

Understanding the lives of adolescents and young adults (UDAYA) in Bihar, India



Executive Summary

2016



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Authors' contributions:

KG Santhya conceptualized the study, participated in its design and implementation, guided data analysis, wrote the report, and made critical revisions and finalized the report. Rajib Acharya conceptualised the study, participated in its design and implementation, and provided technical support during data analysis. Neelanjana Pandey conducted most of the data analysis and provided technical support to field implementation. Santosh Singh managed field implementation and contributed to data management and analysis. Shilpi Rampal contributed to field implementation, data management and analysis. A J Francis Xavier contributed to data management. Ashish Kumar Gupta contributed to data management.

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Adolescents in ages 10–19 constitute one-fifth of the Indian population, and, globally, every fifth adolescent lives in India. India has articulated its commitment to protect and promote the health and rights of adolescents and meet their development needs through numerous policies and programmes, which are being implemented over the course of this century particularly. Despite these commitments, Indian adolescents and youth are, for the most part, unprepared to meet the needs of a globalising world—few complete high school, the quality of education received by many is poor, many lack livelihood skills and employment opportunities, the health of many is compromised, and gender gaps and gaps between the socio-economically disadvantaged and advantaged persist. Therefore, there is clearly a need for a commitment to ensure that promises made in policies are translated into reality for adolescents, that programmes do indeed reach adolescents, that the scope and content of the programmes are expanded, and that promising lessons are assimilated and scaled-up.

Major gaps in data on adolescents pose one of the biggest challenges in promoting their rights. The absence of longitudinal data that are essential to understand the factors that *determine* rather than those that *are associated with* healthy transitions from childhood to adolescence and adulthood and successive cross-sectional data that are important to establish the levels of key markers of these transitions at various points in time have thwarted the designing of optimal programmes as well as rigorous assessment of the reach and effectiveness of on-going programmes.

The programme of research titled, '**Understanding the lives of adolescents and young adults (UDAYA) in Bihar and Uttar Pradesh**', implemented by the Population Council, seeks to fill these gaps in evidence. The goal of UDAYA is to establish the levels, patterns, and trends in the situation of younger (10–14) and older (15–19) adolescents and assess factors that influence the quality of transitions they make. The specific objectives of UDAYA are: (1) to explore the situation of adolescents, with a focus on assessing the extent to which both younger and older adolescents have acquired a set of assets that can help them make a healthy, safe, and successful transition from adolescence to young adulthood in the states of Bihar and Uttar Pradesh; (2) to describe the extent to which the situation of adolescents has changed over time; and (3) to assess factors that determine the accumulation or loss of assets and the quality of transitions from adolescence to young adulthood.

UDAYA uses both cross-sectional and longitudinal designs and focuses on unmarried boys in ages 10–14 and 15–19, unmarried girls in ages 10–14 and 15–19, and married girls in ages 15–19 in both rural and urban settings in Bihar and Uttar Pradesh. These two states together constitute 25 percent of the country's population and adolescents in these states account for 29 percent of the country's adolescent population. This report focuses on the findings from the first round of cross-sectional surveys of adolescents conducted during January–July 2016 in Bihar. A total of 10,433 interviews were completed: 1,012 with younger boys, 1,821 with older boys, 764 with younger girls, 3,428 with unmarried older girls and 3,408 with married older girls. The survey also conducted anthropometric measurement of 4,229 adolescents and haemoglobin testing for 4,162 adolescents from among the study participants.

Characteristics of the household population

A total of 35,586 households were selected for interview; among these, interviews were successfully completed for 33,900 sample households.

Housing characteristics of the surveyed population show a mixed picture with regard to living conditions. On the whole, 33 percent of households lived in *kachcha* houses (constructed from mud, thatch, or other low-quality materials), 47 percent lived in semi-*pucca* houses (constructed using a mix of low- and high-quality materials), and 21 percent lived in *pucca* houses (constructed entirely from cement, masonry, or other high-quality materials). About half of residential structures contained 2–3 rooms (51%) and one-third (32%) contained just one room. Only 64 percent of the households had electricity, and just 28 percent of households had access to a toilet facility of any kind. The main source of cooking fuel was coal, charcoal, wood, crop residue, or dung cakes, reported by 86 percent of households, and liquid petroleum gas was used, in contrast, by just 14 percent of households. However, almost all households (99%) reported that their main source of drinking water was either piped water or water obtained from a hand-pump or a covered well. More than nine out of ten households reported ownership of a landline or mobile phone (92%).

The distribution of households by wealth quintiles shows a stark divide between rural and urban areas: three-fifths (57%) of urban households were in the wealthiest (fifth) quintile; in contrast, one-sixth (16%) of rural households were in this quintile. Similarly, one-fifth of rural households were in the poorest (first) quintile of the index compared with only six percent of urban households.

Findings also show that rural households' access to poverty alleviation programmes, for example, the Mahatma Gandhi National Rural Employment Guarantee Act (MNREGA), was limited. Just four percent of rural households had benefited from the MNREGA scheme in the year preceding the interview.

Finally, findings highlight widespread substance use among the household population, particularly the use of tobacco products: 68 percent of households contained at least one household member who consumed tobacco products; 29 percent of households contained at least one member who consumed alcohol; and five percent of households contained at least one member who consumed drugs.

Situation of adolescents

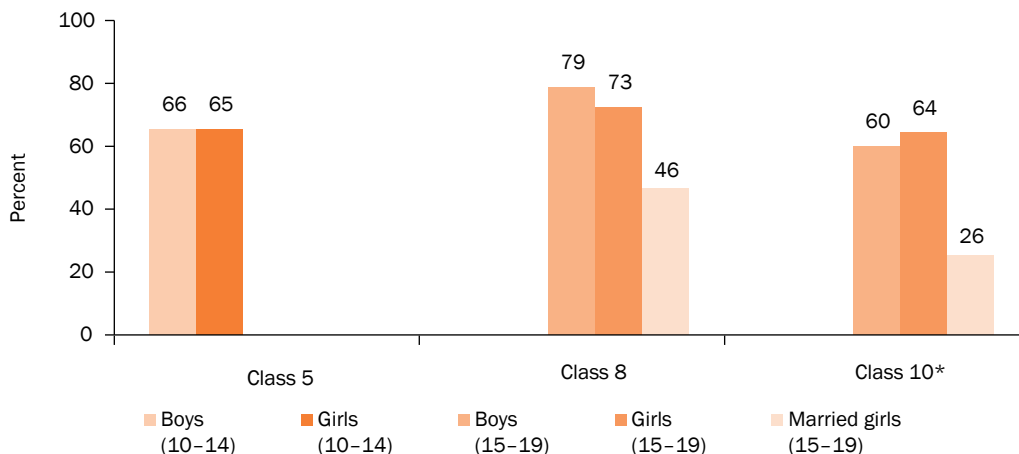
A total of 10,433 adolescents were interviewed. Age profiles among girls in ages 15–19 years show that married girls were older than their unmarried counterparts, with 66 percent of married girls compared with 22 percent of unmarried girls falling into the age group of 18–19 years. The distribution of adolescents by religion shows that 84–88 percent of adolescents were Hindu and 12–16 percent were Muslim. Caste-wise distribution shows that two-thirds of the adolescents belonged to other backward castes (64–67%), 20–26 percent to scheduled castes, 7–15 percent to general castes, and 1–2 percent or less to scheduled tribes. Finally, mothers of the majority of adolescents had no formal education; mothers of 72–82 percent of adolescents had no formal education.

Education

Findings show that school enrolment was nearly universal among adolescents other than married older girls, but particularly so for younger adolescents; however, a considerable proportion of unmarried and married older girls—nine percent of unmarried older girls and 29 percent of married older girls—were never enrolled in school. Findings highlight, moreover, that differences by residence in rural or urban areas in school enrolment were modest.

Although school enrolment was nearly universal, attainment of educational milestones was far from satisfactory. Specifically, among those in ages 10–14, just 66 percent and 65 percent of boys and girls, respectively, had completed five years or more of schooling (Figure 1). Likewise, among older adolescents, 79 percent of boys, 73 percent of unmarried girls and 46 percent of married girls had completed eight years or more of schooling. Finally, among adolescents in ages 18–19 years, 60 percent of boys, 64 percent of unmarried girls and 26 percent of married girls had completed 10 years or more of schooling. Differences by sex in the attainment of selected educational milestones were muted for the most part, and differences between rural adolescents and urban adolescents persisted at higher levels of educational attainment, that is, Classes 8 and above, particularly among girls, with rural girls remaining more disadvantaged compared with their urban counterparts. Moreover, several sub-groups of adolescents were particularly disadvantaged—married older girls, Muslim adolescents, those belonging to scheduled castes, those belonging to poor households, and those most likely to be first-generation learners, as measured by mother's educational attainment.

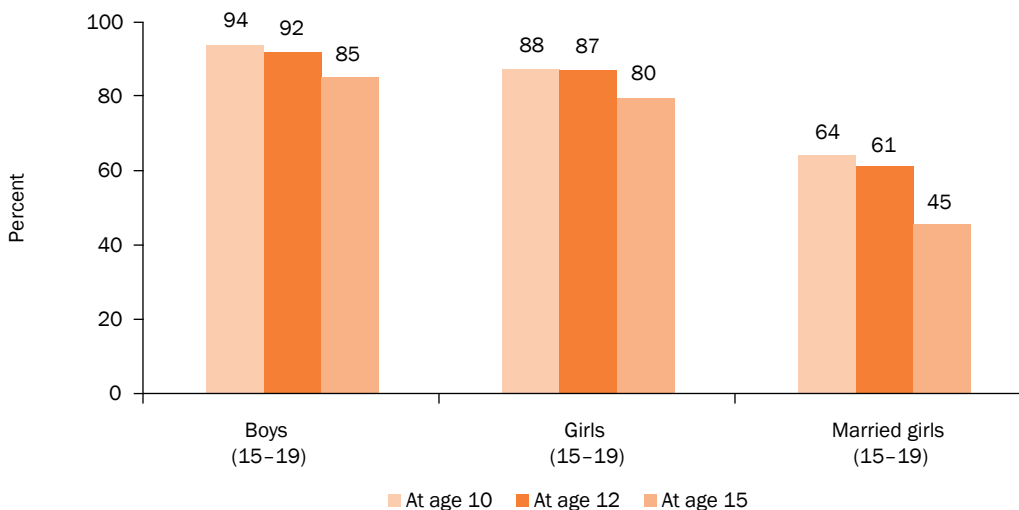
Figure 1: Percentage of adolescents who had achieved selected educational milestones, Bihar, 2016



Note: *Adolescents in ages 18-19 years.

Retention in school was far from universal even among younger adolescents despite the introduction of the Right to Education Act, 2009, that has made primary education free and compulsory, with 90-94 percent of younger adolescents, 66-78 percent of older boys and unmarried older girls, and 13 percent of married older girls enrolled in school or college at the time of the interview. Furthermore, school retention declined as boys and girls transitioned from early adolescence to late adolescence, with the steepest decline observed among married older girls. While 88-94 percent of boys and unmarried older girls in ages 15-19 were in school at 10 years of age and 80-85 percent of them were in school at age 15, the findings for married older girls show that 64 percent were in school at age 10 and just 45 percent were in school at age 15 (Figure 2).

Figure 2: Percentage of adolescents in ages 15-19 who were in school at ages 10, 12 and 15,* Bihar, 2016



Note: *Includes those who were pursuing their education through distance education programmes.

Among adolescents in ages 15-19 who had completed at least one year of schooling, major declines in school completion levels occurred between Classes 12 and 13 for boys and between Classes 8 and 9, Classes 9 and 10, Classes 10 and 11, and Classes 12 and 13 for unmarried older girls in both rural and urban areas. Such declines occurred as early as Classes 5 and 6 among married older girls.

The leading reason for never enrolling in school listed by older adolescents was attitude- or perception-related (unsafe to send children to school, education not considered necessary by respondent or parents, respondent's lack of interest), as reported by three-fifths of boys and girls. While the respondent's lack of interest predominated among attitude- or perception-related reasons among boys, parental perceptions that education is not necessary and respondent's lack of interest predominated among girls. The second most commonly cited reason was that related to economic factors, particularly that the family could not afford to keep the respondent in school, as reported by one-quarter of boys and girls. Notable proportions of older girls attributed their non-enrolment in school to housework-related reasons.

As with non-enrolment in school, the most frequently cited reason among all the older adolescents for school discontinuation was related to attitudes and perceptions, as reported by 52 percent of boys and 36–40 percent of girls. The leading attitude- or perception-related reason among boys was respondent's lack of interest in studies, and the leading reasons among girls were parental perceptions that education is not necessary and respondent's lack of interest in studies. Other reasons were economic constraints, reported by 44 percent of boys and 14–27 percent of girls, and housework-related reasons, mentioned by 15–22 percent of girls. Findings also show that girls were more likely than boys to attribute their school discontinuation to school-related reasons (14–23% versus 8%). About two in five married girls reported that they had discontinued their education because they had got engaged or married. Findings also show that concerns about girls' safety or experience of menstruation were rarely cited as a reason for school discontinuation.

The vast majority of adolescents, regardless of age and sex, and, among older girls, of marital status, were enrolled in a government educational facility (84–86% of boys and 91–94% of girls). Enrolment in private educational institutions was positively associated with urban residence, their belonging to general caste, household wealth index, current school attendance, and mother's educational attainment.

Almost all adolescents, irrespective of age, sex, and residence in rural or urban areas, had access to drinking water (97–98%) and considerable majorities to playgrounds (77–93%). Toilets in working condition (68–88%) and library facilities (23–51%) were less likely to be reported by adolescents. The availability of all four amenities—drinking water, playgrounds, toilets, and libraries—was reported by 18–39 percent of boys and 25–42 percent of girls. The availability of all four amenities was more likely to be reported by those who were pursuing their education at the time of interview than those who had discontinued their education and those who were enrolled in private educational facilities than those who were enrolled in government institutions.

Schooling experiences among those who were pursuing their education at the time of the interview were characterised by absenteeism and reliance on private tuition for many. Regular attendance, as defined by attending all six school days in the week prior to the interview, was reported by 60–70 percent of boys and 48–62 percent of girls. Reasons related to housework or a family function and attitude-related reasons topped the list of reasons among younger boys (26–31%), whereas school-related reasons, namely, poor quality of teaching and teacher absenteeism, and economic reasons, namely, their having to work on the family farm or business or for pay, topped the list of reasons among older boys (22–38%). Reasons related to housework or to a family function, but particularly housework, topped the list of reasons among younger girls (38%), while school-related reasons, mainly, poor quality of teaching and teacher absenteeism and lack of transportation or an escort to take them to school (53% of unmarried older girls and 39% of married older girls reported one school-related reason), followed by reasons related to housework or a family function (18% of unmarried older girls and 34% of married older girls) were the leading reasons for absenteeism among unmarried and married older girls. Some 16 percent of married older girls reported marriage- or pregnancy-related reasons for missing school.

A large proportion of adolescents, other than married older girls, who were pursuing their education at the time of the interview reported that they had taken private tuition in the month prior to the interview—61–68 percent of boys, 59–61 percent of younger girls and unmarried older girls, and 20 percent of married girls. Interestingly, the practice of taking private coaching did not differ, by and large, by the type of educational institution respondents had enrolled at the time of the interview. Finally, 15–17 percent of boys and 9–15 percent of girls had served as a prefect or monitor in the class in which they were currently attending or had last attended.

Of older adolescents who were never enrolled in school, as many as one-third of boys and unmarried girls and about one-fifth of married girls expressed a desire to get enrolled. Among older adolescents who had discontinued their education, also, a large proportion expressed a desire to return to school—33 percent of boys, 55 percent of

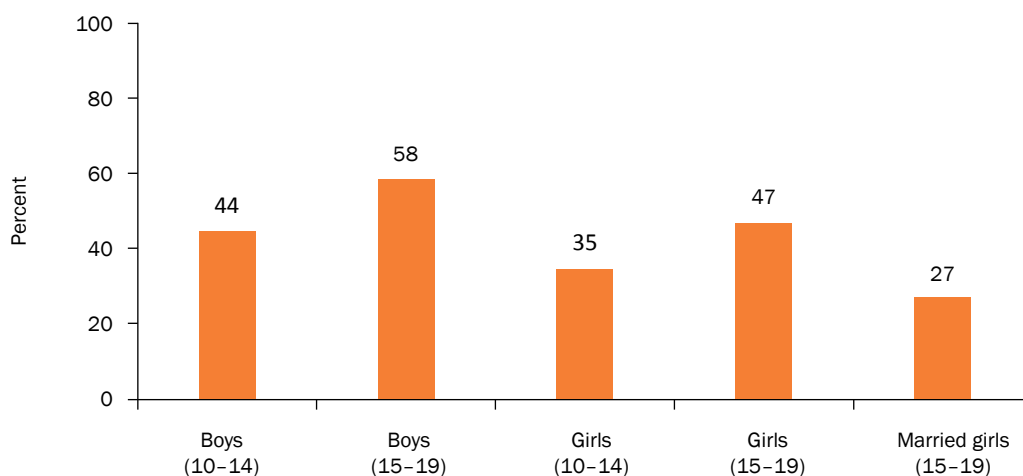
unmarried girls, and 39 percent of married girls. Furthermore, the vast majority of adolescents who were currently pursuing their education aspired to complete senior secondary education (Classes 12 and above); 54–79 percent of boys and 59–87 percent of girls aspired to do so.

Most adolescents who were enrolled at the time of the interview or in the year preceding the interview in a class whose students were eligible for entitlements from their school were aware of the entitlements. Specifically, 98–99 percent of boys and 97–100 percent of girls were aware that students are entitled to receive free uniforms and free textbooks; 98–99 percent of boys and 98–100 percent of girls had heard about scholarships; and 95–98 percent of boys and 90–100 percent of girls had heard about the bicycle scheme. Large proportions of adolescents had benefited from these entitlements. Among adolescents who were enrolled in classes whose students were eligible for midday meals at the time of the interview, 74–82 percent of boys and 92–94 percent of girls (excluding married older girls) had received the midday meal on the last day that he/she had attended school. Among adolescents who were enrolled in classes eligible for the other entitlements at the time of the interview or in the year preceding the interview, 78–90 percent of boys and 93–96 percent of girls had received free uniforms or money to buy uniforms in the year preceding the interview; 83–92 percent of boys and 86–94 percent of girls had received free textbooks or money to buy textbooks in the year preceding the interview; 55–78 percent of boys and 66–93 percent of girls had received a scholarship in the year preceding the interview; and 47–73 percent of boys and 58–85 percent of girls had received a bicycle or money to buy one.

Findings show that 16–17 percent of boys and 33–40 percent of girls who were enrolled in classes whose students were eligible to participate in the Meena Manch programme at the time of the interview or in the year preceding the interview in a government school had heard about the programme. However, participation in the activities of the programme was reported by just 4–6 percent of boys and 10–12 percent of girls.

Findings highlight poor learning levels among adolescents: just 51–56 percent of younger adolescents and 53–74 percent of older adolescents were able to read a Class 2 text fluently in Hindi. While differences by sex were mild, more of older than younger adolescents were able to read fluently as were more of unmarried than married older girls and more of urban than rural adolescents. Numeracy levels were also poor—just 38–54 percent of younger adolescents and 31–63 percent of older adolescents were able to solve a simple division problem. A larger proportion of boys than girls, unmarried than married older girls, and urban than rural adolescents were able to solve a division problem. Some 35–44 percent of younger adolescents and 27–58 percent of older adolescents were both literate and numerate (Figure 3).

Figure 3: Percentage of adolescents who could read a Class 2 text fluently in Hindi and solve a simple division problem,* Bihar, 2016



Note: *Of those who were ever enrolled in school.

It is notable that even among those who had completed primary education (that is, Class 8 or more), not all could read a Class 2 text fluently or solve a division problem. Literacy and numeracy skills were particularly poor among several sub-groups of adolescents—those belonging to scheduled castes, those belonging to poor households, those

who had discontinued their education, those who had attended government educational institutions, and those who were first-generation learners. Findings also highlight that adolescents tend to lose literacy and numeracy skills over time; at the same level of years of schooling completed, younger adolescents were more likely than older adolescents to read a Class 2 text fluently and solve a division problem, which is, perhaps, a reflection of rote learning in schools.

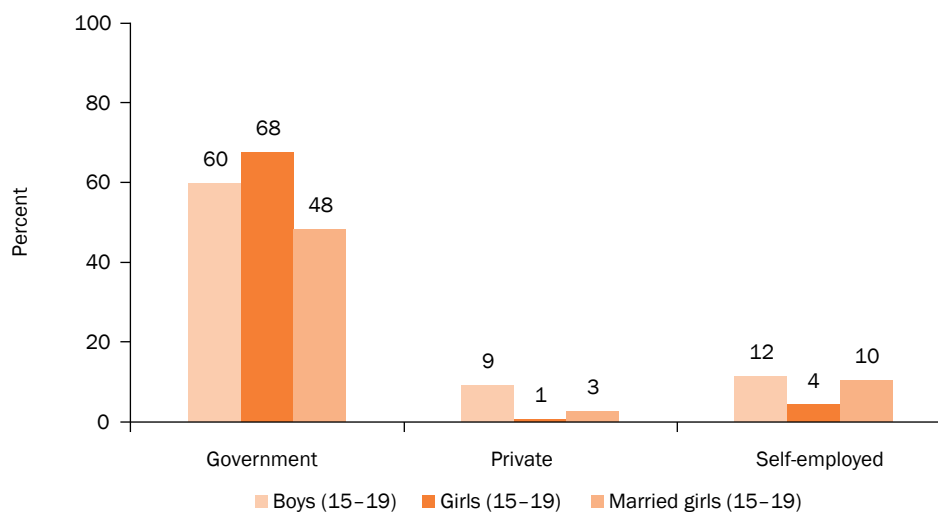
Work

Work profiles suggest that almost half of younger boys and four-fifths of older boys had at some time engaged in paid or unpaid work; fewer girls—two-fifths of younger girls and about half of older girls—had done so. Moreover, adolescents were far more likely to have engaged in unpaid than paid work. Paid work was initiated in childhood, that is, before age 14, for 4–10 percent of older adolescents. Data on work participation in the 12 months prior to the interview largely mirrored lifetime economic activity for all categories of adolescents, except for married older girls, among whom fewer reported economic activity in the last 12 months compared with lifetime economic activity. Among adolescents who worked for remuneration in the year prior to interview, only a few had worked full time, that is, six months or more—9–17 percent of younger adolescents and 29–34 percent of older adolescents. Occupational profiles among those working for wages in the 12 months preceding the interview show that agricultural labour and unskilled non-agricultural labour were the leading occupations among all adolescents, followed by, skilled labour for older adolescents.

Findings also suggest that a substantial proportion of older adolescents, particularly boys, were in search of paid employment at the time of the interview—24 percent of boys and 10–11 percent of girls. Adolescents who had completed 12 or more years of schooling were more likely than those with lower levels of education to be actively seeking paid employment—59 percent compared with 14–44 percent among boys and 27–34 percent compared to 4–17 percent among girls.

A large proportion of older adolescents who were actively seeking paid employment at the time of the interview preferred to work in the government sector—60 percent of boys and 48–68 percent of girls (Figure 4). In contrast, just nine percent of boys and 1–3 percent of girls expressed a preference to work in the private sector and 16 percent of boys and 23–31 percent of girls were willing to work in either sector. Some 12 percent of boys and 4–10 percent of girls reported that they would prefer to take up self-employment. Leading reasons for their preferring a government sector job were perceptions of job security, financial security (higher salary, regular payment, provision of pension and increment), a normative preference, perceptions that the workload in the government sector is lighter than in the private sector, and perceptions about opportunities to serve the public.

Figure 4: Adolescents' preferred sector for employment,* Bihar, 2016



Note: *Of those who were actively seeking paid employment at the time of the interview.

Data on activity status during adolescence among older adolescents show that school enrolment declined across all groups as they transitioned out of early adolescence into late adolescence; for example, school enrolment declined from 94 percent to 85 percent among older boys and from 88 percent to 79 percent among unmarried older girls at the ages of 10 and 15, respectively (Figure 5.5a-5.5c). Such declines took place earlier among married girls than boys and unmarried girls. The exit from school was accompanied by a steady rise in work participation as age increased among older boys, but with a much more gradual rise for unmarried girls. However, a different pattern was observed for married girls, among whom work participation increased gradually till age 15 and thereafter started declining, perhaps, coinciding with their transition to marriage and motherhood. A large proportion of boys had combined studying and working, which increased from 17 percent at age 10 to 47–55 percent at ages 14–19. Fewer girls, particularly the married, had done so. Significant proportions of girls, particularly married girls, were neither studying nor working from the age of 10 onwards, which increased from eight percent to 24 percent among unmarried girls and from 24 percent to 66 percent among married girls at the ages of 10 and 19, respectively. In contrast, five percent or fewer boys were neither working nor in school at any age.

Figure 5a: Activity status among adolescent boys in ages 15-19, by age, Bihar, 2016



Figure 5b: Activity status among unmarried girls in ages 15-19, by age, Bihar, 2016

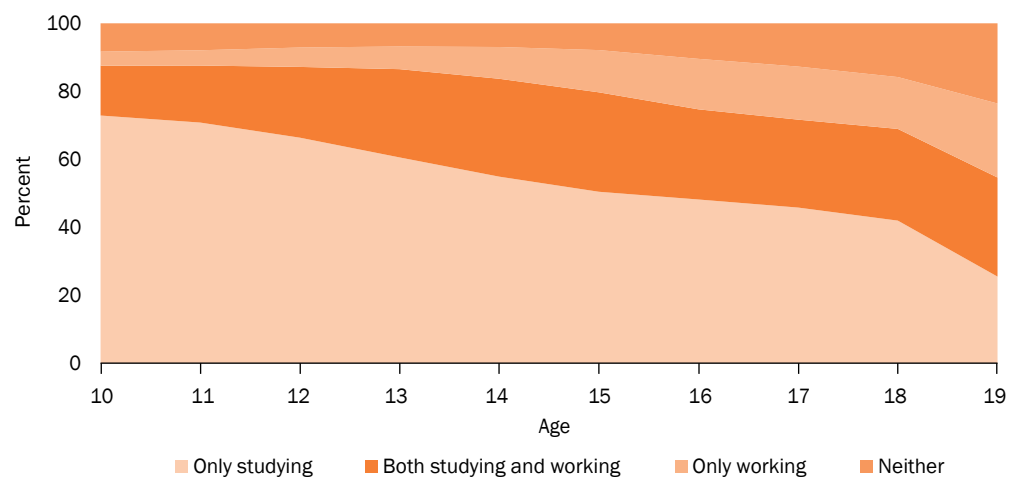


Figure 5c: Activity status among married girls in ages 15-19, by age, Bihar, 2016

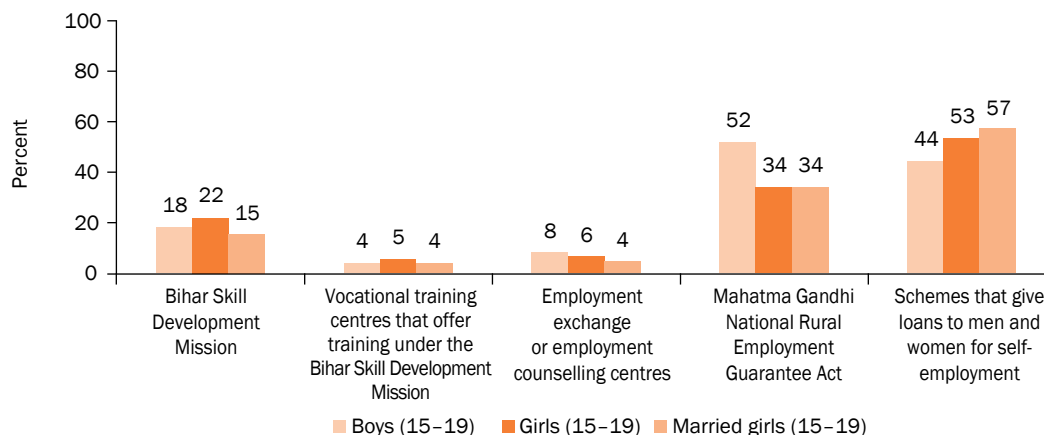


Only a few among older adolescents had ever attended a formal vocational training programme—eight percent of boys and 12–16 percent of unmarried and married girls. Even fewer (5–8%) had done so in the year preceding the interview. The kind of training received by adolescents who had attended a vocational training programme in the year preceding the interview varied widely by sex of the respondent and rural or urban residence. Among boys, leading programmes attended were computer training (65%) and auto mechanics or electrical work (19%). Among girls, the leading programme was tailoring for both unmarried and married girls. However, we observed differences in key vocational training received by unmarried and married girls. Among unmarried girls, the most commonly reported training programmes were tailoring (69%), followed by computer training (19%), and among married girls, the leading programme was tailoring, reported by 88 percent, with very few opting for skills training in other vocations. A large proportion of adolescents who had attended a formal vocational training programme had attended the programme in a private institution—78 percent of boys and 70–79 percent of unmarried and married girls. Among those adolescents who had attended a formal vocational training programme in the year preceding the interview, two-fifths, regardless of sex and, among girls, of marital status, had completed the course/s attended. Among those who had completed a vocational training course in the year prior to the interview, only a small proportion of boys and girls had received a certificate upon the completion of the training course (33% of boys and 15–38% of girls). The vast majority of those who had completed the training course reported that they felt competent to use the skill acquired—79 percent of boys and 86–89 percent of girls. Far fewer reported that they had obtained employment in the same trade after completing the course—14 percent of boys and 2–4 percent of unmarried and married girls.

On the whole, more than four in five adolescents—81 percent of boys and 83–91 percent of girls—reported interest in attending vocational training programmes. Several, moreover, expressed an unmet need for acquiring skills that would enable employment generation. Some 10 percent of boys and 36–38 percent of girls noted that at least once they had wanted to attend a course but could not do so. The leading reasons for their not being able to attend a course related to demand-side issues, as cited by 83 percent of boys and 79–86 percent of girls with an unmet need. Leading specific demand-side reasons were constraints in affording the cost of the course, lack of time, including course timings clashing with studies and housework-related responsibilities, and family members' objections. Some 18 percent of boys and 24–29 percent of girls reported at least one supply-side related reason for their not being able to attend a course, for example, the lack of training centres in the vicinity of their home and lack of awareness about training centres that offer the course.

Awareness and reach of government programmes to promote skill-building and employment generation was limited (Figure 6). Just 18 percent of boys and 15–22 percent of girls had heard about the Bihar Skill Development Mission. Very few—just 4–5 percent of boys and girls—were aware of any vocational training centres that offer training under this mission. No more than a small proportion of adolescents—eight percent of boys and 4–6 percent of girls—were aware of employment exchanges or counselling centres. The majority of adolescents were aware of the MNREGA, with more boys than girls reporting awareness of it (52% versus 34%). Awareness of schemes that give loans to men and women for self-employment was reported by a relatively large proportion—44 percent of boys and 53–57 percent of girls. Findings also show that hardly any adolescents had benefited from employment-generation schemes.

Figure 6: Awareness of government programmes for skill-building and employment generation, Bihar, 2016



Migration experiences

Data on migration experiences among older adolescents show that 18 percent of boys, 10 percent of unmarried girls, and 87 percent of married girls were migrants by place of last residence. Boys migrated largely for education-related reasons (34%), family migration-related reasons (26%), and work-related (20%) reasons. Among unmarried girls, the leading reasons were family migration (56%), followed by education-related reasons (29%). Some 17 percent of boys and 12 percent of girls cited economic distress experienced by family. Almost all married girls who had migrated into their current place of residence cited marriage-related migration.

Finally, findings show that the vast majority preferred to stay in their state, given a choice — 89 percent of boys and 75–79 percent of girls. Just 6–14 percent preferred to migrate outside their state, while the remaining were unsure about it.

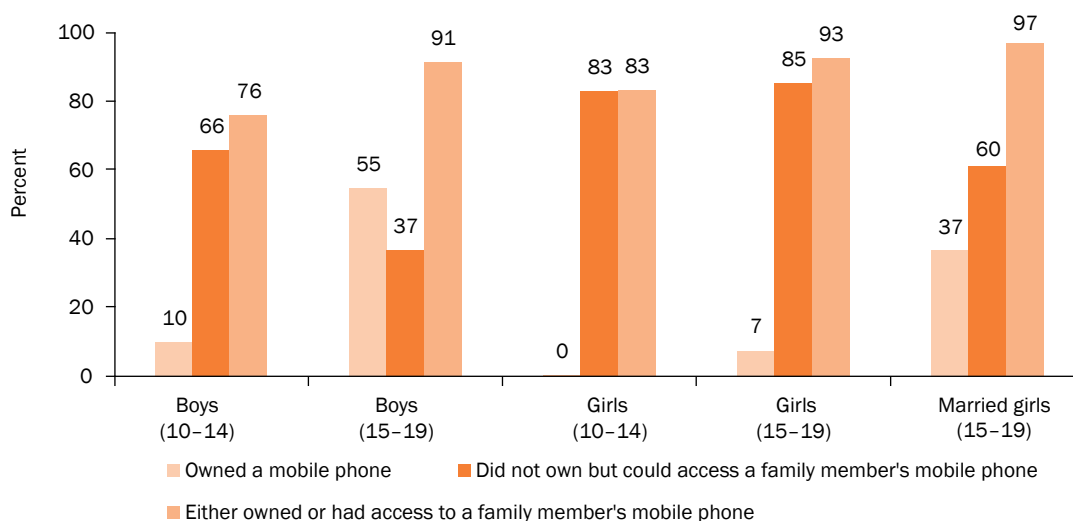
Media exposure

Findings suggest that large proportions of adolescents were exposed to the mass media, typically television and films (83–91% of boys and 61–82% of girls). Fewer adolescents had been exposed to the print media (61–81% of boys and 41–66% of girls who had completed five or more years of education) and to the radio (26–32% of boys and 10–13% of girls). More boys than girls reported exposure to each medium. Older boys were more likely than younger boys to report exposure to most media; differences among girls were modest for the most part. Among older girls, the unmarried were more likely than the married to report exposure to television, films and print media. Differences between those from rural and those from urban areas show that urban adolescents were more likely than rural adolescents to report exposure to most media, except to radio.

Fewer adolescents reported frequent exposure to the mass media as defined by daily or weekly exposure (50% of boys and 28–44% of girls to television; 49–55% of boys and 34–41% of girls to films; 7–11% of boys and 3–4% of girls to radio; and 34–51% of boys and 8–23% of girls to print media among those who had completed Class 5 or above).

A large majority of adolescents owned or had access to a family member's mobile phone (Figure 7). Specifically, 0.4–10 percent of younger adolescents and between seven percent and 55 percent of older adolescents owned a mobile phone. More of older than younger adolescents, more of boys than girls, and more of married than unmarried older girls owned a mobile phone. Some 66 percent and 37 percent of younger and older boys, respectively, and 60–85 percent of all three categories of girls reported that they did not own a phone but could use a family member's phone. On the whole, 76–91 percent of boys and 83–97 percent of girls owned or had access to a family member's mobile phone. Among these adolescents, notable proportions had watched films through the phone—55–69 percent of boys and 42–68 percent of girls. In contrast, a very small proportion of adolescents (5% or fewer) reported having received health information through them.

Figure 7: Percentage of adolescents who owned or who could access a family member's mobile phone, Bihar, 2016



Findings show that the penetration of internet and social media among adolescents was very limited, except among older boys. While as many as 39 percent of older boys had ever accessed the internet, only 1–13 percent of adolescents in the remaining four categories had done so. More of older adolescents than younger adolescents, and more of boys than girls accessed the internet. As expected, there were wide differences between urban and rural adolescents, with a larger proportion of urban than rural adolescents reporting access to the internet.

Among adolescents who had ever accessed the internet, 21 percent of younger boys and 26 percent of unmarried older girls reported that they needed to take permission from their parents or other elders in the family to access the internet. In comparison, fewer older boys (5%) and married older girls (12%) required permission. Among adolescents who had ever accessed the internet, 11–13 percent of boys and 21–27 percent of older girls reported that they had accessed health information from the internet, with more urban than rural adolescents, except among younger boys, reporting their having accessed health information from the internet.

Very few adolescents, except older boys, had ever accessed social media—27 percent of older boys and 1–4 percent of adolescents in the remaining four categories. As expected, a larger proportion of urban than rural adolescents had ever accessed social media. Findings also confirm that internet and social media are currently reaching the ‘privileged’ adolescents, that is, boys, those belonging to general castes, educated adolescents, those currently attending school, those belonging to economically better-off households, those whose mothers were educated, and those residing in urban areas.

Findings also suggest that 42 percent of older boys, four percent of unmarried older girls, and 31 percent of married girls watched pornographic films. Of those who had ever accessed the internet, 48 percent of boys, 32 percent of unmarried older girls, and 49 percent of married girls had accessed pornographic materials on the internet, with modest differences between those from rural and those from urban areas for the most part. On the whole, among older adolescents, 46 percent of boys, six percent of unmarried girls, and 31 percent of married girls were exposed to pornographic materials by way of films or the internet.

Findings also show that none of the younger boys and two percent of older boys had experienced harassment over the mobile phone; among girls, two percent of younger girls and 7–8 percent of older girls had so reported, and one percent or fewer boys and girls had experienced harassment over the internet. Among older boys who had access to mobile phones, one percent had ever harassed someone using mobile phones. Likewise, among older boys who had accessed internet, two percent had ever harassed someone over the internet.

Finally, findings show that four percent of younger boys and 27 percent of older boys who had access to a mobile phone, the internet, or social media had made new friends using these communication technologies as had 2–5 percent of unmarried and married older girls. A larger proportion of adolescents perceived that they had acquired information related to various matters using these communication platforms—13–38 percent of boys and 10–20 percent of girls.

Socialisation experiences and communication with parents

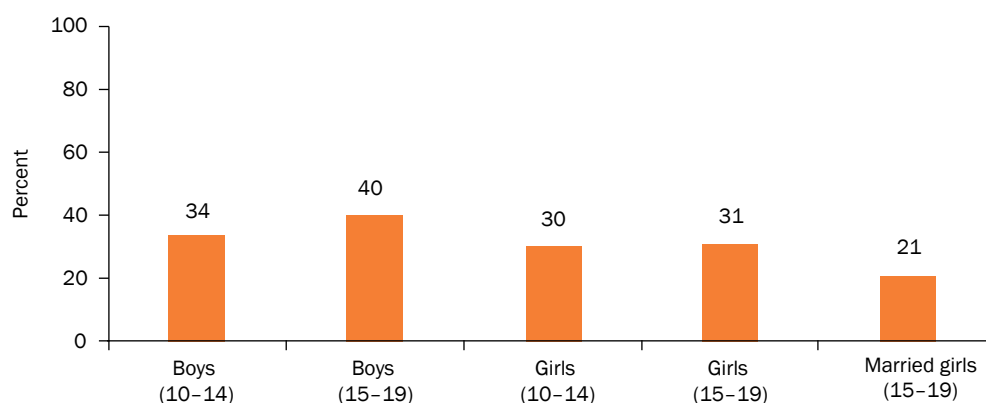
Findings underscore, in general, the gender discriminatory experiences of adolescents. Among adolescents with opposite-sex siblings who were up to three years younger or older than the respondent, for example, 19–20 percent of boys reported that their parents favoured them over their sisters and 33–42 percent of girls (married older girls were not included) acknowledged that their parents favoured their brother over them in at least one of three practices, namely, the quantity or quality of food items given, amount of pocket money given, the type of school in which they were enrolled, or parental aspirations for respondent’s education.

Adolescents’ family lives were marked by violence, both witnessed and experienced. As many as 18 percent of boys and 25–32 percent of girls whose both parents were alive at the time of the interview had ever witnessed incidents where their father had beaten their mother. Some 4–5 percent of boys and 9–18 percent of girls (married older girls were not included) had witnessed these incidents in the year preceding the interview. Large proportions of adolescents with at least one parent alive at the time of the interview reported that they had experienced physical violence perpetrated by a parent since the time they were 10 years of age (55–69% of boys and 32–56% of girls). Experience of physical violence perpetrated by a parent in the year preceding the interview was reported by 42–50 percent of younger boys and girls, and 11–12 percent of older boys and unmarried older girls. Slapping was the most common form of physical violence perpetrated by parents, which 54–66 percent of boys and 31–56 percent of girls reported. Other forms of violence included kicking, dragging, beating or punching with fist or something that could hurt the respondent, as well as pushing, shaking or throwing something at the respondent, and twisting the respondent’s arm or pulling his or her hair.

Findings related to communication between adolescents other than married girls with their parents in the year preceding the interview on issues relevant to adolescents—such as school performance, friendship, being teased or bullied, and such physical changes during adolescence as voice change and facial hair growth (boys)/menstruation (girls), and reproductive processes—reiterate findings from other studies which show that such communication was far from universal. Just 21–27 percent of boys and 26–30 percent of younger girls and unmarried older girls reported, for example, that they had discussed their friends with their father in the year preceding the interview. More adolescents—37 percent of boys and 72–77 percent of girls—had discussed their friends with their mother during the same reference period. Moreover, fewer adolescents had discussed sensitive topics—such as being teased or bullied, physical changes during adolescence, and reproductive processes—with either parent; for example, one percent or fewer older boys and three percent or fewer unmarried older girls reported that they had discussed reproductive processes with their father or mother in the year prior to the interview.

Few adolescents reported that they had a role model—34–40 percent of boys and 21–31 percent of girls (Figure 8). Of those who reported a role model, the majority reported someone from their family—67–69 percent of boys and 63–71 percent of girls. Both boys and girls were more likely to report a same-sex over an opposite-sex family member as their role model. Teachers were the leading non-family role models reported by all categories of adolescents. Only a small proportion of adolescents—eight percent of boys and 1–3 percent of girls—reported such high profile personalities as actors, politicians, or sportspersons as their role models.

Figure 8: Percentage of adolescents who reported having a role model, Bihar, 2016



The leading confidante for younger adolescents to discuss such personal matters as experience of teasing or bullying and a problem in the private parts tended to be their mother. As far as older adolescents were concerned, no consistent picture was apparent. While older boys identified several leading confidantes to discuss a problem in the private parts—a parent (22–44%), a friend (13%), and a healthcare provider (12%)—mothers were overwhelmingly identified as the leading confidante for unmarried older girls (86%), and husbands and mothers were similarly identified by married older girls (54% and 40%, respectively). However, most categories of adolescents rarely mentioned their mother or father as the leading confidante to discuss matters related to opposite-sex friends and/or romantic partners. Married older girls were, however, most likely to have confided in their mother about problems in married life. In comparison, unmarried adolescents derived an important measure of support from their peer networks on such personal matters as relationship with an opposite-sex friend or romantic partner. Friends were by far the leading confidante on such matters for both younger and older boys and unmarried older girls.

Leading individuals from whom all adolescents, irrespective of age, sex, residence in rural or urban areas, and, among older girls, of marital status, learned social behaviours were their mother (reported by 76–80% of boys and 88–89% of girls), followed by father (reported by 71–76% of boys and 68–71% of girls). Teachers also constituted a major source for learning social behaviours for all categories of adolescents (42–46% of boys, 25–28% of unmarried girls, and 12% of married older girls).

Peer networks and interaction

Adolescence was associated with close peer networks for most participants. Almost all adolescents reported that they had some friends (97–98% of boys and 94–98% of girls), and, on average, they reported that they had three friends, regardless of age, sex, and, among older girls, of marital status. Findings also show that the majority of adolescents, except married older girls, spent time with their friends often (84–91% of boys and 73–93% of girls); most married older girls reported that they met their friends sometimes (84%), presumably because their friends resided in their natal homes. At the same time, findings underscore the lack of social spaces in which adolescent girls can network with their peers. Most adolescents, irrespective of age, sex and, among older girls, of marital status, reported that they typically met their friends either in school/college or in each other's homes. Just 4–15 percent of girls compared with 47–49 percent of boys typically met their friends in social spaces such as a playground, a garden, or adolescents' groups or clubs. Moreover, only small proportions of adolescents were members of any group, with little variation by age, sex, or, among older girls, by marital status (3–6% of boys and 1–8% of girls).

Aspirations, agency and gender role attitudes

Findings related to adolescents' plans for the immediate future, that is, for the three years following the interview, show that the vast majority of younger boys and girls (88–89%) reported that they would like to continue/get back to their studies. In contrast, and not surprisingly, a large proportion of older boys and unmarried older girls expressed that they had both plans to continue/get back to their studies (66% for each) and plans related to livelihood generation (56% and 48%, respectively). Married girls, on the other hand, were interested in livelihood-related plans (45%) and plans to become a mother (17%) or assume the role of a homemaker (40%). Longer-term aspirations, that is, aspirations for their adulthood years varied by sex of the respondent. Many boys aspired to join the police or armed forces (23–29%), or become an engineer or a scientist (12–14%), a teacher (11–13% of older boys), and a doctor (12% of younger boys), while girls preferred to become a teacher (17–33%) or a doctor (16% of younger girls). Findings also show that large proportions of adolescents did not think about what profession or vocation they would like to follow in future, which more girls than boys reported (35–49% of girls, and 30–35% of boys).

Findings clearly highlight the limited agency of adolescents and the striking gender divide in all the dimensions of adolescents' agency. Adolescent girls were far more disadvantaged than adolescent boys. Differences by sex, for example, were evident among both younger and older adolescents across all domains of decision-making, with boys more likely than girls to have some say in decisions such as choice of friends, level of schooling they want, whether to work or not, etc. Overall, 48 percent of younger boys compared with 40 percent of younger girls reported participation in decision-making in the three issues that we probed among younger adolescents in the study. Similarly, 31 percent of older boys compared with 23–30 percent of unmarried and married older girls reported participation in decision-making in the three issues probed among them. Where comparisons across age groups were possible, findings show

that unmarried and married older girls were only as likely as younger boys to make independent decisions. Likewise, boys reported greater mobility than girls, regardless of locations, age, and residence; 72 percent and 96 percent of younger and older boys, respectively, had freedom to visit at least two locations unescorted compared with 44 percent of younger girls, 47 percent of unmarried older girls, and 21 percent of married older girls. Such differences were evident even in terms of freedom for younger adolescents to play in the open spaces of the village or ward—90 percent of boys compared with 64 percent of girls were allowed to do so.

Access to and control over financial resources tended to be limited among both boys and girls: 34 percent of younger boys and 58 percent of older boys reported some savings as did 41 percent of younger girls and 65–73 percent of unmarried and married older girls. Even fewer—28–29 percent of younger boys and girls, 50–52 percent of older boys and unmarried older girls, and 34 percent of married older girls owned a bank/post office account either independently or jointly with someone else (Figure 9). Differences by sex were evident however with regard to operation of these savings accounts among older adolescents—72 percent of boys who owned an account reported operating it themselves compared with 64–66 percent of unmarried and married girls. Finally, large proportions of adolescents, regardless of age, sex, and, among older girls, marital status, reported self-efficacy in expressing their views in public and private spaces as well as in resisting or confronting those who misbehave with them.

Figure 9: Percentage of adolescents who owned a bank/post office account, Bihar, 2016



While adolescent boys were not as disadvantaged as adolescent girls, findings indicate that many boys were also not able to exercise agency in their everyday lives. Indeed, only 31 percent of older boys reported participation in all three age-appropriate decisions that we probed in the study. Just half of older boys owned a bank/post office account either independently or jointly with someone else.

Findings also highlight the disadvantages experienced by married older girls. Mobility, for example, was much more restricted among married older girls than their unmarried counterparts; just 36 percent of married older girls compared with 80 percent of unmarried older girls were allowed to visit a shop, market, or friend's or relative's house within their village or ward on their own. They were also less likely than unmarried older girls to own a savings account (34% versus 50%), even though they were somewhat more likely to have some savings (73% versus 65%).

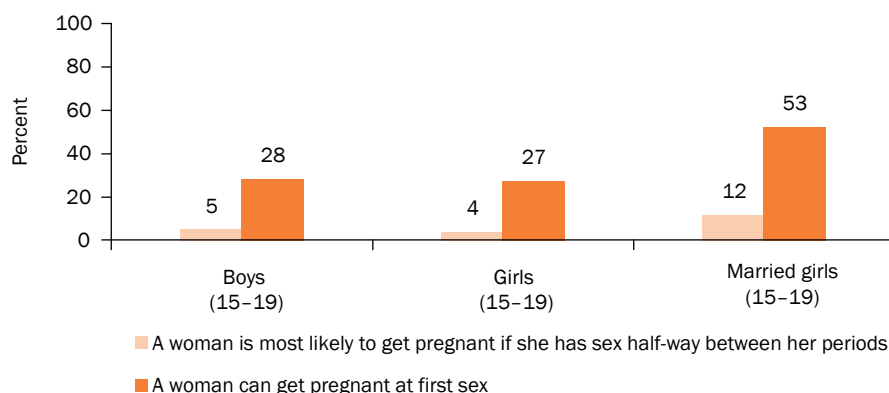
Finally, 47 percent of younger boys and 74 percent older boys reported gender egalitarian attitudes on most issues as did 77 percent of younger girls and 66–74 percent of unmarried and married older girls. Adherence to egalitarian attitudes was positively associated with years of schooling, household economic status, mother's education, and residence in rural or urban areas.

Awareness of sexual and reproductive matters

Findings underscore adolescents' limited awareness of sexual and reproductive matters, such as how pregnancy occurs and knowledge of contraception, HIV, safe sex practices, and maternal and newborn care practices. Just 56 percent of younger boys in ages 13–14 and 44 percent of younger girls in ages 13–14, for example, knew that a woman cannot become pregnant after kissing or hugging; even fewer (9–10%) were aware that a woman can get pregnant at first sex. Among older boys and unmarried older girls, only 27–28 percent were aware that a woman can

get pregnant at first sex, and hardly any (4–5%) knew that a woman is most likely to become pregnant if she engages in sexual relations mid-cycle (Figure 10). Even among married older girls, just 53 and 12 percent, respectively, were aware of these facts.

Figure 10: Percentage of adolescents in ages 15–19 reporting awareness of selected sex- and pregnancy-related matters, Bihar, 2016



A considerable proportion of adolescents were aware of the availability of tests to determine the sex of the foetus. As many as 31 percent of younger boys (ages 10–14) and 67 percent of older boys, and even more girls—39 percent of younger girls (ages 10–14) and 72–76 percent of unmarried and married older girls—were aware of sex determination tests.

While most older adolescents had heard of contraception, in-depth awareness was limited (these questions were not posed to younger adolescents). Thus, 84 percent of boys, 65 percent of unmarried girls, and 86 percent of married girls had heard of at least one selected modern method of contraception—oral pills, condoms, and emergency contraceptive pills—suitable for adolescents. However, specific knowledge of at least one modern contraceptive method was reported by considerably fewer—63 percent of boys, 18 percent of unmarried girls, and 43 percent of married girls. Specific knowledge of at least one contraceptive method increased with the respondent’s educational attainment level, current enrolment in school/college, as well as his/her mother’s educational attainment level and the household’s economic status.

On issues related to HIV/AIDS and STIs, we asked younger adolescents only about their awareness of HIV/AIDS, while older adolescents were asked about HIV/AIDS as well as STIs; of those reporting awareness of HIV/AIDS, moreover, we asked older and not younger adolescents whether they were aware that single partner sexual relationships and consistent condom use are preventive measures against HIV/AIDS. Findings show that awareness of HIV/AIDS was limited—just 5–11 percent of younger boys and girls, 54 percent of older boys, and 20–30 percent of unmarried and married older girls had heard about HIV/AIDS. Comprehensive awareness of HIV/AIDS was even more limited—just 1–2 percent of younger adolescents, 3–4 percent of unmarried and married older girls, and 12 percent of older boys reported comprehensive awareness of HIV/AIDS. Awareness of STIs other than HIV/AIDS was also limited among older adolescents—just 11–21 percent of them had heard about STIs.

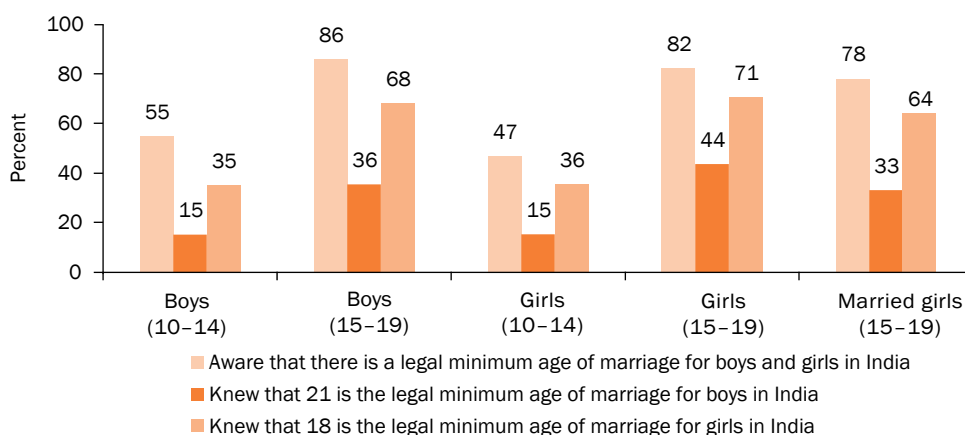
Findings highlight the limited awareness of maternal and newborn care practices among older adolescents, including among married girls (younger adolescents were not asked about these matters). Just 22–28 percent of boys and girls for example, knew that a pregnant woman should have at least four antenatal check-ups, and 68–71 percent of boys and girls knew that a woman should go for post-partum check-ups even if she is feeling well. Similarly, 30–43 percent of boys and girls knew that a newborn should be breastfed within an hour of birth, 39–50 percent knew that colostrum should be fed to the newborn, and 28–48 percent knew that an infant should be breastfed exclusively for six months. Finally, 62 percent of boys and 34–39 percent of girls reported that a newborn should not be bathed on the first day of birth. Awareness levels increased systematically with the respondent’s age, his/her belonging to general castes, educational attainment level, his/her mother’s educational attainment level, and the household’s economic status.

Findings pertaining to older adolescents’ perceptions about abortions underscore that most adolescents did not favour the termination of pregnancy; only 23–36 percent of older boys and girls perceived that it is acceptable for a

girl or woman to terminate her pregnancy if she does not want to continue with it. Indeed, as many as 58–61 percent of adolescents believed that it is not acceptable to terminate a pregnancy. Of those who were aware of abortion, 64 percent of boys and 53–58 percent of girls reported that they would direct a friend or relative in need of abortion services to a provider or facility that was likely to be legal, which indicates some indirect understanding that abortion is legally available. Only very small proportions of adolescents reported that they would suggest a facility or provider not authorised to provide abortion services (2–4%). Finally, 23 percent of boys and 11–22 percent of girls reported that they did not know of facilities that offer abortion services.

Awareness of the law related to the minimum age of marriage was far from universal among younger adolescents—55 percent of younger boys and 47 percent of younger girls reported that there is a legal minimum age of marriage for boys and girls in India (Figure 11). Awareness of the law was reported, in contrast, by larger proportions of older adolescents—86 percent of older boys and 78–82 percent of unmarried and married older girls. Awareness of the correct legal minimum age of marriage for females and especially males was more limited. Thus, 35 percent of younger boys and 68 percent of older boys correctly reported that 18 years is the legal minimum age of marriage for females as did 36 percent of younger girls and 64–71 percent of unmarried and married older girls. Fewer adolescents—15 percent of younger boys and girls, 36 percent of older boys, and 32–44 percent of unmarried and married older girls—reported that 21 is the legal minimum age of marriage for males.

Figure 11: Percentage of adolescents in ages 10-19 who had correct knowledge of the legal minimum age of marriage in India, Bihar, 2016



Sources of information on sexual and reproductive matters

Adolescents had few sources of information on puberty and sexual and reproductive matters. Indeed, large proportions of younger boys and girls had never received any information about puberty (57% and 53%, respectively). Likewise, 70–72 percent of younger boys and girls in ages 13–14 had never received information on such matters as how pregnancy occurs or how a pregnancy can be prevented, as also 25 percent, 44 percent, and 30 percent of older boys, unmarried older girls, and married older girls, respectively (adolescents in ages 10–12 were not asked about these matters).

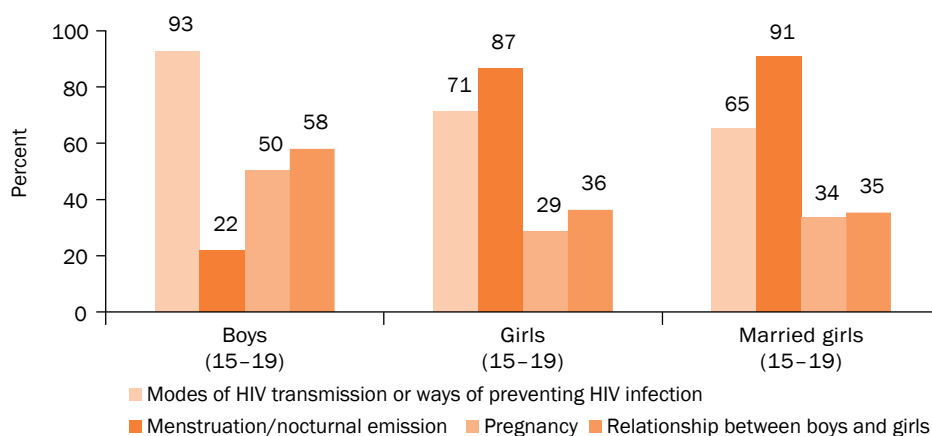
Leading sources of information on puberty for younger adolescents were family members (15% of boys and 38% of girls), particularly parents, followed by friends (12% of boys and 6% of girls) and influential adults in the community (9% of boys and 7% of girls), particularly teachers. Hardly any younger adolescents listed healthcare providers (less than 1%) or the mass media (2% or less) as their major sources of information. Leading sources of information on sexual and reproductive matters for boys aged 13 and above included friends (17% among 13–14-year-old boys and 59% among older boys), influential adults in the community (11% among 13–14-year-old boys and 15% among older boys), and the mass media (3% among 13–14-year-old boys and 18% among older boys). Among girls, family members (20% among 13–14-year-old girls and 36–58% among unmarried and married older girls) and friends (4% among 13–14-year-old girls and 17–18% among unmarried and married older girls) were the leading sources of information.

Preferences for receiving information on puberty (only younger adolescents in ages 10–14 were asked these questions) suggest that leading sources included a family member, particularly parents (37% of boys and 74% of girls), followed by influential adults in the community, particularly teachers (32% of boys and 10% of girls) and friends (17% of boys and 10% of girls). Preferred channels through whom to receive information on sexual and reproductive matters among those in ages 13–14 and 15–19 included influential adults in the community—mainly teachers and healthcare providers—and friends (36% among 13–14-year-old boys and 39% among older boys with regard to influential adults in the community and 26% and 53% among 13–14-year old boys and older boys, respectively, with regard to friends). Family members and friends constituted the most preferred channels to receive sexual and reproductive health information for younger girls (ages 13–14) and unmarried and married older girls; 60 percent of 13–14-year-old girls, 67 percent of unmarried older girls, and 81 percent of married girls preferred family members, and 12 percent, 21 percent, and 15 percent, respectively, preferred friends. Unmarried and married older girls, additionally, preferred influential adults in the community, mainly healthcare providers (16–17%).

Exposure to family life or sex education programmes

Few adolescents aged 13 and above—3–5 percent of boys and 11–22 percent of girls—had ever attended family life or sex education programmes either in or outside the school setting. Figure 12 shows that the majority of older boys who had received such education reported that it covered modes of HIV transmission and its prevention (93%), followed by the subject of pregnancy and also relationships between boys and girls (50–58%), with far fewer reporting that they had been informed about nocturnal emission (22%). The topic that was recalled by the largest proportion of girls was that on menstruation, recalled by 87–91 percent of unmarried and married older girls, followed by modes of HIV transmission and its prevention (65–71%). Findings suggest, moreover, that adolescents who had undergone family life or sex education were more likely than those who had not to report, for the most part, in-depth awareness of sex and pregnancy matters, contraception, comprehensive awareness of HIV/AIDS, and maternal and newborn care practices.

Figure 12: Percentage of adolescents in ages 15–19 who had received formal family life or sex education by topics covered in the programme,* Bihar, 2016

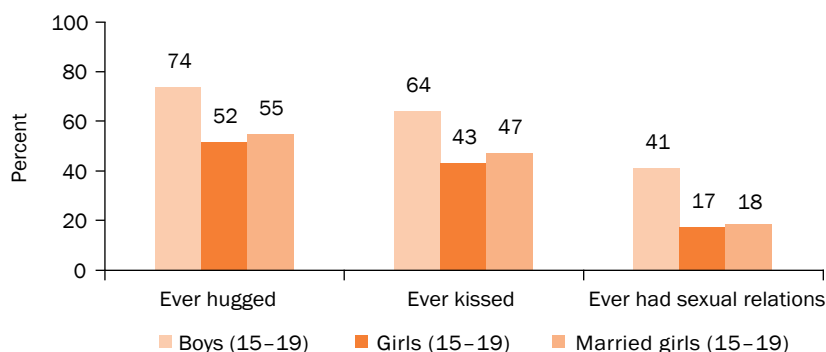


Note: *Of those who had ever received formal family life or sex education.

Premarital romantic and sexual experiences

Only older adolescents were asked questions on romantic and sexual relationships. Findings confirm that despite strict norms prohibiting opposite-sex socialising, opportunities do exist for the formation of romantic relationships among adolescents. As many as 19 percent of boys and 13–14 percent of girls reported that they had been involved in a romantic partnership in their lifetime. Figure 13 shows that romantic relationships almost always included some form of physical intimacy—74 percent of boys and 52–55 percent of girls had hugged their romantic partner, and progressively fewer reported more intimate behaviours, such as kissing their romantic partner on the lips (64% of boys and 43–47% of girls) and engaging in sexual relations with their partner (41% of boys and 17–18% of girls).

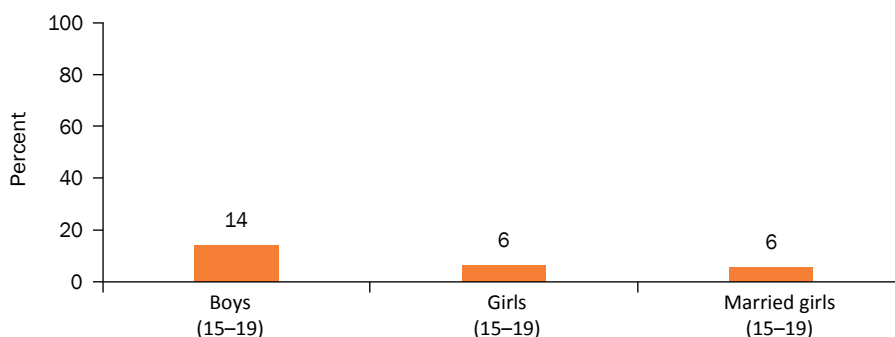
Figure 13: Percentage of adolescents in ages 15–19 reporting a premarital romantic relationship by experiences of physical intimacy and sex with their romantic partner, Bihar, 2016



A large proportion of adolescents who had engaged in sexual relations with a romantic partner had engaged in unprotected sex. Contraceptive use in a romantic relationship was limited—just 31 percent of boys and 17 percent of girls reported using a contraceptive method at first sex. Even more limited was consistent contraceptive use—only 28 percent of boys and 7–11 percent of girls reported that they/their partner had always practised contraception. The majority of those who practised contraception in romantic relationships had used condoms.

On the whole, 14 percent of boys and six percent of unmarried and married girls reported a sexual experience before marriage (Figure 14).

Figure 14: Percentage of adolescents in ages 15-19 reporting premarital sexual experiences with opposite-sex partners,* Bihar, 2016



*Note: *Percentage who reported premarital sexual experiences in the course of face-to-face interview or anonymously in a sealed envelope method*

As expected, sexual experiences took place largely with a romantic partner. Smaller numbers of boys reported that they had forced a girl to have sex and had engaged in sex with a married woman or a casual partner, and fewer girls similarly reported that they had been forced to engage in sex. Many of the sexual experiences they reported were early and risky—for example, 22 percent of boys and 28–29 percent of girls who had sexual experiences reported that they had engaged in sex before they were 15 years old, and 30 percent of boys and five percent and 27 percent of unmarried girls and married girls, respectively, reported multiple partners. Moreover, consistent condom use was limited—only 20 percent of boys and 1–8 percent of girls reported condom use in all sexual encounters.

Among boys and unmarried girls who had ever engaged in sex with an opposite-sex partner, 77 percent and 73 percent, respectively, had engaged in sexual relationships in the 12 months preceding the interview. Of those who had engaged in sexual relationships in the 12 months preceding the interview, 19 percent of boys and hardly any unmarried girls reported sex with multiple partners, and 25 percent of boys and 10 percent of unmarried girls reported condom use in all sexual encounters during the 12 months prior to the survey.

Two percent of boys and seven percent and 14 percent of unmarried girls and married girls, respectively, who had reported a premarital sexual relationship in the face-to-face interview reported a premarital pregnancy.

Finally, hardly any boys and girls reported that they had been romantically or sexually attracted to a same-sex person or had engaged in an intimate relationship with a same-sex partner.

Non-consensual sexual experiences

Non-consensual sexual experiences characterised the lives of a significant number of adolescents. As many as 22 percent of younger girls had ever experienced teasing and verbal harassment of a sexual nature and seven percent had experienced unwanted sexual touch. Among younger boys, one percent had ever experienced non-consensual sexual touch, typically perpetrated by another boy or a man.

Two percent of older boys and 8–11 percent of unmarried and married older girls reported ever experience of non-consensual sexual touch, including attempts to force sex on them (married older girls were asked to report such experience if it had occurred before their marriage). Four percent of unmarried older girls and three percent of married older girls reported the experience of a forced sexual encounter ever in life including that perpetrated by their romantic partner/s (married older girls were asked to report such experience if it had occurred before their marriage).

Some three percent of younger boys and as many as 19 percent of older boys had ever verbally harassed a girl in a sexual way. Far fewer—less than one percent of younger boys and three percent of older boys—admitted to their ever having perpetrated sexual touch on girls when they did not want to be touched or attempting to force sex on a girl, and five percent of older boys reported the perpetration of forced sex, including on their romantic partner/s.

Transition to marriage and early married life

Findings related to adolescents' age preferences for marriage show that large proportions of unmarried adolescents—72 percent of younger boys, 81 percent of younger girls, and 50–51 percent of older boys and girls—had not thought about the age at which they would like to marry. Among older adolescents, just two percent of girls (and hardly any boys) preferred to marry below age 18, the legal minimum age of marriage for females, although a significant minority of boys (5%) and notable proportions of girls (25%) preferred to marry before age 21, that is, the legal minimum age of marriage for males. Findings also show that the large majority of adolescents reported that they did not know the preferred age at which their parents would like them to marry, which is perhaps a reflection of the limited communication between adolescents and parents on these matters, the exclusion of adolescents in marriage-related decisions, and the fact that many parents may not have started thinking about it, particularly for younger adolescents. For older adolescents for whom data on both respondents' preferences and perceived parental preferences as reported by adolescents were available, a comparison shows that the majority of boys reported that the age at which they would like to marry and the age at which they perceived that their parents would prefer were identical, while the majority of girls reported that they preferred to marry at ages later than what they thought their parents preferred.

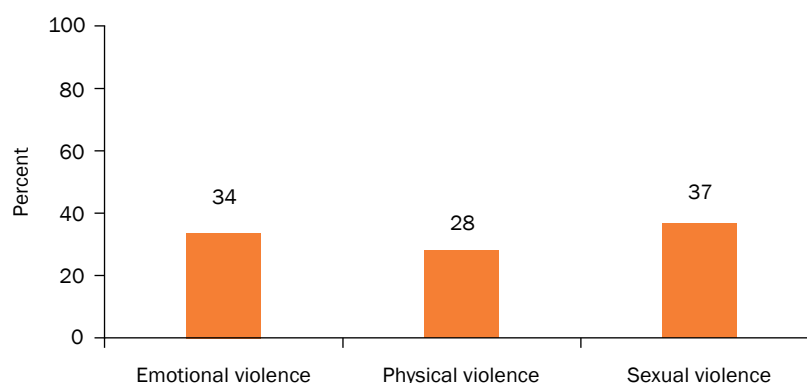
Findings confirm the prevalence of child marriage among girls, although marriages in early adolescence, that is, before age 15 were somewhat rare. Among girls in ages 15–19, seven percent were married before age 15. However, among girls in ages 18–19, as many as 44 percent were married before age 18, with 46 percent in rural areas and 27 percent in urban areas. Although not exactly comparable, our findings concur with evidence from the National Family Health Survey 2015–16, which reported that 39 percent of 20–24-year-old women were married before age 18 (IIPS, 2017a). The median age at both marriage and cohabitation among the married girls was 16 years.

Adolescent girls' involvement in marriage-related decisions was limited. As many as 54 percent of married girls reported that their parents had never consulted them on the age they wish to marry. An overwhelming proportion (94%) of girls had married a partner chosen by their parents. As many as 61 percent of girls reported that their parents had not sought their approval at all while choosing their marriage partner. Just six percent of girls reported their having chosen their marriage partner on their own. Hence, not surprisingly, reported premarital acquaintance was limited. Just 23 percent of girls reported that they had ever had a chance to meet and interact with their husband-to-be prior to marriage. Moreover, 77 percent of girls reported that they had met their husband for the first time on the wedding day. These findings underscore the extent to which girls were excluded from marriage-related decision-making and the extent to which girls were married to relative strangers.

Despite the existence of laws against the practice of dowry, this practice characterised the marriages of 91 percent of girls, with little difference between rural and urban girls in this regard. Findings also show that a notable proportion of girls acknowledged that they had experienced dowry-related harassment (31%).

Violence within marriage was reported by considerable proportions of girls who had begun cohabiting with their husband, and of all forms of violence, sexual violence and emotional violence were more commonly reported than physical violence (Figure 15). Thus, 34 percent of girls had experienced emotional violence ever in married life, that is, their husband had either verbally humiliated them in the presence of others or threatened to hurt or harm someone close to them. More girls acknowledged the experience of forced sex within marriage (37%). Some 28 percent reported the experience of some form of physical violence ever in married life. Slapping was the most commonly reported of all forms of physical violence experienced, and it was experienced by almost all those who had experienced any form of physical violence. Some 41 percent of married girls who had cohabited for at least one year reported physical or sexual violence experience in the year preceding the interview.

Figure 15: Percentage of married girls in ages 15–19 reporting ever experience of emotional, physical, and sexual violence perpetrated by their husband, Bihar, 2016



Contraceptive practices

Findings show that just 15 percent of girls who had begun cohabitation were advised to delay the first pregnancy about the time of their marriage. Moreover, communication with the husband on reproductive matters was far from universal. Just 54 percent of girls who had begun cohabitation reported that they had communicated with their husband about the number of children they wanted to have. Far fewer reported that they had discussed contraception to delay the first pregnancy with their husband (20%). As many as 33 percent of girls who had begun cohabitation felt pressurised to bear a child soon after marriage. Despite limited spousal communication and family pressure to bear a child as soon as possible, some 42 percent of girls desired to delay their first birth for two years after marriage.

Contraceptive use at any time within marriage was limited—just 11 percent of girls reported ever use of contraceptives, seven percent of girls reported its practice at the time of the interview, and eight percent reported its practice to delay the first birth. Contraceptive methods most likely to be used were condoms and rhythm. The leading reason for not using contraception to delay the first pregnancy by girls despite a desire to delay their first birth by at least for two years was objections to family planning, particularly from their husband and other family members. They also cited lack of awareness about methods or sources for methods, issues related to access, method-related concerns, and infrequent sex. Some 40 percent of girls reported that they would use a contraceptive method in the next 12 months, and another 41 percent reported that they would use one sometime in the future.

A substantial proportion of married girls had an unmet need for contraception: 45 percent of married girls had an unmet need for spacing; and six percent had an unmet need for limiting childbearing. On the whole, 51 percent of married girls had an unmet need for contraception. While 58 percent of married girls had a demand for contraception—51 percent for spacing and eight percent for limiting childbearing—just 12 percent of the total demand for contraception was satisfied.

Transition to motherhood

Some 13 percent of all girls had begun childbearing—11 percent had experienced a live birth and two percent of girls were pregnant with their first child. Data on age at first birth highlight that although childbearing in early adolescence, that is, before age 15, was rare (2%), as many as 25 percent of girls in ages 18–19 had their first birth before age 18, that is, in childhood.

Among those who had begun cohabiting, 64 percent of girls had ever been pregnant and almost half of girls reported at least one live birth. Findings also show that the first birth took place soon after cohabitation for many—for example, among girls who had cohabited for at least two years, 65 percent had their first child within two years of cohabitation.

Infant, neonatal, and post-neonatal mortality rates were measured. Findings show that the neonatal mortality rate stood at 48 deaths per 1,000 live births and that the post-neonatal mortality rate was 15 deaths per 1,000 live births. In total, the infant mortality rate stood at 63 deaths per 1,000 live births.

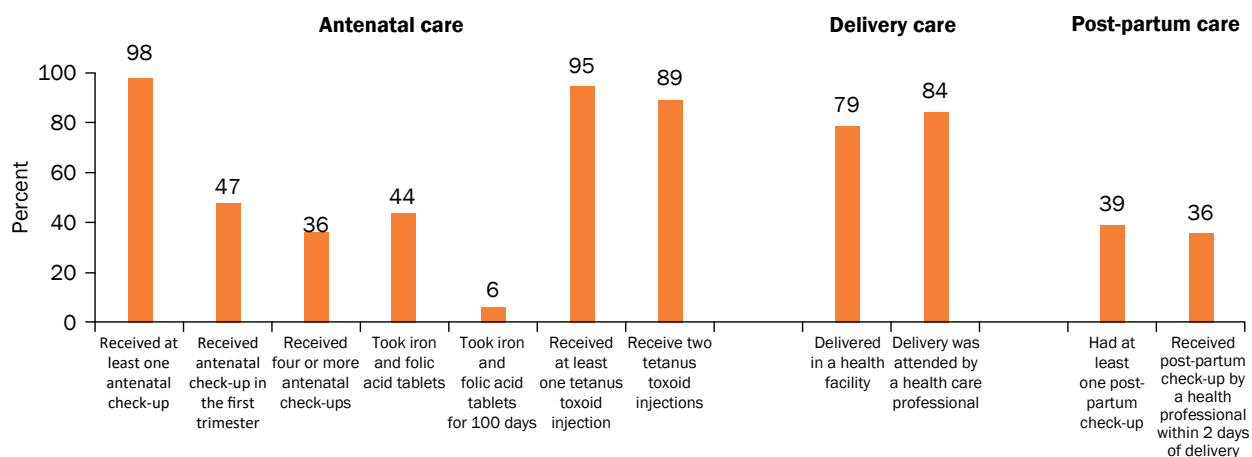
Pregnancy loss was considerable. As many as nine percent of married girls experienced pregnancy loss. Two percent of married girls, for example, reported that their pregnancy had ended in a stillbirth, seven percent reported miscarriage, and, less than one percent reported an induced abortion.

In addition, large proportions of married girls reported an unintended pregnancy. Among married girls who were not pregnant at the time of the interview, 42 percent reported that their last pregnancy was mistimed or unwanted. Among married girls who were pregnant at the time of the interview, 46 percent reported that their current pregnancy was either unwanted or wanted at a later time.

Maternal and newborn health care practices for the first birth

Circumstances of the first birth suggest that almost all married girls had received at least one antenatal check-up (98%) (Figure 16). However, fewer girls had their first check-up in the first trimester (47%), while even fewer had received four or more antenatal check-ups (36%). Although 44 percent of married girls had taken iron and folic acid tablets, only six percent had taken it for 100 days. As many as 89 percent of married girls had received two or more tetanus toxoid injections and almost all (95%) had received at least one. Giving birth in a health facility and having skilled attendance were common for the first delivery. Indeed, 79 percent of married girls reported that they gave birth in a health facility and 84 percent of girls reported that their first birth was attended by a health care personnel. Findings show that girls' access to post-partum check-ups following their first birth was limited—just 39 percent of married girls reported at least one check-up. Some 36 percent of married girls had their first post-partum check-up within two days of delivery. Almost all married girls who had received a post-partum check-up had received it from a healthcare professional. Only nine percent of girls had received three or more check-ups within six weeks of delivery.

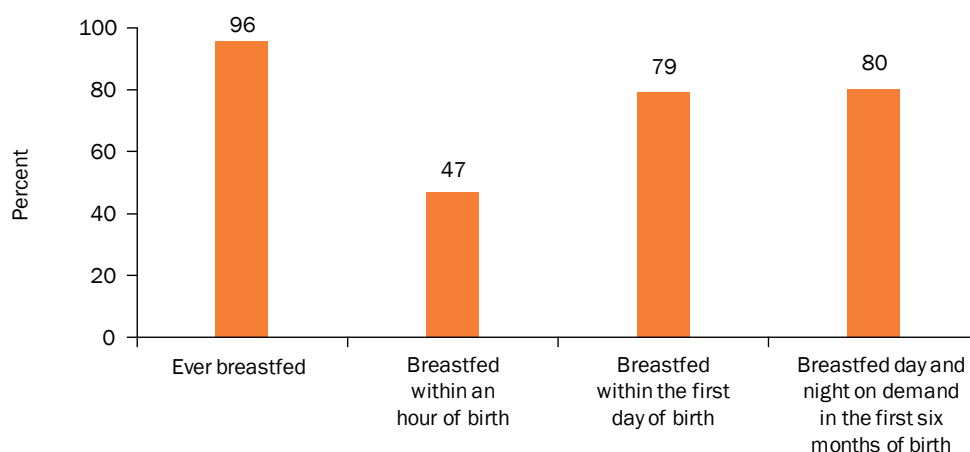
Figure 16: Percentage of married girls in ages 15-19 who had received antenatal, delivery and post-partum care for their first birth,* Bihar, 2016



Note: *Of married older girls who had at least one live birth.

Breastfeeding is nearly universal—96 percent of married girls with at least one live birth reported that they had breastfed their first child (Figure 17). However, only a small proportion of married girls had initiated breastfeeding within an hour of delivery (47%) and 80 percent had initiated breastfeeding within the first day of birth. The large majority of married girls who had breastfed their first child had done so day and night on demand in the first six months of birth (82%). On the whole, 70 percent of first-born children under six months of age were exclusively breastfed. Large proportions of infants were immunised within the first month of life—96 percent, 98 percent, and 80 percent of mothers reported that their first-born child had been administered a BCG vaccination, oral polio drops, and a Hepatitis B vaccine, respectively, within one month of birth.

Figure 17: Percentage of married girls in ages 15–19 reporting breastfeeding practices for their first child,* Bihar, 2016



Note: *Of married older girls who had at least one live birth.

Reach of programmes to promote maternal, newborn and child health

The reach of various schemes to promote maternal, newborn, and child health—the Janani Surksha Yojana, the Janani-Shishu Suraksha Karyakram, and the ICDS—was far from satisfactory. Just 43 percent of married girls with at least one live birth had received JSY cash benefits for their first birth; even among those who had given birth in a public sector facility, only 72 percent had received the cash benefits. Among married girls whose first birth took place in a public or private health facility, 48 percent reported their having received at least one benefit dispensed under the Janani-Shishu Suraksha Karyakram. The reach of services through the ICDS programme was even more limited during pregnancy and the period of lactation. With regard to services for girls themselves, just 36 percent of married girls reported that they had received food supplementation during pregnancy or the lactation period with respect to their first child, and fewer girls reported that they had received health and/or nutrition education (28%). Infant and child health services, in contrast, were more likely to have been accessed by girls who had at least one child—67 percent of girls reported that they had received various services for their first child under six years of age.

Sexual health concerns and health-seeking behaviours

Significant minorities of adolescents reported sexual and reproductive health problems in the three months preceding the interview we had conducted. Specifically, 14–26 percent of boys and 7–26 percent of girls reported symptoms suggestive of genital infection during the three months preceding the interview. Moreover, four percent of younger girls and 10 percent of unmarried and married older girls who had begun menstruating had experienced menstrual problems during the same reference period.

Menstrual hygiene practices were far from satisfactory, as measured by use of sanitary napkins. Of those who had begun menstruating, 20–28 percent reported that they used only sanitary napkins, 43–52 percent reported that they used only pieces of cloth, and 21–27 percent reported that they used both. Those who reported using materials other than sanitary napkins cited lack of affordability of sanitary napkins, difficulty in or shyness about obtaining sanitary napkins, and lack of awareness about sanitary napkins as the leading reasons for not using sanitary napkins.

Health-seeking practices for sexual and reproductive health problems among adolescents were compromised among many. Only 59–64 percent of boys and 15–32 percent of girls who had experienced symptoms suggestive of genital infection in the three months prior to the interview had sought treatment for such symptoms. Likewise, among older girls who had experienced menstrual problems in the three months prior to the interview, just 27 percent of unmarried girls and 42 percent of married girls had sought treatment. Adolescents who had sought care did so from a range of providers, including private sector providers, public sector providers, medical shops/chemists, and unqualified providers.

Findings suggest that older adolescents (younger adolescents were not asked these questions) were shy about seeking sexual and reproductive health services. Many adolescents reported that they would indeed hesitate to approach a healthcare provider (36% of boys and 36–46% of girls) or a pharmacy/medical shop (29% of boys and 38–50% of girls) for contraceptive supplies.

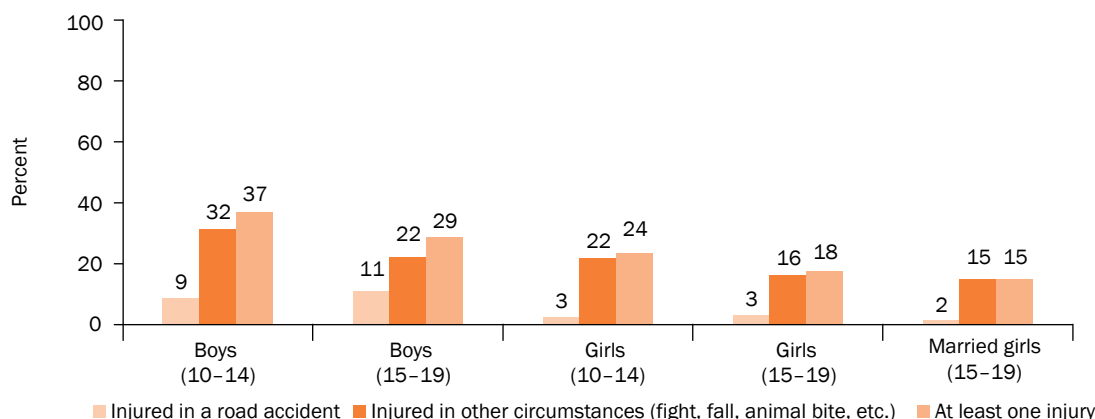
Mental health concerns

As far as the mental health status of adolescents is concerned, findings show that while the majority (90–96% of younger adolescents and 76–90% of older adolescents) did not display any symptoms suggestive of mental health problems, considerable proportions (more girls than boys, particularly unmarried and married older girls) displayed symptoms of depression. Specifically, four percent of younger boys and nine percent of older boys displayed signs of mild depressive disorders (a score of 5–9 on the PHQ-9 scale) in the two weeks prior to the interview as did five percent of younger girls, 14 percent of unmarried older girls, and 17 percent of married older girls. Not a single younger boy, and just one percent of older boys and younger girls displayed symptoms of moderate to severe depressive disorders (a score of 10–27); however, five percent of unmarried older girls and seven percent of married older girls displayed moderate to severe depressive disorders during the two weeks prior to the interview. Moreover, 0.2 to 0.3 percent of younger boys and girls in ages 13–14 had seriously contemplated committing suicide in the year preceding the interview. Among older adolescents, two percent of boys, three percent of unmarried older girls, and seven percent of married older girls reported that they had contemplated suicide. Not a single younger adolescent, less than one percent of older boys and unmarried older girls, and one percent of married older girls had made at least one attempt to commit suicide. Findings also show that a small minority of adolescents—4–5 percent of boys and 2–4 percent of girls—had inflicted such acts of self-harm as cutting or biting themselves, pulling their own hair, and banging their head against something or hitting themselves.

Injuries

Notable proportions of adolescents, particularly boys, had experienced injuries in a road accident or in other circumstances during the three months prior to the interview (Figure 18). Among boys, for example, 9–11 percent of boys and 2–3 percent of girls were injured in a road accident. Larger proportions of adolescents reported experiences of injury in other circumstances (22–32% of boys and 15–22% of girls). On the whole, 37 percent of younger boys and 29 percent of older boys reported at least one injury in the three months prior to the interview as had 24 percent of younger girls, 18 percent of unmarried older girls, and 15 percent of married older girls.

Figure 18: Percentage of adolescents reporting experiences of injuries in the three months prior to the interview, Bihar, 2016



Substance use

Findings show that a substantial proportion of older boys and a small minority of younger adolescents and unmarried and married older girls reported the consumption of tobacco and alcohol. Five percent of younger boys and 20 percent of older boys had ever consumed tobacco products as had one to two percent of girls, irrespective of age and marital status; most boys and girls who had ever consumed tobacco products had done so once a week or more frequently in the month prior to the interview. Eight percent of older boys and hardly any in the other four categories of adolescents (0–2%) had ever consumed alcohol. Hardly any boys and girls (1% or less) reported drug use.

Engagement in physical activities

Most boys—95 percent of younger boys and 86 percent of older boys—and younger girls—81 percent—were typically engaged in sports and games or other physical activities. Fewer older girls reported engagement in sports and physical activities—51 percent of unmarried older girls and 17 percent of married older girls. The majority of boys (both groups) and younger girls who were usually engaged in sports and games or other physical activities had engaged in such activities daily or several times a week in the month preceding the interview. A considerably smaller proportion of unmarried and married older girls reported such engagement. Indeed, 22 percent of unmarried older girls and 53 percent of married older girls reported that they had not played any sports and games or engaged in other physical activities in the month preceding the interview.

Awareness of and reach of programmes to impart health information to adolescents and meet their health needs

Findings also highlight the limited awareness and reach of government programmes intended to impart health information to adolescents and to meet their health needs. We explored adolescents' awareness of the Rashtriya Kishor Swasthya Karyakram by asking about their awareness of peer educator programmes implemented by RKSK. Findings show that hardly any adolescents, irrespective of age, sex, rural-urban residence and, among older girls, marital status had heard about any peer education programme (1–3%). However, we cannot rule out the possibility that these respondents could have been referred to the peer education programmes of non-governmental organisations. The reach of health programmes in schools and colleges in the year preceding the interview was limited—31–32 percent of younger adolescents and 15–19 percent of older adolescents who were enrolled in school or college at the time of the interview reported that they had received health-related information or services from a healthcare provider in their school/college.

Findings show that FLWs, namely, accredited social health activists (ASHAs) and anganwadi workers (AWWs) were widely known to adolescents. Among boys, 93–96 percent and, among girls, 96–97 percent, for example, had heard about AWWs. Fewer adolescents had heard about ASHAs—58–80 percent of boys and 77–93 percent of girls. However, adolescents’ interactions with AWWs and ASHAs in the year preceding the interview were limited, with the exception of married older girls. Some 8–11 percent of boys and 16–17 percent of younger girls and unmarried older girls had received health-related information or services from FLWs in the year preceding the interview. A much larger proportion of married older girls had received information on services from FLWs during the same reference period (40%).

Findings also show that among older adolescent girls who had interacted with FLWs, married older girls were more likely than their unmarried counterparts to have received health information from them. Unmarried older girls typically received general health and hygiene-related information, while married older girls typically received sexual and reproductive health information, followed by nutrition-related information. Sexual and reproductive health information imparted to unmarried older girls focused mainly on physical changes during adolescence, which was most likely to be on menstruation, while it comprised information related to pregnancy-related care and immunisation and newborn care practices for married older girls. Information on contraceptive and safe sex was rarely reported even by married older girls.

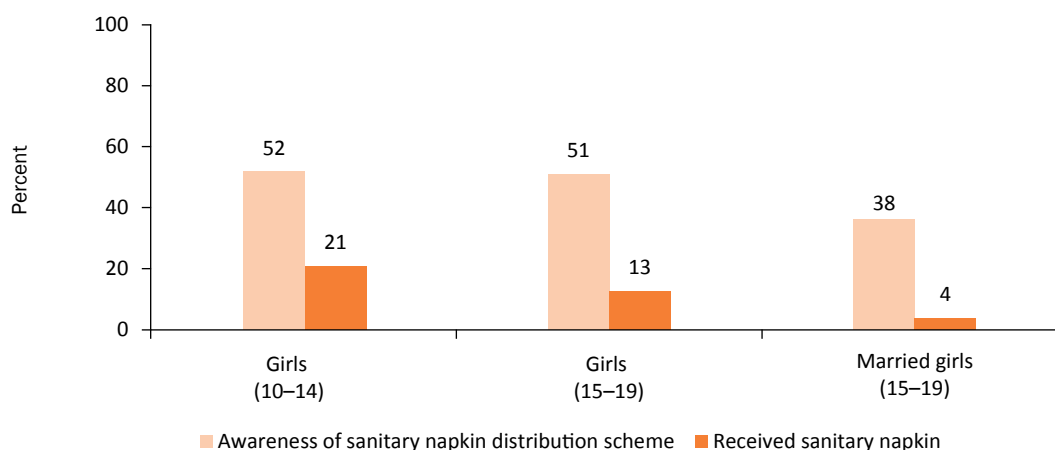
While married older girls were more likely than the unmarried older girls to have received information from an ASHA or AWW in the year preceding the interview, a larger proportion of unmarried than married older girls reported that they had received health services from them.

Health services that unmarried older girls received from ASHAs and AWWs typically comprised iron and folic acid supplements or deworming tablets; ASHAs in addition provided sanitary napkins, and AWWs facilitated health check-ups, which were most likely restricted to the measurement of height and weight, and provided nutritional supplementation. Services received by married older girls from both ASHAs and AWWs included iron and folic acid supplements or deworming tablets; in addition, services provided by ASHAs included escorting them to a health facility and facilitating their health check-ups, while those provided by AWWs included nutritional supplementation and facilitating of health check-ups. None of the unmarried older girls and just one percent of married older girls reported that they had received condoms or oral pills from an ASHA.

Hardly any adolescents had heard about adolescent friendly health clinics (1% of boys and 2–5% of girls) or had received services from adolescent friendly health clinics in the year preceding the interview (0.3% or fewer).

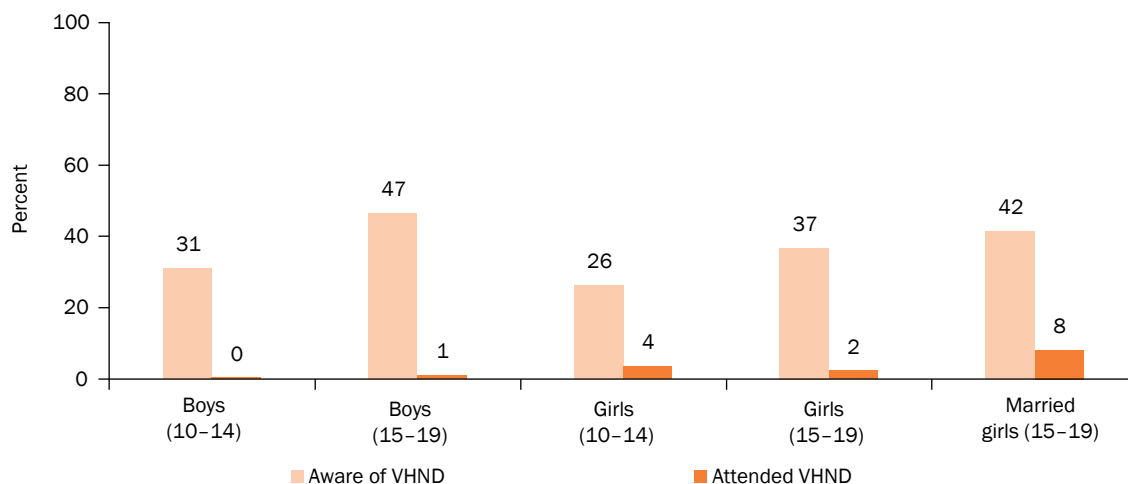
Half of younger girls and unmarried older girls and about two-fifths of married older girls who had begun menstruating were aware of the sanitary napkin distribution programme (Figure 19). Fewer girls who had begun menstruating reported that they had received sanitary napkins through their school or from community-level health workers in the year preceding the interview (21% of younger girls and 4–13% of unmarried and married older girls).

Figure 19: Awareness and reach of sanitary napkin distribution scheme among girls who had begun menstruating, Bihar, 2016



Awareness of VHNDs among rural adolescents was limited—31–47 percent of boys and 26–42 percent of girls reported awareness (Figure 20). None of the younger boys and one percent of older boys and 2–8 percent of girls had attended a VHND in the year preceding the interview.

Figure 20: Awareness of and attendance at village health and nutrition days,* rural Bihar, 2016



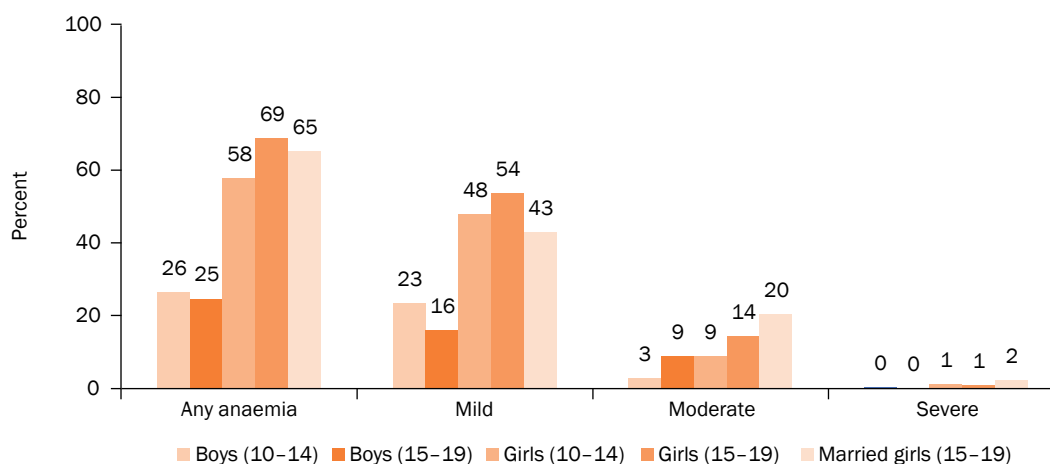
Note: *This question was asked for rural respondents only.

Dietary practices and nutritional status

Findings confirm the poor dietary practices of adolescents. The only item prescribed in the balanced diet for adolescents and probed in the study that was consumed daily by the vast majority of adolescents was vegetables other than dark green leafy vegetables (76% of boys and 87–93% of girls). No more than half of the boys and the girls daily consumed most of the other food items. Even weekly consumption of several of these items was not common.

Notable proportions of adolescents, particularly younger adolescents and boys were thin—28 percent and 23 percent of younger and older boys, respectively, and 17 percent of younger girls and 7–9 percent of unmarried and married older girls. Some 6–7 percent among boys and two percent or less among girls were severely thin. Findings also show that 2–3 percent each of boys and girls were overweight or obese. Moreover, 25–26 percent of boys and 58–69 percent of girls were anaemic (Figure 21). Specifically, 23 percent of younger boys and 16 percent of older boys were mildly anaemic as were 48–54 percent of all girls. Some 3–9 percent of boys were moderately anaemic as were nine percent of younger girls and 14–20 percent of unmarried and married older girls. Finally, hardly any boys and 1–2 percent of girls were severely anaemic.

Figure 21: Percentage of adolescents who were anaemic, Bihar, 2016



Awareness and reach of government programmes intended to improve nutritional status of adolescents

Findings present a mixed picture of awareness and reach of government programmes intended to improve the nutritional status of adolescents in the state. Many adolescents were aware of the weekly iron and folic acid supplementation (WIFS) programme—55–66 percent of boys and 51–64 percent of girls. However, only small proportions of adolescents had received iron and folic acid tablets from the WIFS programme in the year preceding the interview—two percent each of younger and older boys and 2–6 percent of younger and older girls. But, many more had received deworming tablets during the same reference period—53 percent and 28 percent of younger boys and older boys, respectively, and 44 percent and 23 percent of younger girls and unmarried older girls, respectively, and seven percent of married older girls. On the whole, 30–53 percent of boys and 10–45 percent of girls had received one of these tablets in the year preceding the interview. Among unmarried and married older girls who had received iron and folic acid tablets in the year preceding the interview, few (5–11%) had consumed these tablets weekly, as prescribed, in the month preceding the interview (the number of boys and younger girls who had received the tablets were small). Among those who had received deworming tablets, 80 percent of younger boys and 75 percent of older boys had consumed it in the six months prior to the interview as had 86 percent of younger girls, 79 percent of unmarried older girls, and 74 percent of married older girls.

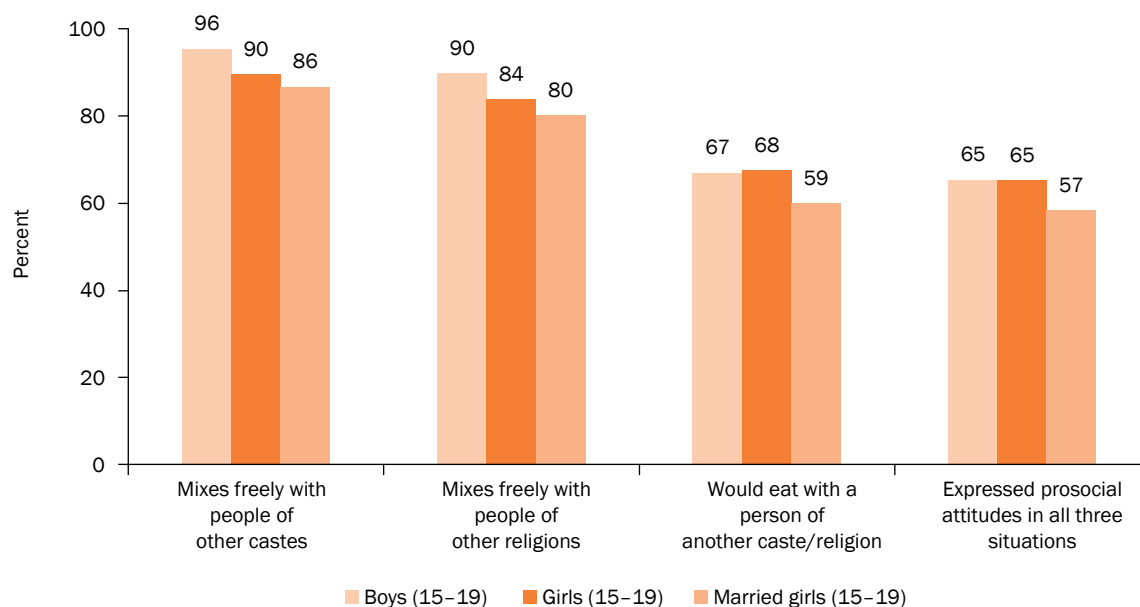
Hardly any adolescents had undergone anaemia testing in their school or at the anganwadi centre in the year preceding the interview—4–6 percent of boys and three percent of girls. A larger proportion of adolescents reported that their weight had been checked in the year preceding the interview—35–47 percent of younger adolescents and 12–19 percent of older adolescents. Similarly, 29–47 percent of younger adolescents and 12–20 percent of older adolescents reported that their height had been checked in the year preceding the interview. The reach of the scheme in which rations or hot cooked meals are provided by the anganwadi centre was limited—just 1–3 percent of younger adolescents and unmarried older adolescents had received it in the year preceding the interview as had 14 percent of married older girls.

Participation in political activities and adherence to pro-social values and practices

Findings highlight that although the majority of older adolescents held positive perceptions about political processes, their participation in political activities and voting was somewhat limited. While most adolescents (77–90%) perceived that one could vote freely and without fear and pressure, as many as 42–59 percent reported disillusionment with the commitment of political parties to work for change at the community level. Findings confirm that, among older adolescents, membership in political parties was low (2–5%). Further, few adolescents exercised their voting right. Among adolescents in ages 18–19 who were eligible to vote in the last election, only 34 percent of boys, 20 percent of unmarried older girls, and 30 percent of married older girls had cast their vote in the most recent election.

By and large, older adolescents reported prosocial attitudes—86–96 percent reported that they mixed freely with individuals of different castes, and 80–90 percent reported that they mixed freely with individuals of different religions (Figure 22). However, somewhat fewer reported that they would eat with a person of a different caste or religion (59–68%).

Figure 22: Percentage of adolescents in ages 15-19 who expressed pro-social attitudes, Bihar, 2016



Resorting to violence to resolve conflicts was justified by many adolescents of both age groups—31–38 percent of boys and 24–30 percent of girls found the use of violence acceptable in both situations posed to them, that is, if someone showed disrespect to a female family member and if someone showed disrespect to respondent’s religion.

Substantial proportions of adolescents of both age groups, particularly boys, had engaged in bullying and other antisocial behaviours. Thus, 46 percent of younger boys and 25 percent of older boys reported involvement in physical fights with other boys or men in the year preceding the interview. Fewer girls—30 percent of younger girls and 4–17 percent of unmarried and married older girls had been involved in physical fights with other girls or women in the same period. As many as 29 percent of younger boys and girls had bullied a boy/girl who was younger or weaker than them in the 12 months preceding the interview as had 15 percent of older boys, 21 percent of unmarried older girls, and five percent of married older girls. Findings also show that 2–4 percent of younger and older boys had robbed someone in the year preceding the interview. Finally, less than one percent (0.4%) of older boys acknowledged that a boy in their family, their friends, or a boy in their village/ward had ever threatened to throw/had thrown acid on a girl or woman. Similarly, less than one percent (0.6%) of younger girls and two percent each of older girls reported that someone had ever threatened to throw/had thrown acid on them or on an acquaintance (a girl in their family, friends, a girl in their village).

Findings show that markers of trafficking for labour or commercial sexual exploitation were not unknown to adolescents, and that boys were more likely than girls to report work-related markers of trafficking (false promises of a good job), while girls were more likely than boys to report marriage-related markers (false promises of a marriage or proposals for marriage with grooms outside the state). Two percent of younger boys and five percent of older boys reported some familiarity with work-related markers of trafficking. None of the younger girls and one percent each of unmarried and married older girls reported so. Finally, 2–3 percent of boys and 5–12 percent of girls acknowledged some familiarity with marriage-related markers of trafficking for themselves/their sister or another girl in their family.

Recommendations for programmes

The findings of UDAYA confirm that adolescents are a heterogeneous group with correspondingly diverse needs. While large proportions of adolescents are healthy and have been to school, our findings confirm that they face numerous challenges in making the transition to adulthood. We identify and discuss in this chapter several programmatic areas for action to improve the situation of adolescents.

1. Universalise quality secondary education attainment

Although school enrolment was nearly universal, attainment of educational milestones varied. Indeed, even among adolescents in ages 10–14, just two in three had completed Class 5. Concerted efforts are needed if the country is to achieve the Sustainable Development Goal 4 of the United Nations development agenda that seeks to promote learning opportunities universally and ensure quality education that is inclusive and equitable. The government has articulated its commitment to improving the schooling situation in the country, as can be seen in the Right of Children to Free and Compulsory Education Act, 2009, the draft National Educational Policy 2016, and several programmes, such as the Sarva Shiksha Abhiyan and the Rashtriya Madhyamik Shiksha Abhiyan. What is needed is a strong commitment to ensure that these programmes are effectively implemented and that they do indeed reach the most disadvantaged groups. Our theoretical framework, outlined in Chapter 1, identified the attainment of at least a quality secondary education as a key indicator of a successful transition to adulthood, and our findings highlight several areas in need of attention.

1.1 Support adolescents to complete a secondary education

Evidence from UDAYA shows that many adolescents do not complete secondary school—among adolescents in ages 18–19, only three-fifths of boys and unmarried girls (60–64%) and about one-quarter (26%) of married girls had completed secondary school (Class 10). Several factors inhibited secondary school completion; leading reasons among boys were lack of interest in studies and economic constraints; and, among girls, they were parental perceptions that education is not necessary, girls' own lack of interest in studies, economic constraints, and housework-related reasons. UDAYA findings concur with evidence synthesised in a recent review of promising models for supporting adolescents' transitions to adulthood (Jejeebhoy, 2017), and as recommended in the synthesis, multiple initiatives are needed to remove these barriers to educational opportunities and to foreground the relevance of a secondary education among both adolescents themselves and their parents and communities.

At the adolescent level, programmes and approaches must pay attention to adolescents' lack of interest in schooling: schooling that facilitates positive peer support and establishes norms that encourage school completion may motivate adolescents to pursue an education. A school climate that is conducive to learning and that helps adolescents feel connected to their school, particularly among those who display lack of interest, needs to be created. Furthermore, there is a need to incorporate skill-building models for livelihood opportunities within the school setting that will not only raise adolescents' aspirations regarding their education and careers, but also provide them opportunities to gain market-driven job skills. These approaches will go a long way in assuring adolescents about the relevance of a secondary education, on the one hand, and encouraging interest in studies on the other.

At the parent and family level, programmes are needed that promote positive attitudes towards education and school completion, demonstrate to parents the relevance of the curriculum for future opportunities for both their sons and their daughters, raise their aspirations for their children, and encourage greater parental involvement in children's education, particularly with regard to adolescent daughters. Campaigns like *Beti Bachao Beti Padhao* need to be delivered using multiple channels and formats to achieve saturation and impact.

Economic pressures that dissuade a few parents from enrolling their children in school and many from keeping them in school once enrolled need to be addressed. There are several on-going central- and state-sponsored programmes that aim to reduce the cost of education in the form of conditional and unconditional cash transfers as well as provision of free tuition, scholarships, school uniforms, books, and supplies (Jejeebhoy, 2017). Evaluations of these programmes, for example, the Dhanalakshmi scheme and *Apni Beti Apna Dhan*, have shown that these schemes have had promising outcomes, at least as seen in the increased retention of girls in primary schools (Sekher and Ram, 2015; Nanda et al., 2016). Findings from UDAYA show that most adolescents in the state who were enrolled at the time of the interview or in the year preceding the interview in a class whose students were eligible for entitlements from their school were aware of such entitlements as midday meals, uniforms, textbooks, and scholarships, and large proportions of adolescents had benefited from these entitlements. Our findings that, despite these programmes, economic pressures had prevented many adolescents from completing a secondary education call for, as advocated by many others, restructuring the incentives, modifying conditionalities, simplifying procedures, and, more importantly, adopting targeted approaches to include the poorest and most socially disadvantaged households (Sekher and Ram, 2015; Nanda et al., 2016). Findings also emphasise the need for further research to better understand what economic incentives will work to retain the most vulnerable in school and enable them to complete a secondary education.

Efforts must also be made to remove school-level barriers, particularly to promote secondary school completion among girls. Poor infrastructure and amenities, indifferent quality of education, and, for girls, distant location of the schools are key school-level barriers identified by adolescents. While it may not be practical to have a secondary school in every village, it is important to ensure safe transportation to school for girls. The evaluation of the bicycle scheme to facilitate safe transport in the state has shown that it has contributed to increasing age-appropriate enrolment in secondary schools among girls (Muralidharan and Prakash, 2017). Findings from UDAYA show that although the coverage of the bicycle scheme was widespread, adolescents who belonged to socially and economically disadvantaged groups were less likely than those who belonged to privileged groups to have benefited from the scheme, and, therefore, it is important to ensure that this scheme does indeed reach the most disadvantaged groups of adolescents. At the same time, schools must take note of and address the concerns of the large number of adolescents who drop out because of lack of interest, failure in their examinations, poor quality teaching, the lack of female teachers, or the paucity of amenities. Finally, given the large proportions reporting that schooling had been interrupted because they were required for housework or work on the family farm or business, and given the reality of adolescents' lives and the economic pressures on families, efforts need to be made to adjust school timings, including the establishment of evening schools, to enable children to accommodate work on the family farm or business without sacrificing their education.

1.2 Ensure regular attendance of those enrolled in school

Of those enrolled in school, attendance was irregular for many: indeed, just 48 percent of married older girls, 59–62 percent of younger adolescents and unmarried older girls, and 70 percent of older boys reported regular attendance in school in the week preceding the interview. School-related reasons, mainly, poor quality of teaching and teacher absenteeism, economic reasons, namely, their having to work on the family farm or business or for pay, housework, and respondent's lack of interest topped the reasons for absenteeism among both boys and girls. Among girls, lack of transportation or their having no one to escort them to school was also an important reason for missing school. These findings call for multi-level—student, family, and school level—interventions to improve school attendance. Global literature lends support to programmes that enhance students' self-esteem and social skills, that offer after-school tutoring or mentoring to help students overcome academic problems, that provide low-cost attendance incentives, that improve communication between parents and schools, that connect families with relevant counselling services or transportation sources, that reach out to parents of at-risk students, that improve teacher-student relationships, and that offer health and nutrition services in schools (Jejeebhoy, 2017; J-PAL, 2017; Hanover Research, 2016; Kim and Streeter, 2016). Evidence from India on what works to ensure regular attendance is sparse (Jejeebhoy, 2017); however, some of the strategies that have shown promising results included monitoring of teachers, nutritional supplementation in school settings, and engaging parents and school management committees (J-PAL, 2017; Santhya et al., 2016).

1.3 Expand 'second-chance' programmes

According to our findings, nine percent of unmarried older girls and 29 percent of married older girls were never enrolled in school and among older adolescents who were ever enrolled in school, 17–20 percent of boys and unmarried girls and 70 percent of married girls had discontinued schooling before completing Class 12. This calls for creating 'second-chance' programmes for adolescents who had missed the opportunity to acquire an adequate level of formal education. Our findings lend support to this idea, as one-fifth to one-third of older adolescents who were never enrolled in school and one-third to more than half of older adolescents who had discontinued schooling before completing Class 12 had expressed a desire to get enrolled or return to school. 'Second-chance' programmes are already being run by some NGOs such as Pratham and the MV Foundation, and these may be suitably modified at scale.

1.4 Invest in improving learning outcomes

Concerted efforts to improve learning outcomes are needed, as evident from our findings: just 74 percent of older boys, 69 percent of unmarried older girls, and 53 percent of married older girls could read a Class 2 text fluently in Hindi; 63 percent of older boys, 51 percent of unmarried older girls, and 31 percent of married older girls could solve a simple division problem; not all adolescents who had completed even primary education (that is, Class 8 or more)

could read a Class 2 text fluently or solve a simple division problem; and adolescents tended to lose literacy and numeracy skills over time. Indeed, the Government of India has articulated its commitment to improving learning outcomes in several policies and programmes, including the National Policy on Education 1986, the Programme of Action 1992, and the draft National Education Policy 2016 (Ministry of Human Resource Development, Government of India, 2016b). Moreover, the government has recently amended the Central Rules of the Right of Children to Free and Compulsory Education (RTE) Act, 2009, to include class-wise and subject-wise learning outcomes for all elementary classes and to link the achievement of learning outcomes with continuous and comprehensive evaluation (Ministry of Human Resource Development, 2017a). What is needed is a strong commitment to ensure that these policies and programmes are effectively implemented and that they reach the most disadvantaged groups.

Several intervention models have been pilot tested in India to improve learning outcomes, and these have identified a number of strategies that hold promise; for example, adapting curriculum to children's learning levels and providing level-appropriate learning materials instead of grade-level curriculum (Banerjee et al., 2016); providing remedial education by informal teachers hired from the community (Banerjee et al., 2007) or by community volunteers (Lakshminarayana et al., 2013); providing additional teachers (Chin, 2005; Muralidharan and Sundararaman, 2013); providing incentive payments to teachers based on improvement in their students' test scores (Muralidharan and Sundararaman, 2011); information and communication technology (ICT) based instruction (Linden, 2008); and engaging parents and school management committees to bring accountability in secondary education for girls (Santhya et al., 2016). Investments are also required to adapt, re-evaluate, and upscale these promising models.

1.5 Target first-generation learners

Our findings highlight that the first-generation learners have a long way to catch up in secondary school completion and learning outcomes. Older adolescents whose mother was uneducated or poorly educated were less likely to have completed secondary school than those whose mother was better educated; learning outcomes likewise improved steadily with the mother's level of education attained. Activities that seek to improve enrolment in secondary schools, ensure secondary education completion, and enhance learning outcomes, targeted at adolescents and their parents/families, should be specially targeted toward first-generation learners.

1.6 Build teacher capacity

Findings that poor quality of teaching and teacher absenteeism topped the list of reasons for irregular attendance, that many relied on private tuition, and that learning outcomes remain poor even among those who had completed primary education highlight the need for focusing on providing better training to teachers and ensuring accountability from them. It is to be noted that efforts in this direction have been initiated by the Government of India (Ministry of Human Resource Development, 2017b). Teachers need to be aware that many students are first-time learners with parents who have never been to school or have only modest levels of education; they should be made aware that reasons for dropping out of school, such as lack of interest, may at least partly be attributed to their own failure to communicate the curriculum; and they need to be trained to make instruction more stimulating and adolescent friendly. Further, they need to be held accountable for the performance of their students. Promising evidence from a programme that provided incentive payments to teachers based on the average improvement of their students' test scores (Muralidharan and Sundararaman, 2011) needs to be reviewed and considered for replication.

2. Prepare adolescents for skilled employment

The National Policy on Skill Development and Entrepreneurship (Ministry of Skill Development and Entrepreneurship, 2015) places emphasis on the need for a skilled workforce, and, towards this objective, the National Skill Development Mission aims to skill or upgrade the skills of 150 million people, mostly youth, by 2022. Indeed, a transition into productive work roles at appropriate ages is a key indicator of a successful transition to adulthood, and our findings highlight that in order for adolescents to make this transition and for the Skill Mission to achieve its goal, several challenges will need to be overcome.

2.1 Strengthen efforts to prevent child labour

Findings show that 4–10 percent of adolescents were initiated into paid work in childhood (before age 14), and this reinforces the recommendation highlighted earlier on the need to provide conditional grants and targeted subsidies to disadvantaged groups in order to encourage parents to opt for schooling instead of work for their children. At the same time, it is important to vigorously enforce existing laws that prohibit child labour.

2.2 Enhance skills to improve employment potential

Findings suggest that significant proportions of adolescents are not employable, as they lack adequate skills. As mentioned above, not all older adolescents had completed a secondary school education, and reading and mathematics skills were generally limited. Moreover, just eight percent of older boys and 12–16 percent of unmarried and married older girls had attended a formal vocational training programme. Even among adolescents who had attended a vocational training programme, exposure to marketable skills was limited, especially among girls. While considerable proportions of boys (65%) reported exposure to computer skills, girls tended to opt for relatively traditional vocational skills such as tailoring (69–88%) and may not have had the opportunity to learn about market needs or to develop appropriate skills for which a demand exists. It is also notable that those who were engaged in paid work were working largely as agricultural and unskilled non-agricultural labourers. Considerable proportions of adolescents were actively seeking employment—24 percent of older boys and 10–11 percent of older girls; notably, 59 percent of older boys and 27–34 percent of older girls who had completed 12 or more years of schooling were actively seeking employment. These percentages suggest a possible disconnect between adolescent skills and market needs.

The state needs to significantly strengthen investments in programmes that enable adolescents to make a successful transition to work roles. Enhancing employment potential would depend to a considerable extent on improvements in the school system and ensuring secondary school completion, as discussed above, and also on greater investment towards enabling adolescents to acquire vocational skills. There exists a considerable unmet need among older adolescents for vocational training programmes: one in ten boys and almost two in five girls had wanted to attend a training programme but had been unable to do so, largely for such demand-side reasons as constraints in affording the cost of the course, unsuitable course timings, and objections from their family, and such supply-side reasons as the paucity of training centres and lack of awareness about these centres and their locations.

Formal mechanisms need to be developed that provide opportunities for potential employers to partner with schools and vocational institutions to increase adolescents' exposure to the world of work, including an understanding of the jobs available in the local economy, avenues for pursuing those jobs, and skills and experience necessary for obtaining them. Efforts are also needed to offer demand-driven training-to-employment programmes that focus intensively on the requirements of specific available jobs and include a post-training placement component. There is also a need to promote a more positive image for vocational education. The Bihar Skill Development Mission is a step in the right direction; however, just 18 percent of older boys and 15–22 percent of unmarried and married older girls had heard about it, and even fewer (4–5%) were aware of any vocational training centres that offer training under this mission. It is important that this initiative is popularised more vigorously and centres that offer vocational skills training under the mission are expanded. Efforts are needed to bridge the gap between the huge demand that adolescents have for acquiring livelihood skills and their access to available entitlements through which to acquire these skills.

The mere availability of skill-building programmes is not sufficient, particularly for girls. Adolescents need to be made aware of the range of training programmes available and need to be counselled about skills for which there is a market demand. Further, trained adolescents require support in accessing apprenticeship or employment opportunities and in overcoming challenges that may inhibit their availing of opportunities, such as parental disapproval, transportation concerns, and so on.

Efforts are required to create alternative models to traditional training institutes, such as mobile camps, community colleges, and courses on vocational skills in high schools. Attention needs to be drawn to improving the quality of vocational training programmes, updating curricula based on emerging industry requirements, improving the quality of trainers, and increasing the focus on soft skills, including how to prepare curriculum vitae and present oneself at interviews.

Evaluation of the effect of skilling programmes on adolescents and young people are sparse in India (Jejeebhoy, 2017). Existing programmes implemented by government and civil society partners that are aimed at job creation need to be evaluated, so that their reach and impact in enabling adolescents and youth to make a successful transition to work roles may be assessed. Evaluation findings will provide evidence for the upscaling of successful models or for the revamping of existing programmes based on lessons learned.

3. Empower adolescents and establish egalitarian norms

The markers of a successful transition to adulthood also include the ability of adolescents to navigate this transition in an informed and equitable manner, that is, to make informed choices and hold equitable notions of masculinity and femininity. Several programmes have been implemented—for example, SABLA/Kishori Shakti Yojana (KSY), the Nehru Yuva Kendra Sangathan (NYKS) youth club movement, and the Beti Bachao Beti Padhao programme—that focus on building girls’ agency, on the one hand, and changing notions of male superiority and female submissiveness, on the other. However, findings highlight the persisting limited agency of adolescents and the striking gender divide in all dimensions of adolescents’ agency. Although adolescent girls were far more disadvantaged than adolescent boys, many boys were also not able to exercise agency in their everyday lives. Adherence to gender egalitarian attitudes was limited. Initiatives to reverse this situation need to be prioritised.

3.1 Promote gender transformative life skills programme for boys and girls

Evidence shows that adolescents in Bihar have limited agency and many hold gender in egalitarian attitudes about masculinity and femininity—for example, while almost all older boys were free to visit various places unescorted, just half of unmarried older girls and one-fifth of married older girls were accorded such liberty. Control over money was also limited and gendered—while half of older boys and unmarried older girls and one-third of married girls owned a savings account, almost three out of four of boys who owned an account compared with two out of three girls operated the account themselves. While both boys and girls reported an average of three friends, boys were more likely than girls to meet their friends frequently, and far more likely to meet them in venues outside the home, school, and those related to their daily chores. Egalitarian gender role attitudes were held, moreover, by just half of younger boys, about three-quarters of older boys, younger girls, and unmarried older girls, and two-thirds of married older girls.

Findings call for the promotion of gender transformative life skills programmes for adolescent boys and girls that will not only raise their awareness of new ideas and the world around them, but also enable them to put information into practice, encourage them to question gender stereotypes and promote new concepts of masculinity and femininity, develop self-esteem, and strengthen their skills in problem-solving, decision-making, communication, and interpersonal relations and negotiation. Given girls’ limited mobility and opportunities to build/nurture supportive friendships, it is important that girls are offered a safe space in which to gather and develop strong support systems.

An increasing number of intervention models to build agency and promote egalitarian gender role attitudes among adolescents have been tested in India (Acharya et al., 2009; Achyut et al., 2011; Das et al., 2012; Jejeebhoy et al., 2017; Mehra et al., 2016; Verma et al., 2006). As noted in a recent synthesis of promising interventions (Jejeebhoy, 2017), these models could be reviewed and replicated or scaled-up as appropriate. The potential that programmes (such as the Rashtriya Kishor Swasthya Karyakram of the Ministry of Health and Family Welfare, SABLA and Kishori Shakti Yojana of the Ministry of Women and Child Development, and the NYKS youth club programme of the Ministry of Youth Affairs and Sports) hold for scaling-up successful lessons learned from these intervention models must be exploited to reach a critical mass of adolescents.

Programmes to promote gender equitable norms and practices among adolescents must also target parents and other adults who influence and control the lives of adolescents for the latter to benefit from such programmes. These influential adults need to be sensitised to equitable gender norms and thereby persuaded to adopt new notions about gender and egalitarian socialisation practices for boys and girls.

All programmes to which adolescents are exposed need to be viewed and structured through a gender lens. School textbooks need to be evaluated as a medium to introduce ideas that promote gender equity. Teachers and healthcare providers require sensitisation about gender in egalitarian attitudes and girls’ limited agency and orientation about

ways of redressing these imbalances. Teachers, in particular, need training to ensure that classroom interaction does not inadvertently favour boys.

3.2 Strengthen family life education for those in school and out of school

The findings of UDAYA provide considerable evidence that family life or comprehensive sexuality education is urgently needed among adolescents, for both those in school and those who have discontinued their education. Findings demonstrate a limited understanding of sexual and reproductive matters among adolescents, including among the married older girls. Misconceptions abound on most topics: sex and pregnancy, contraceptive methods, STIs and HIV/AIDS, and maternal and newborn care practices. Where adolescents have shown awareness of sexual and reproductive health matters, many of them exhibited only superficial knowledge. While few adolescents had been exposed to family life education, key topics covered related to HIV/AIDS rather than sexual and reproductive topics more generally. Even so, those who had been exposed to such an education were more likely than those who had not been to display in-depth awareness of sexual and reproductive matters. Moreover, notable proportions of adolescents—one-tenth to two-fifths—indicated a preference for receiving information about sexual and reproductive matters from teachers, healthcare providers, or other influential adults in the community.

These findings reinforce the need to expand the content and reach of the Adolescence Education Programme (AEP). They call for a commitment to strengthen age-appropriate family life or comprehensive sexuality education for all adolescents, that is, for those in school and those out of school, those who are married and those who are unmarried, and those from rural and those from urban areas. Moreover, there is a need to expand the content of existing awareness-raising programmes to include not just HIV-related information, but broader sexual and reproductive topics. These programmes should be designed not only to raise awareness among adolescents, but also to enable adolescents to correctly understand and assess the risks they face and, thereby, to adopt appropriate protective actions. Comprehensive sexuality education should also promote gender egalitarian attitudes and empower adolescents with the communication and negotiation skills that will allow them to make informed choices and an understanding of their entitlements.

Peers have also been identified as acceptable sources of information, especially by boys (26–53% of boys and 12–21% of girls in ages 13–19), and while there is a debate about the effectiveness of peer educators in other settings, there is some evidence from India that suggests that young people may indeed be a reliable source of information for their peers (Pandey et al., 2016; Mehra et al., 2016; Jejeebhoy et al., 2017a). The Rashtriya Kishor Swasthya Karyakram has invested heavily in a peer educator approach to inform and counsel youth, and its programmes offer a unique opportunity through which to inform and empower adolescents about sexual and reproductive matters as well as many other health-related matters that may place adolescents at risk. Efforts to identify and build the capacity of peer educators and to build networks of peer educators would be a measure towards addressing the sexual and reproductive health needs of adolescents.

While evaluations of government-initiated family life or sexuality education programmes are limited, evidence from NGO-led programmes that combine sexuality education and life skills education have shown promise not only in raising awareness of sexual and reproductive matters among adolescents, but also in helping them to adopt protective behaviours (Pandey et al., 2016; Mehra et al., 2016). Investments are also required to adapt, re-evaluate, and upscale these promising models.

3.3 Invest in violence-prevention activities

Violence—witnessed, experienced, and perpetrated—in public and private spaces marked the lives of many adolescents in the state. One-sixth of boys and between one-quarter and one-third of girls with both parents alive at the time of the interview had ever witnessed incidents where their father had beaten their mother and one-third to two-thirds of adolescents with at least one parent alive at the time of the interview reported their having been slapped or otherwise physically abused by a parent since they had turned 10 years of age. As many as 22 percent of younger girls had ever experienced teasing and verbal harassment of a sexual nature, and 1–2 percent of boys and 7–11 percent of girls had experienced unwanted sexual touch. While 3–19 percent of boys had ever verbally harassed a girl in a sexual way, five percent of older boys reported the perpetration of forced sex, including on their romantic partner/s. Violence within marriage—emotional, physical, or sexual—was experienced by 28–37 percent of girls who

had begun cohabiting. As many as 46 percent of younger boys and 25 percent of older boys reported involvement in physical fights with other boys or men in the year preceding the interview; likewise, 30 percent of younger girls, 17 percent of unmarried older girls, and four percent of married older girls reported involvement in physical fights with other girls or women. As many as 29 percent of younger boys and girls had bullied a boy/girl who was younger or weaker than them in the 12 months preceding the interview as had 15 percent of older boys, 21 percent of unmarried older girls, and five percent of married older girls.

These findings stress the urgent need for pilot testing multi-pronged interventions to prevent violence. A WHO review of evidence on what works to prevent violence suggests that programmes should include: interventions that encourage stable and nurturing relationships between parents and children in their early years; life skills programmes that seek to build social, emotional, and behavioural competencies among adolescents and preschool enrichment programmes which provide children with academic and social skills; school- and community-based programmes to promote gender equality; interventions that challenge cultural and social norms supportive of violence; and interventions to identify victims of interpersonal violence and provide them with effective care and support (WHO, 2010). Programmes must focus on both boys and girls, and they should be tailored to address their individual needs. While evidence on workable models in these areas are lacking for the most part in India, some recent experiments focused on boys hold promise, namely, the Do Kadam programme and the Parivartan programme, both of which used gender transformative life skills education and sports coaching to impart values that encouraged adolescent boys and young men to denounce attitudes that justify violence against women and girls. A second project of the Do Kadam Barabari ki Ore programme trained frontline workers to identify young women at risk of violence and link them with support services (Jejeebhoy et al., 2017a; 2017b; Das et al., 2012). Other life skills education programmes, such as Action for Adolescent Girls by UNFPA and the Better Life Options by the Centre for Catalysing Change have included components that raise awareness among girls about protecting themselves against violence and taking action in case they experience it (CEDPA, 2006; UNFPA, 2014). Investments are required to adapt, re-evaluate, and upscale these promising models.

4. Promote good health and informed health choices

The National Health Policy 2017 pays special attention to adolescent health, affirming a commitment to ‘pre-emptive care’ as well as to school health programmes that promote health and hygiene. It calls for activities to provide sexual and reproductive health services, as well as those that address other concerns such as inadequate calorie intake, poor nutrition, and mental health problems (Ministry of Health and Family Welfare, 2017). Likewise, but more sharply focused on adolescents, the Rashtriya Kishor Swasthya Karyakram has prioritised six key concerns of adolescents that may result in ill-health during adolescence itself or that may manifest in adulthood owing to practices initiated in adolescence. They comprise sexual and reproductive health, nutrition, mental health, substance abuse, non-communicable diseases, and violence. UDAYA collected data on each of these areas, and findings underscore that many adolescents are at risk of failing to make a healthy transition into adulthood. Insights from the project suggest the need for interventions that will promote a better understanding of risks and enable adolescents to modify behaviours to reduce these risks.

4.1 Ensure that when premarital sex takes place, it is safe and wanted

While sexual activity is initiated within marriage for the vast majority of adolescents, findings show that a sizeable proportion of older boys and girls had engaged in sex before marriage—14 percent of boys, and six percent of both unmarried and married girls. As documented in this report, many adolescents had initiated sexual activities uninformed, which reinforces our earlier recommendation for the need to provide family life or comprehensive sexuality education to adolescents. Moreover, for many adolescents, premarital sexual experiences were unsafe (30% of older boy, 5% of unmarried older girls, and 27% of married older girls who had engaged in premarital sex reported multiple partners; just 20% of older boys and 1–8% of unmarried and married older girls reported consistent condom use in premarital relationships). These findings of uninformed, unsafe, and sometimes unwanted sexual experiences call for programmes that focus on building sexual and reproductive health awareness among adolescents, on developing their skills in negotiating safe sex, and in communicating with their partners on sexual and reproductive health matters. These measures should be preferably included in the gender transformative life skills education and the comprehensive sexuality education programmes discussed earlier as well as in the community-level programmes

of the Rashtriya Kishor Swasthya Karyakram (RKSK). At the same time, programmes should make available appropriate family planning and infection-prevention services for unmarried adolescent boys and girls in a manner acceptable to them.

4.2 Translate policy commitments into effective measures to promote mental health

The National Mental Health Policy 2014 has made several promises to improve the mental health of the country's population, including that of adolescents and youth. Our findings highlight the need to put these promises into action. Disturbing minorities of adolescents in ages 15–19 displayed symptoms of depression or suicidal ideation: one percent of older boys, five percent of unmarried older girls, and seven percent of married older girls displayed symptoms of moderate to severe depressive disorders during the two weeks prior to the interview, and two percent of older boys, three percent of unmarried older girls, and seven percent of married older girls reported suicidal tendencies in the year preceding the interview.

While very few mental health interventions for adolescents have been evaluated in India, some pilot interventions have shown promise. One such intervention is the life skills education programme for adolescents in ages 14–16 in schools in urban and rural Karnataka, which teachers had conducted over the course of a year. This programme showed that adolescents who received the intervention had improved coping skills and higher self-esteem and self-efficacy (Srikala and Kumar, 2010). A community-based multi-component intervention aiming to address mental disorders, interpersonal violence, and substance abuse among young people in ages 16–24 in Goa found a significant decrease in symptoms of depression and violence (Balaji et al., 2011). Small-scale studies have shown promise in employing lay persons in schools and healthcare facilities rather than specialised health personnel for general health promotion in resource-constrained settings (Rajaram et al., 2012; Patel et al., 2010). Investments are required to adapt, re-evaluate, and upscale these promising models. Based on studies in other countries, evidence suggests that reaching and engaging with adolescents through the internet also presents a possible avenue for exploration in India (Clarke et al., 2015).

4.3 Promote healthy dietary practices

Our findings confirm the poor dietary practices of adolescents. Just one percent of adolescents or fewer consumed daily the five food groups that was included in the study and recommended as part of a balanced diet. Findings show, moreover, that notable proportions of adolescent boys (3–9%) and particularly girls (10–23%), were moderately or severely anaemic. These findings highlight the need for implementing programmes to promote the intake of healthy foods from an early age. Context-specific nutrition information must be disseminated in a simple, understandable, and accessible manner to adolescents and their parents.

Although there are several programmes intended to improve the nutritional status of adolescents, unfortunately, the awareness and reach of these programmes remain mixed and uneven. While many adolescents were aware of the weekly iron and folic acid supplementation (WIFS) programme (55–66% of boys and 51–64% of girls), just two percent of boys and 2–6 percent of girls had received iron and folic acid tablets from the WIFS programme and 28–53 percent of boys and 8–44 percent of girls had received deworming tablets in the year preceding the interview. Likewise, just 4–6 percent of boys and three percent of girls had undergone anaemia testing in their school or at the anganwadi centre in the year preceding the interview. These findings highlight the need for revamping these government programmes.

4.4 Address other health risks

The findings from UDAYA show that adolescents face other risks—injuries, substance abuse, and lack of exercise—and these affect boys and girls differently. Injuries in a road accident in the previous three months were experienced by 9–11 percent of boys but by far fewer (2–3%) girls. Among older boys, tobacco and alcohol consumption were reported by 20 percent and eight percent, respectively. Programmes are needed specifically for boys to deter them from substance abuse and practices that have potential to cause injury (for example, motorcycle riding without helmets, physical fights). Clearly this requires the internalisation of new notions of masculinity among them and gender transformative life skills education, discussed earlier, needs to incorporate messages that will influence risk-taking behaviour change in these areas.

Lack of physical activity is notable among adolescents, and differences by gender are wide. While five percent of younger boys and 14 percent of older boys reported no physical activity, the proportions were 19 percent, 49 percent, and 83 percent for younger girls, unmarried older girls, and married older girls, respectively. Schools would do well to encourage fitness from an early age, by providing opportunities to exercise for one hour daily among students of all ages, especially girls, and helping girls to overcome parental misgivings about their engagement in sports activities. Similarly, the SABLA and other community-level programmes for girls can also incorporate a physical activity component.

4.5 Sensitise and train frontline workers (FLWs) to respond to the needs of all adolescents

Findings indicate that no more than weak links exist between adolescents and frontline workers (FLWs), namely, the accredited social health activists (ASHAs) and anganwadi workers (AWWs). Although FLWs were widely known to adolescents, just 8–11 percent of boys, 16–17 percent of younger girls and unmarried older girls, and 40 percent of married older girls had received health-related information or services from FLWs in the year preceding the interview. FLWs need to be equipped with adolescent friendly IEC (information, education, and communication) materials to serve adolescents' need for information and services and also with supplies such as sanitary pads and contraceptives to meet their sexual and reproductive health needs. Familiarisation of FLWs with the referral network is imperative to link adolescents in need with higher-order facilities. They must be also made responsible for informing adolescents and their gatekeepers about services to which adolescents are entitled.

The goals of training programmes for FLWs should include developing their communication skills to a much greater extent than is currently demonstrated, removing inhibitions and enabling them to overcome discomfort about disseminating information, providing counselling to adolescents, and offering referrals. Training must also build FLWs' skills with regard to addressing service needs (including the provision of condoms, for example) for all categories of adolescents in a manner that is open and non-threatening. Community-level and peer education activities introduced by the RSKS programme requires, moreover, specific training for ASHAs to serve as mentors to peer educators and as mediators between adolescents and the health system. Training and sensitisation programmes for FLWs must be supplemented with audio-visual aids, frequently asked questions (FAQs), and case studies that providers may keep in their possession to consult in the course of their interactions with different categories of adolescents and youth. Supportive supervision is also essential in order to support FLWs to incorporate a new set of activities and a new target group (adolescent girls and boys) into their regular responsibilities.

5. Delay marriage and recognise the vulnerabilities of married girls

Evidence from our findings indicates that hardly any girls preferred to marry below age 18 or boys below age 21 (2% and 5%, respectively of unmarried 15–19-year-olds) and that the prevalence of child marriage has declined when compared with what was reported a decade ago in the National Family Health Survey. Even so, as many as 44 percent of girls in ages 18–19 were married before age 18, and the median age at marriage was 16, which is well below the legal minimum age of marriage for girls. Moreover, marriages were often arranged without consulting adolescent girls themselves, and girls rarely had an opportunity to meet their husband-to-be prior to the wedding day.

Married girls are hugely vulnerable. Notable proportions of married girls experienced physical (28%) and sexual (37%) violence perpetrated by their husband; husband-wife communication on sexual and reproductive matters was limited (54% had discussed the number of children to have and 20% had discussed contraception). Family pressure to bear children as soon as possible following marriage was reported by one in three girls. Despite the fact that more than two in five girls wished to delay the first pregnancy, just nine percent had used a contraceptive in the first two years of marriage. Numerous forces work against delaying the first pregnancy—objections from the husband and other family members, lack of awareness of appropriate methods of contraception or sources for methods, limited access and method-related concerns, and the lack of attention from healthcare providers. At the same time, pregnancy-related care is also compromised. Although almost all girls (98%) had received at least one antenatal check-up and most had skilled attendance at the first delivery (84%), just 39 percent had received at least one post-partum check-up, which underscores the many missed opportunities to provide a continuum of care from maternal care to newborn care for adolescent girls. Action should be taken to address child marriage and the huge health and social vulnerabilities of married girls.

5.1 Capitalise on adolescents' preference to delay marriage and accelerate the pace of decline in child marriage

There is a need for a multi-pronged approach to eliminate the practice of child marriage. The disconnect between preferred and actual age at marriage calls for measures that supplement information campaigns with measures to address the underlying factors, that is, social norms and economic constraints, driving child marriage. Strategies are needed to mobilise communities to help parents resist pressures that compel the practice of child marriage. Moreover, initiatives are needed to establish new norms and practices and to actively engage influential persons in the community, including religious and political leaders, towards this end. Strategies for community mobilisation must involve adolescents as well as their families. Community-based and frontline workers must play a greater role in identifying girls at risk of child marriage and prevent such marriages. Messages that raise awareness about marriage laws and, in particular, the fact that the law advocates prosecution for all those who play any role in child marriage need to be disseminated.

Equally important is to ensure greater commitment from relevant authorities to enforce existing laws on the minimum age of marriage and the registration of marriages and to levy penalties on violators. Allowing for anonymous reporting, making law enforcement agencies and others aware that the practice of early marriage is not a minor violation, and making the guidelines for penalties clear to enforcement agencies and the wider community are possible steps in this direction.

Efforts to delay marriage also require providing girls with viable alternatives to marriage in the form of accessible and quality schooling, opportunities to build (and use) livelihood skills, and employment opportunities they can avail. Working with the education sector to make schooling for girls more accessible and to make classrooms gender sensitive and responsive to the needs of girls and the concerns of their parents is also important. Meaningful, affordable, and easily accessible livelihoods training to girls, within and outside the educational system, would help to expand choices for girls, instead of one that restricts them to early marriage. Furthermore, family life education and gender transformative programmes, including the Adolescence Education Programme and the SABLA programme, need to incorporate sessions that reinforce messages against child marriages and build girls' ability to have a key voice in when and whom they marry.

Efforts to prevent child marriage should be particularly targeted at families of girls who are most at risk of discontinuing their studies before completing Class 10 and those belonging to socially and economically disadvantaged groups.

5.2 Sensitise adolescents and parents to adolescents' right to participate in marriage-related decisions

The failure to engage adolescents in decision-making with respect to their marriage calls for measures to sensitise parents about the need to involve their children in marriage-related decisions and also the need for adolescents to interact with their prospective spouse prior to the wedding day. It is also important to make parents aware of the physical and mental health consequences of child marriage and the adverse experiences of many girls who were married early or who were unprepared for marriage. They need to be apprised about the benefits of the participation of adolescent girls and young women in the selection of their husband for later married life.

There is also a need for expanding the policy discourse that stresses the need to raise marriage age to include ensuring, as advocated by the Convention on the Elimination of All Forms of Discrimination Against Women, the 'free and full consent' of youth in the selection of their spouse.

5.3 Address power imbalances within marriage

Findings demonstrate that relationships within marriage remain unequal: notable proportions of married girls had experienced physical and sexual violence perpetrated by their husband; husband-wife communication on sexual and reproductive matters was limited; and several girls who had desired to delay their first pregnancy faced objections to contraception from their husband. Efforts are needed to encourage couple communication on sensitive issues (contraception, for example), negotiation, and conflict management skills early in the marriage. Efforts are also needed to inform married girls of their rights so that they have the opportunity to exercise control over their own

lives; at the same time, efforts must be made to promote new concepts of masculinity and femininity and egalitarian couple relations among adolescents and youth. The gender transformative life skills education discussed earlier provides an important platform through which these norm changes may be encouraged. At the same time, efforts to reach newly married young couples with counselling, information, and opportunities for interaction would go a long way in enabling equitable marital relations.

5.4 Support adolescents to exercise reproductive choices and receive continuum of care

Our findings indicate that not all RMNCH+A (reproductive, maternal, newborn, child and adolescent health) programme services reach married adolescents. Programmes are needed, for example, that reach newly married girls and their husbands to inform them about their pregnancy postponement options and enable them to access appropriate contraception before pregnancy takes place. Concomitantly, providers, including such outreach workers as ASHAs, need to be trained and charged with the responsibility of ensuring that married adolescents who have not yet experienced pregnancy receive information on contraception and other reproductive health matters and are also given contraceptive supplies. The misconception held by healthcare providers that married adolescents will not seek contraception until they have experienced one pregnancy needs to be changed. Similarly, the duties of healthcare providers towards those who have experienced pregnancy are to ensure that they receive information on the importance of seeking the full continuum of care. Many married girls lack the freedom of movement to seek healthcare, which demonstrates the need for health workers to reach these girls—particularly those newly married and first time pregnant—in their homes.

6. Create awareness of citizenship responsibilities

Findings have shown that 34 percent of eligible boys and 20–30 percent of eligible girls had exercised their right to vote in the most recent elections preceding the survey. Prosocial attitudes were far from universal, with one third to two-fifths of adolescents reporting that they would not eat with a person of a different caste or religion, and between one-quarter and half justifying their right to retaliate with violence if disrespect is shown to a female family member or to the respondent's religion. Inculcating citizenship values and practices from an early age are necessary for adolescents to develop civic consciousness and equitable attitudes.

6.1 Promote active participation of adolescents in political processes and inculcate prosocial values

Our survey findings demonstrate that programmes are needed at the school, college, and community level that encourage political participation, incorporate value-building components, and reinforce prosocial attitudes and values that espouse responsible citizenship. These can be introduced through the participation of adolescents in national service programmes, sports, and other non-formal mechanisms. Educational institutions, locally elected representatives (from PRIs), and communities should also provide opportunities to foster interaction between adolescents of different castes and religions. Findings also emphasise that the political system in the country needs to make special efforts to address the disillusionment of many adolescents about political matters and encourage their participation in the political processes in more meaningful ways.

7. Realise the potential of the mass media and new technologies to reach adolescents with new ideas and opportunities

We observed from our study that multiple media channels have a wide reach among adolescents, which suggests that the media can play a powerful role in conveying new ideas and pertinent information in the health, skilling, and employment realms to adolescents.

7.1 Leverage adolescents' access to the mass media, social media, and mobile phones to impart beneficial information

We observed that large proportions of adolescents access the media—radio (10–32%), television (61–86%), and films (76–91%). They also have access to mobile phones (76–97%), the internet, and social media (13–39% of boys and 1–7% of girls). The media can play an important role in enhancing their awareness of health-promoting behaviours and their entitlements, promoting supportive norms with regard to secondary school completion, inculcating positive notions of masculinity and femininity, and encouraging the adoption of healthy behaviours. Information about skill-training programmes and employment opportunities may also be accessed through the media. Greater use of IVRS (interactive voice response) may offer opportunities to share health-promoting information with adolescents. Efforts are required to evaluate existing media and mobile-phone-based interventions for adolescents to assess their reach and impact in raising adolescents' awareness and enabling them to make informed choices. Efforts to employ the internet and social media to advance positive messaging to adolescents must take note of the wide gender discrepancies in access and ensure the continuation of more traditional modes of information provision for girls.

8. Reach parents and families with new ideas about child socialisation

Study findings indicate that parents and families play an enormous decision-making role in the life of their children, particularly in their daughters' lives. Notable proportions of boys and girls acknowledged gender discriminatory practices in their home, and many adolescents reported that their family life was marked by violence, both witnessed and experienced. They also reported that communication with parents on issues relevant to adolescents—such as school performance, friendship, experiences of being teased or bullied, and physical changes during adolescence, and reproductive processes—was limited. At the same time, leading individuals from whom all adolescents learnt social behaviours were their parents, and of those adolescents who reported a role model, the majority reported someone from their family as their role model. In short, key life choices of adolescents are shaped by their parents and family, and, hence, programmes are needed that address parental mindsets, socialisation practices, and aspirations for sons and daughters.

8.1 Create a supportive family environment

Findings from UDAYA call for the introduction of programmes that focus on changing traditional socialisation patterns among parents. These programmes need to raise parental awareness of girls' abilities, opportunities, and rights; enable parents to reduce inhibitions about communicating with their adolescent children, including on such sensitive issues as harassment, violence, and sexual matters; and persuade them to treat daughters and sons equally and give both of them the same rights and responsibilities within the family, opportunities for education and vocational skill development, and access to money. Familiarising parents about the negative impact of the intergenerational transmission of norms relating to the acceptability of violence and encouraging them to socialise their children to reject violence against women and girls are steps that would help to create positive attitudes and behaviours in their children during adolescence itself and in adulthood.

Evidence on models that are effective in bridging the distance between parents and their adolescent children or that enable parents to adopt more gender egalitarian socialisation practices is currently limited in India. A pilot study in rural Bihar had disappointing results, and it showed that there were very few changes in awareness, attitudes, and socialisation and communication practices that were attributable to participation in an intervention designed to sensitise parents on these issues (Jejeebhoy et al., 2014). There is a need to develop and pilot test new models that are both effective for and acceptable to parents.

Instead of a dedicated parenting programme, a possible alternative way to reach parents is through existing platforms—unrelated to parenting—that attract fathers or mothers of adolescents. For example, sessions on parenting may be folded into the sessions of self-help group meetings for women or in livelihood-training activities in which men and women participate; messages may be delivered to parents through mobile phones as well.

While parents of boys and girls in adolescent ages may be the most in need of exposure to new parenting skills, intervening with parents of younger children is likely to have more strategic impact, since it would prepare them to build closer relationships, foster more effective communication with children, and provide constructive support to children as they transition into adolescent and then adult roles. Presenting role models, that is, parents who have deviated from traditional norms and have communicated openly with their sons and daughters, may be an effective confidence-building measure for parents who hold more traditional views. This would reassure them that close parent-child relations and open communication about sexual and reproductive health matters would not lead boys and girls astray, and, on the contrary, would demonstrate that children of progressive parents had made successful transitions into higher education, employment, and positions of leadership. Efforts to solicit the support of community influentials and local leadership and conducting community-level behaviour change communication events may be needed in order to enable parents of adolescent children to gain confidence about engaging in new practices.

Parents have also been identified as a preferred source of information, especially by girls; yet very few reported actually receiving any information related to reproductive processes from a parent. Also needed, therefore, are efforts to engage parents by providing them with accurate information and working with them to overcome inhibitions about imparting information to their adolescent children, particularly their daughters.

9. Remove hindrances to awareness and use of entitlements

Although the government has provided a large number of entitlements and services that can have a direct impact on adolescent well-being, few adolescents are aware of many of these entitlements and services, and bottle necks have hampered their reach. In many instances, the most vulnerable and needy adolescents, such as the poorest, those from socially disadvantaged communities, and those whose parents are uneducated are excluded from the ambit of these services. Programmes need to explore ways of overcoming obstacles in accessing entitlements and services.

9.1 Revamp adolescent programmes

The reach of programmes intended to meet the development and health needs of adolescents remains strikingly uneven in the state. While schemes to promote school completion, such as the provision of midday meals, free textbooks and uniforms, and scholarships, are widely known and have reached large proportions of adolescents, programmes to promote skill-building and employment generation, programmes to impart health information to adolescents and to meet their health needs, such as the health programmes in schools and colleges, adolescent friendly health clinics, the sanitary napkins distribution scheme, and the family life education programme are less known and their reach is limited. These findings call for efforts to build awareness among adolescents and their gatekeepers about the availability of these entitlements through better branding of these schemes, on the one hand, and improved delivery of programmes and stronger linkages across programmes, on the other.

10. Ensure the inclusion of the most vulnerable

While almost all adolescents are in need of the benefits of the many programmes and entitlements available to them, ensuring that the most vulnerable groups of adolescents are not left out is imperative. Our findings highlight that married adolescent girls, those who had never been to school or had discontinued schooling, those with poorly educated mothers, and those who belonged to socio-economically vulnerable groups consistently scored poorly on markers of successful transitions to adulthood. These findings, therefore, call for special attention and strategic investment in these vulnerable groups. Finally, our findings indicate that vulnerabilities are manifested in early adolescence and, therefore, investments starting in early adolescence or even earlier are crucial for their development.

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