCT) was adopted as the study design.

The results of this assessment survey, conducted in March 2022, were compared with the similar assessment conducted at the initiation of the project i.e. base-line assessment, and one conducted during the course of implementation i.e. mid-line assessment. Specific information on base-line and mid-line assessments i.e. methodology, site selection, sample size is available in the respective reports with Mamta HIMC. The impact was assessed by using difference- in-differences (DID), comparing changes in the intervention areas from base-line to mid-line to end-line changes in comparison areas over the same time period.

Data Collection

The data was collected by the trained and experienced male and female investigators. Male respondents were interviewed by the male investigators and female respondents were interviewed by the female investigators. The respondents of the study were adolescent boys and girls, parents of adolescents, PRIs, FLWs and teachers in sampled gram villages selected randomly.

Survey Instruments - The CAPI based research tools were developed and used for interviewing the respondents by using android based mobile phones. Different tools for different respondents were used for the data collection. It needs to be highlighted that the same tools, which were developed and used during base-line survey, were used in the end-line survey also, so that the comparison can be done accurately.

Sampling

The study was conducted in 32 villages of three districts. Khamnore block in Rajsamand district and Jaisalmer rural block in Jaisalmer district where the project was implemented and Siwana block of Barmer district was randomly selected as control block/district.

The adolescent boys and girls (aged between 10-19 years) and the parents of adolescents residing in the sample village were selected randomly for the interview. Frontline workers including ASHA, ANM, AWW, Sathin, and teachers posted in project gram panchayats were eligible to participate in the end-line survey. Participation of respondents was ensured without any bias of education, caste, religion or economic background, however, the representation of vulnerable group of communities was ensured. Against the sample size of 1852, considered during base-line survey, a total of 1970 respondents were interviewed for the end-line survey. Out of these 1970 respondents, 700 were parents of adolescents, 149 PRIs, 688 adolescents (boys -267, girls -421), and 433 were the frontline workers including teachers. Table 2.1 highlights the category and district wise sample of respondents interviewed.

Table 2.1 District wise coverage of respondents for the Baseline and endline surveys

Category of respondent	Assessment period	No. of respondent interviewed in the districts			Total sample
		Rajsamand	Jaisalmer	Barmer (Control)	
ASHA	Baseline	32	28	16	76
	End line	35	26	16	77
AWW	Baseline	36	34	35	105
	End line	36	29	29	94
ANM	Baseline	9	11	10	30
	End line	13	9	9	31
RKSK staff/others	Baseline	2	0	0	2
	End line	1		1	2
Sathin	Baseline	9	4	4	17
	End line	9	10	4	23
Teachers	Baseline	84	68	56	208
	End line	78	69	59	206
PRIs	Baseline	54	40	54	148
	End line	59	50	40	149
Parents	Baseline	215	223	231	669
	End line	229	230	241	700
Adolescents	Baseline	211	233	262	706
	End line	240	232	216	688
Total	Baseline	652	641	668	1961
	End line	688	665	605	1970

Data Collection

Individual eligible respondents were sampled from the listing data and visited by interviewers in person for the CAPI. Verbal consent from the respondents was obtained for taking the interviews. Data were collected using cell phone and the mobile data-collection tool on a Survey Kobo collect ODK format - aided, cloud-based platform.

Confidentiality and Ethical Considerations

Ethical and research clearance for this survey was issued by the Institutional Review Board of the Mamta HIMC. The confidentiality of the data is assured and the identity of the respondents was kept confidential.

Data Analysis

For the data analysis, SPSS was used wherein dedicated data analysis software was developed. All the variables were taken into account for analyzing the data. Cross tabulation plan was developed for analysis and data representation.

Chapter 3 Profile of Study Area

The absolute number of adolescents aged 10-19 years in India is 25,31,60,473, as per Census 2011 comprising 20.9 per cent of the total population of the country. The youth population aged 15-24 is 23,18,78,057 persons accounting for 19.2 per cent of the total population.

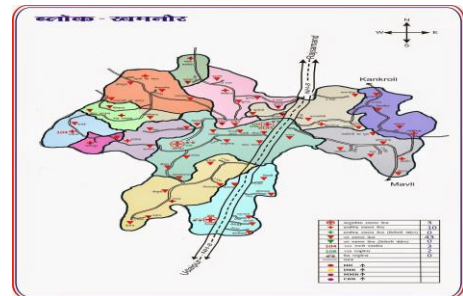


Although the legal age at marriage for girls in India is 18 years, the traditional practice of marrying girls early is still prevalent in many regions across the country including Rajasthan. Early marriage in India is generally followed by early and closely spaced childbirths, which pose increased risk of maternal and newborn mortality and morbidity.

Rajasthan has shown tremendous improvement in social and educational indicators especially maternal mortality, infant mortality and literacy rate, but the number of girls marrying below the legal age still remains a concern. Rajasthan has been and continues to be a high prevalence state for early marriage in India.

Rajsamand

Rajsamand is a hilly district with a large tribal population and out-migration is very high in the district. As per NFHS-5, Rajsamand has an exceptional sex ratio of 1065 females for every 1000 males. The unmet need for family planning of the district is 14.7 and Total Fertility Rate is 3.4. Women aged 20-24 years married before 18 years of age are 27.5 percent, and literacy rate among females (59.6%) is low as compared to males (83.8%). Rajsamand has high prevalence of child marriage (45.7%). The school drop-out rate is 11%. The teenage pregnancy is 4.8 percent, which is below the state average. Around 78 percent women aged 15-24 years use a hygienic method of menstrual protection.



The district has seven blocks viz. Amet, Bhim, Kelwara, Khamnor, Rajsamand, Railmagra and Deogarh. The project intervention block - **Khamnor** is located 26 KM from district headquarter of Rajsamand. The block has a population of 2,69,823 and 186 revenue villages. Khamnor block has one Sub District Hospital (SDH Nathdwara) and has one CHC, both are functional FRUs and has functional *Ujala* clinic. Hence, strengthening the service delivery and public health systems of the block can have a direct impact on health outcomes.

Jaisalmer

Jaisalmer, area wise, is the largest district of Rajasthan and the third largest in the country. Large part of the district covered with Thar Desert, it shares its international border with Pakistan. The district has a sex ratio of 916 females for every 1000 males (NFHS-5). The school dropout rate is 11.9



percent and teenage pregnancy is 8.6 percent. Likewise, use of any modern method by women for family planning is 45 percent. The prevalence of child marriage in Jaisalmer is 48.4 percent.

Barmer

Barmer is in the western part of Rajasthan state forming a part of the Thar Desert. Geographical conditions of both Jaisalmer and Barmer are similar. As per NFHS-5, the sex ratio is 986 females for every 1000 males. Gender inequality may be seen between male and female literacy rates which are 71.3 percent and 37.8 percent respectively. The indicators of Barmer are not very encouraging, as prevalence of child marriage (46.7 percent), school drop-out (13.4 percent) and teenage pregnancy (7.4 percent) are of concerned. The use of any modern method by women for family planning is 37.4 percent and Total Fertility Rate is 2.9.

Siwana block of Barmer was selected as the control block for the study. The block has 129 villages and the population is 2,72,560 (Census 2011), which is mostly schedule castes, scheduled tribes. Literacy rate of Siwana block is 47 percent. With no industries around, the only source of income seems to be animal husbandry, agriculture, the traditional craft of patchwork and mirror embroidery, practiced by the women of the area.



A. KEY FINDINGS - FRONTLINE WORKERS

Section I: Background Characteristics of Respondents

Table 4.1 presents the socio demographic background of respondents from the front-line workers category. Most of the respondents (60%) belong to the age group of 31-40 years while in baseline survey was nearly 39 percent.

In end-line survey, majority of the respondents belong to Other Backward Category in Jaisalmer and Barmer districts, while in Rajsamand most of the respondents were from General category. In both the intervention districts and in control district, majority of FLWs interviewed during end-line survey have degree of graduation or above. Similar pattern was found in base-line survey as well. The details are mentioned in the Table 4.1 below-

Table 4.1: Socio Demographic Profile – Frontline Workers and Teachers

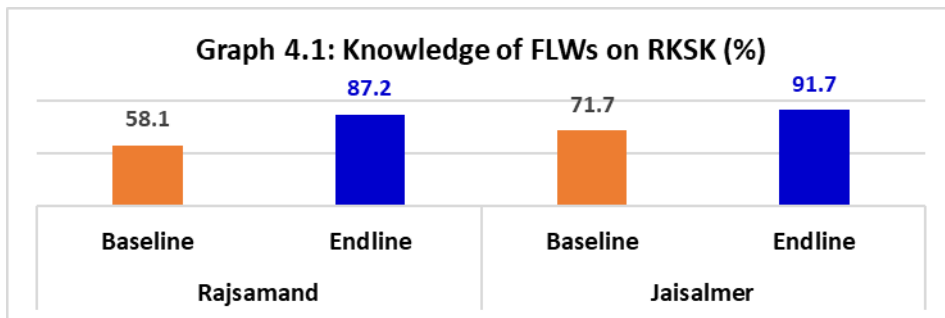
FLW & Teachers		Intervention				Control	
		Baseline (%)		Endline (%)		Baseline (%)	Endline (%)
Particulars		Rajsamand (n=172)	Jaisalmer (n=145)	Rajsamand (N=172)	Jaisalmer (n=143)	Barmer (n=121)	Barmer (n=118)
Age Group (Years)	21 -30	25.6	28.3	7.0	20.3	38.8	24.6
	31-40	39.5	37.9	67.4	55.2	39.7	58.5
	41-50	22.7	20.0	25.6	24.5	17.4	17.0
	51-60	12.2	13.8	0.0	0.0	4.1	
Religion	Hindu	95.9	92.4	96.5	95.1	96.7	97.5
	Muslim	2.9	6.2	2.3	4.2	1.7	1.7
	Shikh	0.0	0.0	0.6	0.0	1.7	0.9
	Christian	0.6	0.7	0.0	0.7	0.0	0
	Others	0.6	0.7	0.6	0.0	0.0	0
Caste	Schedule Caste	20.3	21.4	15.1	22.4	21.5	22.4
	Schedule Tribe	5.2	9.7	18.6	22.4	10.7	22.4
	Other Backward Class	36.0	37.9	32.0	31.5	44.6	31.5
	General	38.4	31.0	34.3	23.8	23.1	23.8
Education	Primary	0.0	4.8	1.7	9.0	4.1	0.9
	Middle School	9.3	17.9	5.8	7.7	16.5	8.5
	High School	12.2	11.0	9.9	11.9	19.8	16.1
	Higher Secondary School	20.3	15.9	23.3	17.5	13.2	10.2
	Graduate & above	58.1	50.3	59.3	54.6	46.3	63.6

Section II: Activities related to RSKS

This section describes respondents' knowledge on RKSK, its components, their training, challenge in implementing the programme; their self-efficacy in addressing the adolescent reproductive and sexual health issues and delivering services to adolescents etc.

Awareness about RKS:

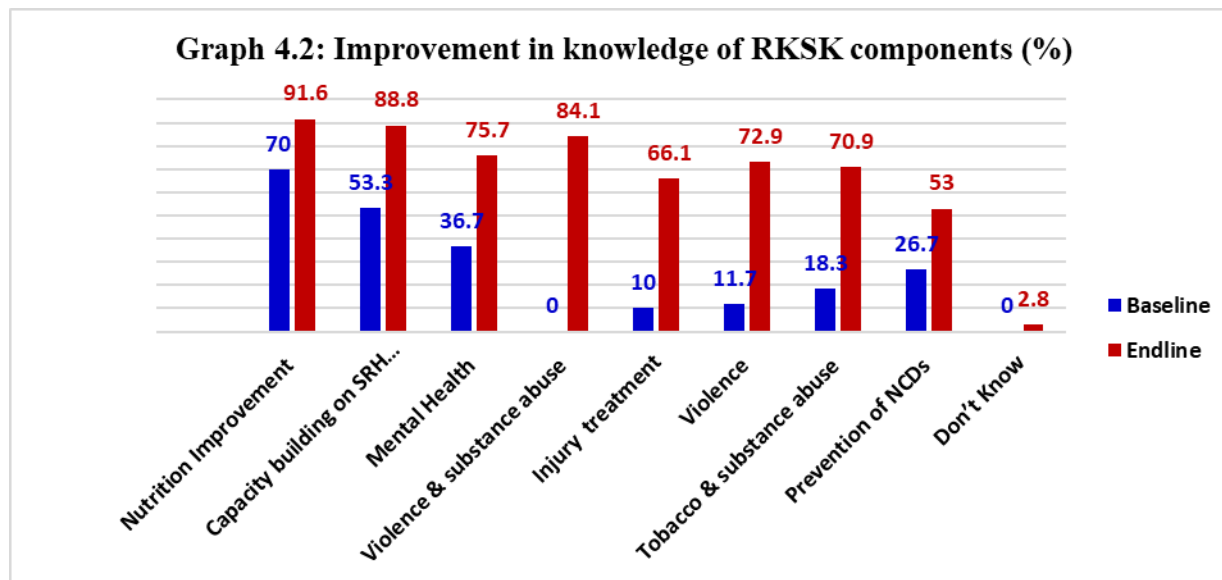
Awareness on RKSK program has been depicted in Graph 4.1. In both the intervention districts, the awareness level among the field level workers i.e. ASHA, AWW, Sathin, ANM, and teachers about the RKSK has improved significantly. However, the improvement has also been seen in Barmer district.



It has been observed that the many staff particularly ANMs and teachers got transferred to nearby districts or blocks from the intervention area, which has its own impact on the project's achievements.

Knowledge about Components of RKSK:

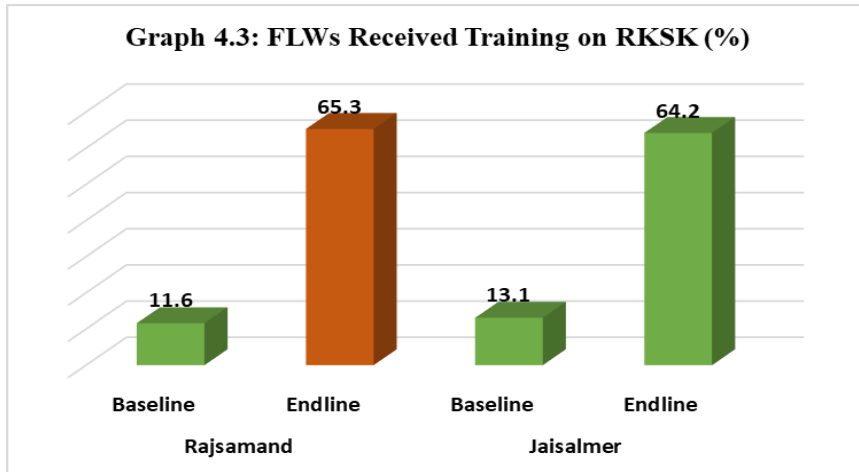
Graph 4.2 indicates the increase in knowledge level of FLWs on various components of RKSK during the period of initiation and end of the project duration. It is interesting to know that FLWs were aware of



the general components i.e. nutrition, SRH, while the specific components i.e. violence, substance abuse, NCD, mental health were not much known to the FLWs at the time of initiating the project. The end-line survey results show significant improvements among FLWs in all these components of RKSK (Graph 4.2).

Training Received by FLWs on RKSK:

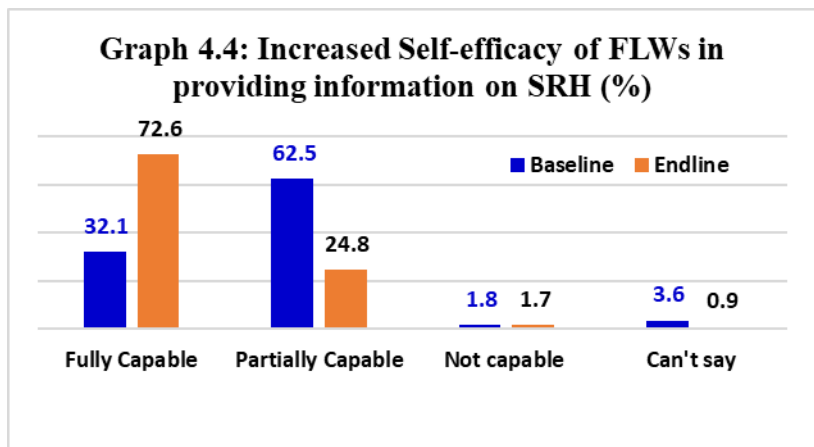
As a part of project activities, Mamta has imparted training to FLWs on various component of RKSK. Before initiating the project, a handful of FLWs received the training on RKSK, while at the time of completing the project, majority of FLWs have received the training on RKSK. In both the districts the improvement is around five folds. Graph 4.3 explains the status of training received by FLWs on RKSK. Among FLWs, least number of teachers were found to be trained on RKSK in comparison to other FLWs i.e. ASHA, AWW, Sathin, ANM. Further investigations revealed that many teachers got transferred recently.



Section III: Self –efficacy of FLWs and Teachers in delivering information on RKSK components

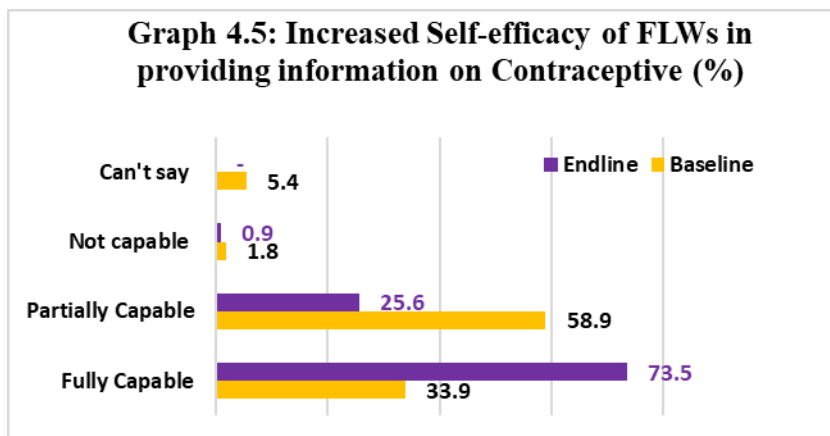
Self –efficacy of FLWs on SRH Issues:

While assessing the ability/efficacy of FLWs and teachers in delivering information on Sexual and Reproductive Health related issues, around 73 percent respondents considered themselves fully capable in providing information on issues related to SRH in both the intervention districts. This increase is more than two and a half times from the base-line survey. The details are indicated in the Graph 4.4.



Self –efficacy of FLWs on Contraception

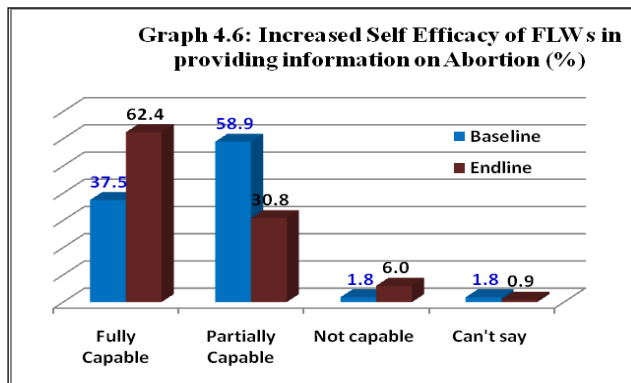
A significant improvement has been seen in the enhancement of self -efficacy of FLWs and teachers in terms of providing information to the adolescents on contraception and related issues.



During the base-line survey, only one third FLWs including teachers considered themselves capable to provide information on contraception to the adolescents while at the time of end-line survey, three-fourth FLWs (including teachers) mentioned that they are capable to provide information to adolescents on contraception.

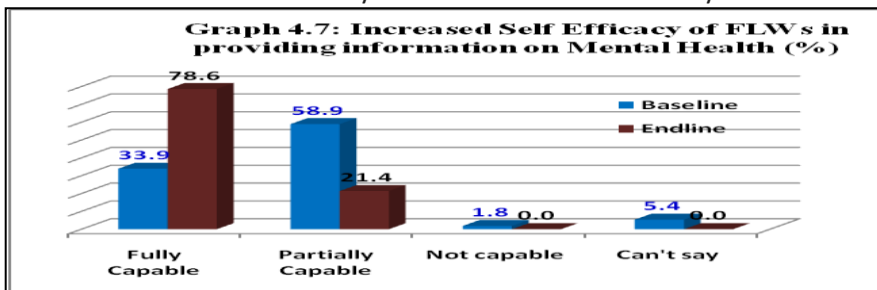
Self –efficacy of FLWs on Abortion

Usually, topic of abortion is not commonly discussed with adolescents in our society particularly in rural and tribal areas. However, the project intervention has created the positive environment to discuss such sensitive issues with the adolescent. Results of end-line survey conveyed the enhancement of self-efficacy of FLWs to deal with topics of abortion. Wherein over 62 percent FLWs showed full confidence and capability to discuss the issues related to abortion with the adolescents, whereas in base-line survey only around 37 percent frontline workers were found confident and capable to discuss the same with the adolescents. Improvement in self-efficacy of FLWs particularly in ASHAs and ANM was found better in Jaisalmer district. Details are presented in the Graph 4.6.



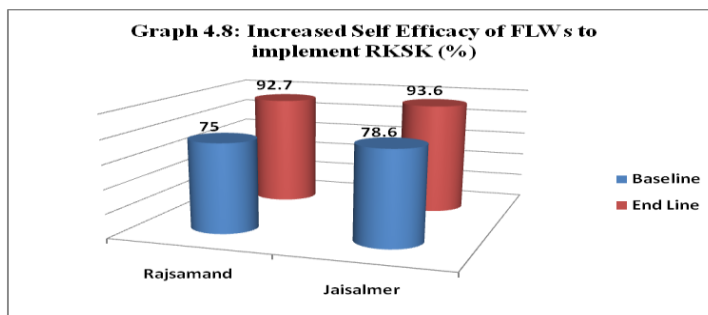
Self –efficacy of FLWs on Mental Health

The peak age of onset of mental illness is adolescence and early adulthood. End-line survey found improvement in capacity of FLWs to deal with the topic of mental health. Around 79 percent FLWs & teachers shows full capability to address the mental health issues. Details are presented in the Graph 4.7.



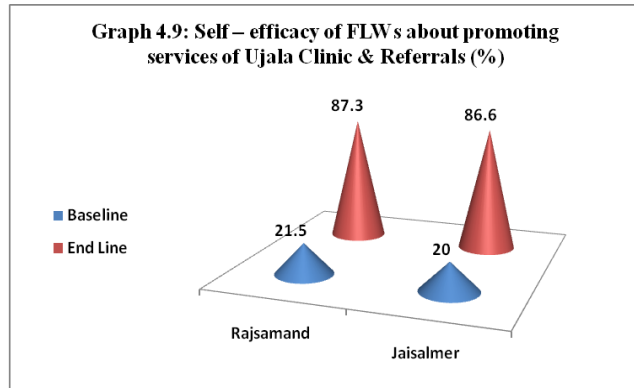
Self-efficacy specific to implement RKSK:

Opinion was sought from the FLWs about their ability to manage or implement the RKSK in terms of effective coordination, providing information to adolescents effectively training of adolescents on RKSK components; delivering services of RKSK etc. In both the intervention districts, around 93 percent FLWs mentioned that they feel confident to implement RKSK better than earlier. The details are presented in the Graph 4.8.



Self – efficacy of FLWs about promoting services of Adolescent Friendly Health Clinics (Ujala Clinic) and referrals

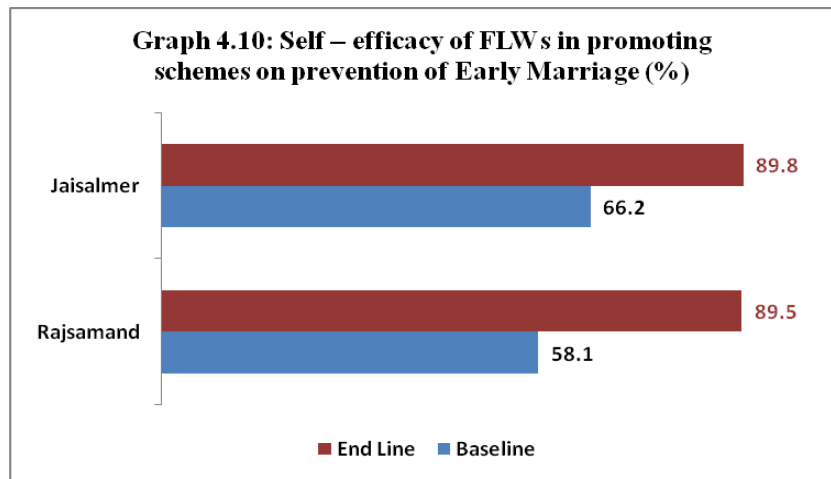
As per the baseline results, the self efficacy to promote services of *Ujala* Clinics (Adolescent Friendly Health Clinic) was found to be low in both the intervention districts, while the end-line survey shows the remarkable improvement in the self efficacy of FLWs (including teachers). Around 87 percent respondents showed their confidence for the same in both the intervention districts. The details are depicted in the Graph 4.9. Regarding the



place of referral, majority of respondents named CHC as most preferred place for the referral (Ujala Clinic precisely) followed by Primary Health Center (PHC) in both the intervention districts.

Self – efficacy of FLWs in promoting various departments’ schemes on prevention of early marriage

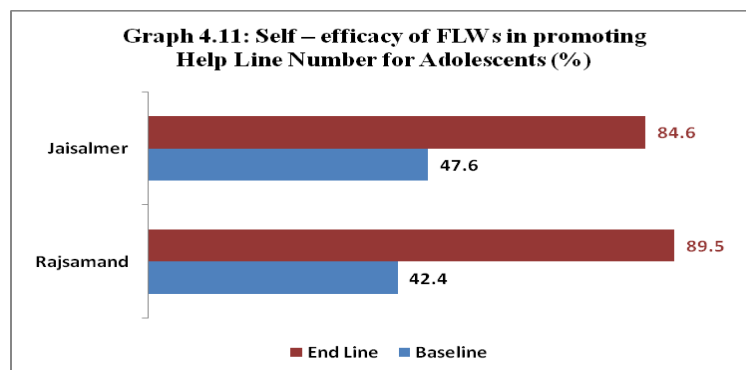
During end-line survey, FLWs and teachers mentioned that they **always** disseminate information to adolescents about various schemes and services pertaining to delaying early marriage or child marriage. However, the baseline results also showed a good effort of FLWs on the same. The end-line survey recorded substantially good improvement as in both the intervention districts, around 90 percent FLWs mentioned that they possess not only the knowledge about such schemes but also they promote the actual services of such schemes in the community. The details are depicted in the Graph 4.10.



The details are depicted in the Graph 4.10.

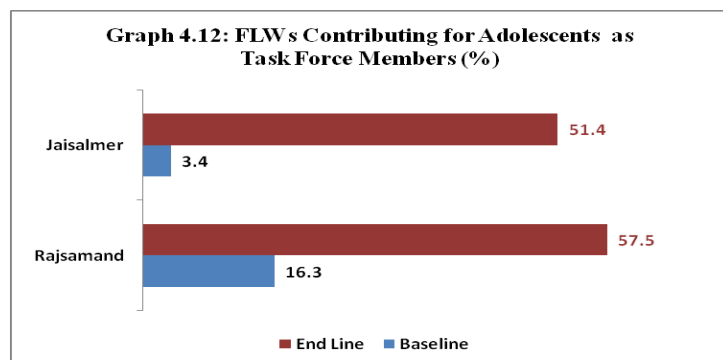
Self efficacy of FLWs in promoting helpline numbers for adolescents:

From baseline to end-line survey, almost double the respondents have expressed that they are capable and in practice of promoting the Help Line number made available by the government for adolescents. The details are depicted in the Graph 4.11



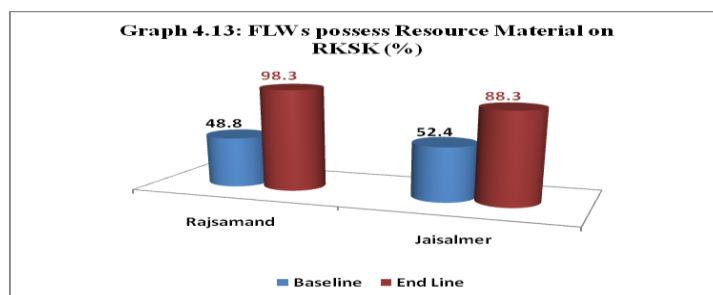
Involvement of FLWs in Village/Block level Task Force:

Teachers, ASHA, ANM, AWW, ward members, SHG members and community members under the chairpersonship of Sarpanch constitute 'Gram Panchayat Action Group', to coordinate, monitor and ensure deterrence of child marriage in their Village Panchayat area. Around half of the FLWs of Jaisalmer mentioned that they have contributed for such Task Force in their area, while the percentage of such FLWs was found more in Rajsamand district. The details are depicted in the Graph 4.12



FLWs possess the RKSK related Resource Material:

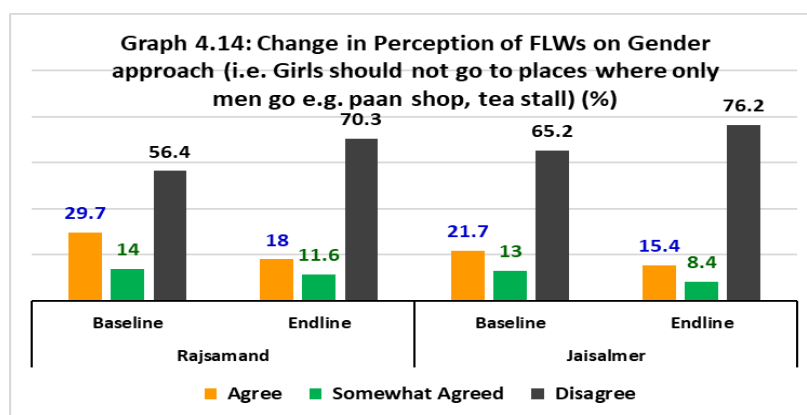
Only half of the FLWs had resource materials/modules/tools on components of RKSK as recorded during the baseline survey, while during the end-line survey, almost all the FLWs have mentioned that they have the required resource materials, mostly supplied by the Mamta HIMC. Graph 4.13 presents the details of the same.



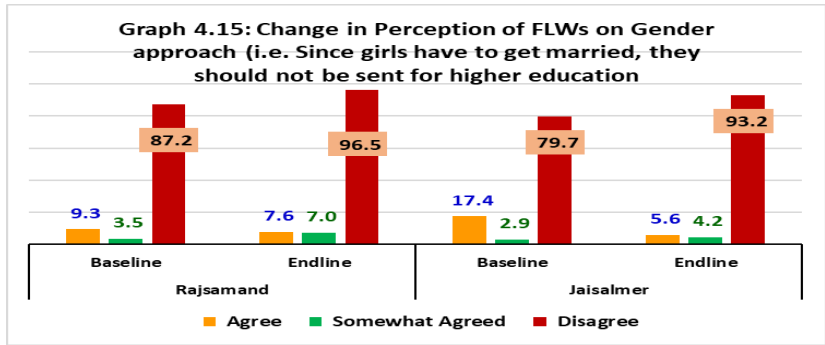
Opinion of FLWs on Gender based beliefs

Responses on social trends and customs on gender beliefs like girls and women are not allowed to roam around and behave in certain fashions and not to do such things as men do were sought.

Responses of respondents vary from baseline to end-line. As per FLWs, the girls have been given more liberty and freedom in this regard in last few years. In both the districts, responding to the end-line survey team, above 70 percent FLWs have supported the same,

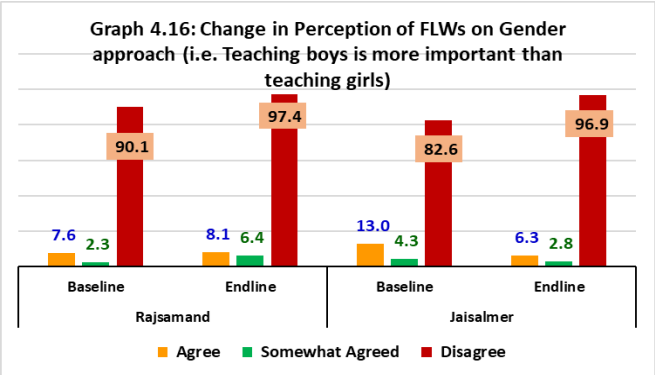


whereas it was around 65 percent in Jaisalmer and 56 percent in Rajsamand districts. Graph 4.14 presents the details of the same.

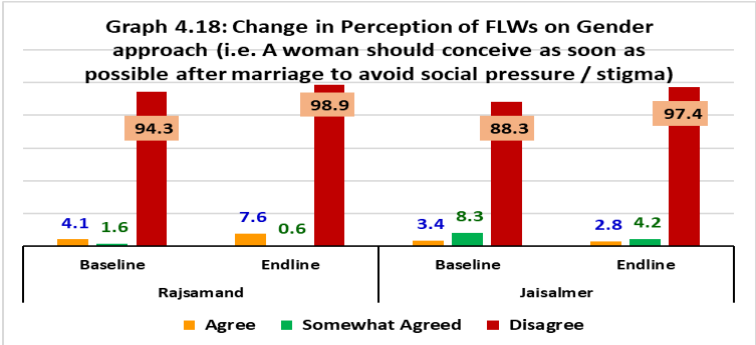
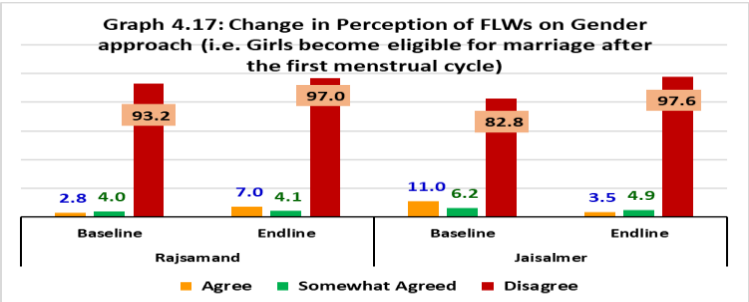


FLWs were asked to assess the perceptions that are prevalent in the society about allowing girls for higher education. Substantial improvement was seen from baseline to end-line surveys in both the districts. Graph 4.15 presents the details of the same.

Likewise, the FLWs were also asked to share their perception about the priority of giving education with regard to girls and boys. As depicted in Graph 4.16, in both the districts, FLWs have mentioned that they support the girls' education, as girls have equal right and should be given equal opportunity for education as given to boys. Over 95 percent FLWs disagreed for the question that teaching boys is more important than girls (Graph 4.16).



In some part of our country including Rajasthan, the perception of the community is 'if a girl gets her first menstrual period, she is eligible for marriage'. However, an overwhelming majority of FLWs showed their disagreement with this perception, as more than 97 percent FLWs of both the districts said that they disagree to this perception and statement. However, during baseline survey also a vast majority of FLWs disagreed to this statement. The details are given in the Graph 4.17.

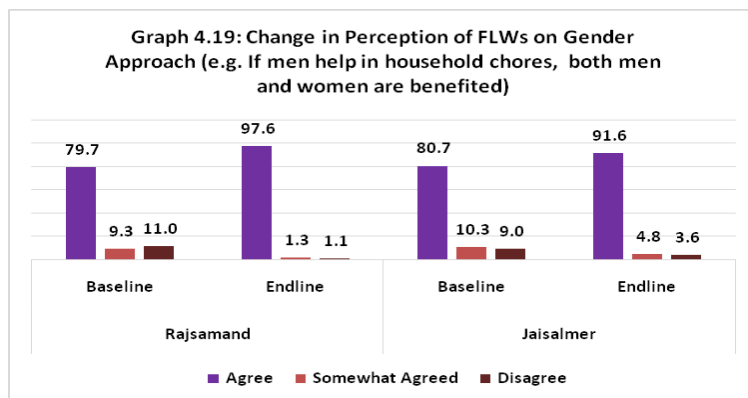


The FLWs were asked to share their perception about the early pregnancy as community perceives that the girls should get pregnant soon after their marriage to avoid social pressure and stigma. Majority of the FLWs mentioned that do not agree to such perception during baseline and end-line surveys both. Details are given in

the Graph 4.18.

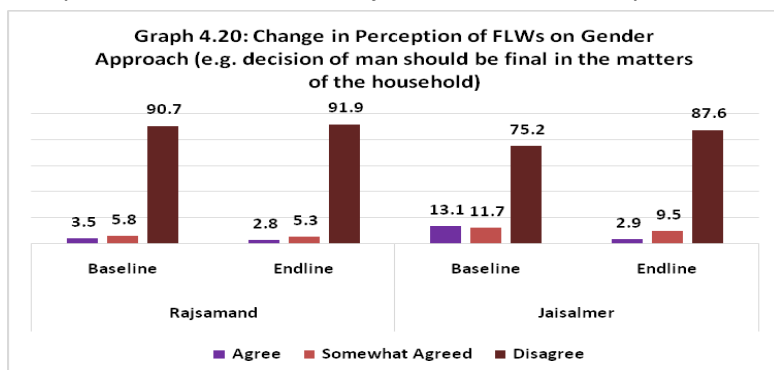
Opinion of FLWs on Male's Responsibilities in Family matters –

Gender roles are essential for understanding the work-home interface, besides understanding the social status of men and women in the society. Under RKSK, such norms were promoted to improve the gender equality and equity. Underlining men's responsibilities towards their family and household chores, the perception of FLWs was sought towards this prevalent perception of the community.



FLWs were asked about their opinion on 'should men support women in household chores?' majority of FLWs mentioned that they promote such practices in the community and pursuing such gender norms in the community. Graph 4.19 depicts about the same.

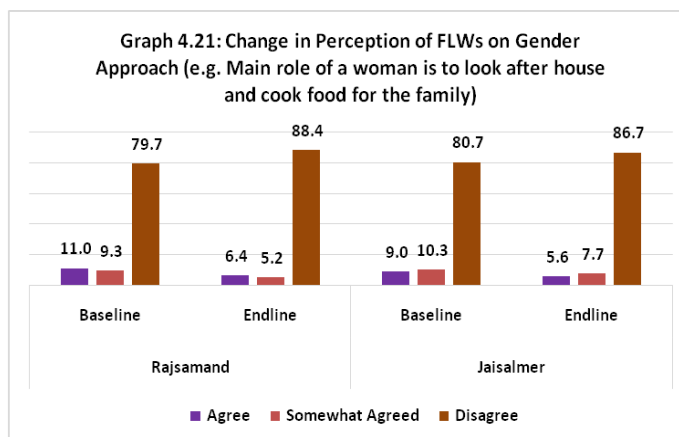
As per NFHS-5 results in Rajasthan 90% currently married women usually participate in household



decisions. Similarly, Graph 4.20 describes the FLWs response on 'the decision of man should be final in the household matters'. The improvement from baseline to end-line survey in understanding the gender norms of FLWs was seen more in Jaisalmer district than Rajsamand district.

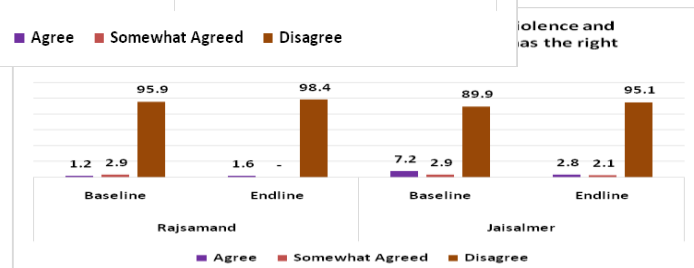
Regarding the stereotype gender role

perception of the community, FLWs were asked about the typical role of women in the family, around 88 percent FLWs in Rajsamand and around 87 percent FLWs in Jaisalmer disagreed to the perception that the main role of women is to look after the household work, i.e. cooking food for their family. The improvement from baseline to end-line on this perception of FLWs has been seen across the districts. Graph 4.21 explains the same.



Opinion of FLWs on Domestic Violence and Masculinity -

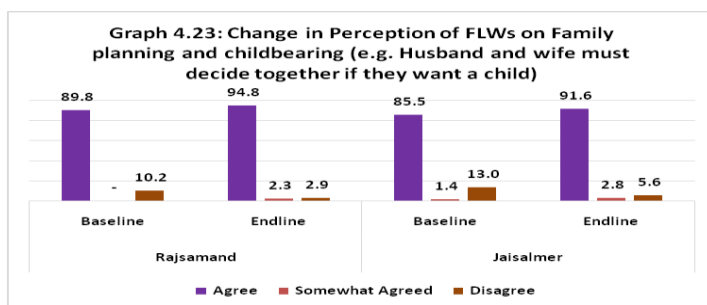
In a study conducted by UNFPA in collaboration with ICRW revealed that one in two men in India believes that a women must endure domestic violence to keep her family together and 93 percent respondents believed that women should obey her husband.



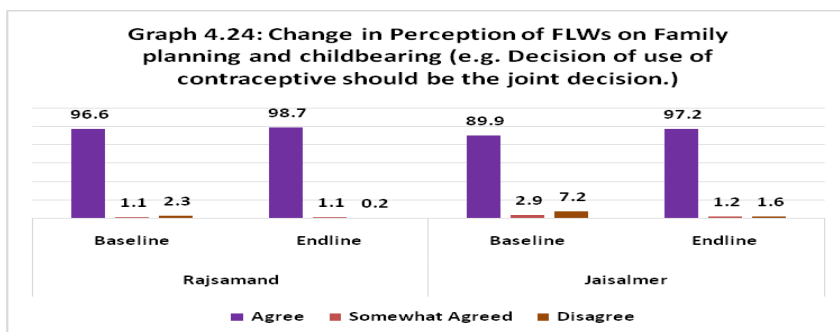
Around 77 percent of the men believed that if a wife or partner does something wrong, a man has the right to punish her. On some occasions women are capable of being beaten up as per NFHS -5 incidence of violence are reduced after NFHS-4. End-line survey data support this. Statement of “Even if the wife refuses, the husband has the right to forcefully have physical relations” was rejected by FLWs in end-line survey. Graph 4.22 explains FLWs perception on husband’s right of making forceful physical relation with wife even if she refuses.

Perception of FLWs on Family Planning and Childbearing

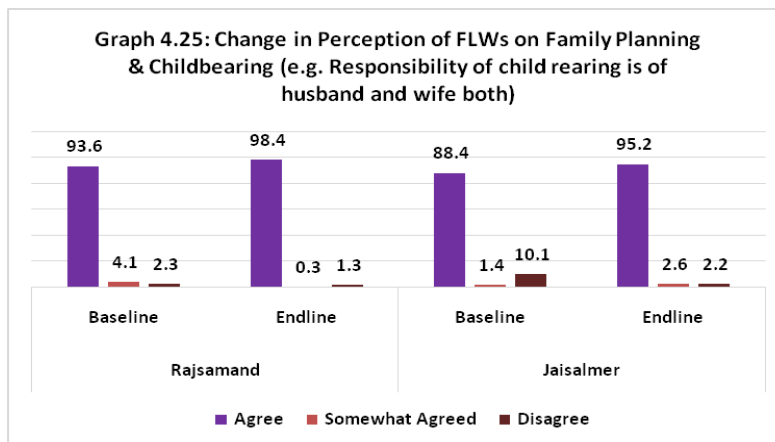
Perceptions of FLWs were sought on the issues related to family planning and childbearing from gender role perspective. Responding to the question during end-line survey that ‘the decision of having a child should jointly be taken by both husband and wife’, around 95 percent FLWs in Rajsamand agreed to the question, against the baseline result of around 90 percent, and emphasized that the decision of having child should be taken by husband and wife jointly. In Jaisalmer it was around 92 percent against the baseline of around 86 percent. Graph 4.23 describes the same.



Likewise, responding to the question during end-line survey that ‘the decision of use of contraceptive should be taken by both husband and wife jointly’, around 99 percent FLWs in Rajsamand, against the baseline result of around 97 percent, agreed to the question and emphasized that the decision of having child should be taken by husband and wife jointly. In Jaisalmer it was around 97 percent against the baseline of around 90 percent. Graph 4.24 suggests the same.

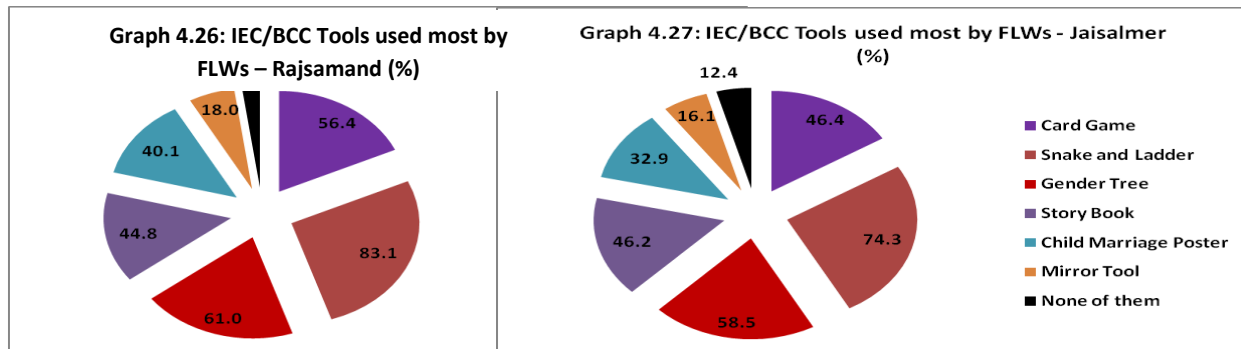


FLWs also expressed their opinion about the male’s participation in child rearing. According to the end-line survey, over 95 percent FLWs from both the districts expressed that male should be involved in taking care of her kids and help the mother in child rearing. However, during baseline Graph 4.25 explains the same.



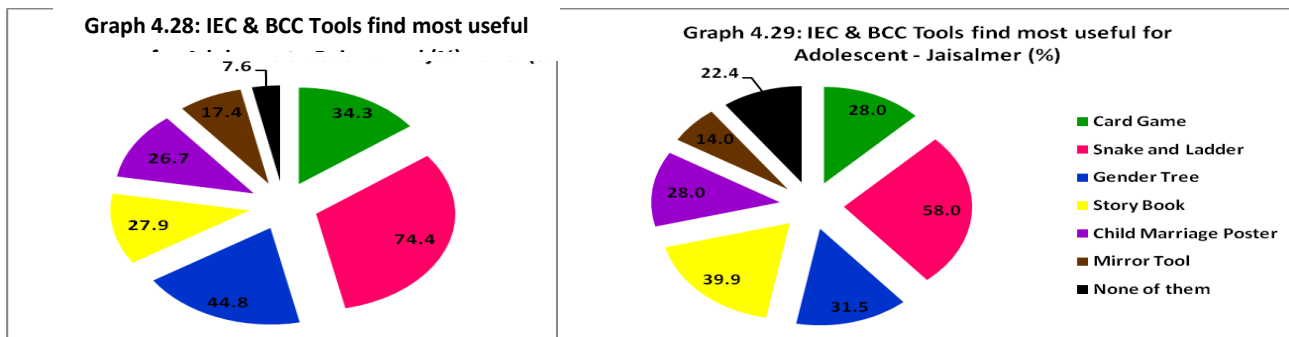
Section IV: IEC and BCC Tools for educating adolescents and community

In both the intervention districts, IEC and BCC tools i.e. card game, snake & ladder, story book, various charts and posters were distributed to FLWs for imparting health education and training in an effective and meaningful manner. As per responses obtained from FLWs, most used tools were 'snake and ladder'



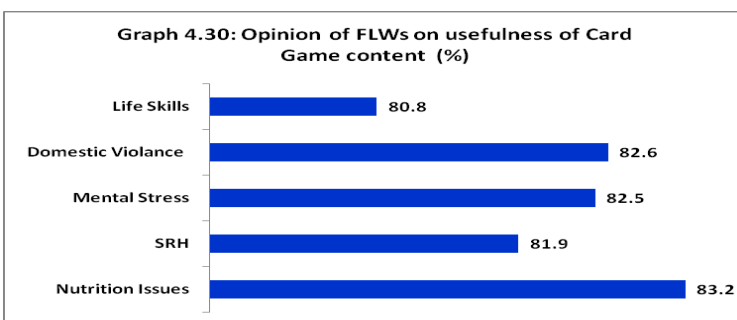
followed by 'gender tree', 'card game' and 'story book' in both the districts. Graph 4.26 and 4. 27 describe the same.

These tools were used by the FLWs to orient and train the adolescents on RSKS components. The opinion of FLWs was sought regarding which IEC & BCC tools was liked by adolescents most. As

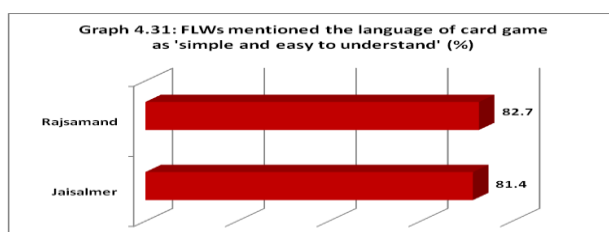


mentioned by the FLWs, the most liked tool was "Snake and Ladder" in both the districts followed by gender tree, story book and card game. The details are depicted in Graphs 4.28 and 4.29.

Regarding card game, over 80 percent FLWs find it quite useful in addressing the issues related to reducing domestic violence, nutrition, life skills and sexual and reproductive health in both the districts. The details are depicted in Graph 4.30.



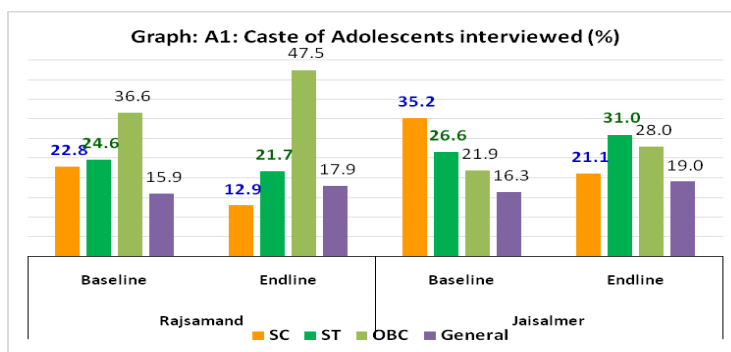
FLWs of both the districts have considered the language of card games very simple and easy to understand. The details are depicted in Graph 4.31.



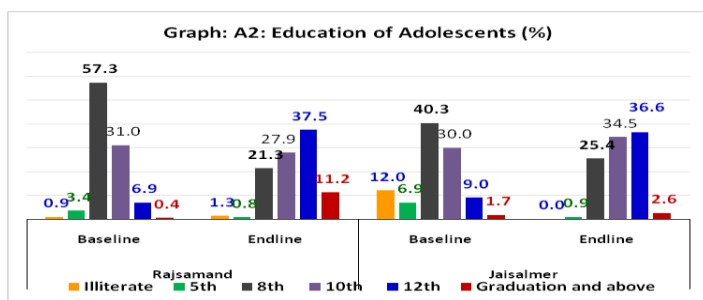
KEY FINDINGS – ADOLESCENTS

Section I: Background Characteristics of Respondents

The adolescent sample was selected by boys-girls and married-unmarried classifications from the age group 10-19 years. More than 95 percent adolescent respondents were Hindu (except in Jaisalmer, where the followers of *Islam* were around 18 and 8 percent in baseline and end-line surveys respectively). Likewise, above 95 percent of adolescents were unmarried across the intervention districts. As mentioned in Graph A1, majority of



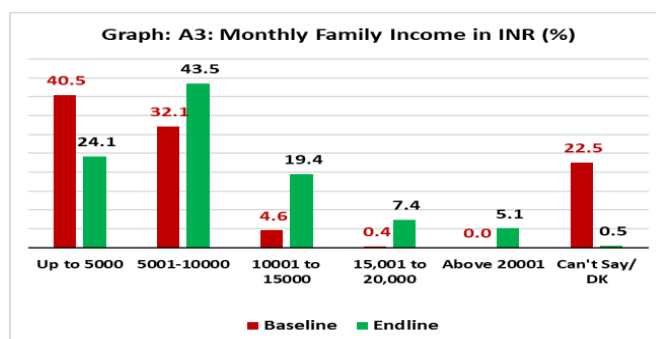
respondents in Rajsamand belongs to Other Backward Caste while in Jaisalmer it was SC in baseline.



The Graph A2 describes education status of the respondents during baseline and end-line surveys. Majority of adolescents were educated up to 8th standard during baseline in both the districts, whereas during end-line majority of the respondents were

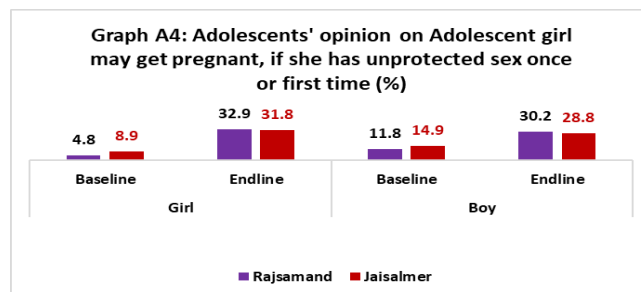
educated up to 12th standard. Graph A2 depicts the same.

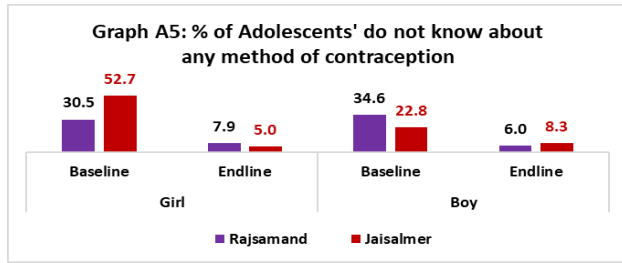
Graph A3 depicts the status of monthly family income of the adolescents, wherein the monthly family income of the respondents has substantially increased between baseline and end-line survey period. Besides, the respondents were found to be more aware about their family income, as comparative to baseline survey (22.5%), only a handful of respondents were not aware of their family income (0.5%).



Section II: Perception of adolescents on reproductive health

In general, various surveys and studies show that knowledge of reproductive health among adolescents is low in Rajasthan. Like baseline survey, same questions during end-line survey were asked from the adolescent boys and girls about reproductive health, age at marriage, pregnancy, contraception, medical termination of pregnancy, substance abuse, anemia, nutrition, mental health etc. Findings of end-line assessment with comparison to baseline have been depicted below.

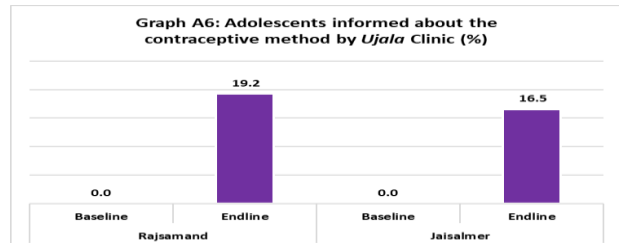




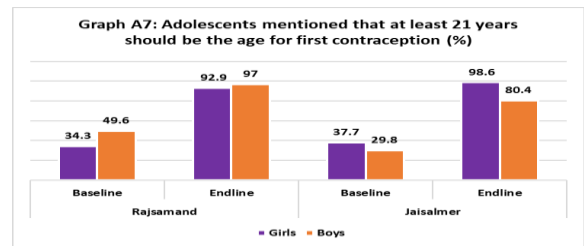
Adolescents' opinion on chances of getting pregnant even if girl has unprotected sex just once or first time, was sought wherein, the difference of knowledge level from baseline to end-line was quite apparent however, over all it is found to be low. Among districts, adolescents from Rajsamand district were found to be more knowledgeable than Jaisalmer. Graph A4 states

the same. The knowledge level of adolescents on the same in the control district of Barmer also improved from baseline to end-line; however it was quite low in both the baseline and end-line surveys.

Regarding the knowledge level among adolescent boys and girls about the contraceptive methods, huge improvements were observed during baseline and end-line surveys in both the districts. Here around 8 percent or less adolescents were not aware of any method of contraception. The details are mentioned in Graph A5.

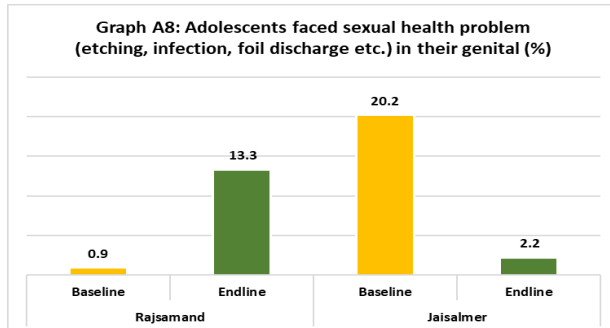


At the time of end-line survey, in both the districts, one out of every 6th adolescent mentioned that they were informed about the contraceptive methods by Ujala Clinics. The details are given in Graph A6. While during baseline survey, none of the adolescent mentioned about Ujala clinic as source of information about the contraceptive method.



Responding to the question during end-line survey about the minimum age of conception (bearing pregnancy), huge number of adolescents from both districts mentioned that it should be at least 21 years. With adolescents, more girls have mentioned this than boys in both the districts. The details can

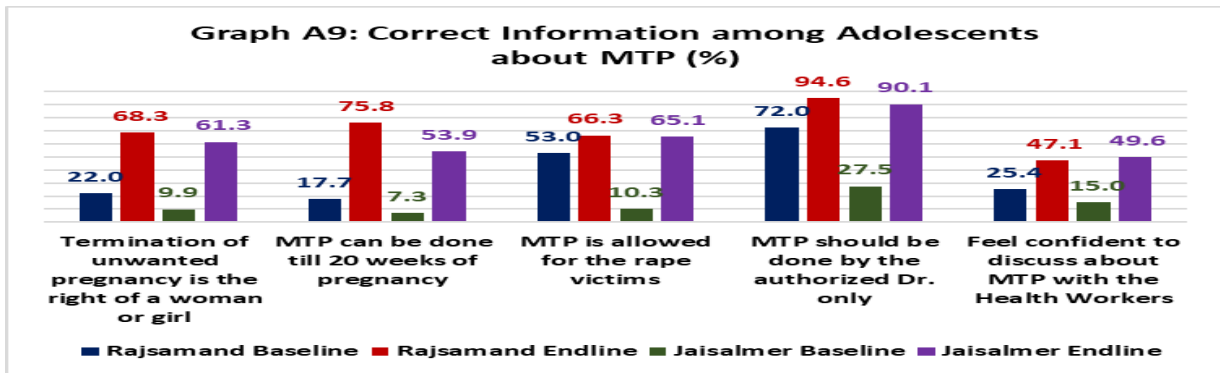
be seen in the Graph A7.



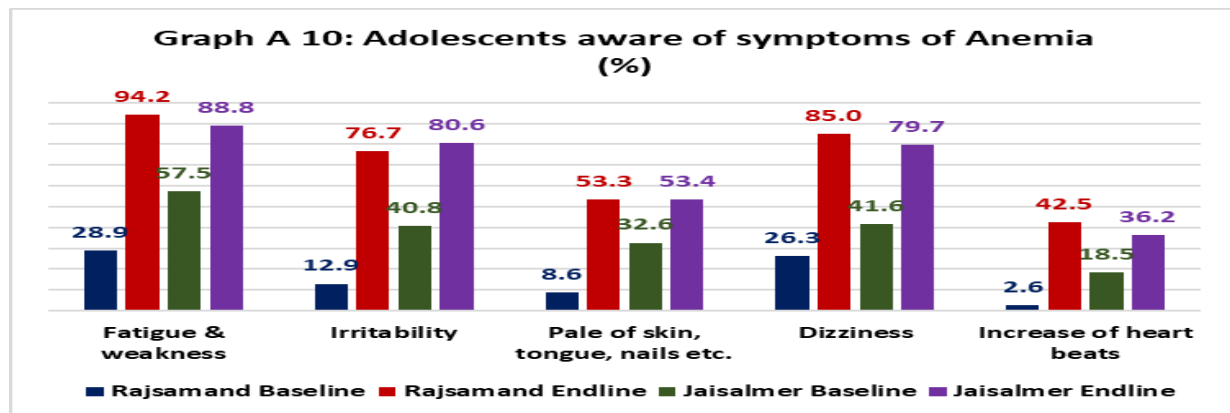
Around 13 percent of adolescents in Rajsamand have faced sexual and reproductive health problems e.g. itching, infection, foul smelling discharge etc. in their genital six months prior to the end-line survey. In Jaisalmer, a miniscule percentage of adolescents have faced the same while it was too high (around 20%) during the baseline survey. The details can be seen in the Graph A8.

As a matter of satisfaction, substantial number of adolescent boys and girls were found to be informed about their reproductive rights; regardless of their marital status had correct information about Medical Termination of Pregnancy i.e. right to termination of unwanted pregnancy, rights of rape victims in terms of MTP, age of foetus for MTP, and interaction on MTP with the health functionaries/ workers.

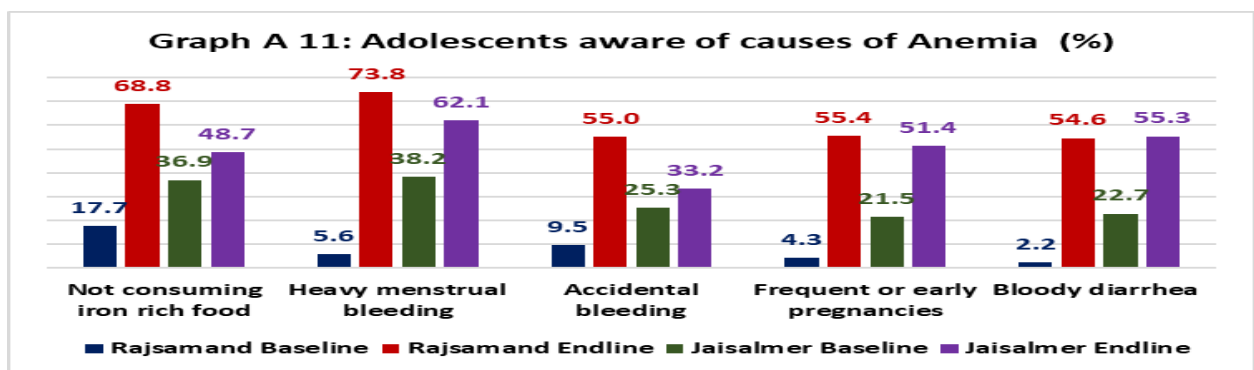
The baseline data shows that very few adolescents were aware of their rights in both the intervention



districts, while substantial improvements was seen in end-line data. Around half of the adolescents feel comfortable to discuss such sensitive and personal issue with the health functionaries and it is almost double from the baseline numbers. More than 90 percent respondents know that MTP should be done

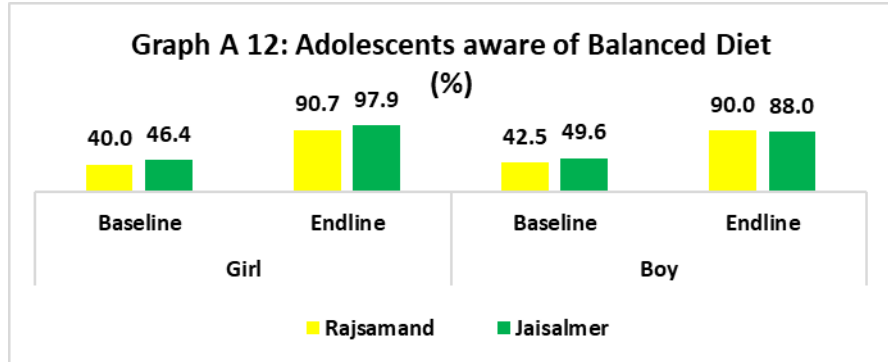


by the authorized clinicians only. This knowledge would be instrumental in reducing the services of quacks for termination of pregnancy, which causes severe damage to maternal health. Graph A9 shows the details of the same.

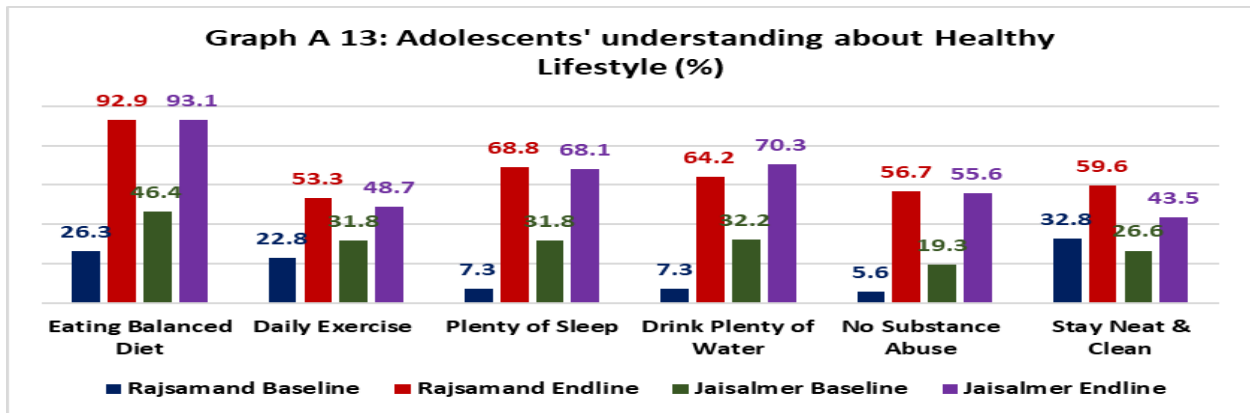


More than 65 percent respondents know that the rape victims have the right to go for MTP in case of rape induced pregnancy. The details are mentioned in the Graph A 9.

Responding to the questions pertaining to symptoms of anemia, adolescent boys and girls have mentioned 'fatigue and weakness' followed by 'dizziness' and 'irritability' in both the districts. However, less than half of them mentioned 'increasing of heartbeats' due to anemia. This increase of knowledge is quite substantial from baseline. The details can be seen in



the Graph A10.



the Graph A10.

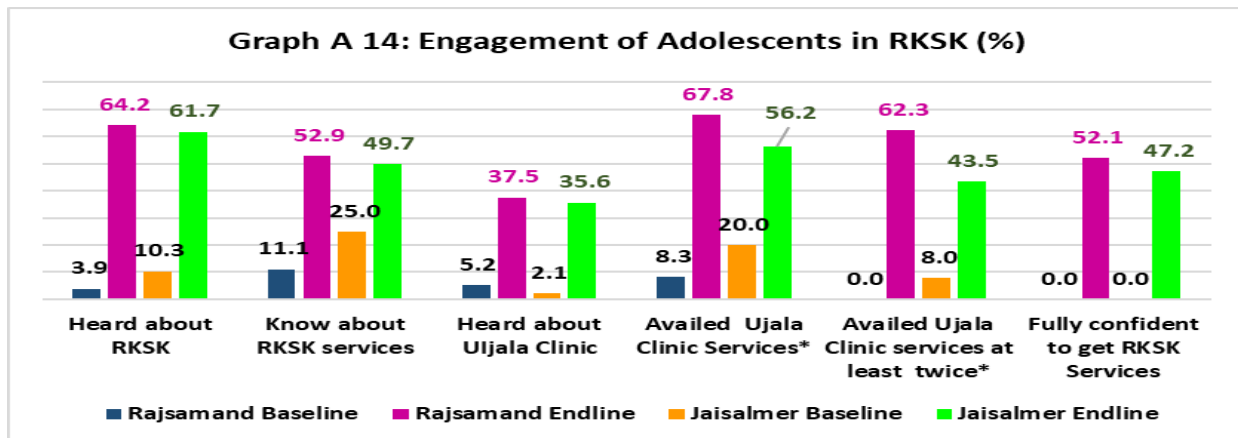
Responding to the questions related to causes of anemia, adolescent boys and girls have mentioned 'heavy menstrual bleeding' followed by 'not consuming iron rich food', 'bloody diarrhea caused by intestinal worms and parasites' and 'frequent or early pregnancies' in both the districts. This increase of knowledge is quite substantial from baseline. The details can be read in the Graph A 11.

A remarkable improvement in the understanding of the adolescent boys and girls on balanced diet was seen from baseline to end-line data. As depicted in Graph A12, more than double the respondents from the baseline data were aware of the concept and components of balanced diet. Not much district-wise variation was seen in the end-line data.

Likewise, adolescents were also requested to share their opinion and understanding about the 'healthy lifestyle'. A wide majority of respondents mentioned 'eating balanced diet' as the thrust to live a healthy lifestyle followed by 'consuming good amount of water' and go for a 'sound sleep'. However, half of the respondents also mentioned 'consuming no alcohol, tobacco etc.' and 'stay neat & clean' in day-to-day life. Comparative to the baseline scores, the end-line scores in this regard, were quite impressive. Graph A13 reveals the same.

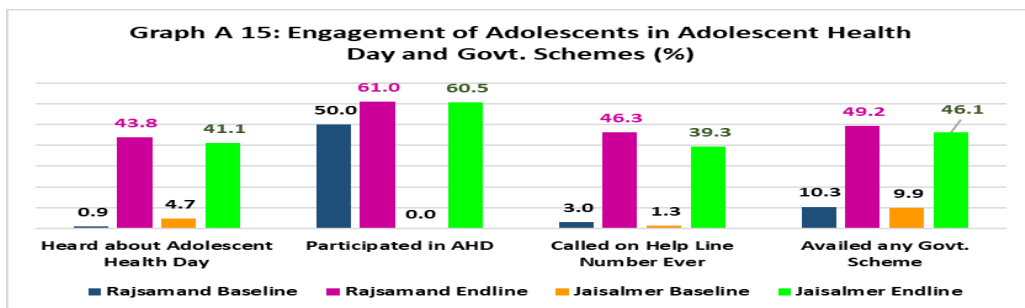
Section III: Engagement of Adolescents in RSKK

This section deals with the engagement of adolescents in RKSK. The respondents were asked whether they have heard the name of program – Rashtriya Kishor Swasthya Karykram (RKSK) and services provided under this program. Comparing to baseline results, the end-line survey has shown significant improvements in the RKSK engagement of adolescent boys and girls. As depicted in the Graph A14, more than 61 percent adolescents have heard about RKSK and around half of the respondents could spell the services available under RKSK. Around more than one third of the respondents of both the



intervention districts have heard about the *Ujjala* Clinic and out of them, around two third in Rajsamand and half in Jaisalmer have availed the services of *Ujjala* clinic. Half of the respondents expressed their full confidence to get the RKSK services, if required.

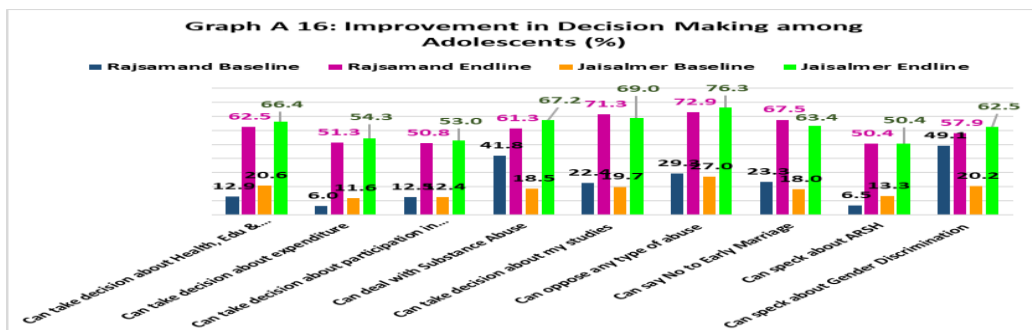
Responding to questions about Adolescent Health Day (AHD), Help Line and availing govt. services pertaining to RKSK, around 4 out of ten adolescents mentioned that they



are aware of the Adolescent Health Day and out of these, more than 60 percent have participated in the AHD’s activities. Around 40 percent or more respondents have called on Help Line numbers (e.g. 104, 1098, 108 etc.). Around little less than half of adolescents have availed any of the government services or benefitted from the govt. scheme(s) during the project period. Graph A15 describes about the engagement of adolescents in Adolescent Health Day and Govt. Schemes.

Section IV: Improved Self Efficacy and Decision Making on Adolescent Reproductive & Sexual Health Issues

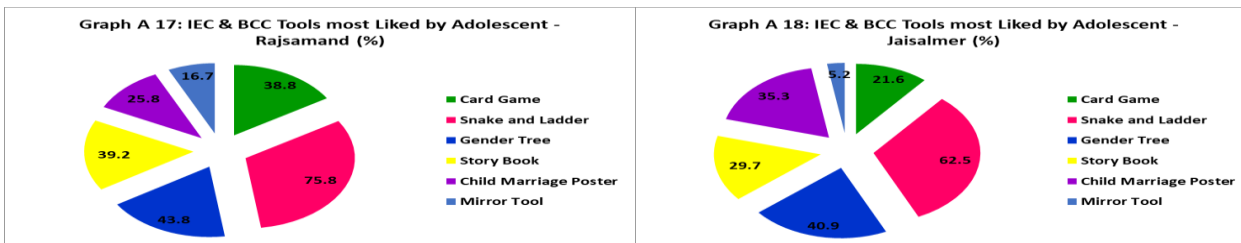
This section represents the issues related to the enhancement of Self Efficacy among adolescent boys and girls during the project



period. The adolescents were asked about their perception about increase in their own capabilities in decision making on the issues related to ARSH and gender discrimination. As Graph A16 describes, the remarkable improvement in the responses of adolescent boys and girls can be seen in this regard.

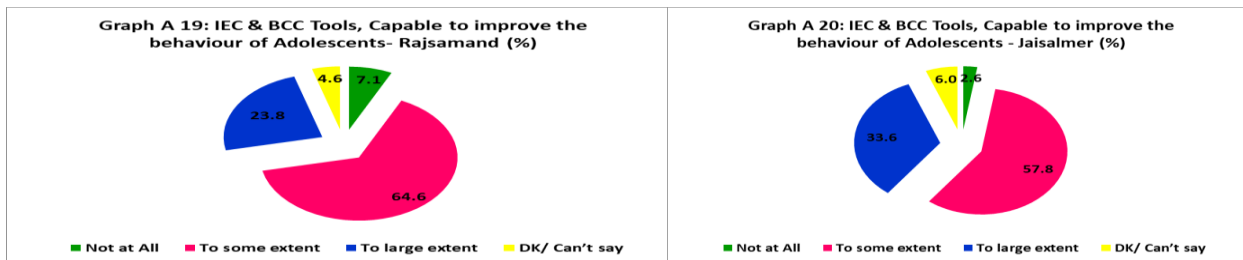
Section V: Reflection of IEC & BCC Tools used by Adolescents

Adolescents were asked to provide feedback on the IEC and BCC tools used by the FLWs for imparting



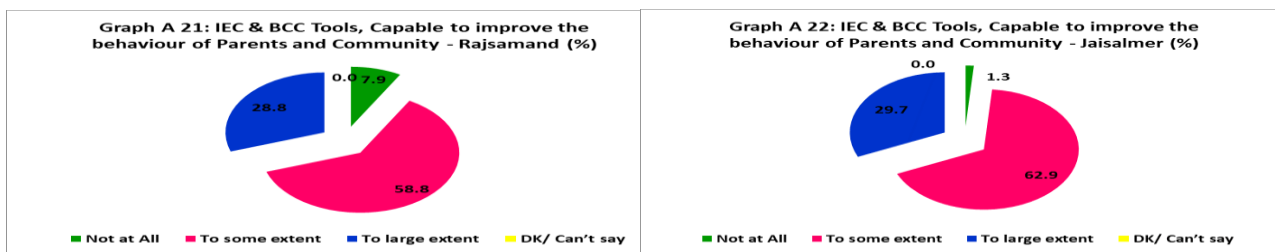
knowledge to them in a meaningful manner. ‘Snake and Ladder’ game was appreciated by most of the adolescents followed by ‘Gender Tree’, ‘Story Book’ ‘Child Marriage Poster’ and ‘Card Game’ in both the districts (Rajsamand and Jaisalmer). Graphs A17 and A18 explain the same.

Majority of adolescents accepted that these IEC and BCC tools are effective to improve their behavior.



Graphs A19 and A20 explain the same.

Majority of adolescents also claimed that these IEC and BCC tools are capable to improve the behavior



of their parents and community members. Graphs A21 and A22 explain the same.

Around 69 percent adolescents in Rajsamand district and around 79 percent adolescents in Jaisalmer district have emphasized the need for developing new tools on such issues for making larger impact on the society.

KEY FINDINGS –PRIs and Parents

The opinion and thoughts were sought from the PRIs as they represent the community and has the mandate to serve the community for its holistic improvements, besides them, the parents of adolescents were also approached to share their views and perceptions towards the issues covered under RKSK.

This part of the report deals with the opinion and information sought from PRIs and the parents of adolescents pertaining to RKSK components and its benefits.

Section I: Background Characteristics of the Respondents –PRI and Parents

Table 4.2 presents the total respondents interviewed from the category of PRI and parents. Total 849

		Rajsamand	Jaisalmer	Barmer	Total
Total Respondents		288	280	281	849
Respondent Type	Parents	229	230	241	700
	PRIs	59	50	40	149
Sex	Male	116	118	125	359
	Female	172	162	156	490

respondents were interviewed, out of them 700 were the parents and 149 were the PRIs. Number of female respondents was more (58%) than male (42%) respondents.

Majority of respondents (49% parents; 33% PRI in Rajsamand, 28% parents and 36 % PRI in Jaisalmer) were from OBC category. The details can be explored in table 4.3-

Religion/Cast distribution	Jaisalmer		Rajsamand		Barmer	
	Parents	PRI	Parents	PRI	Parents	PRI
	N 230	N 50	N 229	N 59	N 241	N 40
Hindu	95.2	92.0	98.7	100.0	94.2	95.0
Muslim	4.8	8.0	1.3	0.0	5.8	5.0
SC	29.6	16.0	14.0	17.0	19.9	7.5
ST	30.9	24.0	27.1	18.6	27.4	25.0
OBC	28.3	36.0	49.3	33.9	30.3	30.0
General	11.3	24.0	9.6	30.5	22.4	37.5

A large proportion of parents (20-25%) were educated up to upper primary level in both the districts. Majority of respondents in Rajsamand district were educated up to graduation or above while around half of the PRIs in Jaisalmer were educated up to upper primary level. A substantial number of parents never attended formal school (Table 4.4).

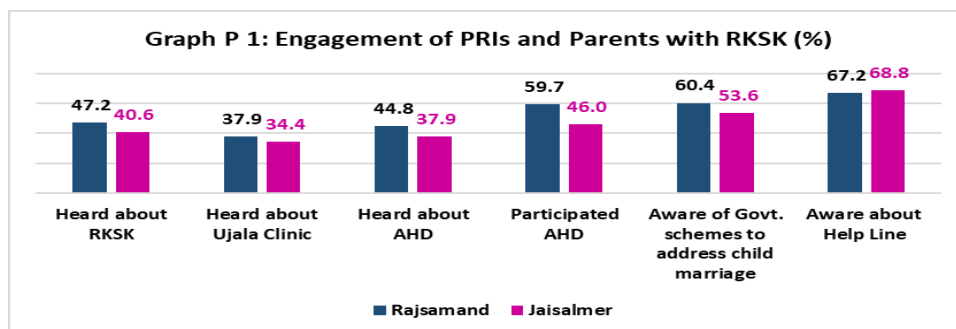
Education level	Jaisalmer		Rajsamand		Barmer	
	Parents	PRI	Parents	PRI	Parents	PRI
Primary	20.4	16.0	13.1	5.1	17.8	10.0
Upper primary	25.6	44.0	25.3	11.9	21.2	37.5
Secondary	10	14.0	19.2	20.3	7.9	5.0
Senior secondary	8.7	6.0	8.7	20.3	3.7	10.0
Graduate and above	6.52	6.0	8.73	40.7	1.7	17.5
Never attended the school	28.7	14.0	24.9	1.7	47.7	20.0

Parents and PRI interviewed were selected on basis of the age of their children also. It was decided that those parents may be consider for interview that have experience of dealing the adolescents. Table 4.5 describes the distribution of PRIs and parents according to the age group of their child/children.

Age of children of the respondents	Jaisalmer		Rajsamand		Barmer	
	Parents	PRI	Parents	PRI	Parents	PRI
Up to 10years	21.7	44.0	17.0	22.0	16.2	32.5
11-19 Years	18.3	12.0	33.2	47.5	21.1	17.5
20-29 Years	5.2	8.0	12.2	6.8	10.8	10.0
More than 29 Years	0.9	10.0	1.7	8.5	1.2	15.0

Section II: Engagement of PRI and parents with RKSK

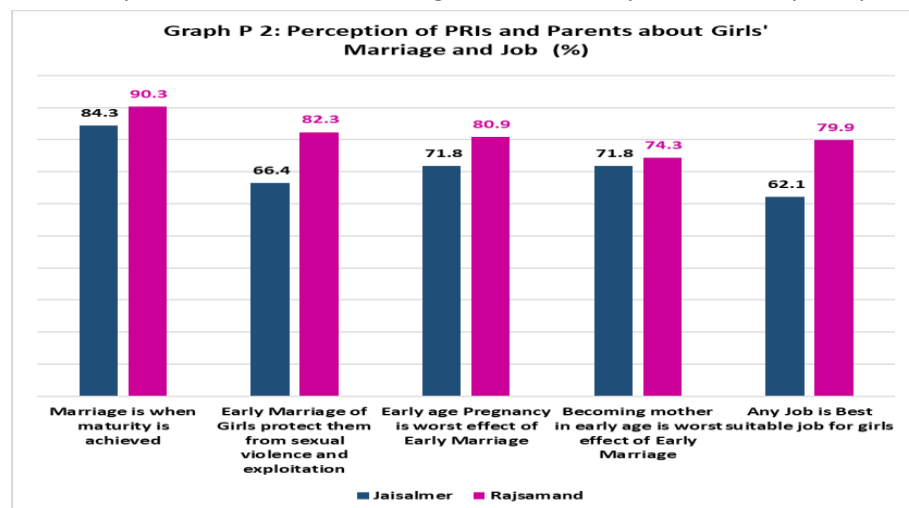
This section deals with the engagements of PRIs and parents with the RKSK e.g. their awareness about RKSK, *Ujala* clinic, AHD, Help Line for adolescents



and awareness about any govt. schemes which deal with the child marriage etc. In both the districts, above 40 percent PRIs and parents were aware of RKSK and Adolescent Health Day and around little less than this have heard about *Ujala* Clinic. The details are mentioned in Graph P1.

Section III: Perception of PRIs and Parents about Girls' Marriage and Job

PRIs and parents were asked during end-line survey about their perception on girls' marriage and their



job in detail. Majority of respondents of both the districts have mentioned categorically that the girls and boys both should be married once they are matured enough to handle the responsibilities.

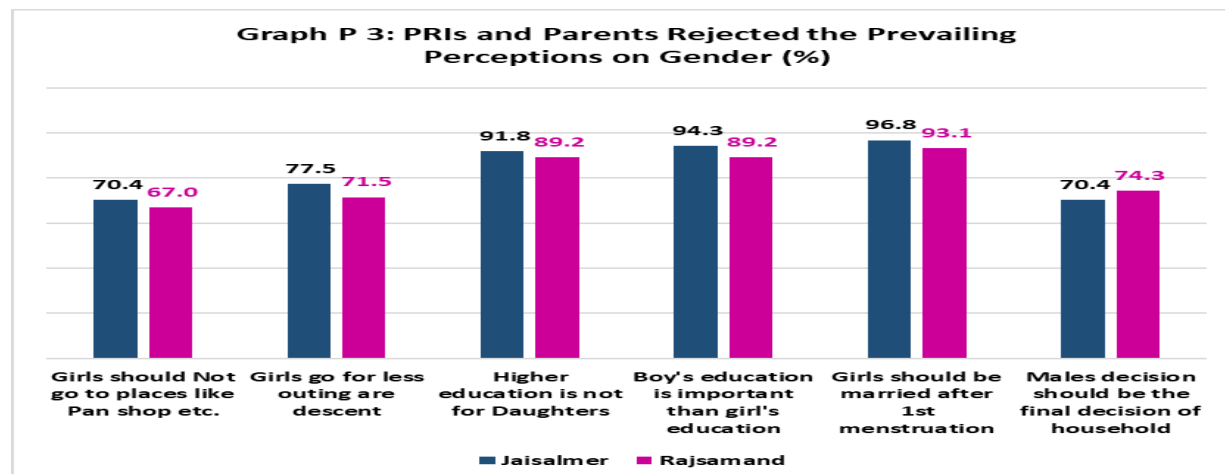
However, a huge majority of respondents accepted that one of the major reasons of early marriage of girls is to protect them

from sexual violence, exploitation and abuse. The parents and PRIs both accepted that the early pregnancy and early motherhood are among worst consequences of early marriage.

Responding to the question about the most suitable jobs for girls, a substantial number of respondents mentioned that any job is best for the girl if she gets it. There is no discrimination of preference for the same. However, a vast majority of them considered 'teaching' as most suitable jobs for girls.

Section IV: Perception of PRIs and Parents about Gender Discrimination and Beliefs

The PRIs and parents were also approached to share their perception and beliefs on issues related to gender equity, equality, and discrimination. As a matter of satisfaction, a wide majority of respondents



expressed their progressive views in this regard. They rejected the prevalent unfavorable views and beliefs pertaining to gender discrimination with a wide majority. Around 70 percent PRIs and parents rejected the belief that girls should not go to the places where usually boys go e.g. paan shop, tea kiosk etc. Similarly, they supported for higher education for their daughters and rejected the discrimination in education of girls with an overwhelming majority. They also advocated that the decision at the household level should be taken jointly by husband and wife. Graph P3 explains the same.

Chapter 5 Discussions and Conclusion

The end-line survey was conducted by NIRA to assess the impact of AJWS supported project “*Increasing age at marriage : An outcome of improved self-efficacy of RKSK Functionaries*” in Rajasthan demonstrated and reached on following conclusion –

- Knowledge and self-efficacy of stakeholders – Field Level Workers (e.g. ASHA, ANM, AWW, & Teachers); Adolescents –boys and girls; PRI and parents have improved substantially in comparison to baseline study conducted at the time of initiation of the project.
- Gaps in knowledge on RKSK, its components, issues related to early marriage, early pregnancy, use of contraceptive and its availability, disbeliefs on role of FLWs on such issues reduced remarkably.
- Misconceptions on certain issues regarding sexual and reproductive health, beliefs on gender issues and perceiving the status of female in the society has changed notably.
- There is sharp increase of knowledge observed in comparison to baseline survey and end-line survey on various components of RKSK program like enabling sexual & reproductive health, mental health, violence and substance abuse, prevention of NCD etc.
- While knowledge and belief data generally showed improvements with age (with a few exceptions), the survey identified important variations related to socio-demographic characteristics. In intervention districts increase in aware of RKSK was observed and about 95 percent ASHA, 84 percent of Sathin and 90 percent of ANMs were well aware on RKSK program.
- Ability/efficacy of FLWs and teachers in delivering information on the SRHS and other RKSK components like, nutrition, legal age of marriage, menstruation, substance misuse, violence etc has increased. A wide majority of respondents considered themselves as capable of providing information.
- However, awareness about *Ujala* Clinics and Help Line numbers was found to be low in comparison to the other indicators of the project, particularly in Jaisalmer district.
- During baseline and end-line assessments responses on statements regarding violence, gender male dominance, wife beating, childbearing, women should not go out, were sought from FLWs. In baseline 17 percent ASHA of Jaisalmer and 25 percent of Barmer agreed with these unfavorable beliefs and perceptions, which has reduced drastically during end-line study.
- An encouraging result from survey emerged out, wherein a wide majority of FLWs, PRIs and parents accepted that men should support women in their household chores and should involve women in decision making processes. As per NFHS-5 results of Rajasthan, around 90 percent currently married women usually participate in household decisions.
- The IEC and BCC tools i.e. snake and ladder, card games, gender tree, story books etc., were distributed to FLWs for health education and training in both intervention districts, and these were appreciated not only by the FLWs but also by the adolescents.

It is an established fact, which gets further proven in this project through baseline and end-line surveys, that such interventions are meant to complement or support the RKSK program and should focus on increasing knowledge and understanding of SRH topics, such as access to contraception, delayed birth and spacing of pregnancy, and STI awareness.

The data from this end-line survey also highlighted the need to further analyze the impact of entrenched gender norms on adolescents' beliefs and perceptions related to adolescent SRH issues and related topics, such as menstruation, masturbation, and sexual debut. More specifically, as adolescent male and female demonstrated notable variations in their beliefs and perceptions, future programs will need to incorporate differentiated approaches for facilitating attitude and behavior change.

The data from this end-line survey also suggests that future initiatives should be tailored to different age groups.

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