



Influencing girls' lives:
Acceptability and effectiveness of a livelihoods
skill building intervention in Gujarat

This report is the result of a collaborative study undertaken by SEWA and the Population Council to evaluate the effectiveness of a pilot livelihoods skill building programme for adolescent girls implemented by SEWA in Ahmedabad and Vadodara districts of Gujarat. The programme aimed to support adolescent girls aged 13-19 years to make a safe transition to adulthood, increase their life options and increase their negotiating power in public and private arenas, expand their knowledge and skills, and encourage positive reproductive and sexual health.

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The Self Employed Women's Association (SEWA) is a trade union organisation and a leading micro-finance institution in India. It has worked with poor, self-employed women workers for over 30 years and has successfully organised and enabled over 700,000 women to attain full employment, self-reliance, and economic and social security. SEWA has developed and supported the activities of a range of women's groups, such as, for example, co-operatives, producers' groups, savings and credit organisations, and social security organisations.

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Executive Summary

While adolescent girls in India are healthier and better educated today than in earlier generations, within the prevailing gender-stratified social structure, they continue to face economic and social disadvantages. Significant minorities of adolescent girls are neither at school nor engaged in wage earning activities, and marriage continues to take place, for large proportions, before the minimum legally permissible age of 18. Moreover, their lives are characterised by limited awareness of the world around them, mobility, decision-making and the ability to exercise choice in matters relating to their own lives. In view of this situation, programmes are needed that increase the ability of adolescent girls, including those in rural areas, to have a say in their own lives, expand their social networks and develop the skills needed to enable them to shape their own futures. Despite this need, there are few such programmes for adolescent girls and even fewer whose effectiveness has been rigorously evaluated.

In response to this need, the Self Employed Women's Association (SEWA), a key Indian micro-finance non-governmental organisation (NGO), in partnership with the Population Council, undertook a pilot livelihoods skill building programme to support adolescent girls aged 13-19 years (mostly unmarried, in school and out of school). Like other such programmes, this livelihoods programme focused on exposing girls to new ideas, building social networks, exposing them to the world around them and providing the technical skills needed to enhance their access to income-generating opportunities. The programme was conducted in a total of 30 villages of Ahmedabad and Vadodara districts of Gujarat. The approximately 18-month intervention was imparted through adolescent girls' groups or *kishori mandals* that met 3-4 times a week. Ten groups were established each year, over a period of three years (2002-04), equalling a total of 30 groups. Each group comprised 15-30 adolescent girls aged 13-19, and was facilitated by a group coordinator or *sahayika*.

The intervention included three broad areas: (a) *basic and specialised training for adulthood*: in which girls had the opportunity to meet, receive information on current affairs and develop literacy; they were also exposed to training modules offered by SEWA trainers on a range of issues including general and adolescent health, new forms of agriculture and nursery raising, water management, financial literacy and leadership skills; (b) *broadening horizons and exposure to the outside world*: in which exposure visits were organised to such places as post-offices and banks, nearby cities, places of historic interest, local universities and technical institutes to broaden girls' experiences beyond their own villages; and (c) *vocational skill training*: in which girls opted to take part in a variety of training programmes, including both the traditional (tailoring, embroidery) and non-traditional (for example, hand-pump repair, computer training, hospital attendant and nursing), many of which were perceived as "men's jobs".

The intervention was evaluated in two ways. Its acceptability was assessed through questions posed in the course of the endline survey that measured participants' recall of training modules as well as their reactions to

participating in the *mandal*; the data were supplemented through adolescents' descriptions in the course of in-depth interviews. Its effectiveness in influencing girls' agency was measured through a set of indicators that reflected changes in mobility, decision-making ability, social skills and self-esteem, gender role attitudes and attitudes to domestic violence, and awareness of reproductive health matters and of safe spaces for girls to meet.

Baseline and endline surveys measured the effectiveness of the project. While a quasi-experimental design would undoubtedly have been preferable for a more scientific assessment, the fact that the control group would not have immediate access to intervention activities following the baseline survey raised serious ethical concerns for SEWA. Taking into account these concerns, a pre- and post-intervention assessment design was considered appropriate. However, because at the time of the endline (2004-05), activities for a third cohort of *kishoris* were about to be initiated, this group served as a control group at endline. In view of this asymmetrical study design, effectiveness was measured by two sets of comparisons: changes in agency among *mandal* members through pre- and post-intervention assessments and a comparison of *mandal* members at the time of the endline survey with adolescents not yet exposed to the intervention. Our assessment is further restricted to the 264 girls who were interviewed in both survey rounds and were aged 15-19 at the time of the endline survey.

Findings must be assessed keeping in mind the fact that the intervention was implemented in traditional rural settings of Ahmedabad and Vadodara districts that continue to be gender- and age-stratified. In such settings, mere participation in an intervention that takes girls out of the home and enables them access to new ideas and people is a significant achievement. While our findings are mixed, they suggest that a life and livelihoods skill building intervention programme for girls is acceptable to adolescents (and their parents), and can be implemented in rural settings.

As far as the acceptability of the intervention is concerned, not all the components were equally internalised by participants. Recall of the content of several of the training modules was poor; in in-depth interviews, adolescents noted their lack of interest in several topics covered in the intervention and also their interest in several topics that were not covered, for example, issues regarding growing up and livelihood options. Universally appreciated was the opportunity to meet in a legitimate space on a regular basis, to visit new places and learn about life outside the village, and to acquire vocational skills. Indeed, it would appear that simply meeting on a regular basis facilitated the establishment of strong peer networks, which along with having access to the outside world and developing new skills became an empowering experience for secluded adolescent girls.

As far as the effectiveness of the intervention is concerned, findings suggest that several measures of agency have indeed been influenced by participation in livelihoods interventions but reiterate that it is by and large *regular* and not *any* participation in *mandal* activities that is key. With few exceptions, our indicators of

agency – decision-making, self-esteem, social skills, mobility, gender attitudes, reproductive health awareness and familiarity with safe spaces for girls to meet – have increased significantly among all adolescents who participated in *mandal* activities, irrespective of whether participation was regular or erratic. Changes are, however, more remarkable for those who participated regularly than those who did not. Comparisons of adolescents who were exposed to the intervention and those who were not are not quite as positive. However, they too suggest that adolescents who participated regularly – but not those who did not — also report significantly higher scores on most of these indicators than do those in the control group who had not been exposed to *mandal* activities. For example, adolescents who were regularly exposed to the intervention showed significantly higher levels of agency on five broad areas including decision-making, self-esteem, gender attitudes, reproductive health awareness and familiarity with safe spaces.

Several lessons have emerged. First, efforts at up-scaling would need to address concerns regarding the applicability of some aspects of the training and the irregularity of participation in *mandal* activities by significant proportions of *mandal* members. Second, findings suggest the need for longer term nurturing of adolescent girls than was possible in our livelihoods programme. It is not enough to simply equip girls with information and skills and provide them leadership training. A longer-term perspective is needed that will enable girls to make effective use of their leadership and livelihood skills potential. Third, there is an urgent need for livelihoods programmes to focus more directly on building agency, developing social skills, reversing traditional gender role expectations and developing an orientation towards savings or controlling resources, rather than assume that exposure to new ideas and skills can itself build agency. Fourth, livelihoods interventions cannot afford to neglect the gatekeepers; parents, community leaders and even boys and young men continue to have a significant say in shaping girls' lives, and any attempt at enhancing girls' agency must simultaneously work from within (at the level of the individual girl) and beyond the girl herself (at the level of the gatekeepers).

Introduction and background

Introduction

India's 315 million young people (aged 10-24) are healthier, more urbanised and better educated than earlier generations; they experience puberty at younger ages, and marry and have children later than in the past (Jejeebhoy and Sebastian, 2004). At the same time, within the gender-stratified social structure that prevails in India, adolescent girls continue to face economic and social disadvantages (Mensch et al., 2004; Sebastian, Grant and Mensch 2004). The sparse evidence available confirms that significant minorities of adolescent girls are neither at school nor engaged in wage earning activities. Moreover, their lives are characterised by limited mobility, decision-making and the ability to exercise choice in matters relating to their own lives. The situation and needs of adolescent girls in India have been largely neglected, both by researchers and programme implementers, and it is only over the last decade that there has been a recognition of the need to implement programmes that aim to specifically address their needs.

Several programmes have been implemented in India that seek to expose girls to the world around them; enhance their mobility; empower them to express their opinions and take part in decisions affecting their lives, including age at marriage and choice of husband; reverse traditional gender role attitudes; enhance their control over material resources including through orientation to savings; or build vocational skills among them. Unfortunately, the effectiveness and acceptability of intervention programmes have not always been rigorously tested, and the influence of participation in these

interventions on adolescents' lives remains unclear, hence limiting lessons for replicability.

The Self Employed Women's Association (SEWA), a key Indian micro-finance non-governmental organisation (NGO), in partnership with the Population Council, undertook an intervention programme to support adolescent girls aged 13-19 years (mostly unmarried, in school and out of school) to make a safe transition to adulthood, increase their life options and increase their negotiating power in public and private arenas, expand their knowledge and skills, and encourage positive reproductive and sexual health. The intervention aimed to address the conditions that limit girls' choices by creating spaces in the form of adolescent girls' groups or *kishori mandals* where girls could legitimately assemble, enhance their awareness of the world around them and develop livelihood skills. The programme was conducted in the rural areas of Ahmedabad and Vadodara districts of Gujarat.

The aim of this report is to document and evaluate this model and its effectiveness and acceptability. Specifically, the report assesses the extent to which participation in the intervention influenced (a) girls' agency in terms of mobility, decision-making, attitudes towards gender roles and domestic violence, and self-esteem; (b) their knowledge about reproductive health and of safe spaces to meet; and (c) their engagement in various aspects of the intervention, notably livelihoods skill building and their assessment of the intervention.

The report is divided into five chapters. In this chapter, we describe the situation of adolescents in Gujarat, and policies and programmes that have been undertaken for adolescents, as well as the setting and project design. The second chapter presents the situation of adolescent girls at baseline, that is, prior to participation in the intervention; it provides a general profile of girls, covering their household conditions, parental literacy levels, their own educational attainment and work status, as well as their agency in terms of mobility, decision-making, social skills, self-esteem, gender role attitudes including with reference to domestic violence, knowledge about reproductive health and familiarity with safe spaces for adolescent girls to meet. In Chapter 3, we describe in detail the intervention programme and the participation of girls in the different programmes undertaken in the *mandal*. The fourth chapter examines the extent to which participation in the intervention programme was acceptable to participants and succeeded in building agency and expanding awareness among girls. Chapter 5 summarises the main findings and lessons learnt, and makes recommendations for expanding interventions for adolescent girls more generally.

Background

Internationally, there is increasing recognition that adolescent girls' agency, or the sense that they have the power and capacity to act in their own interest, make decisions, express important concerns, communicate ideas and negotiate wanted outcomes, has long-term implications as they make the transition to adulthood and their future lives; it expands their life and livelihood opportunities, enhances their ability to

forge equitable relationships with husbands, and affects their ability to make health-related decisions and exercise informed choices, including in the sexual and reproductive health arenas (see for example, Assaad and Bruce, 1997; Pathfinder/Futures/CEDPA/USAID, 2001). Indeed, there is a small body of research that argues that building adolescent girls' agency is a necessary condition for enhancing their sexual and reproductive self-determination. For example, research has shown that better-educated young women exercise greater agency than other women in matters relating to marriage timing; similarly, girls who have opportunities to work before marriage or have participated in livelihoods programmes are more likely than others to report greater self-esteem, social mobility, participation in family discussions about marriage and delayed marriage (Amin, 1999; Assaad and Bruce, 1997; Jejeebhoy and Halli, 2005; Mathur, Greene and Malhotra, 2003; NRC and Institute of Medicine, 2005). Among adult women, evidence suggests, likewise, that those who have participated in livelihoods or credit programmes, or who have decision-making authority or control over resources, are more likely than others to report better health outcomes in the family, increased age at marriage and reduced childbearing (Schuler and Hashemi, 1994; Sebstad and Singh, 1998).

Adolescent girls in India are at a distinct disadvantage as compared to boys, and there is substantial evidence that justifies the need to develop and implement special interventions for them. Levels of educational attainment are lower for girls than boys; in rural India, for example, large

proportions of adolescent girls have already discontinued schooling. Moreover, marriage in adolescence occurs among large proportions of girls in the country: for example, of those aged 20-24, as many as 50 percent were married by the time they were 18 years; in contrast few males marry in adolescence (IIPS and ORC-Macro, 2000).

Limited research has been conducted in India on the control that adolescent girls exercise over their own lives. Some evidence about married adolescents comes from the National Family Health Surveys (NFHS); for example, NFHS-2 indicates that married adolescents (aged 15-19) are far less likely than older women to take part in family decisions, enjoy physical mobility or make independent purchases (Santhya and Jejeebhoy, 2003). Evidence about the unmarried in India can be extrapolated from small and scattered case studies, which often use qualitative methodologies. These studies highlight that unmarried adolescent girls have limited voice or negotiating power in decisions affecting their lives, including those related to their work, education and marriage; few opportunities to generate an income of their own; and a heavy domestic workload that precludes in many cases acquisition of school-based or other livelihood skills. They also lack independent control over income, savings and assets, although there is some evidence that girls do save (see for example, Jejeebhoy and Sebastian, 2004; Levitt-Dayal et al., 2003; Mehra, Savithri and Coutinho, 2002; Mensch et al., 2004; Santhya, McGrory and Haberland, 2001; Sebastian, Grant and Mensch, 2004; Sodhi and Verma, 2003). Studies also reveal unmarried adolescents' limited preparation for future

decision-making related to household budgeting, money management and civic issues; low status in the family; limited knowledge, including of sexual and reproductive health matters; unequal power relations within and outside the household, and few chances of participating in peer group activities outside the home. Socialisation patterns reinforce gender double standards; for example, adolescent girls are carefully supervised and their mobility restricted relative to that of their brothers (Mehra, Savithri and Coutinho, 2002). Likewise, girls in several studies note that intimate friendships with boys are unacceptable for girls but are condoned among boys. This inability to exercise control over their own lives clearly has longer term implications for adolescent girls as they make the transition to adulthood and beyond.

A host of national-level policies and programmes have attempted to address the needs of adolescent girls in a general way but their implementation has tended to be dispersed and uneven. Indeed, programmes for adolescents tend to focus on providing general information on health and family planning, and do not address the broader context of adolescent girls' lives, which consequently limits their impact (Bruce and Mensch, 1999). For example, despite the Constitutional Amendment for the Right to Education advocating compulsory schooling for all, large numbers of adolescent girls discontinue schooling at an early age. Likewise, despite laws advocating 18 as the minimum age at marriage for girls (for example, the amended Child Marriage Restraint Act, 1978), about half of all adolescent girls marry before they reach this age (IIPS and ORC-Macro, 2000). In the field of reproductive health, the

Reproductive and Child Health Programme does mention the needs of unmarried adolescent girls, but does not directly address their need for contraceptive services.

Public sector programmes intended to address the needs of adolescent girls have also been implemented at the sub-national level. For example, the Kishori Shakti Yojana (and its predecessor, the Adolescent Girls Scheme) is being implemented in 2,000 blocks covered by the Integrated Child Development Services (ICDS), and focuses on training girls, particularly in vocational skills, as a means of empowerment. Similarly, Mahila Shikshana Kendras (under the Mahila Samakhya programme) focus on providing non-formal education, leadership and life-skills training for adolescent girls in 32 districts spread over selected states. In addition, the Rajiv Gandhi National Institute of Youth Development implements a programme intended to instil leadership qualities in and broaden the personalities of young men and women. However, such programmes are scattered and their effectiveness has not been evaluated.

NGOs have pioneered programmes intended to build agency among adolescent girls. Of note are those developed by the Center for Development and Population Activities (the *Choose a Future* syllabus; CEDPA, 2001); the Centre for Health Education, Training and Nutrition Awareness (CHETNA), Ahmedabad; MAMTA, New Delhi; CARE and most recently, Sahyog, Mumbai. The emphasis of these programmes varies, but they generally attempt to build life skills, provide livelihood and vocational training and raise awareness about issues concerning

growing up, including sex and reproduction.

Despite their numbers, however, there are, to date, few rigorous assessments of the extent to which participation in these programmes has enhanced decision making, negotiation skills, self-confidence, access to resources or appropriate health seeking, or delayed marriage among participating girls.

This project drew insights from these programmes and other experiences (see for example, Population Council and ICRW, 2000). From a review of these programmes it was evident that what was needed for adolescent girls was a multi-pronged intervention that aimed to enhance the control that girls exercise with regard to their own lives, and that would, at the same time, be acceptable to their gatekeepers; enhance access to information and services; build life skills; transform the ways in which girls view themselves; build social and support networks; expand access to vocational training and skill development that have the potential for employment; develop critical financial and income generating capacity; and enable an orientation to savings.

Setting

As mentioned earlier, the intervention programme was located in the rural areas of Gujarat state, situated on the west coast of India and the state in which SEWA is based. Gujarat, with a population of 50.6 million, is divided into 25 districts, including Ahmedabad and Vadodara in which the present study is situated. According to the 2001 Census, Gujarat ranked tenth in terms of population size among all states and union territories in India (unless otherwise specified, all

references in this section are from RGI, 2001). About 63 percent of its population lives in rural areas. The large majority (89%) of the population is Hindu and 9 percent are Muslim. The religion-wise distribution of the population of the selected districts is roughly similar to that observed for the state as a whole (85-89% Hindu); however, the population of Vadodara district comprises a significantly larger proportion of scheduled castes and tribes (32%) than does Ahmedabad (12%) or Gujarat as a whole (22%).

Gujarat ranks high among the states of India in terms of socio-economic indicators. For example, 80 percent of households have electricity, 62 percent have water facilities and 51 percent have toilet facilities. At the same time, there is evidence, as in the rest of India, of a declining sex ratio (females per 1,000 males): from 934 in the 1991 Census to 921 in the 2001 Census. The sex ratios of the population of Ahmedabad and Vadodara (892 and 919, respectively)

are lower than the national average, an indicator of the low status assigned to women in the state.

Gender differences are evident in the area of education. Literacy rates in the state vary from 80 percent for males to 58 percent among females, as compared to the national average of 75 percent and 54 percent respectively. Again, the literacy profiles of Ahmedabad and Vadodara districts are relatively similar to those reported for the state as a whole (87% for males and 71% for females in Ahmedabad vs 80% and 61%, respectively for Vadodara).

Similarly, among rural adolescents in Gujarat, 23 percent of rural girls between 10-14 years of age and 29 percent of girls between 15-19 years of age are illiterate, compared to 11 percent and 14 percent of boys, respectively (see Table 1.1). Likewise, only 63 percent of rural girls aged 10-14 (compared to 80 percent of boys) are still in school. By ages 15-19, only one quarter of girls are in school compared to

Table: 1.1:

Educational profile of rural adolescents (aged 10-19), Gujarat and the study districts

Percentages of rural adolescents	Gujarat		Ahmedabad		Vadodara	
	Girls	Boys	Girls	Boys	Girls	Boys
<i>Illiterate</i>						
Aged 10-14	22.8	11.0	24.7	9.6	28.6	16.4
Aged 15-19	29.1	13.9	33.7	13.4	35.4	18.1
<i>Aged 10-14 completed middle school</i>	8.8	11.9	6.1	10.4	6.7	10.3
<i>Aged 15-19 completed high school</i>	15.9	21.7	9.9	18.5	12.9	20.7
<i>Still in school</i>						
Aged 10-14	63.3	79.5	57.5	78.6	57.9	74.9
Aged 15-19	24.2	38.7	16.2	34.7	23.4	39.4

Source: Social and Cultural Tables, series C-8; RGI, 2001.

two-fifths of boys. District profiles are largely similar to that of the state on the whole.

Age at marriage continues to be low among rural adolescent girls in Gujarat. For example, according to NFHS-2, 26 percent of girls aged 15-19 were married compared to 5 percent of boys in these ages. Although the proportion of women who marry young is declining rapidly, the proportion of women who marry before reaching the legal minimum age at marriage of 18 years continues to be high: 38 percent of rural young women in Gujarat aged 20-24 were married by 18 years in 2005-06, down from 50 percent in 1998-99 (IIPS and ORC-Macro, 2001; National Family Health Survey, 2006).

The Self Employed Women's Association (SEWA)

SEWA is a trade union organisation and a leading micro-finance institution in India that has worked with poor, self-employed women workers for over 30 years. It has, to date, successfully organised and enabled over 700,000 women to attain full employment, self-reliance, and economic and social security. SEWA has developed and supported the activities of a range of women's groups, such as co-operatives, producers' groups, savings and credit organisations, and social security organisations. Its activities span both the rural and urban areas of the state. Members have access to a wide range of programmes and services, from awareness building to micro-finance, insurance, and health promotion and care. Its activities have served as a model for economic intervention programmes for women more generally in India.

Prior to the initiation of this project, SEWA's programmes did not specifically focus on the needs and concerns of adolescent girls. Rather, its programmes were open to all women and no special efforts were made to attract adolescent girls or adapt existing activities to meet their needs. SEWA recognised however, that adolescent girls were under-represented among its members and in the early 2000s, it became clear that adolescent girls would be interested in programmes that focused specifically on them. At the same time, adult SEWA members – mothers of adolescents — themselves noted the need for specific programmes for adolescent girls and encouraged SEWA to develop initiatives (especially education and vocational training) for their daughters.

In response, SEWA sought to replicate its wide experience in addressing the needs of adult women among young girls in rural areas. The ensuing livelihoods programme was directed to adolescents in the ages 13-19, irrespective of whether they were in or out of school or married or unmarried, and was implemented in 30 villages of Ahmedabad and Vadodara districts. The content of the intervention comprised both an adaptation of SEWA's ongoing awareness building activities for adult women, as well as such uniquely adolescent-focused activities such as the formation of adolescent groups (*mandals*) in each village that provided exposure to the wider world as well as livelihoods training.

Project design

The intervention was conducted over a period of three years (2002-04) in a phased manner covering three cohorts. In the first year, *mandals* were formed and

activities initiated in 10 villages, five in each district of Ahmedabad and Vadodara. In each of the subsequent two years, the programme was expanded to an additional 10 villages, such that by 2004, activities had been undertaken in a total of 30 villages and had attracted a total membership of some 750 girls.

Villages were selected from three *taluka* of Ahmedabad district (Dholka, Sanand and Daskroi) and two from Vadodara district (Sankheda and Jetpur Pavi). Villages were listed by population size, and those estimated to contain fewer than 50 adolescent girls in the ages 13-19 were excluded. From the remaining villages, SEWA selected villages purposively on the basis of interest expressed by community members, and more specifically members of SEWA, the availability of a local woman who could serve as a *sahayika* (group coordinator) and the availability of a room in which *mandal* members could meet and activities could be conducted.

The intervention effectively lasted 18 months for each cohort. However, due to political unrest in the state in 2002, the activities of the first cohort (2002) were disrupted for some months; as a result, the activities of the 2002 and 2003 cohorts took place at roughly the same time and pace, and by mid-2004, both cohorts had completed the 18-month intervention.

In order to measure the effectiveness and acceptability of the intervention, a pre- and post-intervention assessment design was adopted. While a quasi-experimental design would undoubtedly have been preferable for a more scientific assessment, the fact that the control group would not have immediate access to intervention activities

following the baseline survey raised serious ethical concerns for SEWA. SEWA partners argued that the conduct of the survey itself would raise expectations among girls and within the community, which would need to be met in the short term rather than following the successful completion of the project. Taking into account these concerns, a pre- and post-intervention assessment design was considered appropriate.

Since the intervention took place in a phased manner, baseline assessments for girls joining the *mandals* in the first two years of the programme (the 2002 and 2003 cohorts) were conducted prior to their joining the *mandal* (N = 418). The endline survey for these cohorts was conducted in 2004 at the conclusion of the intervention. The girls who joined the *mandal* in 2004 (the third cohort) constituted the “control group” and were interviewed just before they joined the *mandal*. Admittedly, this design represents a significant methodological limitation in that it was not possible to control the extent to which factors exogenous to the intervention may have influenced changes in the lives of the respondents.

Adolescents interviewed at baseline were matched with their endline responses to enable the measurement of the effectiveness of the programme. Efforts were made to follow up and re-interview all those who participated in the baseline survey, including those who had got married and/or moved away. Of the 418 girls interviewed at baseline (2002-2003), we were able to follow up and re-interview 375 girls at endline (2004), that is, a follow-up rate of 90 percent. In addition, we interviewed a total of 275 girls about to join the intervention programme in

2004, who formed the “control group” as described above. Finally, in order to enhance our knowledge of the perceptions and experiences of the adolescent girls who took part in the intervention, 60 in-depth interviews (30 each in Ahmedabad and Vadodara) were also conducted.

Clearly, this was a self-selected sample of girls who opted to participate in the *mandals*. In order to explore the selectivity of the sample, we compared the characteristics of the respondents with other girls in the selected villages. Findings (not shown in tabular form) suggest that girls who opted to take part in the

intervention were not significantly different from girls in their villages in terms of mean age, educational attainment and marital status.

The survey questionnaire covered a range of topics, including family background, education attainment and work status, gender role attitudes, mobility and decision-making, self-efficacy, and reproductive health knowledge. The endline survey was identical to the baseline survey, with the inclusion of additional questions pertaining to *mandal* members' experiences of and the extent of participation in intervention activities.

Profile of adolescents' lives

This chapter provides a profile of the lives of the adolescent girls who participated in the *kishori mandal* activities. The baseline survey included questions related to education of parents, living arrangements, living conditions and religion. Individual characteristics of the respondents were explored at length, and included questions on education, marital status, work status, participation in decision-making, self esteem, mobility, gender attitudes, attitudes towards domestic violence, and reproductive health knowledge.

Household profile of respondents

Table 2.1 describes the household and living arrangements of the members of *kishori mandals*. The economic status of the family is gauged by housing quality indicators as it was not possible to obtain reliable information on household income from respondents. Data suggest that the majority of girls came from resource-poor households: while about 9 out of 10 households had electricity, only half of all respondents lived in *pucca* structures (roof, walls and floor made of permanent material) and one third had toilet facilities within the home. About 81 percent of the fathers of respondents were literate as compared to 37 percent of their mothers. The majority of respondents lived with both parents.

Although the programme was instituted with the support of SEWA members, it was open to all adolescent girls and not only the daughters of SEWA members. Findings indicate that only about half of all girls reported that their mothers were members of SEWA (see Table 2.1).

Table 2.1:

Household profile of respondents, baseline survey

Background characteristics	Percentage
Number of respondents	418
<i>Economic status of the family</i>	
Lives in <i>pucca</i> house	50.9
Has electricity	86.6
Has toilet facilities	32.3
<i>Religion</i>	
Hindu	87.3
Muslim	12.6
<i>Survival status of parents</i>	
Mother alive	96.6
Father alive	94.0
<i>Co-residence with both parents</i>	88.5
<i>Parental literacy levels *</i>	
Mother literate	37.1
Father literate	80.7
<i>Mother is SEWA member</i>	56.2

*Questions on mother's and father's literacy were answered by only 404 and 393 respondents, respectively.

Socio-demographic profile of respondents

A socio-demographic profile of all *kishori mandal* members is provided in Table 2.2. The age distribution of the members indicates that girls of all ages (between 13 and 19 years) participated in the intervention—about one-third each of all members were in the ages 13-14, 15-16 and 17-19.

Although the intervention targeted all girls aged 13-19, irrespective of whether they were in or out of school, or married or unmarried, the large majority—97 percent of girls who participated in the programme—were either unmarried, engaged to be

married or married but had not yet had their *gauna*.¹ As can be seen from Table 2.2, only 3 percent of the married girls joined the *mandal*; another 7 percent were married but as their *gauna* had not been performed, they continued to reside in their natal home; and 17 percent were engaged. Apparent from our field experience is that married adolescents were not only uncomfortable joining in activities together with the unmarried, but were also more secluded and more likely to cite housework responsibilities than unmarried adolescents, and for all of these reasons unlikely to join the *mandals*.

The economic activity profile suggests that a large percentage of girls were engaged in some economic activity in the last 12 months, which was generally seasonal and comprised unpaid work on the family farm and caring for family livestock. Few adolescents were engaged in wage earning activities, primarily working as agricultural labour or engaged in home-based embroidery work.

Information on schooling of girls suggests that no more than 62 percent had completed Class 6, a level that is generally completed by age 12. Only about a third of girls were in school at the time of the survey, nearly 9 percent had never been to school and the rest had some schooling but had dropped out. A comparison of our findings with those reported for Ahmedabad and Vadodara districts (see Table 1.1) suggests that out-of-school adolescents were over-represented among *mandal* members.

Clearly, many adolescents combined schooling with work. Of those girls who were school going at the time of the survey, over two-thirds reported that they were also engaged in work, largely on the family farm. On the whole only 10 percent of all *mandal* members were exclusively in school. Also notable is that some one quarter of all *mandal* members were neither in school nor working at the time of the baseline survey, a phenomenon also observed among adolescent girls in Pakistan (Sathar et al., 2003).

A range of reasons were cited for discontinuing schooling, as reported in Table 2.2. Half the girls indicated that they discontinued schooling because they were required for household chores, including fetching fuel or water (34%) or work on the family farm (16%). About one in five reported that her parents disapproved of schooling for her, and a similar percentage reported that she dropped out after failing her exams. Finally, some 15 percent reported discontinuing school because it was too far away and some 9 percent because of a dislike for school. By and large, reasons cited are similar to those cited more generally among girls aged 6-17 in rural Gujarat (IIPS and ORC-Macro, 2001).

Agency of adolescent girls

Although gender role socialisation begins at birth, an increasingly sharp differentiation of roles, behaviour and expectations is observed to occur at the onset of puberty (NRC and Institute of Medicine, 2005).

¹ As many girls marry before the onset of puberty, the *gauna* ceremony marks the initiation of cohabitation in marriage and a shift in residence for the bride from the natal to the marital home.

Table 2.2:
Socio-demographic profile of respondents, baseline survey

Socio-demographic characteristics	Percentage
Number of respondents	418
<i>Age</i>	
13-14	35.6
15-16	32.0
17-19	32.3
<i>Marital status</i>	
Married	2.6
Married, no gauna	6.7
Engaged, not married	17.2
Unmarried	72.7
Separated/divorced/widowed	1.0
<i>Economic activity</i>	
Engaged in paid/unpaid economic activity in last 12 months *	64.5
<i>Education</i>	
Never been to school	8.6
Still in school	35.2
Dropped out of school	56.2
Completed Class VI (of those who ever attended school)	61.7
<i>Current activity status: schooling and work</i>	
Never attended school, currently working	5.5
Discontinued school, currently working	34.6
In school and currently working	24.4
In school only	10.7
Discontinued school and not working	21.5
Never attended school and does not work	3.1
<i>Reason for discontinuing school**</i>	
Domestic responsibilities	34.0
Poor performance in school	20.0
Family did not permit her to continue	17.0
Was needed at the family farm/business	15.7
School is very far	14.8
Respondent herself did not want to continue in school	8.5

* includes unpaid work on the family farm or wage earning activity (agricultural labour or home-based work).

** Among those who have discontinued school (N=235). Figures do not total 100 because of multiple responses.

What is apparent from the few available studies is that with the onset of puberty restrictions are placed on the mobility and public participation of young girls (Jejeebhoy and Sebastian, 2004). Consequently their peer networks shrink and legitimate spaces in which they can assemble become scarce. Gender double standards and power imbalances shape young girls' lives and undermine their ability to make informed choices or decisions.

Our survey operationalised agency to encompass a number of dimensions including decision making, whether the adolescent had money saved, social skills and self-esteem, mobility, gender role attitudes, attitudes towards violence against women, awareness of reproductive health matters and familiarity with safe spaces where girls can meet and spend time with friends. Adolescents were asked a range of questions relating to each dimension of agency, and indices have been created that provide a summary measure of each dimension. Similar measures and indices have been used elsewhere to assess agency among women (see for example, Jejeebhoy and Sathar, 2001; Kishor, 2000; Mason et al., 1995) and adolescent girls (Levitt-Dayal et al., 2003; Mensch et al., 2004; Sebastian, Grant and Mensch, 2004). What follows is a description of the construction of each of these indicators and the pre-intervention levels of agency reported by adolescent girls.

Decision making

Using the baseline survey, an index was constructed to represent personal decision-making. Respondents

were asked 10 questions about personal decision-making, each measured by a four-point scale.

Questions capture diverse aspects of girls' lives including friends, housework, health and purchases.

A principal component factor analysis grouped five items together, as described in Table 2.3.

The responses to these five questions were coded to be positive (ranging from 0 if the respondent disagreed strongly with the statement to 3 if she agreed strongly) and summed, creating an index of personal decision-making (Cronbach's alpha=0.618) ranging from 0 to 15. The findings, shown in Table 2.3, indicate the relatively limited decision making autonomy of the girls in matters regarding their personal lives: just about one in four strongly agreed that they could meet whomever they liked, and two in five strongly agreed that they could decide about their own health or purchase of clothes.

Savings

In order to assess the extent to which girls have access to resources, the survey inquired about whether the respondent had any money saved from wages and/or from gifts or pocket money, and if so, whether they owned a bank account. Fewer than half of all respondents reported that they had savings (42%). Of those who reported that they saved, 76 percent indicated that they saved regularly. However, only 25 percent reported that they held a bank account, usually jointly with a parent or another adult, as minors are not entitled to hold single accounts in their name.

Table 2.3:
Adolescent girls' decision-making on personal matters, baseline survey

Statement	Percent reporting
Number of respondents	418
<i>I can decide who my friends will be</i>	
Disagree strongly	19.9
Disagree somewhat	5.7
Agree somewhat	13.4
Agree strongly	61.0
<i>I can decide what clothes should be bought</i>	
Disagree strongly	18.7
Disagree somewhat	6.5
Agree somewhat	35.9
Agree strongly	39.0
<i>I decide on my own health</i>	
Disagree strongly	26.1
Disagree somewhat	12.4
Agree somewhat	22.0
Agree strongly	39.5
<i>I can meet whoever I like</i>	
Disagree strongly	41.4
Disagree somewhat	7.2
Agree somewhat	23.7
Agree strongly	27.8
<i>I can decide what housework I will do</i>	
Disagree strongly	23.4
Disagree somewhat	5.7
Agree somewhat	17.2
Agree strongly	53.6
<i>Mean score on decision-making index</i>	9.2 (3.79)*
<i>Cronbach's alpha</i>	0.618

*Standard deviation

Self-perceptions

In order to measure adolescents' perceptions of themselves and their abilities, a series of 21 questions and statements were posed, regarding their ability to communicate with others, assert their opinions and perceptions of whether they were important to, and able to connect with, family and friends; each question or statement was measured by a three-point scale. A principal component factor analysis provided two important factors: one reflecting self-esteem and the other reflecting social skills, as shown, respectively, in Tables 2.4 and 2.5.

Self-esteem

One of the factors grouped five items together, as described in Table 2.4; these items capture respondents' self-esteem in terms of opinions of the extent to which they were important to family and friends, and whether or not they considered themselves to be a failure. Responses on these five statements were coded to be positive (ranging from 0 if the response suggested low self-esteem to 2 if it suggested high self-esteem) and summed, creating an index of self-esteem (Cronbach's alpha=0.531) ranging from 0 to 10. The findings, shown in Table 2.4, reflect some amount of self-esteem. Of a maximum score of 10, typically, girls scored 7.3. While girls did appear to feel important within their families and peer networks, it is notable that one third considered themselves to be failures, almost one third perceived that their parents did not respect their opinions and almost one quarter felt that they were not important.

Table 2.4:
Adolescent girls' self-esteem, baseline survey

Statement	Percent reporting
Number of respondents	418
<i>I feel important to my friends</i>	
Disagree	15.6
Neutral	4.8
Agree	79.7
<i>I feel as important as other family members</i>	
Disagree	17.7
Neutral	3.4
Agree	79.0
<i>I feel that I am not important</i>	
Agree	23.2
Neutral	6.5
Disagree	70.3
<i>My parents respect my opinion</i>	
Disagree	30.9
Neutral	6.2
Agree	62.9
<i>I feel that I am a failure</i>	
Agree	32.1
Neutral	9.1
Disagree	58.9
Mean score on self-esteem index	7.3 (2.47)*
Cronbach's alpha	0.532

*Standard deviation

Social skills

Another factor grouped eight items together as described in Table 2.5: these items capture respondents' ability to make friends, express ideas, assert opinions, communicate and take initiative. Responses to these eight questions were coded to be positive (ranging from 0 if the respondent reported

Table 2.5:
Adolescent girls' social skills, baseline survey

Statement	Percent reporting
Number of respondents	418
<i>I can make new friends</i>	
Never	12.4
Sometimes	39.5
Most of the time	48.1
<i>I can express my ideas to others</i>	
Never	34.0
Sometimes	43.1
Most of the time	23.0
<i>I can convince people about what I believe in</i>	
Never	28.0
Sometimes	50.7
Most of the time	21.3
<i>In cooperating with others, I am</i>	
Not good	14.8
Average	76.8
Very good	8.4
<i>In listening to others, I am</i>	
Not good	19.6
Average	73.4
Very good	6.9
<i>In making myself understood, I am</i>	
Not good	29.0
Average	65.3
Very good	5.7
<i>In asserting my opinion, I am</i>	
Not good	34.0
Average	63.2
Very good	2.9
<i>In initiating group activities, I am</i>	
Not good	50.2
Average	46.9
Very good	2.9
Mean score on social skills index	7.0 (2.77)*
Cronbach's alpha	0.722

*Standard deviation

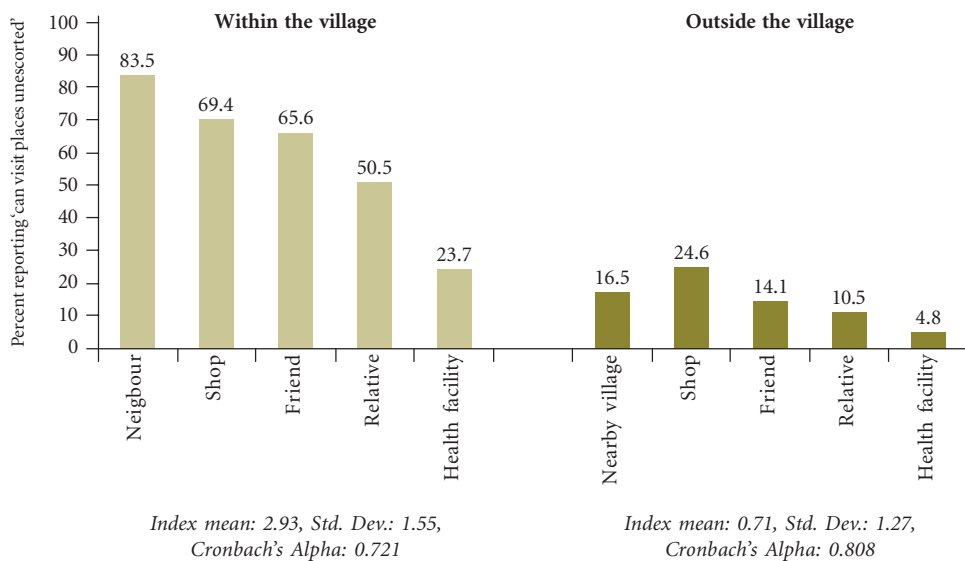
that the statement never applied to her to 2 if it applied to her most of the time) and summed, creating an index of social skills (Cronbach's alpha=0.721) ranging from 0 to 16. The findings, shown in Table 2.5, suggest that adolescent girls have limited social skills. On a maximum score of 16, the mean was 7; only half agreed that they could make friends most of the time, only one in five that they could express ideas or convince people of their beliefs, and fewer than 10 percent that they were very good at listening to or cooperating with others, asserting an opinion or initiating group activities.

Mobility

Mobility was measured in terms of reports of adolescents regarding their freedom to visit a number of places unescorted. A range of places were selected, within and outside the village, both easy and more

difficult to access, and included a total of some 11 places. A principal component factor analysis provided two important factors: one reflecting mobility to visit places within the village and the other, outside the village. Each index of mobility grouped five items together, as described in Figure 2.1. Responses on each of these locations were coded as 0 if the respondent reported no mobility and 1 if she was free to visit the place unescorted; values were summed, creating two indices of mobility within and outside the village (Cronbach's alpha=0.721 and 0.808 respectively), each ranging from 0 to 5. Findings underscore the extent to which mobility is constrained: even within the village, girls could typically visit only 2.9 of 5 places unescorted; one third could not even visit a friend or go to a shop unescorted and 17 percent could not even visit a neighbour unescorted. Mobility to visit places outside

Figure 2.1:
Adolescent girls' mobility, baseline survey



the village is, as expected, highly constrained with an average score of less than 1.

Gender attitudes

Gender attitudes were measured in two ways: through responses to a series of statements on gender role attitudes and on attitudes to violence against women.

Gender role attitudes

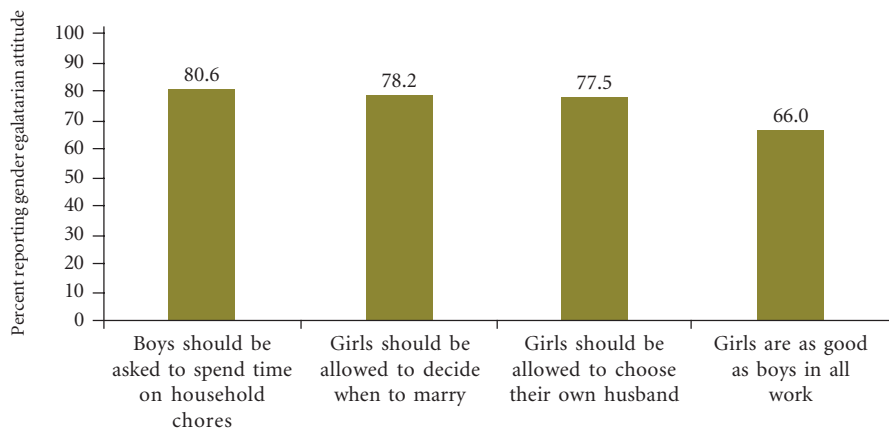
In the survey, a total of 11 statements were posed to respondents that related to attitudes pertaining to issues of immediate relevance to the lives of girls. A principal component factor analysis grouped four items together. Figure 2.2 describes each of the four statements posed. Responses were coded to be positive (0 if the response suggested a gender inequalitarian attitude, 1 if the respondent suggested an egalitarian attitude) and summed, creating a gender role attitude

index (Cronbach's alpha=0.462) ranging from 0 to 4. While findings, shown in Figure 2.2, suggest that traditional gender role attitudes were indeed questioned by girls (mean score of 3 of a possible 4), it is clear that not all girls espoused egalitarian attitudes; one third believed that boys are superior to girls at work, and about one in five believed that boys should not spend time on housework and that girls should not be permitted to decide on their own marriages.

Attitudes towards domestic violence

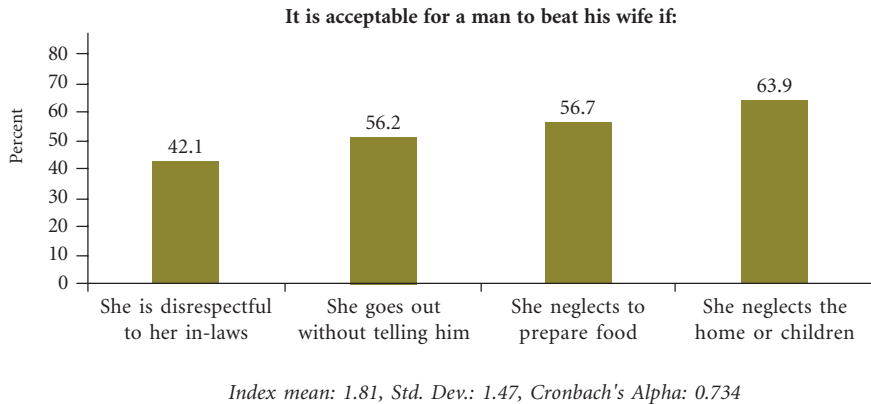
Studies in India have reported that a large proportion of women justify wife-beating (IIPS and ORC-Macro, 2000; Jejeebhoy, 1998). In the survey, a total of eight statements were posed that sought girls' responses on situations that justified wife-beating. A principal component factor analysis grouped four items together; Figure 2.3 describes each of the four items

Figure 2.2:
Adolescent girls' gender role baseline survey



Gender role attitude
Index mean: 3.0, Std. Dev.: 1.05, Cronbach's Alpha: 0.462

Figure 2.3:
Adolescent girls' attitudes towards domestic violence, baseline survey



posed. Responses were coded as 0 if the response justified wife beating and 1 if it did not, and values were summed (Cronbach's alpha=0.734); the index of attitudes justifying domestic violence therefore ranges from 0 to 4. As in the gender role attitude index, we find that attitudes are fairly traditional. Indeed, about two thirds of all girls agreed that wife beating was justified if a woman neglected the home or children and over half agreed that it was justified if a woman goes out without telling her husband or neglects to prepare food (56-57 percent).

Awareness of reproductive health issues

The survey inquired about awareness of reproductive health matters, including HIV but largely relating to pregnancy and contraception. Findings are reported in Figure 2.4.

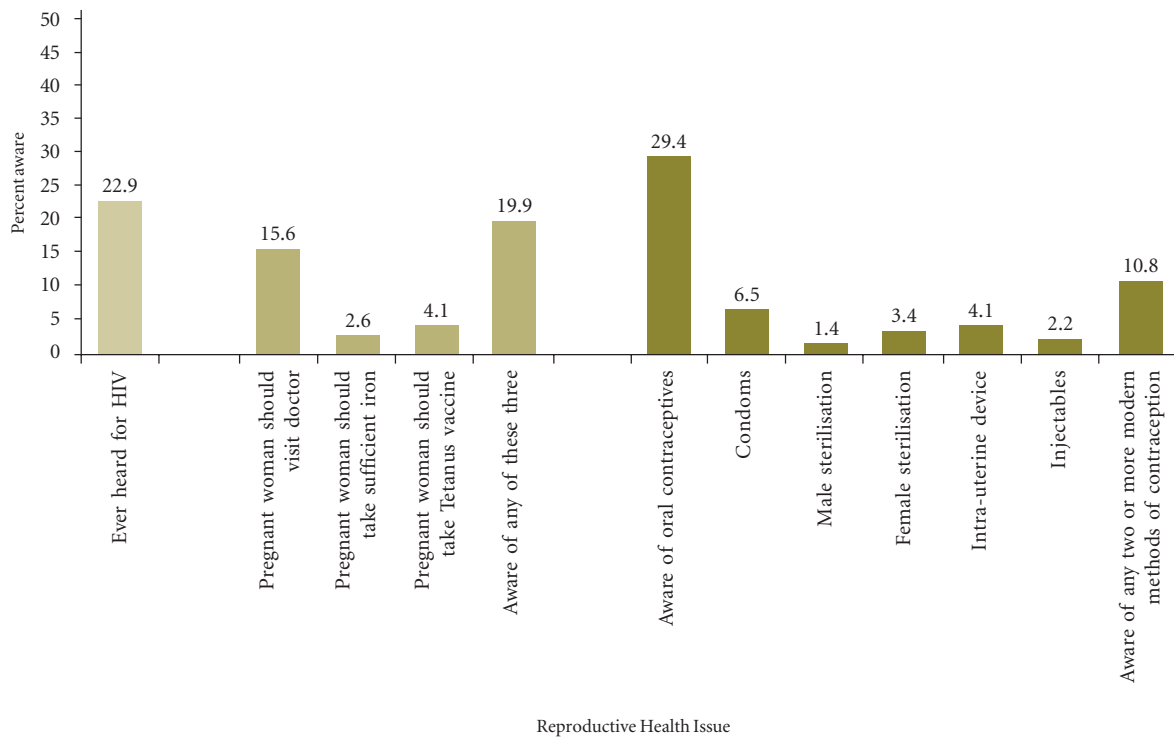
In general, adolescents tended to be poorly informed about reproductive health matters. For example, fewer than one in four had ever heard of

HIV or was aware of a single aspect of pregnancy-related care (the need for antenatal care, immunisation or iron supplementation). Likewise, awareness about various modern contraceptive methods was limited. For example, while 29 percent were aware of oral contraceptives, awareness of other methods was reported by fewer than 10 per cent of all respondents; indeed, only 7 percent were aware of condoms, a method known to be suitable for youth.

Familiarity with safe spaces for girls to meet

Finally, the survey inquired about whether girls were aware of any space in their village where they could meet and spend time with friends. As hypothesised, our findings suggest that adolescents have few safe spaces in which they can meet. The responses indicate that few adolescents could identify such a place: indeed, 88 percent of the girls reported that they were not aware of any space where unmarried girls could congregate (not shown in tabular form).

Figure 2.4:
Adolescent girls' awareness of reproductive health, baseline survey



Summary

Our findings in general confirm the limited agency of and opportunities available to adolescent girls.

Not only were large proportions withdrawn from school or engaged in unpaid family work, but also

their agency - mobility, decision-making, self-esteem, social skills, access to information and even expression of egalitarian attitudes - was disturbingly limited.

Kishori mandal activities: The intervention

As mentioned earlier, the intervention was group-based and was a response to the needs expressed by SEWA members for programmes for adolescent girls. Prior to initiating activities, meetings and discussions were held at the community level with women and their daughters, informing them about the objectives of the intervention and plans to form *kishori mandals*, and to discuss the kinds of activities to be conducted. All adolescent girls, married, unmarried, in school or out of school, were invited to join the *mandals* (see Chapter 1 for details on formation of *mandals*).

The groups

Ten groups were established each year, over a period of three years (2002-04) by team leaders of SEWA, equalling a total of 30 groups. Each group comprised 15-30 adolescent girls aged between 13-19, and was facilitated by a group coordinator or *sahayika*. *Sahayikas* were literate adult women drawn from the community. Prior to the initiation of groups, *sahayikas* underwent a training programme conducted by SEWA coordinators. Training focused on the objectives and approach of the programme, the importance of working with adolescents, and critical issues faced by adolescent girls. It also apprised *sahayikas* about their own roles and familiarised them with group mobilisation activities, and the importance of building and maintaining rapport with the girls and their parents. Group coordinators also learnt about the broader philosophy and goals of SEWA; its organisational strategies, and ways of integrating the adolescent programme within other SEWA

activities; basic pedagogic skills and methodologies; health-related training, including knowledge of changes during adolescence, primary health care and first aid, dealing with illnesses and the need for a balanced diet; and savings training including knowledge about the functioning of a bank, and insurance and saving schemes.

Group coordinators met approximately once a month to share experiences and problems. At these meetings they reported progress, and discussed the content of training and teaching methodologies, and reported problems. Mid-project and refresher training was also conducted by both SEWA's own trainers as well as by external resource persons.

By and large, *sahayikas* held *mandal* meetings in their own homes. *Sahayikas* made home visits to those who attended irregularly, in order to follow-up with the girl and her mother and try to help overcome any obstacles inhibiting regular attendance. *Sahayikas* were responsible for the day-to-day activities of the *mandal* as well as for coordinating other aspects of the programme with SEWA project coordinators.

The *kishori mandals* met 3-4 times a week for about two hours under the supervision of the group coordinators. It was essential that *mandal* timings were flexible and determined jointly with the girls; hence *mandals* met at a time that was convenient to all, that is, that allowed girls to fulfil their other obligations, including fetching water and firewood for the family, farm work or school.

Content of the intervention

The 18-month intervention included three broad areas: (a) basic training for adulthood; (b) exposure to the outside world; and (c) vocational skill training. Although each *mandal* adopted its own timetable and pace, the first two components were undertaken, by and large, during the first half (nine months) of the intervention and the vocational skill building component in the second half; *mandals* continued to meet over the entire 18-month period.

Basic training for adulthood

SEWA opted not to develop a special curriculum for adolescent girls but rather, to implement the training programmes already devised for their adult members. Therefore, modules were not developed to specifically suit the needs of the adolescent girls. All *mandal* members were provided basic training by *sahayikas* as well as specialised training by resource persons from SEWA.

Groups completed both the basic and specialised components within the first half of the intervention period. Basic training included a number of routine activities organised to encourage girls to read and increase their awareness of the world around them. Activities included building general knowledge and creating awareness by providing information on aspects of history, science, and geography; reading and contributing to a magazine for girls (*Akashganga*) developed by and for adolescent girls at SEWA, and reading a magazine produced by SEWA for their adult members (*Anusuya*); and engaging in leadership development activities and games. *Mandals* also provided an opportunity to celebrate festivals and

national days, and while doing so, to better understand their history and context. (In view of the communal tension in the state, this activity sought to enable girls to understand and accept the festivals of other communities as well as their own.) Girls who could read and write took on the task, moreover, of imparting basic literacy skills to those who were illiterate. In some *mandals*, girls requested and were provided crafts training and worked on preparing wall decorations, floor mats, and letter-holders from waste material during *mandal* meetings. By and large, these activities were conducted by the *sahayika* herself.

More specialised training was also provided, that aimed at providing the skills necessary for young women's personal lives and agency as well as for rural life. The objective of the training was to equip girls with basic awareness of new agricultural technologies as well as health, savings and other issues considered key for adult life in the agricultural settings from which they came. Typically, these specialised sessions were conducted by a SEWA resource person who could give detailed information to the girls and involve them in practical hands-on experience, wherever possible. SEWA is of the view that all girls must be prepared to lead rural lives and therefore some awareness of simple and effective measures to maximise agricultural output is important.

These training activities were offered in modular form in the course of *mandal* meetings, and focused on such topics as:

- The history and philosophy of SEWA, covering women's economic contribution, and the principles of SEWA, including the role of

cooperatives, SEWA's successful milk and other co-operatives and other initiatives in this field.

- General and adolescent health, including such issues as nutrition, physical changes during adolescence, hygiene during menstruation and family planning methods.
- Leadership development, focusing on the characteristics of a leader, and including exercises in confidence building.
- Forestry and nursery raising, highlighting the importance of conservation and the sustainability of forests as a resource, raising nurseries to grow plants and trees, and marketing of forest products. Hands-on experience was also facilitated, including clearing the land, and planting and nurturing saplings in the villages.
- Agriculture and animal husbandry, to expose girls to the different types of soil and protection of crops; fertilisers, pesticides and types of seeds; and the importance of hygiene of cattle, their feed, and protection against disease.
- Water management, including raising awareness about the importance of water, conservation, hygiene, methods of water purification, water-borne diseases, water harvesting and hand-pump repair.
- Financial literacy, focusing on the concept and importance of savings, asset building, money management, and the management of group savings and insurance. Information was also provided on the savings products available at the SEWA Bank and the various insurance schemes offered by SEWA.

Broadening horizons: exposure to the outside world

Exposure visits were organised to broaden girls' experiences beyond their own villages. Adolescents in each *mandal* visited post-offices and banks, notably the SEWA Bank, nearby cities, places of historic interest, local universities and technical institutes. They also visited SEWA's headquarters and its various units engaged in training, research, education, and communication, its video unit and its marketing arm and outlet for hand-made products. Finally, in order to promote networking and exchange of ideas between adolescents from the different *mandals*, SEWA organised exchange visits between *mandals* and an annual meeting in which girls from all *mandals* participated. These efforts to broaden horizons also served to increase confidence and self-esteem, and generate interest in and enthusiasm for learning new skills and availing of non-traditional opportunities hitherto unexplored.

Vocational skill training

A key feature of the intervention was to expand livelihood opportunities for adolescent girls and encourage them to gain skills in both traditional and non-traditional spheres. This component was undertaken in the second half of the intervention. To achieve these outcomes, SEWA coordinated with its own training facilities, as well as with other training organisations in the public and NGO sectors, including universities and hospitals, and identified potential training programmes to be conducted either at the village or training institution level. In addition, *mandal* members were asked to identify the nature of training they wished to undertake, and were encouraged to seek non-traditional options such as

computer programming skills and hospital attendant training. Based on the availability of training opportunities and the preferences of the adolescents, a set of courses was prepared and offered at locations and timings suitable to *mandal* members. Table 3.1 lists the courses, their duration and the number of girls who participated. While the majority of courses

were open to all *mandal* members, certain courses – computer training, hospital attendant and nursing – required a minimum level of education. Interested and qualified girls were required, moreover, to pass a written examination. Although this was a challenging task, 100 girls did succeed in enrolling for these training programmes, as seen in Table 3.1.

Table: 3.1:
Participation in livelihood training courses, adolescent girls

Course	Organised by	Duration	Number of girls trained
First Aid	Government Institute	6 days	28
Hand-pump repairing	Government Institute	6 days	18
Tailoring	SEWA; Government Institute	4-6 months	173
Embroidery	SEWA	1 month	30
Floor-mats and jute articles	SEWA; Government Institute	8-15 days	197
Leaf -cup making	SEWA	7 days–1 month	98
Agriculture	Government Institute	10 days	7
Vermi-composting	SEWA	5 days	40
Nursery plantation and nursery raising	SEWA	7 days–2 months	125
Mehendi (hand and foot painting with henna)	SEWA	4-7 days	76
Food preservation	Government Institute	6 days	110
Computer training	SEWA, Private College	10 days-2 months	63
Hospital attendant	Private hospital	6 months	26
Nursing	Government Institute	6 months	11

Acceptability and effectiveness of the livelihoods skill building intervention

The intervention was evaluated in two ways. Its acceptability was assessed through questions posed in the course of the endline survey that measured participants' recall of training modules as well as their reactions to participating in the *mandal*; these data were supplemented by adolescents' descriptions in the course of in-depth interviews. Its effectiveness in influencing girls' agency was measured through a set of indicators that reflected changes in mobility, savings, decision-making ability, social skills and self-esteem, gender role attitudes and attitudes to domestic violence, and awareness of reproductive health matters and of safe spaces for girls to meet.

In view of the asymmetrical study design described earlier (absence of a control group at baseline, but availability of one at endline), we focus in this chapter on two sets of comparisons. First we observe changes in agency among *mandal* members through pre- and post-intervention assessments. Second, we compare *mandal* members at the time of the endline survey with a group of adolescents not yet exposed to the intervention. Those not yet exposed to the intervention were members of the third round of the intervention; they came from 10 new villages in Ahmedabad and Vadodara, were aged 13-19 as in previous batches and were interviewed prior to the initiation of *mandal* activities. Thus, for purposes of our evaluation, this group serves as a control group at endline. A comparison of socio-demographic characteristics of similarly aged adolescents from earlier rounds and this group suggests that education, work and household socio-economic status profiles are comparable (see Appendix).

In order that our assessment covers adolescents of identical ages, this analysis is restricted to adolescent girls who were interviewed in both survey rounds. Further, as the control group (entrants to the third round of the intervention) was aged 13-19 at the time of the survey, we restrict our samples to adolescents aged 15-19 at the time of the endline survey. Consequently, we exclude 111 *mandal* members who were aged 20-21 at the time of the endline survey and 88 girls from the control group (for whom *mandal* activities were about to begin) aged 13-14. As a result of their exclusion, reports of agency indicators in Chapter 2 and this chapter are not identical.

Acceptability of the intervention

As noted above, the acceptability of the intervention was measured both in the endline survey and in a series of 60 in-depth interviews conducted with *mandal* members following the completion of the endline survey. In-depth interview respondents were selected to represent both those who attended any of the intervention programmes regularly and those who attended irregularly, those who were unmarried at the time of the endline and those who were married, and those who attended one or more vocational training courses and those who did not attend any.

For the most part, all girls were exposed to one or more modules of basic training and one or more exposure visits. In contrast, only 77 per cent of *mandal* members obtained training in one or more vocational skills. In the endline survey, adolescents were asked about their experiences with the *mandals*. Findings are reported in Table 4.1.

Of note is the finding that not all adolescents were equally exposed to *mandal* activities. Indeed, as observed in other interventions for young people, not all adolescents who participate in an intervention at its initiation continue to do so on a regular basis (Levitt-Dayal et al., 2003; Sebastian, Grant and Mensch, 2004). In response to a question posed at endline regarding regularity of attendance in *mandal* activities, less than half— 45 percent — reported regular attendance (3 or more days a week and participation in one or more vocational skills training programmes) (see Table 4.1). The remaining 55 percent had either discontinued attendance at some point during the intervention or reported sporadic attendance throughout. In-depth interviews with selected adolescents and reports maintained by *sahayikas* suggest that reasons for irregular attendance varied: some girls were not permitted by their parents to attend the meetings; some cited school or work pressures; others were required to fulfil domestic chores, work on the family farm or tend livestock; still others had married in the course of the intervention and left the village; and some were simply not interested in *mandal* activities.

In the endline survey, adolescents were asked to recall the basic training they had received. As is evident from Table 4.1, recall was relatively poor. For example, only about half could recall training relating to savings or health; at the other extreme, fewer than 25 percent could recall the content of training on such topics as the history and philosophy of SEWA, agriculture or the formation of milk cooperatives. As mentioned earlier, the training modules implemented were

virtually identical to those used by SEWA in their programmes for adult women, and may not have been of particular interest to adolescent girls.

Our endline survey also measured girls' overall assessment of their experiences. A number of statements (see Table 4.1) were posed and respondents were asked to indicate whether they perceived that the statement applied to them. The large majority (94 percent) reported that they looked forward to attending the *mandal*, and enjoyed being with their friends, playing games and singing songs at the *mandal*. Peer networks had also evidently expanded. Finally, exposure to the wider world and links of *mandal* membership to opportunities for vocational training were almost universally appreciated.

In-depth interviews reinforce the above findings. For example:

We used to read the Akashganga and learnt stitching... I also attended stitching classes in the kishori mandal for four months... [I can make a] bag, pillow cover, petticoat and frock. (age 15, unmarried, Ahmedabad)

I used to read the Akashganga. All the girls used to play Hide and Seek. Different "bens" [resource persons] gave us different trainings. They would organise one or two trainings a month... [on] water conservation, tree plantation, fruit preservation, making lemon squash, nursery raising, glass painting, pot making, etc. I have also taken training in hygiene. (age 21, unmarried, Ahmedabad)

Table 4.1:

Adolescent girls' attendance at the mandals, recall of training modules and reactions to participating in the mandals

	Percentage
Number of respondents	264
<i>Attendance at mandals</i>	
Regular (3-4 times a week)	44.6
Irregular (less than three times a week)	55.3
<i>Recall of basic training received</i>	
Savings	53.4
Health	52.6
Forestry/nursery raising	42.4
Water management	41.2
Insurance	35.9
History and philosophy of SEWA	23.1
Agriculture	19.3
Milk cooperative	15.9
<i>Reactions to mandal participation</i>	
I looked forward to going to the <i>mandal</i> every day	94.2
Playing games/singing was the best part of the <i>mandal</i>	93.9
The <i>mandal</i> gave me space to enjoy spending time with my friends	93.1
I have made many new friends in the <i>mandal</i>	83.3
My main reason for joining the <i>mandal</i> was so I could get vocational training	85.9
I enjoyed the exposure visits	84.0
I wanted to go the <i>mandal</i> every day and not stay at home	74.2

I liked to sit in the mandal...I used to like reading and also telling stories and playing games. (age 18, married, Vadodara)

I liked doing embroidery, patarala [leaf-cup] making and hand-pump repairing the most. I also like the computer training, which is going on right now. I like everything; in one way or the other everything will be useful. (age 19, unmarried, Vadodara)

Less appreciated were the basic training modules:

I was bored with the writing part of it... When the "outside" [resource persons] women would come, they would ask us to bring a notebook and pencil. That day I would avoid going to the mandal. (age 15, unmarried, Ahmedabad)

I wanted to stop going there [to the mandal] because some ladies come and ask us if we want to

learn stitching, and when we say yes they ... keep promising to start but never keep their promise. They don't teach us [vocational skills] and that makes me angry. Now I don't want to learn anything. (age 19, unmarried, Ahmedabad)

I did not like the way they read the Akashganga in one go. They should explain, only then is it of any use. And we get to learn things, and we feel good when reading about such things. If they read it this way there is no fun. I can read, but they need to explain to us the meaning of the story, only then can I understand. (age 19, unmarried, Vadodara)

Effectiveness of the intervention: Levels of agency

In order to capture the extent to which full versus partial exposure to the intervention influenced agency, we present findings separately for adolescents who reported that they participated regularly and irregularly. Indicators of agency assessed were identical to those described in Chapter 2, namely personal decision-making, whether girls had money saved, self-esteem, social skills, mobility within and outside the village, gender attitudes (including gender roles and violence), awareness of reproductive health matters and familiarity with safe spaces for adolescent girls. Table 4.2 presents pre- and post-intervention scores on each of these indices among adolescent *mandal* members separately for those who participated regularly and partially in *mandal* activities; t-tests report the significance of change from baseline to endline for all girls, and those whose participation was irregular and regular, respectively. Table 4.3 compares the control group of adolescents who were not yet

exposed to the intervention with those who participated in the intervention, and separately for those who participated regularly and those who participated sporadically; t-tests report the significance of differences between the control group and all *mandal* members, and those who attended irregularly and regularly, respectively.

As in all pre- and post-intervention comparisons, we acknowledge that it is impossible to attribute any changes observed in agency entirely to participation in the intervention as changes may have occurred as a result of exogenous factors and in the course of aging, for example. At the same time, a cross-sectional post-test only control group design comparing individuals who have undertaken a programme with a similarly aged group from different settings who were not so exposed cannot control for baseline differences in the two groups. And finally, as we are focusing on adolescents who opted to join the *mandals*, and not adolescent residents of each setting more generally, we acknowledge the potential selectivity of our study samples. As a result, our findings must be interpreted cautiously and are indicative rather than conclusive.

Decision-making

As described in Chapter 1, participation in the intervention was intended to build adolescents' ability to influence their own lives, pursue peer friendships and exercise choice, characteristics that tend to be denied to rural girls in this traditional setting. Pre- and post-intervention comparisons (Table 4.2) suggest that irrespective of regularity, participation in *mandal* activities had a strong influence on personal decision-

Table 4.2:
Changes in indicators of agency, pre- and post-intervention, by regularity of attendance, adolescents aged 15-19 at endline

Indicator	All adolescents		Attended irregularly		Attended regularly	
	All, aged 13-17 baseline (N=264)	All, aged 15-19 endline (N=264)	Aged 13-17 baseline (N=146)	Aged 15-19 endline (N=146)	Aged 13-17 baseline (N= 118)	Aged 15-19 endline (N=118)
Decision-making index (0-15)	9.1	11.0***	9.0	10.3***	9.3	11.8***
Savings	40.2	45.0	40.4	28.8*	50.8	54.2
Self-perception indices						
Self-esteem index (0-10)	7.4	8.4***	7.1	8.4***	7.7	8.4**
Social skills index (0-16)	7.0	8.1***	6.6	7.6***	7.5	8.7***
Mobility indices						
Mobility within the village (0-5)	2.9	3.2*	2.8	3.0+	3.2	3.3
Mobility outside the village (0-5)	0.7	1.3***	0.6	1.2***	0.7	1.3***
Gender attitude indices						
Gender role attitude index (0-4)	3.1	3.3*	3.0	3.1	3.1	3.5**
Attitudes towards domestic violence index (0-4)	1.8	2.3***	1.7	2.3**	1.8	2.4**
Awareness of reproductive health issues (% aware of)						
Contraceptive awareness (2 or more modern methods)	9.8	39.4***	6.2	37.7***	14.4	41.5***
Pregnancy-related awareness (at least one pregnancy-related practice)	20.1	49.2***	16.4	47.9***	24.6	50.8***
Knowledge of HIV	22.7	39.7***	13.7	26.0***	33.9	56.8***
Familiarity with safe spaces for girls to meet (%)	12.9	38.6***	10.3	28.1***	16.1	51.7***

Significance levels: *t*-tests compare baseline and endline scores for all mandat participants, and those who attended irregularly and regularly, respectively. +<=.10; *<=.05; **<=.01; ***<=.001

Table 4.3:
Comparison of indicators of agency, control and intervention groups at endline by regularity of attendance, adolescents aged 15-19

Indicator	Control Group (N=187)	Intervention Group (Endline)		
		Total (N=264)	Irregular (N=146)	Regular (N=118)
Decision-making index (0-15)	10.7	11.1	10.3	11.8**
Savings	48.7	45.0	28.8*	54.2
Self-perception indices				
Self-esteem index (0-10)	7.8	8.4**	8.4**	8.4**
Social skills index (0-16)	8.5	8.1(-)*	7.6(-)***	8.7
Mobility indices				
Mobility within the village (0-5)	3.3	3.2	3.0	3.3
Mobility outside the village (0-5)	1.5	1.3	1.2(-)*	1.3
Gender attitude indices				
Gender role attitude index (0-4)	3.2	3.3	3.1	3.5**
Attitudes towards domestic violence index (0-4)	1.8	2.3**	2.1*	2.4**
Awareness of reproductive health issues (% aware of)				
Contraceptive awareness (2 or more modern methods)	20.9	49.2***	37.7***	41.5***
Pregnancy-related awareness (at least one pregnancy-related practice)	32.6	39.7***	47.9**	50.8***
Knowledge of HIV	36.4	39.4	26.0 (-)*	56.8***
Familiarity with safe spaces for girls to meet (%)	33.7	38.6	28.0	51.7**

Significance levels comparing scores reported by the control group with those reported by mandal members who attended irregularly and regularly, respectively: +<=.10; *<=.05; **<=.01; ***<=.001

making for all girls. For all *mandal* members for example, the decision-making index increased from 9.1 to 11.0 (of a maximum of 15). It is notable that while pre-intervention differences between adolescents who participated regularly and irregularly were insignificant (9.0 and 9.3 respectively), following the intervention, those who participated regularly showed markedly higher levels of decision-making (11.8) than did those whose participation was more erratic (10.3).

Cross-sectional post-test only findings (Table 4.3) are less impressive, but do suggest that adolescents who participated fully in the intervention reported significantly higher levels of decision-making than other groups. Our findings suggest moreover the importance of complete exposure to the intervention; those partially exposed appear to report levels that are indistinguishable from those not exposed at all.

Savings

The intervention made efforts to encourage savings through modules emphasising the importance of savings, and providing information on available savings products and opportunities offered by SEWA to encourage savings. Even so, our findings suggest that the intervention did not succeed in enhancing savings; percentages who reported savings remained fairly static and, among those who participated intermittently, actually declined.

Self-esteem

Pre- and post-intervention comparisons (Table 4.2) suggest that participation in the intervention had a strong influence on enhancing levels of self-esteem for all *mandal* members, both among those who participated fully and those who participated sporadically. For all *mandal* members for example, mean scores on self-esteem increased significantly from 7.4 to 8.4 (of a maximum of 10). In this case, increases in self-esteem were identical for adolescents who participated regularly and irregularly.

Comparisons of agency of intervention participants and control group members are impressive. Adolescents who participated in the intervention, irrespective of intensity of participation, reported significantly higher levels of self-esteem than did those in the control group.

Social skills

Pre- and post-intervention comparisons (Table 4.2) suggest that social skills have indeed increased among both girls who attended irregularly and regularly. However, compared to the control group, differences

are not in the expected direction. Indeed, *mandal* members who participated regularly in the intervention report levels of social skills similar to those in the control group, while those who participated erratically report significantly poorer social skills (Table 4.3). While this is a somewhat disappointing finding, in-depth interviews do corroborate increases, following participation in the intervention, in social skills and notably the ability of girls to assert themselves. For example:

I now have the ability to think independently. When we say that we want to go to Ahmedabad, then no one refuses. Even when I ask my father he doesn't say no. (age 17, unmarried, Ahmedabad)

Yes, I can ask. Now I have the courage to talk to him [father]. Now I can also talk to the Sarpanch [headman] of the village. Earlier I could not talk with anyone. (age 18, married, Vadodara)

Earlier, when I went anywhere, I used to feel nervous but now I don't feel like that. Now after coming to SEWA I can speak. ... There is no difficulty in speaking to a new person. (age 17, engaged to be married, Ahmedabad)

Earlier I used to feel shy talking to my father so I used to cry. But now I can talk to him properly. (age 15, unmarried, Ahmedabad)

Mobility

The intervention aimed to increase adolescents' mobility in several ways. By providing a safe space and opportunities to meet daily, it legitimised to some extent the unrestricted movement of adolescents within the village. Its emphasis on exposing

adolescents to the world around them enabled girls to gain physical access to places beyond the village. And for many adolescents, training was conducted outside the village and required the use of public transportation and a level of mobility many had not previously experienced.

Using the two indices defined in Chapter 2 reflecting mobility as freedom to move around within and outside the village unescorted, Table 4.2 reports only modest increases in mobility within the village but significant increases in mobility to visit places outside the village for all respondents irrespective of intensity of participation in *mandal* activities. Surprisingly however, cross-sectional comparisons suggest that adolescents who participated fully and partially in the intervention reported only mildly different (and in both cases somewhat lower) levels of mobility than did those who were not exposed to the intervention at all.

In-depth interviews are somewhat mixed on the issue of mobility. Many adolescents reported their greater freedom of movement; some described participating in training activities in which they were required to stay away from the family and to fend for themselves for several days, and others described their increased confidence in navigating public transport on their own. Many however reported that their movements continued to be supervised and that they tended to be escorted to most places, as suggested in the following narratives:

If I want to go out with friends, my parents would allow me but I have to be back on time. (age 18, married, Vadodara)

No, I am allowed to go to the shop only in the village but not alone... I could come here only because "ben" is with us, otherwise they [parents] would not allow me. This is the custom in our village. There will immediately be talk about us, that we are going for outings alone even though we are young girls. (age 17, unmarried, Ahmedabad)

Gender attitudes

The intervention made significant efforts to break gender stereotypes, and activities emphasised the rights and value of women. For example, the magazines that the girls were given to read featured women's accomplishments, all training materials were designed from a women's perspective, and leadership training was provided that encouraged adolescents to question traditional gender double standards. The intervention also exposed adolescent girls to what is still perceived in rural India as "men's" work – testing the soil, repairing hand-pumps and using computers, for example. Indeed, the thrust of SEWA's activities reflect its commitment to women's issues and the establishment of gender equity, which was an integral part of the intervention.

As described in Chapter 2, attitudes were measured by way of both perceptions of gender roles and the acceptability of wife-beating. Findings suggest that gender attitudes have indeed become more egalitarian. Drawing on findings of both Tables 4.2 and 4.3, we conclude that gender role attitudes were, by and large, affected by regular – but not irregular — participation in the intervention. In contrast, attitudes justifying wife-beating have clearly changed for both groups. For example, with regard to pre- and post-

intervention scores, *mandal* members were significantly more likely to express attitudes disapproving of domestic violence at the time of the endline survey, irrespective of extent of participation in the intervention (Table 4.2). The comparison of the three groups at endline (Table 4.3) suggests that attitudes to wife-beating were significantly more negative among all intervention participants than among the control group, but particularly more negative among those who reported regular participation.

Reproductive health awareness

We measure reproductive health knowledge in three ways: the first assesses awareness of modern methods of contraception; the second assesses awareness of at least one component of antenatal care; and the third knowledge of HIV. We note that the module on reproductive health imparted in the course of the intervention aroused considerable interest and remained at endline one of the modules whose themes the largest percentage of *mandal* members could recall.

This interest is reflected in the finding that awareness of all three issues increased significantly from the pre- to post-intervention surveys, irrespective of regularity of participation in the

intervention. At the same time, cross-sectional evidence suggests that adolescents who participated in the intervention were significantly more likely than the control group to report awareness of contraceptive methods and antenatal care; in the case of HIV, it is only those who participated regularly in *mandal* activities who report significantly higher levels of HIV awareness.

Familiarity with safe spaces for girls to meet

Respondents were asked whether they knew of safe spaces where unmarried adolescent girls could meet. At baseline, fewer than one in six could identify such a place. By endline, this percentage increased significantly, not surprisingly, to 28 percent among those who participated irregularly in the intervention to 50 percent among those who participated regularly. Cross-sectional differences clearly establish that adolescents who participated regularly in the intervention were, moreover, significantly more likely than both those in the control group and those who participated irregularly to be aware of safe spaces. A range of safe spaces were mentioned: while the location of *mandal* activities was frequently reported, others, including the homes of friends and relatives, were also reported.

Summary and conclusions

Findings must be assessed keeping in mind the fact that the intervention was implemented in traditional rural settings of Ahmedabad and Vadodara districts that continue to be gender- and age-stratified. In such settings, mere participation in an intervention that takes girls out of the home and enables them access to new ideas and people is a significant achievement. While our findings are mixed, they suggest that a life and livelihoods skill building intervention programme for girls is acceptable to adolescents (and their parents), and can be implemented in rural settings. Our analysis also suggests that ensuring participation in livelihood interventions can enhance personal agency among adolescent girls, even in these traditional settings.

While there is considerable survey and qualitative evidence of the acceptability of the intervention, we must acknowledge that not all components of the intervention were equally internalised by participants. Recall of the content of several of the training modules was poor; in in-depth interviews, adolescents noted their lack of interest in several topics covered in the intervention and also their interest in several topics that were not covered, for example, issues regarding growing up and livelihood options. Nevertheless, what was universally appreciated was the opportunity to meet in a legitimate space on a regular basis, to visit new places and learn about life outside the village, and to acquire vocational skills. Even adolescents who expressed dissatisfaction with or could not recall the content of the training programmes enthusiastically endorsed

these aspects of the intervention. Indeed, it would appear that simply meeting on a regular basis facilitated the establishment of strong peer networks, which along with having access to the outside world and developing new skills became an empowering experience for secluded adolescent girls.

Findings suggest that several measures of agency have indeed been influenced by participation in the livelihoods intervention but reiterate that it is by and large *regular* and not *any* participation in *mandal* activities that is key. With few exceptions, our indicators of agency – decision-making, self-esteem, social skills, mobility, gender attitudes, reproductive health awareness and familiarity with safe spaces for girls to meet – have increased significantly among all adolescents who participated in *mandal* activities, irrespective of whether participation was regular or erratic. Changes are, however, more remarkable for those who participated regularly than those who did not.

Comparisons of adolescents who were exposed to the intervention and those who were not are not quite as positive. However, they suggest that adolescents who participated regularly – but not those who did not— also report significantly higher scores on most of these indicators than do those in the control group who had not been exposed to *mandal* activities. Of the eight sets of indicators measured, adolescents who were regularly exposed to the intervention showed significantly higher levels of agency on five broad areas including decision-making, self-esteem, gender attitudes, reproductive health

awareness and familiarity with safe spaces. Thus, our findings underscore the need for full participation in the intervention, a condition that is undoubtedly difficult to meet.

Finally, we must acknowledge that even though significant change may have been observed in these dimensions of agency, scores at endline continue to suggest, for the most part, low overall levels of agency; in other words, while agency has been enhanced in relative terms, in absolute terms, even using the indices we have created, agency continues to be limited.

To sum up, the findings of the study lead us to the tentative conclusion that the intervention made significant inroads into influencing agency among adolescent girls and providing them an initiative that they assessed, on the whole, to be useful and acceptable. Several lessons are evident.

First, efforts at up-scaling would need to address concerns regarding the applicability of some aspects of the training and the irregularity of participation in *mandal* activities by significant proportions of *mandal* members. The nature of findings call for the development and implementation of models whose design includes greater input from the participants, and whose content is suitably adapted to address the needs and interests of rural adolescent girls.

Second, findings suggest the need for longer term nurturing of adolescent girls than was possible in our livelihoods programme. It is not enough to simply equip girls with information and skills and

provide them leadership training. A longer-term perspective is needed that will enable girls to make effective use of their leadership and livelihood skills potential. This requires not only careful planning of the kinds of vocational skills that will be offered, but also a system of facilitating subsequent use of these skills or opportunities for employment. This may require efforts to place girls in appropriate employment, facilitate access to available programmes and resources to enable them to set up small businesses, facilitate savings mechanisms and finally overcome parental and community inhibitions about enabling girls to engage in economic activity.

Third, there is an urgent need for livelihoods programmes to focus more directly on building agency, developing social skills, reversing traditional gender role expectations and developing an orientation towards savings or controlling resources. Thus far, there has been an implicit assumption that exposure to new ideas and skills can itself build agency, and our findings have lent some support to this assumption. Our findings argue however for a more direct approach. Livelihoods models that include in their curricula components intended to develop peer group support networks, improve communication, strengthen negotiation skills and confront traditional gender norms and attitudes, and steer girls towards institutional savings mechanisms may have a stronger effect on building agency.

Fourth, it has become increasingly obvious that livelihoods interventions cannot afford to neglect the gatekeepers. The reality is that parents, community

leaders and even boys and young men continue to have a significant say in shaping girls' lives, and any attempt at enhancing girls' agency must simultaneously work from within (at the level of the individual girl) and beyond the girl herself (at the level of the gatekeepers). Programmes and awareness raising activities must be developed for gatekeepers (parents in particular) that not only build commitment to programmes for girls but also raise awareness of their social and economic potential.

Findings have clearly been constrained by methodological limitations discussed earlier. Given the lack of a quasi-experimental design, our conclusions have necessarily rested on three findings – that (a) measures of agency increased significantly among *mandal* members at the conclusion of the intervention; (b) measures of agency were significantly more advanced among regular *mandal* attendees than among those who attended irregularly or had not been exposed to the intervention at all; and (c) socio-demographic characteristics of adolescents in the intervention group at endline were by and large similar to those in the control group, thereby suggesting that agency levels may also have been similar among both groups at baseline.

While appreciating the practical difficulties of a real-life field situation, it is critical that assessments employ a rigorous quasi-experimental design, with in-built mechanisms to follow-up baseline

respondents over the ensuing period. Only this kind of assessment will unambiguously describe interventions that are effective and those that are not. Also required are designs that enable a longer-term perspective, that is, that enable conclusions about the exercise of agency in such life events as marriage, economic activity, control over resources and health seeking practices; and that address such issues as cost, and the potential for expansion and sustainability.

Our analysis has reiterated that the livelihoods approach can have important implications for building agency among rural adolescent girls in a patriarchal setting like India. It suggests however, that while current approaches may be *necessary* for expanding agency and life choices for adolescent girls, they are not *sufficient*. At the level of the adolescent girl, interventions must be acceptable enough to warrant regular participation. Interventions must moreover make efforts to facilitate use of skills or entry into employment on the one hand, and to build leadership skills and overturn traditional gender role attitudes on the other to reinforce agency building. At the same time, efforts must not remain limited to girls themselves but must include their gatekeepers, notably parents. Finally, however, pending a more rigorous assessment of programmes, we must acknowledge that lessons learned about what works and what does not remain in the realm of *promising* rather than *best* practices.

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APPENDIX

Socio-demographic profile of respondents at endline and the control group

	Endline (N=264)	Control (N=187)
<i>Age</i>		
15-16	39.0	42.7
17-18	45.8	42.7
19	15.1	14.4
<i>Education</i>		
Never been to school	6.4	2.1
Still in school	15.5	19.2
Dropped out of school	78.0	78.6
<i>Current activity status of girls</i>		
Never attended school, currently working	3.0	1.0
Discontinued school, currently working	35.2	34.7
In school, currently working	4.9	5.3
In school only	10.6	13.9
Not in school and not working	46.2	44.8
<i>Mother is SEWA member</i>	51.8	20.8
<i>Socio-economic status of the family</i>		
Lives in pucca house	41.6	35.8
Has electricity	88.2	92.5
Has bathroom	38.6	49.2
<i>Religion</i>		
Hindu	85.9	85.0
Muslim	14.0	13.3
<i>Survival status of the parent</i>		
Father alive	94.3	95.7
Mother alive	96.9	97.8
<i>Co-residence with both parents</i>	68.9 #	92.5
<i>Parental literacy levels</i>		
Father literate	87.0*	75.4**
Mother literate	52.7***	49.1****

Questions on paternal and maternal literacy were answered by 249* and 256*** respectively in the endline and 179** and 183**** in control.

The difference is because some girls who married over the course of the intervention are not currently residing with their parents.



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