ADOLESCENT GIRLS' EMPOWERMENT

BASELINE SURVEY REPORT

2025

COMMISSIONED BY:
Association for Rural Planning and Action (ARPAN)

STUDY BY:
Pluriversal Research and Action (PRA)

ARPAN
ASSOCIATION FOR RURAL PLANNING AND ACTION

PLURIVERSAL RESEARCH AND ACTION

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Chapter I: Introduction

1.1. Adolescent Girls in India

Adolescence, spanning ages 10 to 19, is a critical phase of physiological, psychological, and socio-cultural transition. While WHO defines adolescence as the period between childhood and adulthood (10-19 years), age classifications vary across cultures, often shaped by local traditions around puberty rather than fixed age brackets[1,2,3]. Globally, adolescents face developmental challenges alongside pressures to conform to gender norms. In India, these challenges are compounded by socioeconomic disadvantages, limited access to education and health services, poor life skills, and restricted opportunities for participation. India has the world's largest adolescent population – 253 million (Census 2011), with adolescent girls comprising 47% (119 million). Yet, their concerns remain largely invisibilized[4].

For adolescent girls, the transition into adulthood is marked by shrinking freedoms – reduced mobility, limited voice, and constrained participation, while boys experience expanding opportunities and autonomy. Girls are burdened with domestic responsibilities and boys are expected to prepare for financial roles[5]. These gendered expectations are further intensified by intersections of caste, class, geography, and other socio-economic factors, shaping lifelong health and wellbeing outcomes.

Concerns of Adolescent Girls in India

Adolescent girls face high school dropout rates, early marriage, domestic violence, poor physical and mental health, malnutrition, early pregnancies, and limited workforce participation[6]. According to UDISE 2021–22[7], dropout rates rise sharply from 1.35% at the primary level to 12.25% at the secondary level, often due to gendered norms that prioritize boys' education. Girls are expected to take on unpaid domestic and caregiving roles, preparing for future responsibilities as wives and mothers. The lack of life and employability skills further marginalizes them in both personal and professional spheres.

These challenges are especially pronounced among Scheduled Castes, Scheduled Tribes, and rural populations[8]. Limited education is closely linked to early marriage, which in turn leads to poorer health outcomes, financial insecurity, domestic violence, and entrenched gender inequality[9].

Moreover, rural–urban and gender disparities continue to widen across key adolescent concerns. According to NFHS-5, the adolescent fertility rate[10] (ages 15–19) is significantly higher in rural India (49%) compared to urban areas (27%). In Uttarakhand, the rate stands at 19%, with rural areas at 21% and urban at 17%. Nearly 3% of adolescent girls in the state had already experienced pregnancy or childbirth at the time of the survey.

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[1] UNICEF. Adolescents Statistics.

[2] WHO. Adolescent Health.

[3] Curtis (2015). Defining Adolescence.

[4] Vacha. (2013). Rights of Adolescent Girls in India: A Critical Look at Laws and Policies. Vacha Publication.

[5] Footnote 2 and 5

[6] UNICEF. Adolescent development and participation; Footnote 5

[7] Kundu and Mukhopadhyay. (2024). Why India Needs to Spend on Health, Education of Adolescent Girls. CBGAindia.org.

[8] Barua et al. (2020). Adolescent health programming in India: a rapid review. Reproductive Health. Jun 3;17(1):87.

[9] ICRW, IFS & Manjari Foundation. (2019). Pushing Boundaries by Engaging Adolescent Girls and Communities: Evidence from Evaluation of the PAnKH Program.

[10] Adolescent fertility rate here refers to the number of births per 1000 women in the last three years preceding the NFHS survey.

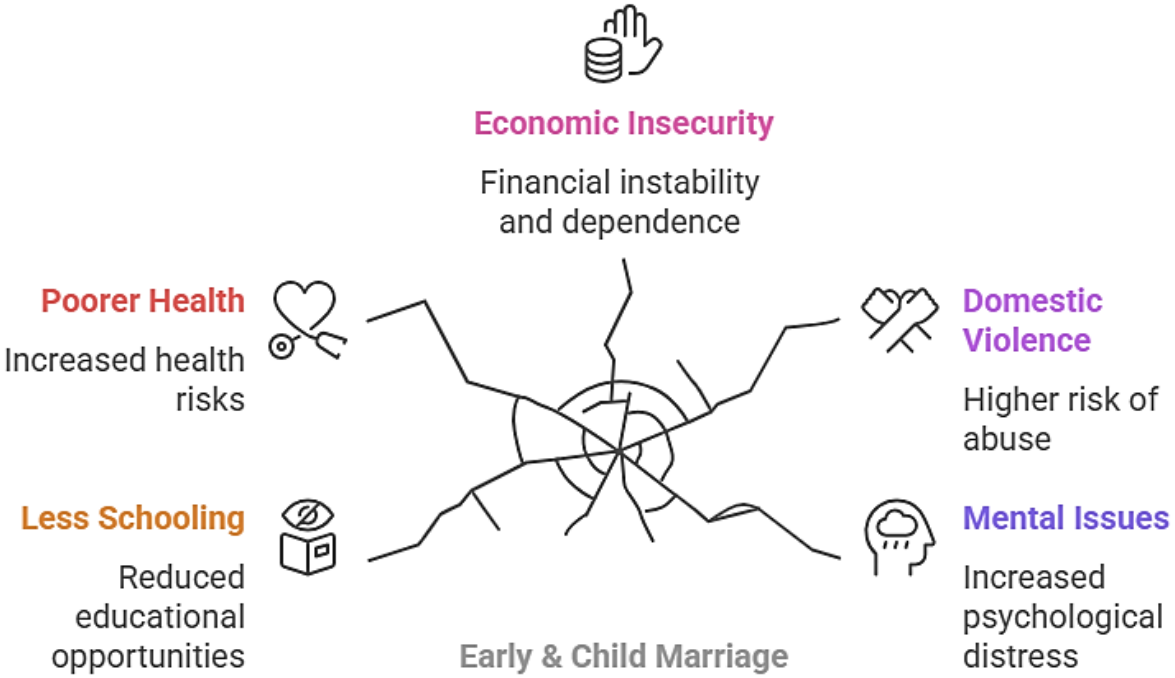


Figure 1: Early and Child Marriage Implications on Adolescent Girls in India

Digital access also reflects stark divides. In Uttarakhand, there is a 19-point gap between rural and urban women in Internet usage, and only 61% of women reported owning a mobile phone (NFHS-5) [11], limiting access to information and opportunities for adolescent girls.

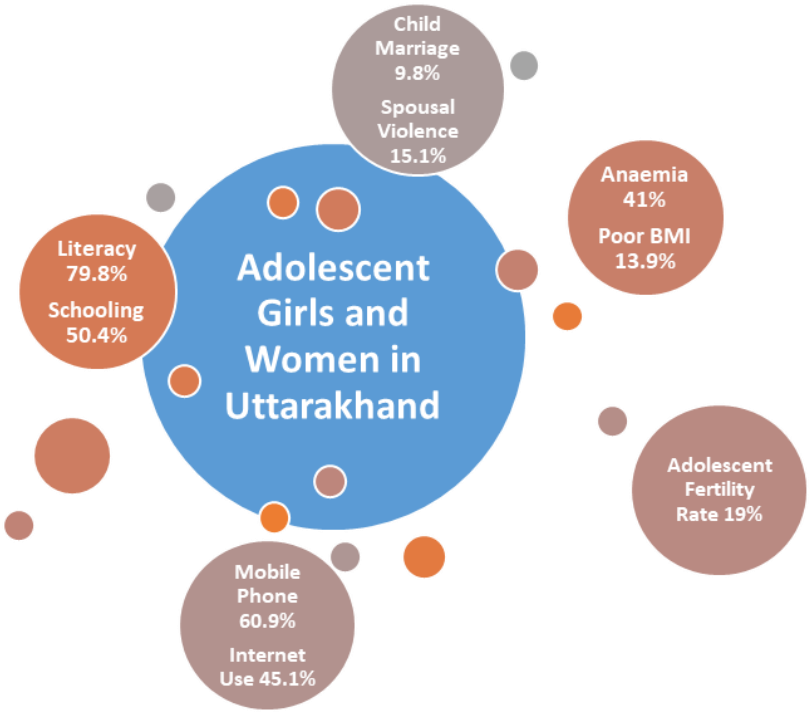


Figure 2: Key findings for adolescent girls (15-19 years) and women (15-49 years) in Uttarakhand as per NFHS-5

[11] NFHS-5. 2019-21. Compendium of Factsheets.

Key region-specific challenges faced by adolescent girls in Pithoragarh, Uttarakhand include:

- **Harmful social practices**: Child marriage, dowry, and trafficking under the guise of marriage remain prevalent, reinforcing narrow roles of girls as brides or mothers rather than independent individuals.
- **Health and wellbeing risks**: Early childbearing and domestic responsibilities lead to adverse health outcomes for girls and their families. Marital violence further threatens their physical and mental wellbeing.
- **Patriarchal discrimination**: Poverty and cultural norms often render daughters, especially in larger families, as burdens, resulting in unequal access to food, clothing, education, and care.
- **Educational barriers**: Girls frequently drop out after grades 8 or 10 due to distant schools or household demands.
- **Limited skill-building avenues**: A lack of vocational courses and learning spaces restricts skill development and future opportunities.
- **Menstrual discrimination**: Religious taboos label menstruating girls as impure, leading to school absenteeism. Inadequate school toilets compound this issue.

Laws and Policies concerning Adolescent Girls in India

India, through its Constitution and various international, regional, and national laws, has committed to safeguarding the civil, economic, social, cultural, and political rights of adolescent girls, including rights to life, education, property, protection from child marriage, child labour, trafficking, sexual offences, and domestic violence.

The National Adolescent Health Strategy (RKSK), launched in 2014, is a dedicated program for adolescent health but faces challenges in governance, implementation, monitoring, and adolescent participation[12]. Other relevant policies include the National Health Policy (2017), National Youth Policies (2003, 2014), National Mental Health Policy (2014), National Population Policy (2000), and National Education Policy (2020); the latter two being broadly applicable but not adolescent-specific.

Despite these frameworks, low public expenditure, especially in education, and a declining Union government share hinder progress. Addressing adolescent girls' needs requires strong political will, better resource allocation, and rights-based implementation. Key focus areas include health and nutrition, menstruation, education, life skills, and gender justice, with adolescent girls placed at the centre of all interventions.

[12] Footnote 9

Figure 3: Key concerns of adolescent girls in rural India based on literature

1.2. About the Project

The project, *Empowerment of Adolescent Girls from Rural Hilly Regions, Uttarakhand*, focuses on adolescent girls in Pithoragarh district, who have remained largely invisible in development discourse. Grounded in both literature and local context, the project aims to reduce their vulnerabilities by improving access to adolescent-friendly services and strengthening their capacities through leadership and skill-building interventions.

Project Objectives:

- Sensitize adolescent girls on education, health, nutrition, and life skills, anchored in constitutional values, morality, and rule of law.
- Build a strong network of girls' collectives and peer educators to help them acquire social, health, and economic assets for realizing their aspirations.
- Establish a safety cadre through collective action and active engagement of parents and stakeholders.

Over three years, the project will engage 600 adolescent girls across 60 villages in one block of Pithoragarh, organized into three clusters. Village-level girls' collectives will be formed and federated at Cluster and Block levels. Interventions will include health camps, extracurricular

activities, vocational and digital literacy, and sensitization programs to address health, menstruation, low awareness, skill gaps, and gender discrimination. Leadership development will enable selected girls to become Peer Educators, motivating others and voicing their concerns. They will be linked to relevant education, skill training, health, and development programs aligned with their interests.

1.3. About ARPAN

ARPAN is a grassroots organization based in Askot, Pithoragarh district, located at the trijunction of India, Nepal and Tibet, with the Kali River marking its eastern border with Nepal. ARPAN was established with the following objectives:

- To support community institutions in making them self-reliant and empowered
- To revive the diminishing/shrinking space and values within the society
- To promote socio-economic and socio-political empowerment of women through their capacity building to enable them to fight all forms of discrimination and oppression
- Work in support and alliance with like-minded institutions on national and international issues

ARPAN has actively addressed violence against women, particularly domestic violence, through action-oriented strategies focused on dignity, collective resistance, and socio-legal support such as legal aid and counselling. The organization identifies women's socio-economic status and patriarchal norms as root causes of violence, advocating for independent land rights as essential to economic and food sovereignty. ARPAN also works with adolescent girls, empowering them from an early age through education, rights awareness, and self-assertion.

This study has been commissioned by ARPAN and conducted by Pluriversal Research and Action (PRA) to establish a baseline of the situation of adolescent girls in selected villages of Pithoragarh district.

Chapter II: Methodology

2.1. Research Design

This mixed-methods baseline assessment was designed to gather primary data from adolescent girls participating in the empowerment project. It aims to understand their current status, needs, perspectives, and aspirations in 20 hilly villages of Pithoragarh district, Uttarakhand. Aligned with the project's three-year phased rollout, the baseline will cover 60 villages—20 per phase. This report presents findings from Phase 2 (FY 2024–25), based on data collected from 214 adolescent girls across 20 villages.

Sample

All adolescent girls aged 10 to 19 years residing in the 20 project villages were eligible to participate in the study. In Phase 2, a total of 214 girls were interviewed using structured tools.

Baseline Methods and Tool

The baseline assessment was done primarily through a personal interview method. A comprehensive Computer-Assisted Personal Interview (CAPI) format that was developed for the first years' baseline was modified for some questions and responses. The data collection was done using the KoboToolbox software programme to design the structured interview schedule. The interview tool covered all the programmatic aspects: a) profile of adolescent girl participants, b) awareness of fundamental rights, c) collectives and leadership of adolescent girls, d) digital literacy, e) skill development, f) health (including nutrition, menstruation, and reproductive health), and lastly, g) gender discrimination.

The questions followed a binary (yes/ no) and multiple-choice questions (MCQ) format, with a few open-ended options to capture other responses. The tool underwent multiple rounds of deliberation and discussion between ARPAN and research team. Suggestions were incorporated suitably based on the local context and relevance of the questions to the project.

Further, interactions were carried out with multiple stakeholders like teachers, Sarpanch, Panchayat members, Asha workers, and other key stakeholders to understand their viewpoint about issues concerning to adolescent girls in their villages.

Data Collection and Quality Assurance

The study was designed to ensure high-quality, authentic, and context-rich baseline data. The research team comprised six members: a Principal Investigator, a Co-Investigator, and four women Field Researchers. Field Researchers conducted field data collection, while the Principal Investigator led overall coordination, including methodology design, tool development, team training, data monitoring, cleaning, analysis, and report writing. The Co-Investigator supported data analysis and reporting.

An interactive training workshop was held to familiarize Field Researchers with the CAPI tool, integrate field-based feedback, and finalize the data collection plan. Informed consent was obtained from all participants, with parental permission and voluntary assent from the adolescent girls prior to interviews.

Data Analysis

Quantitative data was cleaned and coded in MS Excel, then analyzed using SPSS through univariate and bivariate methods. Descriptive statistics were interpreted and presented accordingly. Field observations and informal interactions with key stakeholders were incorporated into the report to enrich the analysis of primary data collected from adolescent girl participants.

Chapter III: Findings of the Study

3.1. Profile of the Participants

This baseline assessment draws on data gathered from 214 adolescent girls, offering rich insights into their demographic, educational, and socio-economic realities. The profile that emerges is both diverse and deeply revealing, spotlighting key structural and individual factors that shape girls' access to opportunities and inform potential areas of intervention.

Village Distribution

The baseline data reflects a diverse geographic sampling, encompassing 20 villages, with Bathi (11.7%), Bhadgaon (7.5%), and Talli Bhaisyudi (7%) showing the highest representation. A substantial number of participants hailed from Gram Sabha jurisdictions, underscoring the administrative inclusivity embedded in this assessment. The diverse village clusters provided rich information for nuanced insights and community-specific programming.

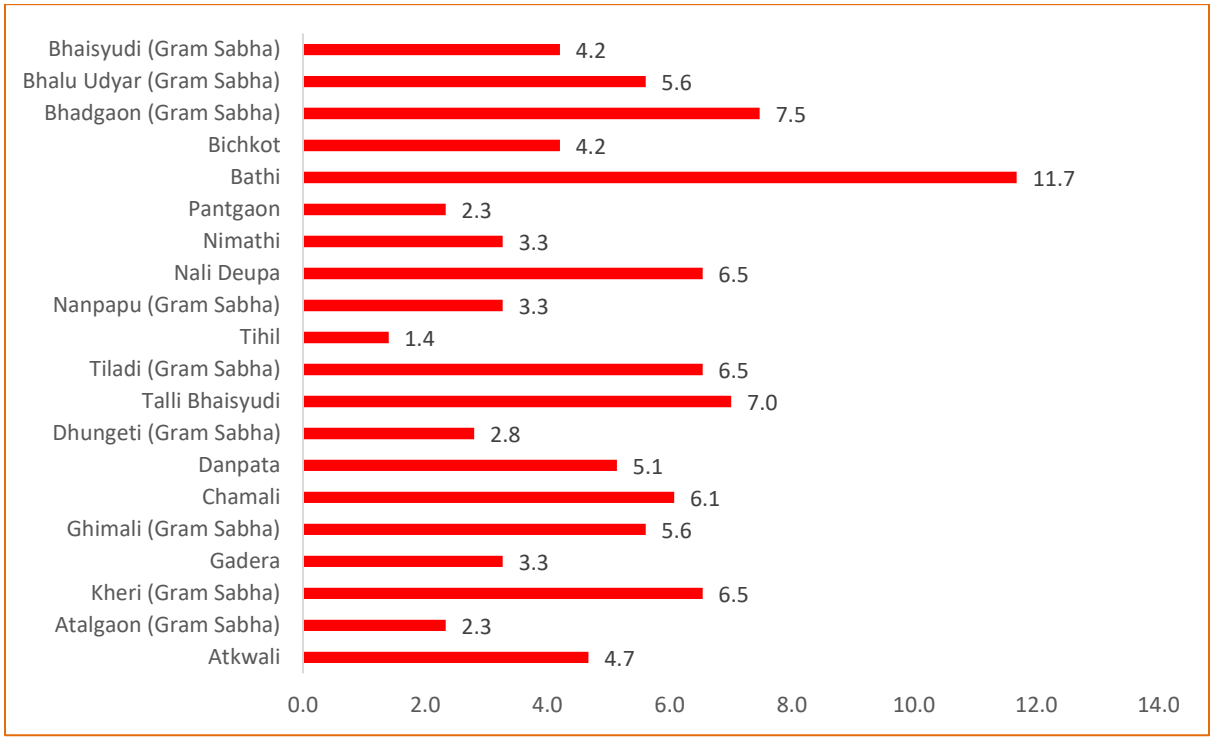


Figure 4: Village-wise representation

Age Distribution

The baseline sample is broadly distributed across the three stages of adolescence: 35% were in early adolescence (10-14 years), 33.2% in middle adolescence (15-17 years), and 31.8% in late adolescence (18–21 years). Collectively, the age distribution reveals a youth-dominated profile, with a substantial concentration between 15-21 years. This presents a strategic window for targeted educational and developmental interventions aimed at adolescents and young adults.

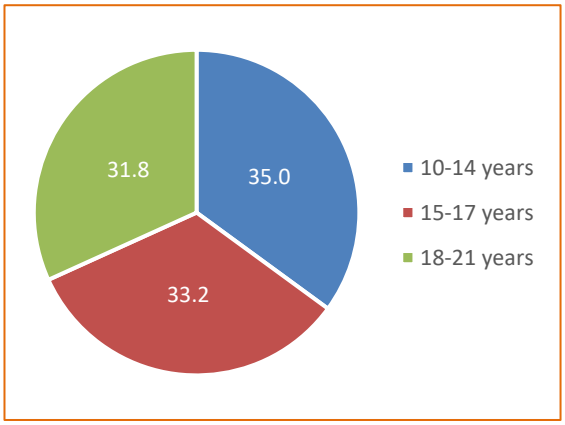


Figure 5: Age distribution of the participants

Entitlement Documentation

Identity documentation is nearly universal, with over 99% of participants possessing Aadhar and Ration cards. However, while these basic IDs enable access to services, the relatively low rate of caste certificates (just 29%) could be a barrier to accessing targeted entitlements under social justice provisions. Although 68 of 214 participants were eligible for a Voter card, merely 10.3% had one. This reflects the adolescent girls in the region are currently excluded from equal access to schemes meant for Scheduled Castes or Scheduled Tribes and equal political participation.

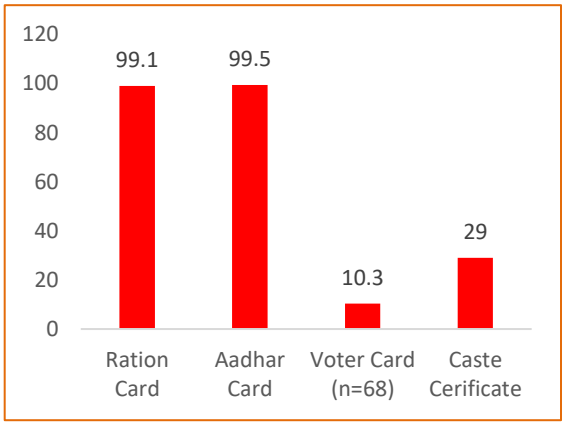


Figure 6: Availability of Documents

Educational Attainment

Educational attainment levels show promising results with nearly 78% of the participants had completed school education. Additionally, 31.7% having reached senior secondary and 17.8% achieving graduation. Yet, over a quarter remain at or below primary level, indicating persistent gaps in foundational learning.

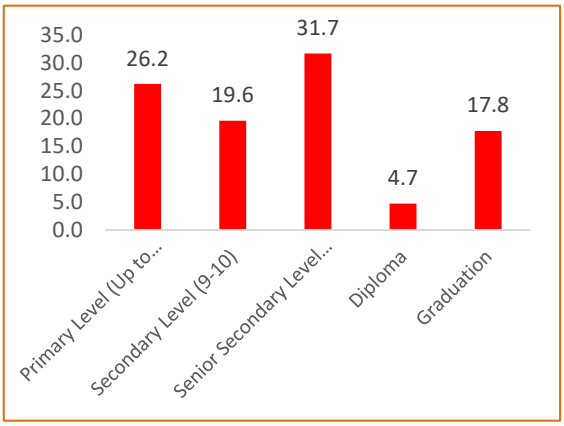


Figure 7: Highest educational qualification

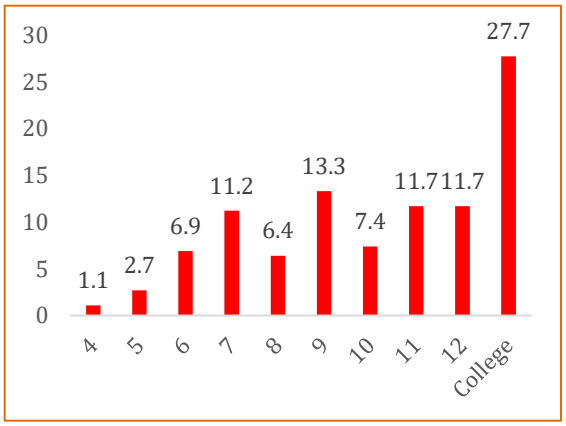


Figure 8: Current Educational Status (n=188)

Encouragingly, nearly 88% are currently students – approximately 72% are pursuing school education, while 28% are enrolled in college. Among the school-going girls, 28.3% are at the primary level (classes 4-8), followed by nearly a quarter at the senior secondary level (classes 11-12) and around 21% at the secondary level (classes 9-10).

Access to Quality Education

The data reveals that government institutions dominate the educational landscape, attended by over 78% of students, and predominantly co-educational in nature. Over 95% of students were enrolled in co-educational schools, with only 5% attending girls' schools.

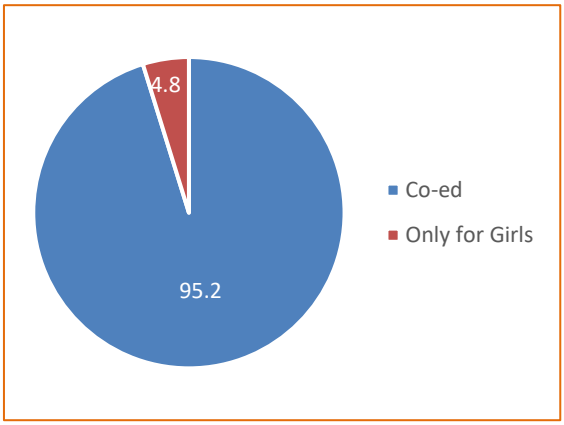


Figure 9: Format of School/ Colleges (n=188)

Infrastructure, though partially adequate, requires urgent attention. While most institutions offer separate toilets (96.8%) and water facilities (73.4%), only 29.3% reported regular cleaning. Disturbingly, a significant proportion (37.2%) of sanitation responsibilities are shouldered by students themselves, especially girls (>35.1%), revealing troubling gendered expectations and systemic neglect.

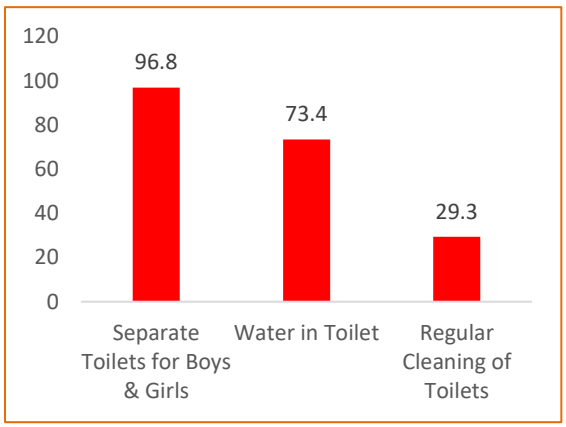


Figure 11: Toilets & Cleanliness in Schools/ Colleges (n=188)

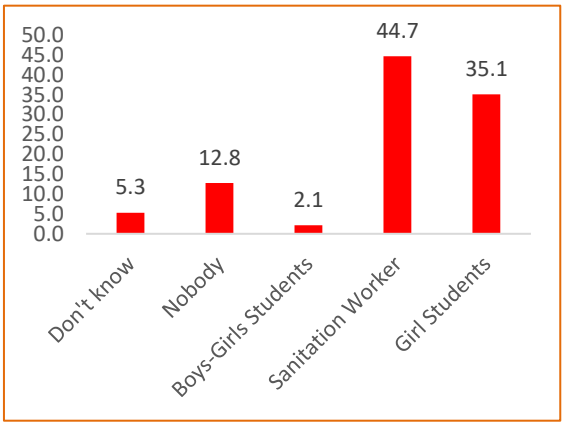


Figure 10: Cleaning of Toilets (n=188)

Engagement with school schemes and enrichment activities appears limited. Only a third of students (33.5%) benefited from school-based schemes, and over half (54.8%) reported no exposure to visits or seminars, signaling weak linkages between schools and experiential learning.

Only 33.5% girls accessed benefits of educational schemes/ colleges (n=188)

Leadership platforms such as NSS and NCC are present but underutilized, with over half of the students either not having access or lacking awareness of these opportunities. This gap curtails the development of civic and personal agency.

Livelihood pressures affected a minority directly, with less than 2% working alongside schooling. Yet, nearly 6% of students reported that household or income responsibilities hinder education.

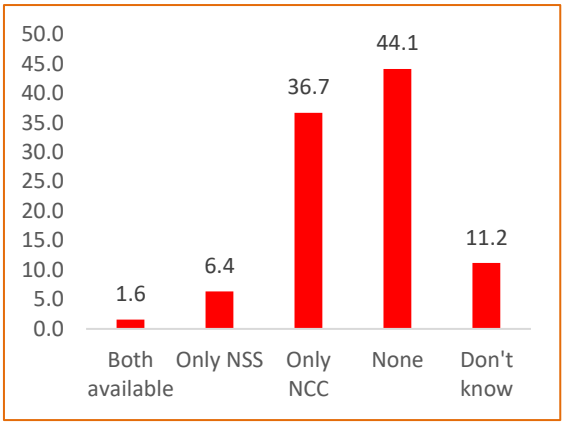


Figure 12: Availability of NSS & NCC (n=188)

The study revealed approximately 12% of participants were no longer pursuing education. Key barriers faced by participants to continue education included financial challenges (including the need to earn and support family) reported by over 65% and the physical distance of institutions cited by 53.8% of participants.

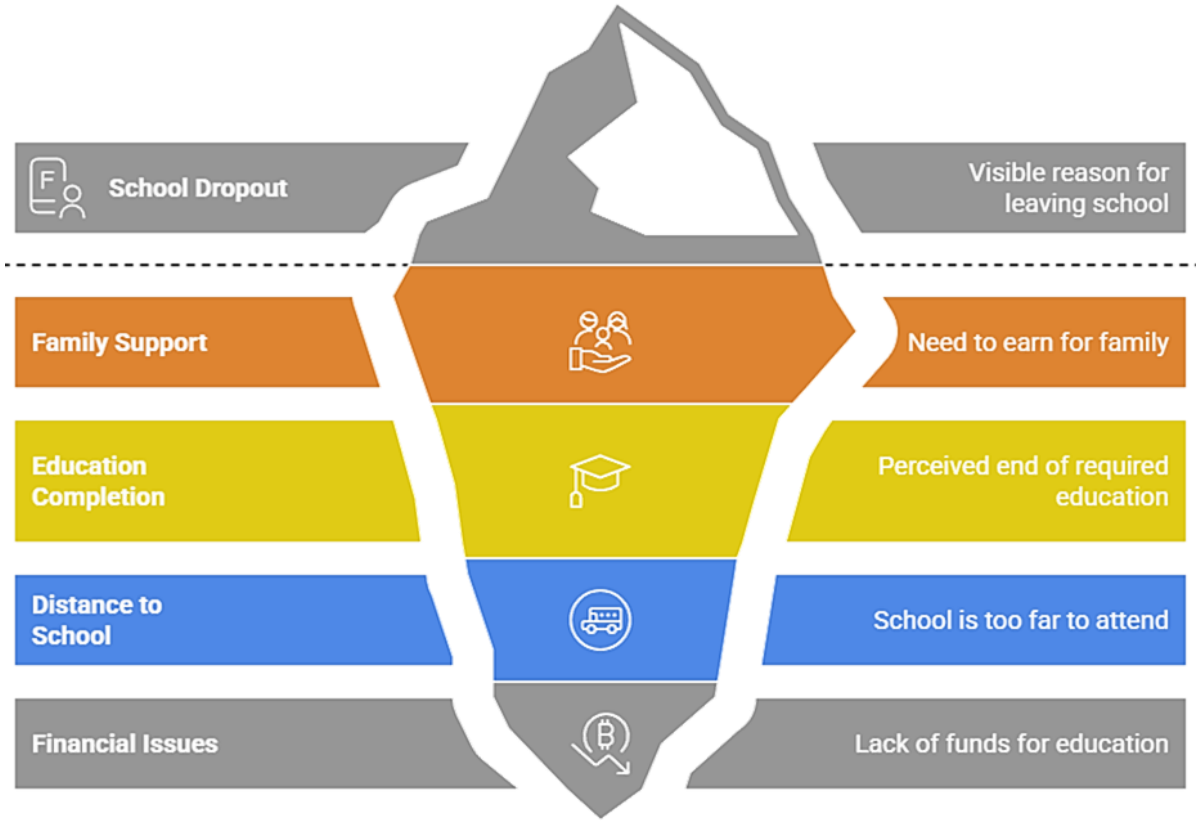


Figure 13: Reasons for Adolescent Girls' School Dropout

Some participants also reported having completed their education as the reason for not attending school or college – indicating perceived education fulfillment. These insights underscore a dual imperative: to reduce dropout rates at earlier stages, while also fostering aspirations among girls to support continued education beyond graduation. Notably, issues like early marriage or menstruation did not surface as reported reasons for educational discontinuation, which may indicate underreporting or deep-seated taboos around these topics.

The data reveals that although enrolment and infrastructure appear to be in place, deeper concerns persist that hinder the quality and continuity of education for adolescent girls. These challenges can be fruitfully addressed through local governance structures mandated under the Right to Education (RTE) Act, 2009, such as SMCs and PTAs. These structures serve as formal avenues for ensuring accountability and empowering local communities to make decisions in the best interest of students. While 88.3% of students reported that PTAs are operational in their schools, only two-thirds indicated that SMCs are functional.

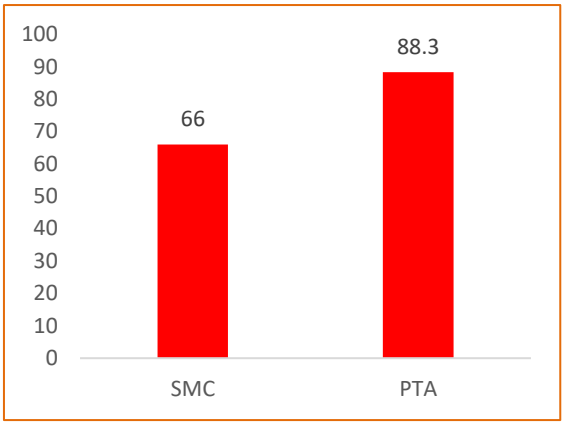


Figure 14: Operational SMC & PTA in Schools (n=162)

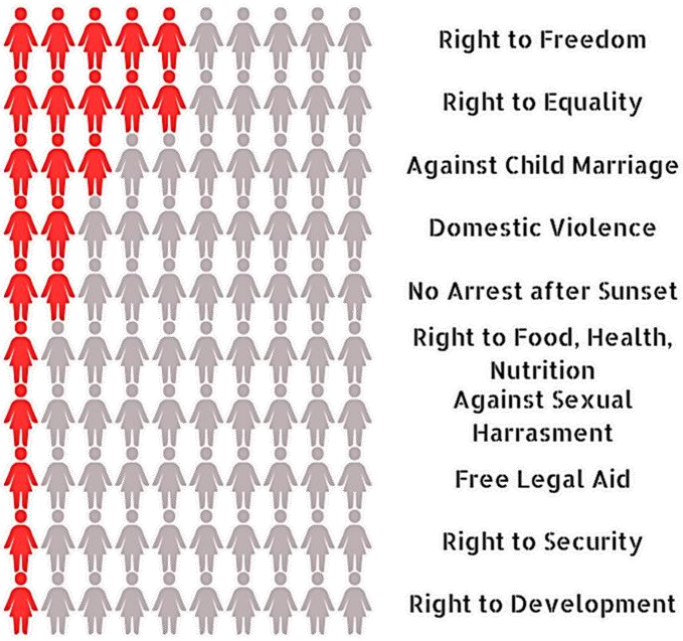
However, the mere presence of these bodies does not necessarily translate to improved outcomes, as evident from the persistent challenges faced by adolescent girls. This points to a gap in the implementation of legal provisions and a subsequent dilution of girls' fundamental right to equal and quality education.

3.2. Awareness and Leadership Opportunities

This section explores the collective strength and leadership potential of adolescent girls through their understanding of local challenges, participation in play and co-curriculars, and self-perception of agency. The findings offer a revealing glimpse into how girls relate to their surroundings, engage socially, and envision their own capacity for change.

Fundamental Rights

The disconnect between education and awareness became even starker when examining adolescents' understanding of their fundamental rights. While just over half the respondents were familiar with the Right to Freedom (51.9%) and the Right to Equality (48.1%), knowledge of other critical protections was strikingly low. Only 25.7% were aware of protections against child marriage, and less than 3% reported knowledge of safeguards against sexual harassment and domestic violence – issues that deeply affect adolescent girls' safety and autonomy. Alarmingly, rights relating to Free Legal Aid (0.9%), No Arrest after Sunset (1.9%), and basic entitlements such as food, health, and nutrition (1.4%) were virtually unknown.



The most overlooked of all were the Right to Development and Right to Security, with just 0.5% of respondents acknowledging their existence. These figures point to a larger systemic issue: adolescents are growing up with limited understanding of the mechanisms designed to protect and empower them. This lack of awareness is not just a statistical gap, it represents missed

opportunities for communities to safeguard girls' well-being, support their aspirations, and ensure justice when those rights are violated.

Social Awareness

Adolescent girls demonstrated a strong awareness of structural deficits in their villages, particularly concerning education, health, and mobility. The most frequently identified problem was the absence of healthcare facilities, reported by 89.3% of participants. Following this, the distance of schools (78.5%) and lack of entertainment avenues (48.1%) emerged as key barriers to adolescent engagement and wellbeing. Infrastructural constraints such as mobile signal (32.2%), poor roads (31.8%), and lack of sports grounds (31.8%) also featured prominently. Social concerns like substance abuse (28.5%) and harassment of women (14%) indicated a troubling environment for adolescent girls' safety and development. The very low recognition of issues related to water, toilets, electricity, absence of doctors and Anganwadi/ ANM centers, and wild animal threats suggests that girls prioritize systemic human services over physical environment threats.

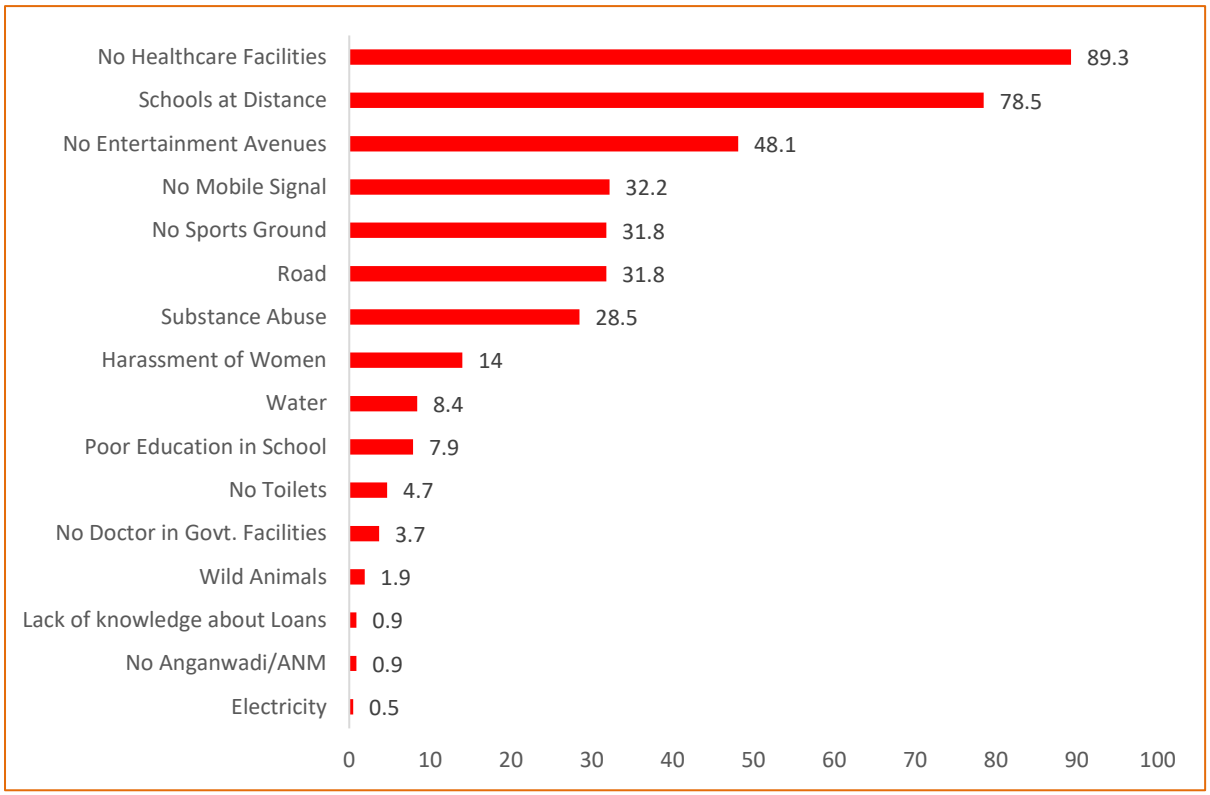


Figure 15: Understanding of Village Problems

Collective Platforms

Despite these challenging surroundings, opportunities for collective recreation existed, albeit unevenly. While 46.7% of girls reported playing games together, 53.3% did not, indicating restricted social spaces. Among those who played, traditional and locally rooted games like

Chasing, Kho-kho, Ludo, and Hide & Seek were predominant, with minimal engagement in mainstream sports like football, volleyball, or cricket.

The reasons cited for playing were overwhelmingly focused on deepening friendships (49.5%) and improving health (49.1%), followed by confidence building (27.1%) and stress relief (13.1%). Teamwork and socialization received relatively less emphasis, pointing to limited exposure to structured group activities.

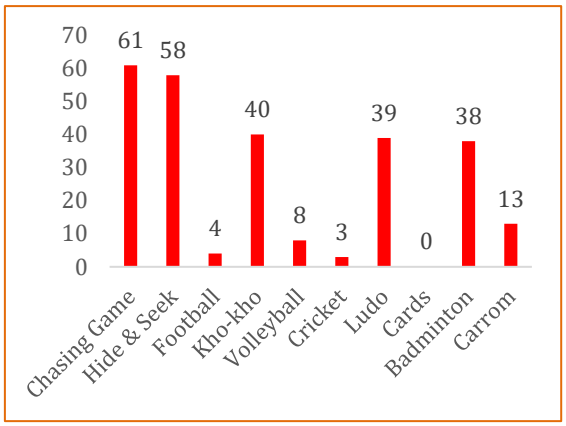


Figure 17: Type of Sports (n=100)

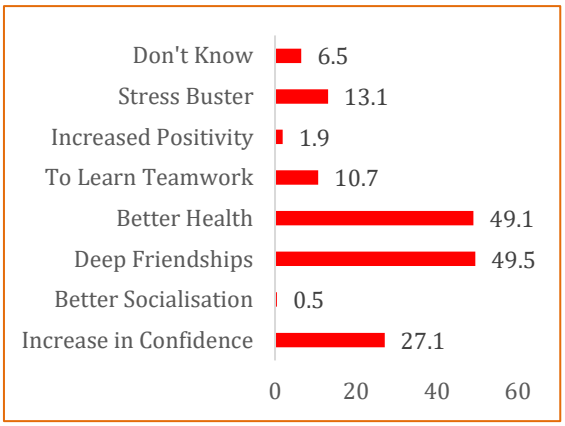


Figure 16: Understanding of Benefits of Sports

Leadership and Self-expression

Leadership indicators and agency remained subdued. Only 17.3% girls felt confident in sharing their opinions at home, and less than 1% in the community or at school. Just 6.5% considered themselves capable of solving problems, while 11.7% (a small but significant minority) felt they could fight against issues.

Participation in co-curricular activities stood at 41.1%, suggesting some engagement but still far from universal. Less than 1% shared their opinions at the school, indicating very low confidence levels.

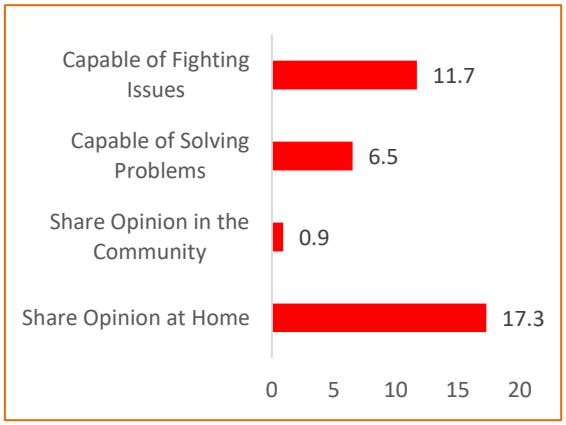


Figure 19: Participation in Decision-making

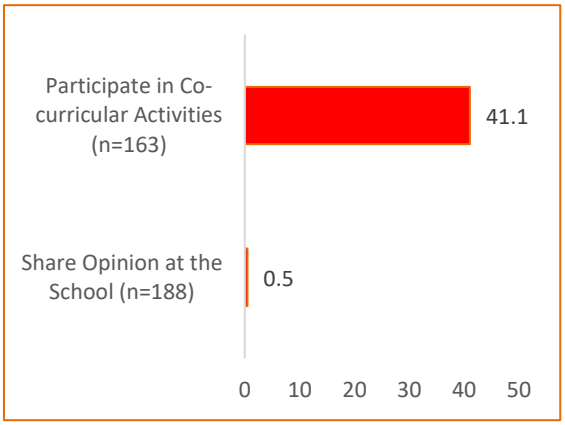


Figure 18: Participation at School

Responses to peer and family trust were ambivalent: only 0.5% said they were always trusted with responsibilities, while a majority felt that trust was rare. Encouragingly, 60.7% assessed their ability to express thoughts and feelings as manageable, but 39.3% rated it as very poor, underscoring a persistent gap in communication confidence and self-expression.

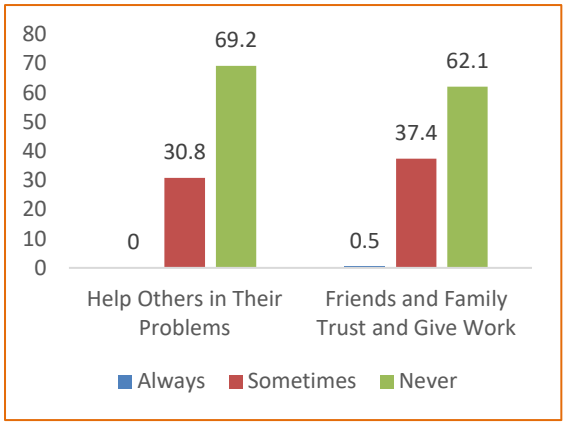


Figure 20: Self-assessment of Capabilities

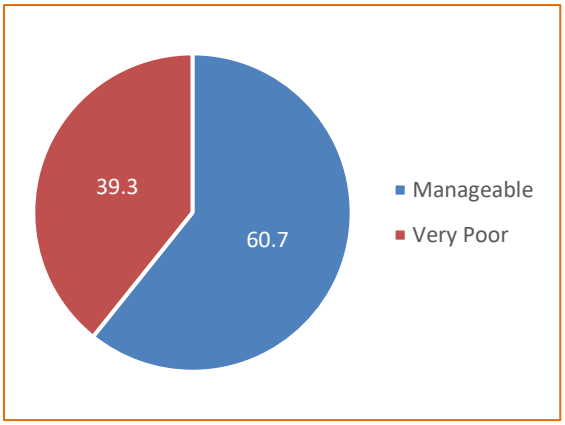


Figure 21: Self-assessment of Communication

Taken together, the data indicates that adolescent girls possess some understanding of the challenges shaping their daily lives, but they lack the platforms and confidence to act collectively or assert leadership. Building this confidence requires strengthening both – self-awareness and social consciousness, areas currently showing significant gaps. To truly foster girls' agency, community initiatives must move beyond infrastructure and create inclusive spaces for recreation, communication, and structured decision-making. These insights are vital to shaping girl-led interventions and activating grassroots leadership.

3.3. Digital and Financial Literacy

This section explores the digital and financial literacy landscape of adolescent girls, revealing both their expanding access to technology and the layered limitations in knowledge, ownership, and meaningful use. The findings draw attention to the importance of not just digital penetration, but also of nurturing informed, empowered, and responsible digital citizens.

Access to digital devices

Nearly all participants (98.6%) reported access to smartphones, with only 33.2% owning one personally and the rest relied on shared family devices (66.8%). While internet availability was high (96.7%), access to other digital devices was negligible: less than 1% reported using a computer or tablet. Moreover, only 16.8% had ever used a computer, pointing to a narrow experience of digital environments beyond mobile phones.

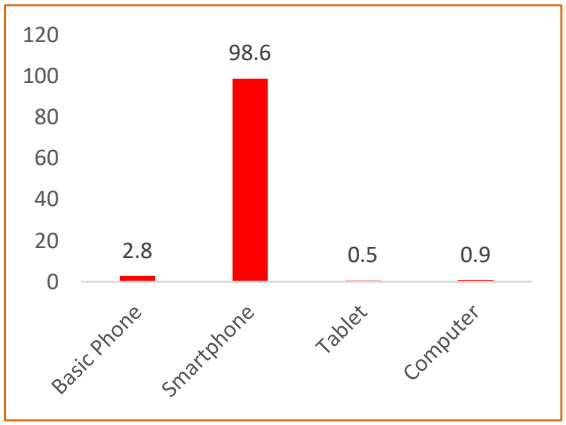


Figure 23: Access to Digital Device

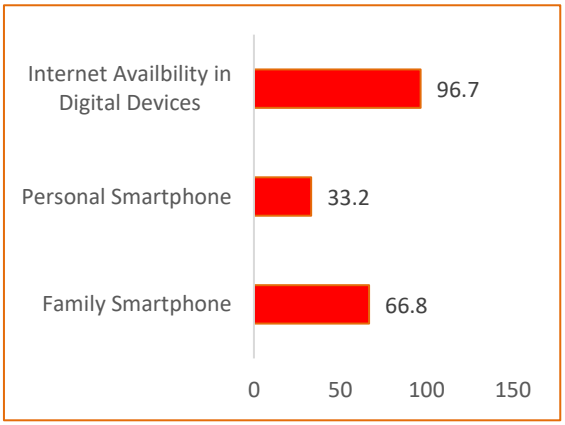


Figure 22: Ownership & Internet on Smartphone (n=211)

98.6% of the participants had access to a Smartphone

Only 16.8% girls had ever used a Computer/ Laptop

Digital Awareness and Usage

Digital security and basic functionality showed partial strength. While a promising 90.5% had passwords set in their smartphones, only 53.1% knew how to create a password, reflecting low awareness of digital protection measures. Moreover, awareness of broader digital possibilities remained strikingly low: only 17.3% understood the full scope of digital technology, and a mere 2.3% had ever received formal training.

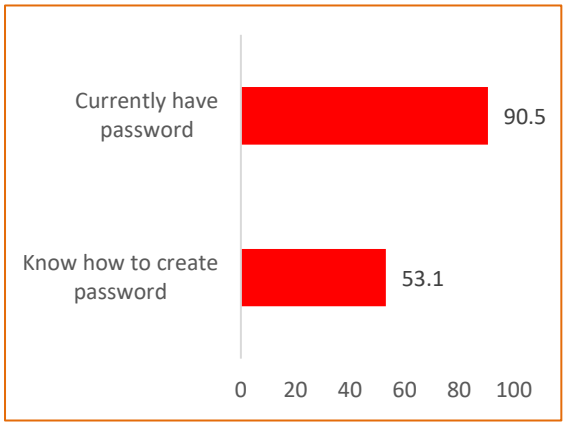


Figure 25: Digital Security (n=211)

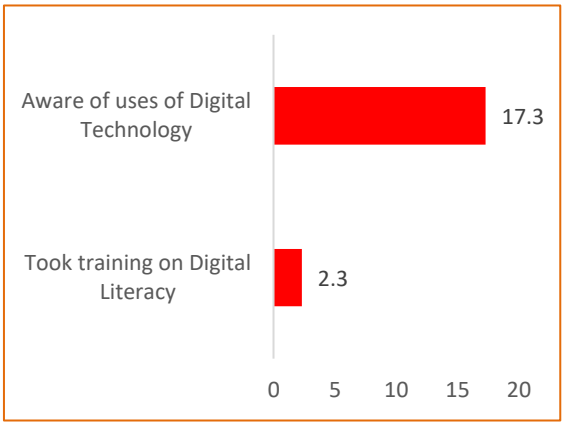


Figure 24: Digital Awareness

Only 2.3% of the girls had undertaken skill training

Awareness on uses of smartphones was limited to entertainment (91.9%) and education (78.4%), followed by general learning (64.9%). Uses like skill development (37.8%) and business or employment (18.9%) remain underexplored, suggesting potential areas for targeted digital engagement.

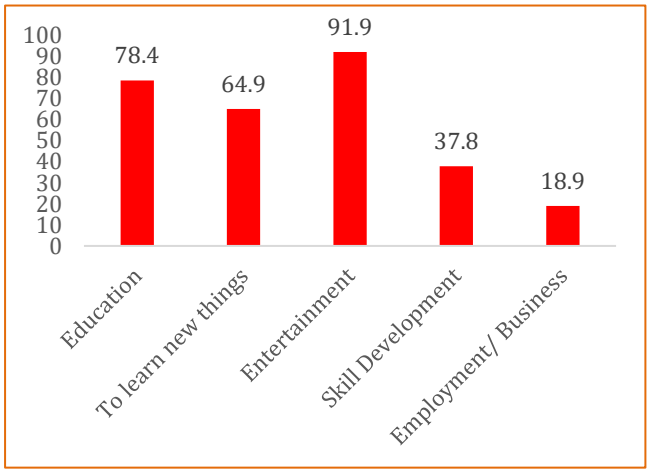


Figure 26: Uses of Digital Technology (n=37)

Awareness and confidence levels were nuanced; 54.2% were not aware of digital technology at all, and while most felt "slightly confident" using smartphones (83.2%), only 1% or less than 1% rated themselves as extremely confident or aware.

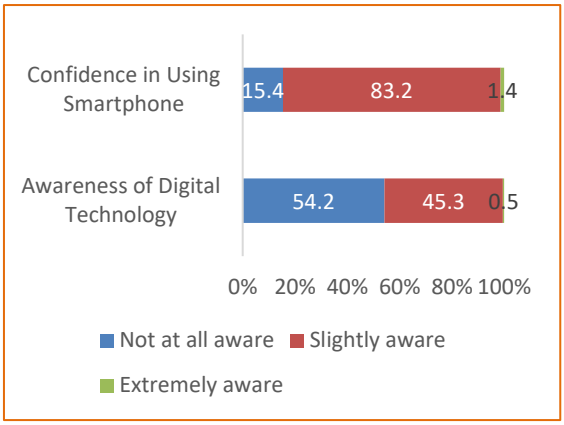


Figure 27: Awareness & Confidence of Digital Technology

Digital Platforms

When it comes to digital platforms, exposure was heavily tilted toward entertainment and utility apps. YouTube (96.7%), Google (86.4%), Instagram (85%), and WhatsApp (66.8%) dominated usage. Facebook had limited traction (21.5%), and productivity or learning tools like payment apps (5.1%), MS Office (2.3%), and Teams/Zoom (1.4%), were barely used.

Ownership of personal accounts echoed this trend, with WhatsApp (49%), Instagram (48.9%), and Google (37.3%) leading, while no one reported having personal access to MS Office or virtual conferencing platforms.

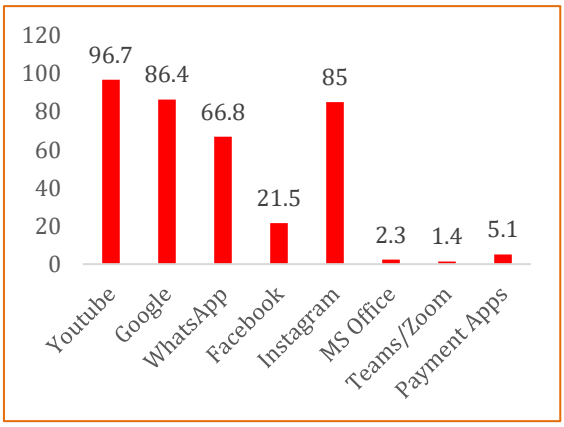


Figure 28: Ever Used Digital Platforms

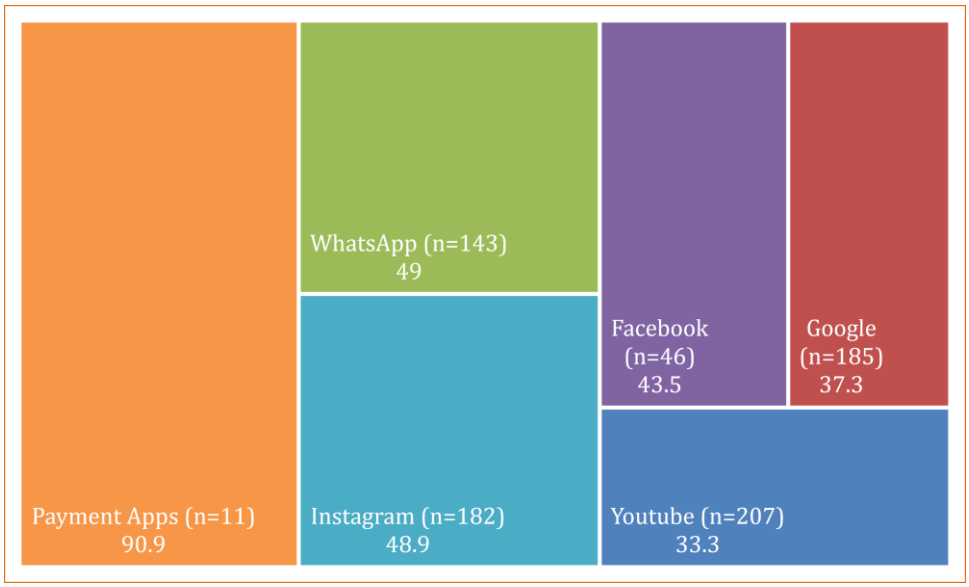


Figure 29: Personal Account on Digital Platforms

Comfort with platforms closely followed usage trends: around one-third felt extremely comfortable with YouTube, Instagram, WhatsApp, and Google, but none expressed high comfort levels with Facebook, MS Office, or Zoom/Teams. This digital comfort mirrors the narrow bandwidth of exposure.

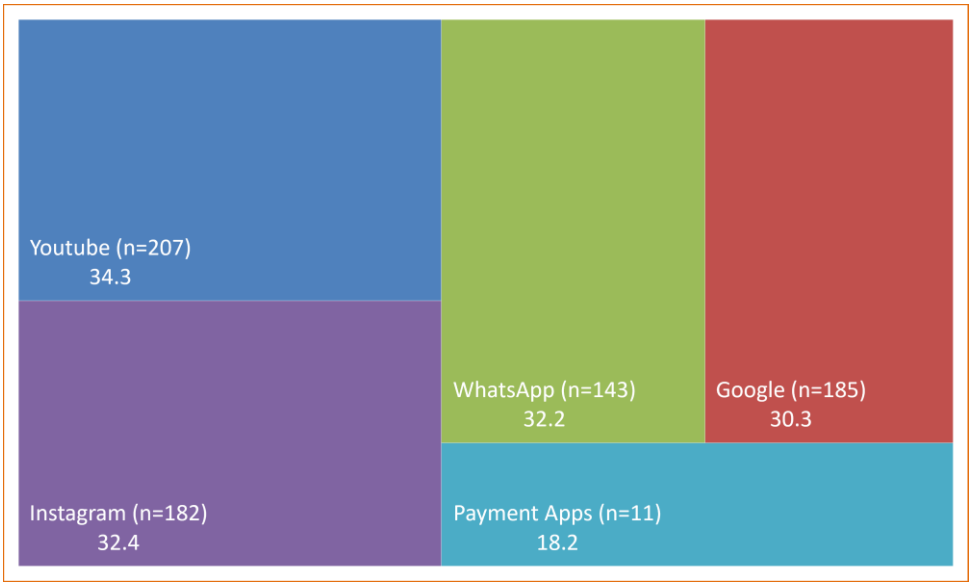


Figure 30: Extremely Comfortable with Digital Platforms

On social media, perceived benefits leaned towards entertainment (72.9%) and connectedness (44.4%), while avenues like skill development (9.8%), social change (1.9%), and personal branding (2.3%) were scarcely acknowledged.

Worryingly, there was limited understanding of disadvantages of social media: distractions (72%) and addiction (45.3%) topped the list, followed by misinformation (16.4%) and scams or frauds (16.8%). Serious concerns like privacy violations, bullying, isolation, and anxiety were noted by less than 1% - hinting at a lack of mental health and digital safety dialogue.

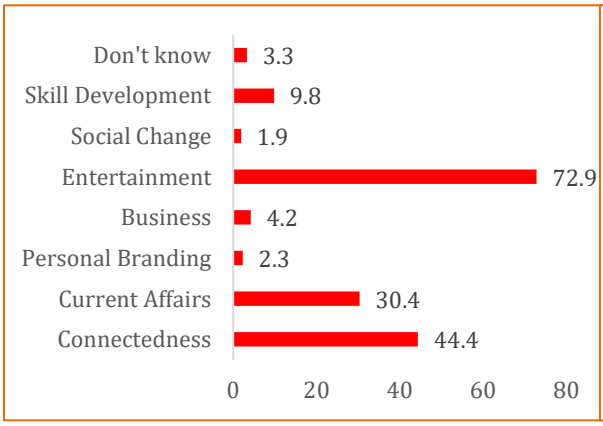


Figure 32: Advantages of Social Media

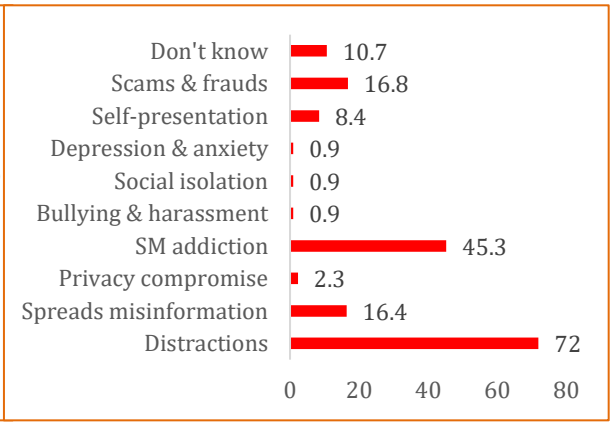


Figure 31: Disadvantages of Social Media

Financial Literacy

Financial literacy and access are closely interlinked with digital literacy and decision-making. The data reveals that while adolescent girls largely have access to banking, their use of digital banking services remains minimal.

A strong majority (91.1%) hold active bank accounts and 99% reported having a balance. Yet, only 8.2% use online banking and just over half (54.2%) receive pocket money for regular expenses, suggesting independence in financial management remains limited.

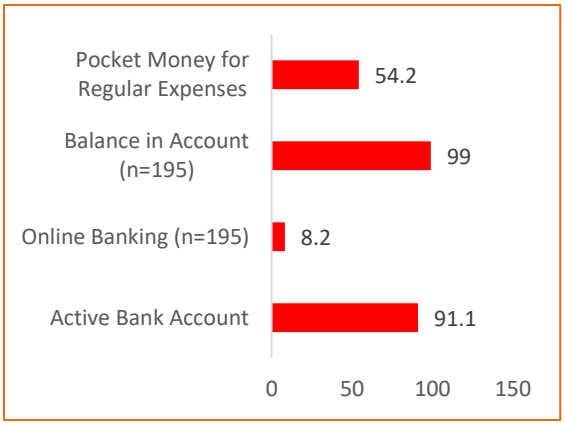


Figure 33: Financial Literacy

In conclusion, while access to digital devices, especially smartphones, is near universal, the breadth and depth of digital and financial literacy among adolescent girls is still nascent. True empowerment will require intentional efforts to strengthen digital awareness, diversify usage beyond entertainment, and build financial autonomy through relevant skills and platforms. These insights offer a roadmap for fostering informed and confident digital citizens.

3.4. Aspirations and Barriers in Skill Development

In exploring adolescents' aspirations around employment and skill development, the data paints a compelling picture of aspiration tempered by constraint among adolescent girls in the region. Their motivations are constrained by sociocultural influences, limited opportunities, and a near absence of guidance and decision-making autonomy.

Willingness to Work

There is an overwhelming willingness to work, with 85% of respondents affirming their desire to engage in employment. Yet, beneath this optimism lie layered barriers that influence their choices and trajectories.

Of those who hesitated to join the workforce, nearly half attributed their reluctance to a lack of guidance (46.9%), suggesting that aspirations may be present, but mentorship is unavailable. Personal disinterest (31.3%) and family disapproval (18.8%) followed closely, while mobility restrictions and absence of local job opportunities were minimal or no concern at all. This indicates that social constraints, more than systemic ones, continue to shape girls' access to economic participation.

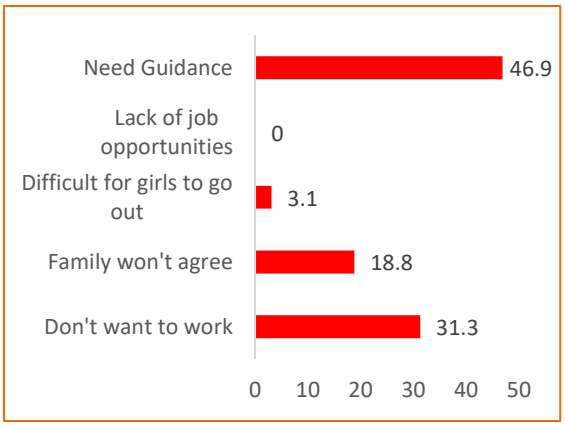


Figure 34: Reasons for Disinterest in Employment (n=32)

Decision-Making Autonomy

Decision-making regarding girls' employment was predominantly reported as the domain of fathers and other men of the household (45.3%), followed by entire family jointly (28.5%), with only 7% asserting personal agency. Mothers played very limited roles with just 3%, and over 15% of girls were unsure about who would make such decisions, highlighting a significant gap in role of mothers, girls' autonomy, and awareness.

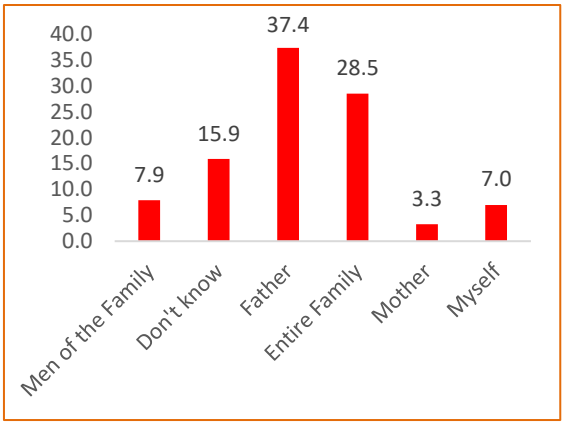


Figure 35: Employment Decision-makers for Girls

Employment Preferences

The preferred employment type further illuminates social aspirations, with government jobs emerging as the leading choice (81.9%), overshadowing private sector roles (8.2%) and entrepreneurship (7.1). Only a small fraction (2.7%) remained undecided about the kind of work they desired, suggesting that career ambitions are shaped by societal expectations and limited exposure to career avenues.

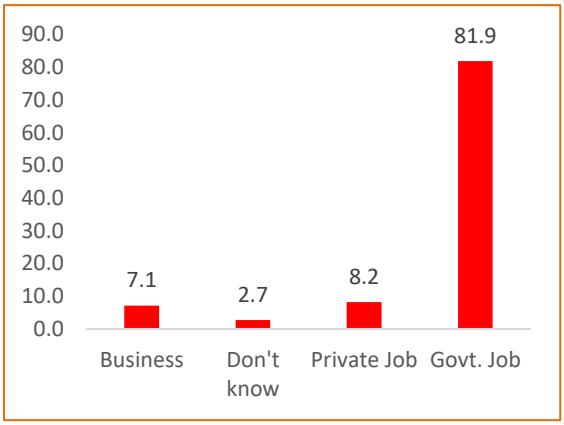


Figure 36: Employment Preferences (n=182)

Willingness to Relocate for Work

Willingness to relocate for work was prominent among the participants. Nearly half expressed readiness to move outside Uttarakhand, while another quarter of them were open to relocation within the state. Only one participant was firmly against moving, though a little over quarter of the participants remained uncertain, indicating both ambition and ambivalence toward migration.

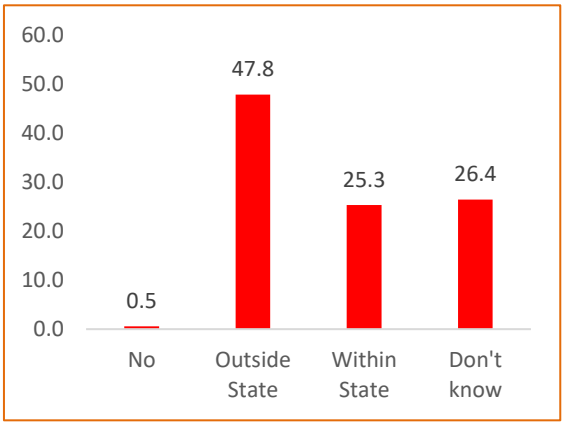


Figure 37: Willingness to Relocate for Work (n=182)

Skill Training Status and Aspirations

Despite strong interest in employment, formal skill development remained a largely untapped opportunity. A staggering 97.7% had not received any prior training, revealing a crucial gap between aspiration and preparedness. Encouragingly, 85.5% showed interest in acquiring skills, and nearly all of them (98.4%) indicated a desire to earn through these trainings.

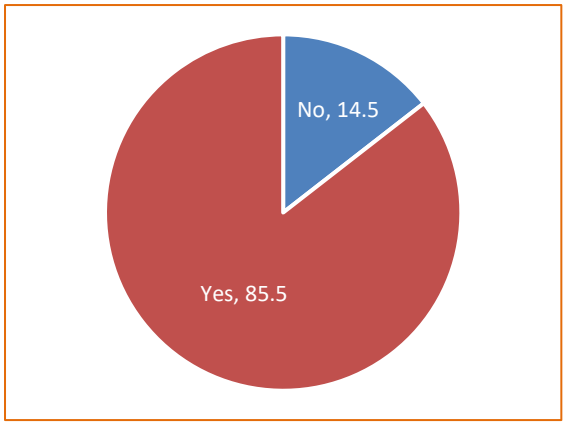


Figure 38: Interested in Skill Training

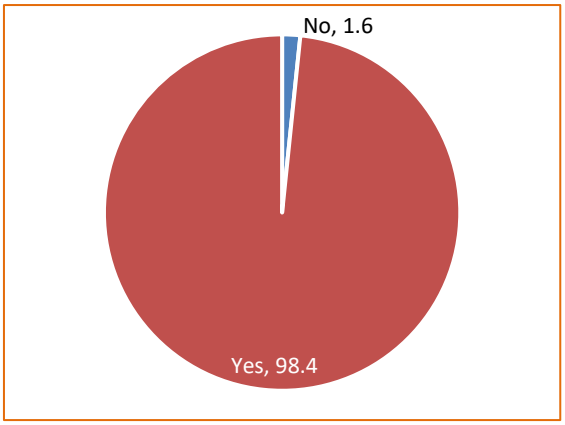


Figure 39: Interested in Earing Livelihood after Skill Training (n=183)

Barriers to Skill Development

However, barriers to accessing skill development were significant. Lack of awareness (41.9%) and knowledge (45.2%) surfaced as the primary hurdle for many, followed by familial resistance and perceived lack of benefits – 12.9% each. Time and financial constraints were noted, but less frequently.

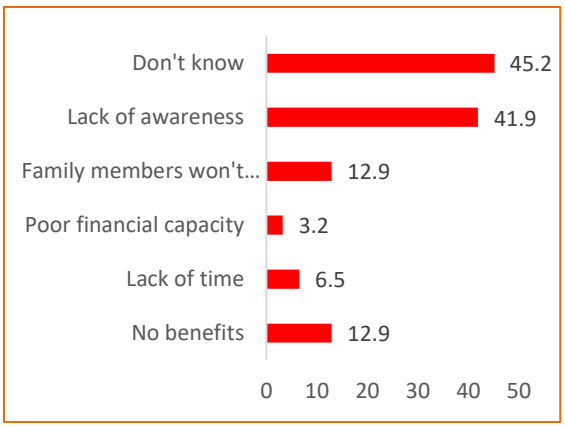


Figure 40: Reasons of Disinterest in Skill Training (n=31)

In conclusion, adolescent girls exhibit deep ambition for skill development and income generation, yet their pathways are shaped by systemic and social barriers that limit their agency and access. Bridging these gaps requires more than just availability of training, it demands targeted mentorship, family engagement, and structures that enable adolescent girls to envision and realize their potential with greater autonomy and support.

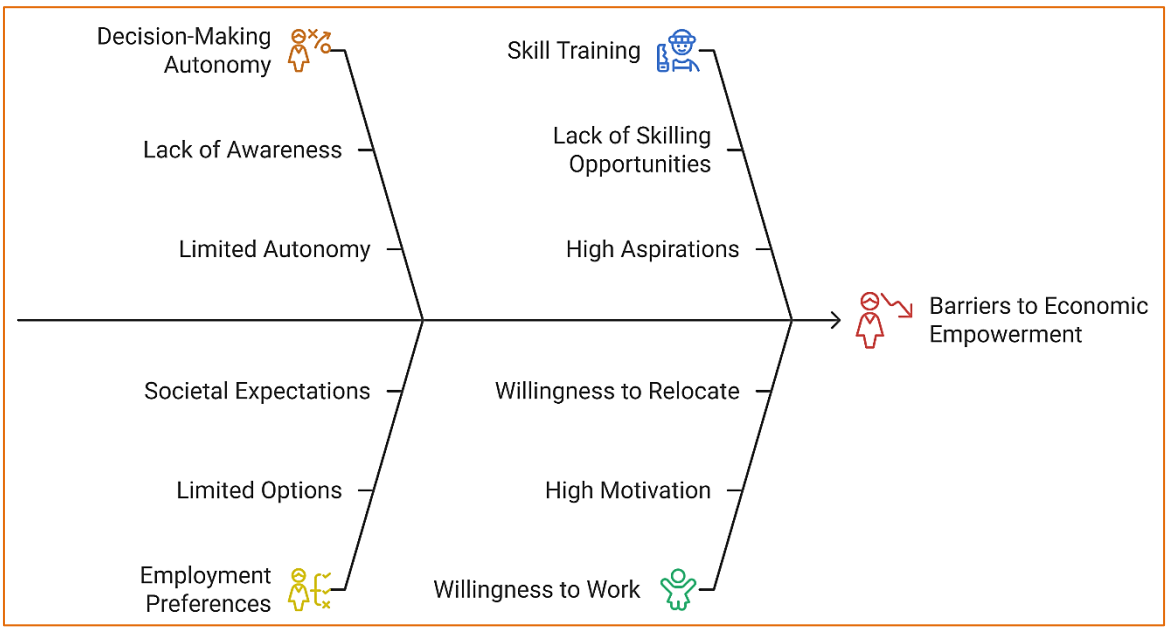


Figure 41: Challenges in Adolescent Girls' Economic Empowerment

3.5. Healthcare and Wellbeing

This section provides insight into adolescent girls' health awareness, access to care, nutrition practices, and menstrual hygiene, unveiling critical gaps in service delivery, knowledge systems, and entrenched taboos. The findings highlight how physical access and cultural practices play a key role in shaping girls' experiences of wellbeing and dignity.

Health-seeking Behaviour

The girls reported high dependence on chemists (83.6%) and Primary Health Centres (60.7%), followed closely by private qualified doctors (55.1%). Less than 1% had accessed services through Auxiliary Nurse Midwives (ANMs), and only 5.6% used Sub-Health Centres, signalling significant weaknesses in community-level health delivery. A troubling 8.9% reported visiting quacks, a trend that becomes even more concerning when examining reasons for not accessing formally trained MBBS doctors.

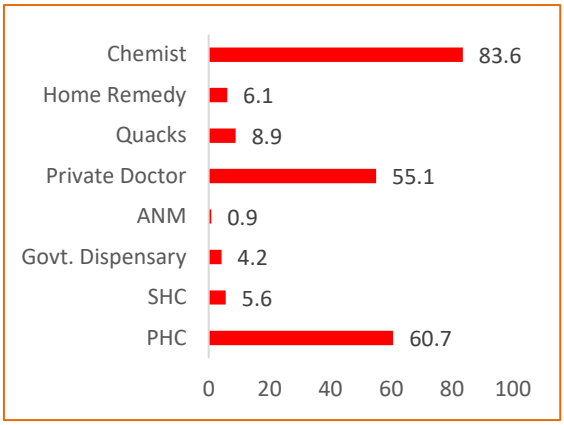


Figure 42: Healthcare Services Accessed

An overwhelming 82.1% preferred quacks, with 17.9% favouring traditional medicines, suggesting not just accessibility constraints but deeper trust deficits. Although 21.4% cited distance to health facilities and 7.1% named financial issues, poor faith in modern medicine (7.1%) and unawareness (7.1%) compounds the problem.

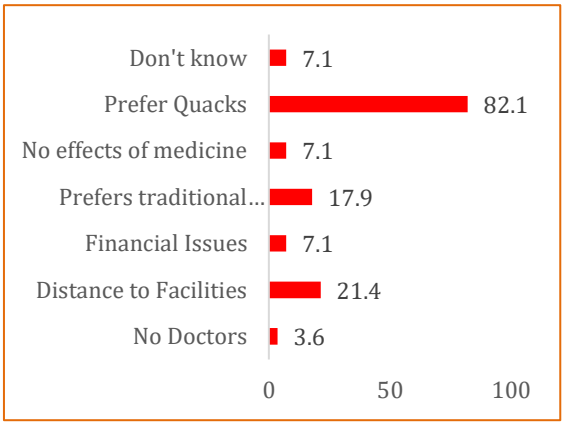


Figure 43: Reasons for not taking Services from Qualified Doctors

Nutrition Practices and Food Access

Knowledge of basic health concerns is similarly low; nearly 87% of the girls were aware of anaemia, a silent epidemic among adolescent girls.

Only 13.1% girls were aware of Anemia

Awareness of nutritious foods was moderately encouraging, with 86% naming food grains, 84.1% milk products, 75.7% pulses and legumes, and fish, meat, and eggs by over 60%. Relatively fewer showed awareness about including green leafy, vitamin A and iron-rich fruits and vegetables. On a positive note, 29% showed awareness about consuming nuts and seeds, while only 3% said fast food should be consumed daily. However, the actual daily consumption tells a more sobering tale.

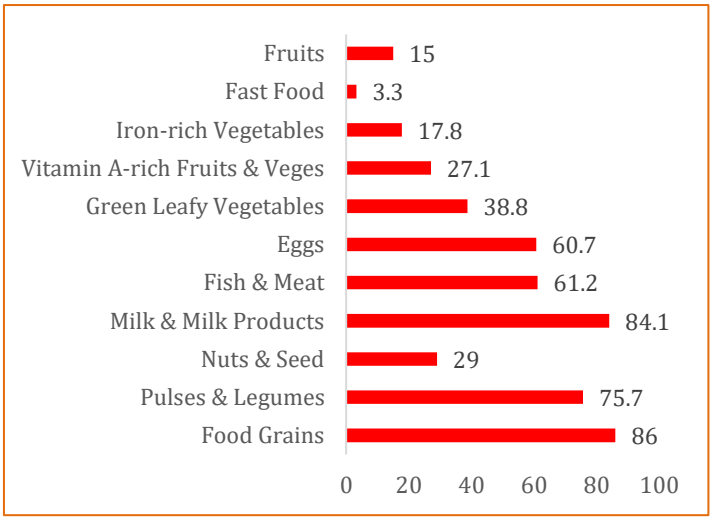


Figure 44: Foods to be consumed Daily for Good Health

Every girl reportedly consumed food grains daily, but other vital items like pulses (80.8%), dark green vegetables (16.8%), Vitamin A-rich produce (14%), and iron-rich vegetables (9.8%) featured far less frequently. Fruits and nuts were hardly consumed, and fast food was more common (15%) than most micronutrient-rich items.

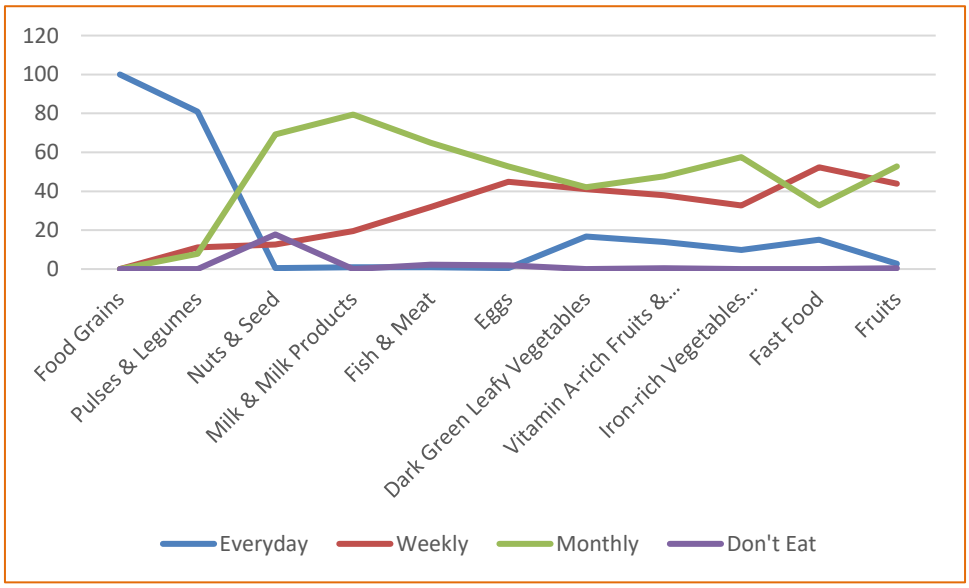


Figure 45: Food Practices

Despite near-universal availability (99.5%) of nutrient-rich food items, only 37.9% found them accessible and just 3.7% found them affordable, pointing to economic and logistical barriers. Price sensitivity (72.9%) and product availability (60.3%) greatly influenced food purchases; time availability to go to market (37.9%) was another concern, while health was low on the priority list (5.1%).

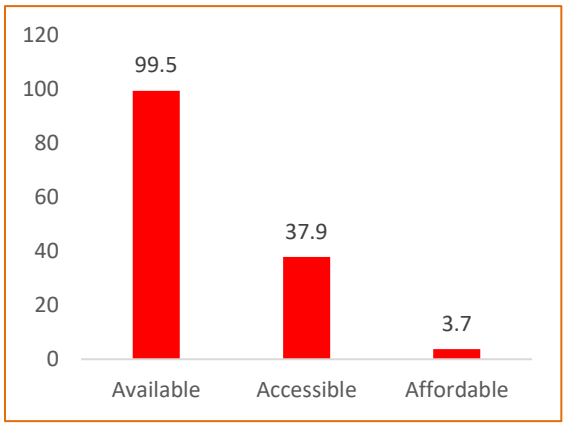


Figure 47: Access to Nutrient-rich Food

Figure 46: Factors influencing Grocery Purchase

Hygiene, Water, and Sanitation

There was high awareness around handwashing, with 96.3% reporting the habit and nearly 70% identifying it with staying healthy. However, detailed knowledge around disease prevention and hygiene mechanisms (like removing bacteria or preventing flu) varied.

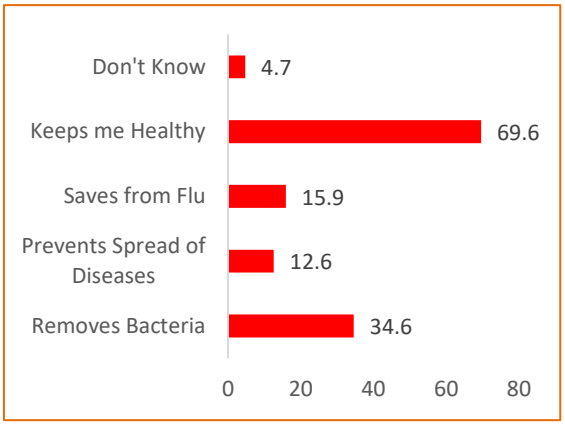


Figure 48: Reasons of Washing Hands

Most girls lived within a kilometre of a water source (93%) and understood the benefits of drinking purified water (93.5%). Yet the methods of filtering water were minimal – 92.1% consumed it directly, only 20.1% boiled it, and less than 1% used any structured filtration system like sand filters. None of them reported using chlorine tablets, solar filters, or RO systems. This presents a stark contradiction: while health messages around clean water have reached many, infrastructure and safe practices continue to lag.

Figure 50: Benefits of Drinking Purified Water

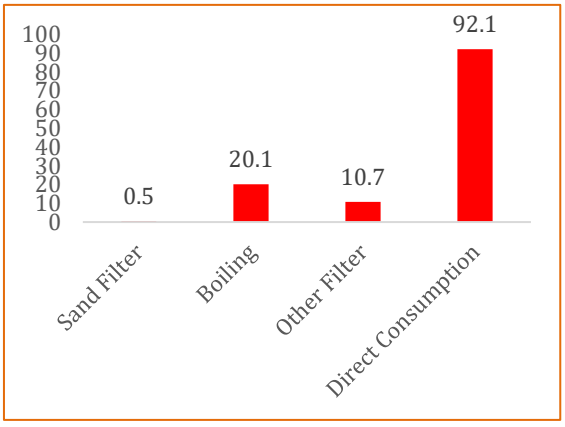


Figure 49: Water Filtration Methods

Menstrual Health and Social Barriers

Menstruation remains a domain fraught with stigma and half-truths. While 74.3% of girls had begun menstruating, only 20.5% could articulate the physiological reason for it. Alarmingly, 43% believed menstrual blood is 'impure' and a significant proportion (36.5%) either do not know or know incorrect reasons for menstruation.

Though all the menstruating girls reported usage of sanitary pads, with 83.6% citing its absorbency and 62.9% associating it with cleanliness; only 17% connected it with health.

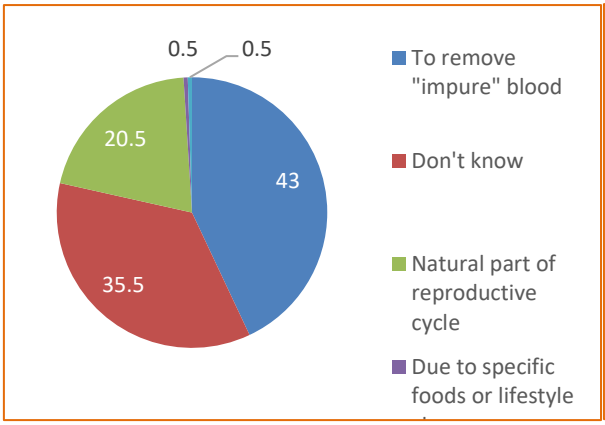


Figure 51: Girls' Understanding about Reasons for Menstruation

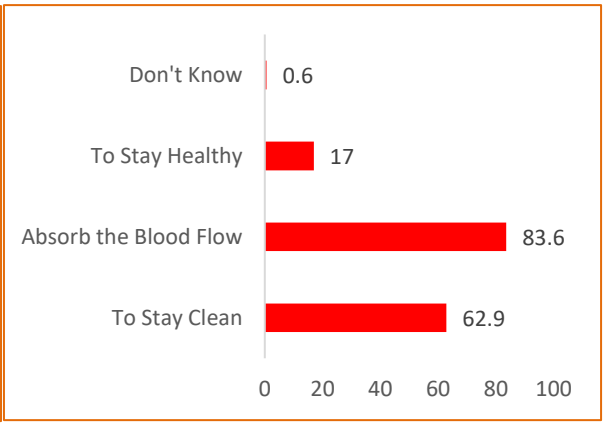


Figure 52: Reasons of Using Sanitary Pads (n=159)

Sources of menstrual information were largely informal, with 56% learning from women in the household and 46.5% from friends; only 5.7% credited school teachers. Media played a negligible role (8.8%), while 15.7% had no one to turn to.

Perhaps the most distressing findings relate to menstrual discrimination. A staggering 95% of participants reported facing restrictions during their periods, including being barred from attending religious gatherings (80.1%) and entering temples or kitchens (70.2%). A small proportion shared about discriminatory practices like not touching community food (2%) and having to stay outside in the courtyard (0.7%) – potent symbols of isolation.

The data reveals a mixed landscape of awareness, practice, and beliefs, where infrastructural access coexists with cultural constraints, and familiarity with health basics is not enough to shape resilient wellbeing behaviours. To advance adolescent health, it is imperative to go beyond access and address socio-cultural conditioning, strengthen school-based health education, and make community health delivery accountable and credible. Only then can adolescent girls exercise informed choices about their bodies and futures.

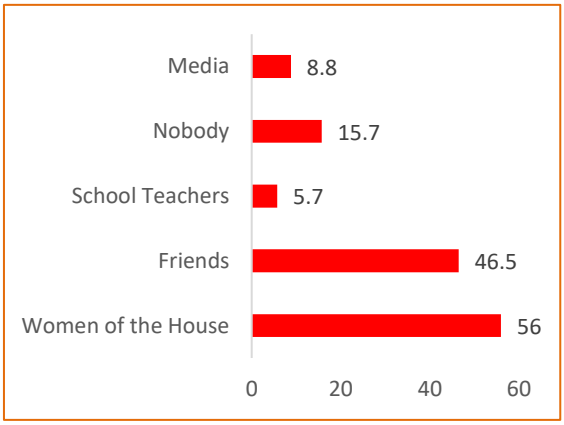


Figure 53: Information Sources about Periods (n=159)

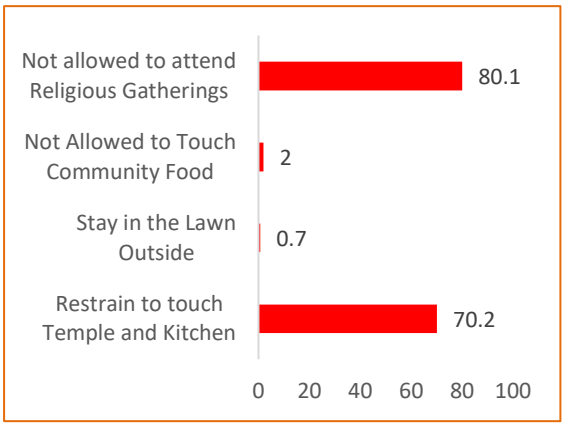


Figure 54: Nature of Menstrual Discrimination (n=151)

3.6. Gender Discrimination

This section explores adolescent girls' perceptions of gender discrimination within domestic, educational, and social spheres. The findings reveal inequalities rooted in everyday expectations and cultural norms, influencing how girls see themselves and the possibility of equitable futures.

Gendered Roles and Social Expectations

Household responsibilities are almost entirely shouldered by women, with 99.1% of participants confirming this norm. Expectations placed on girls and boys show stark asymmetry: while 85% of families expect girls to learn household chores, only 8.4% expect the same of boys. Similarly, boys are overwhelmingly expected to work outside (94.4%) and study well (69.6%), in contrast to 67.3% girls who are expected to work and just 30.4% who are expected to excel academically. Girls (52.3%), meanwhile, are more often expected to obey household members than boys (38.3%), reflecting an implicit positioning of them as compliant caretakers with limited autonomy. These skewed expectations confirm the social conditioning that restricts girls' roles to the private sphere while privileging boys in public and intellectual domains.

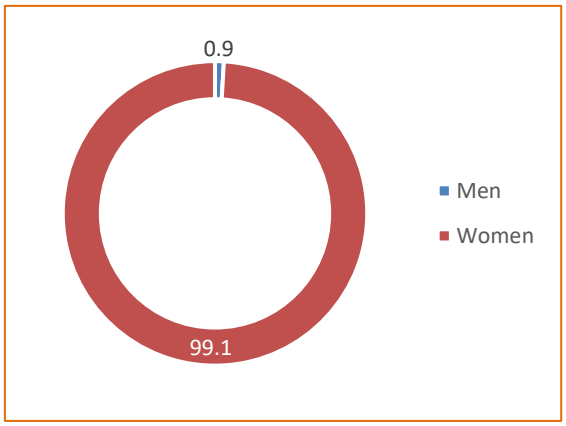


Figure 56: Responsible Person for Household Chores

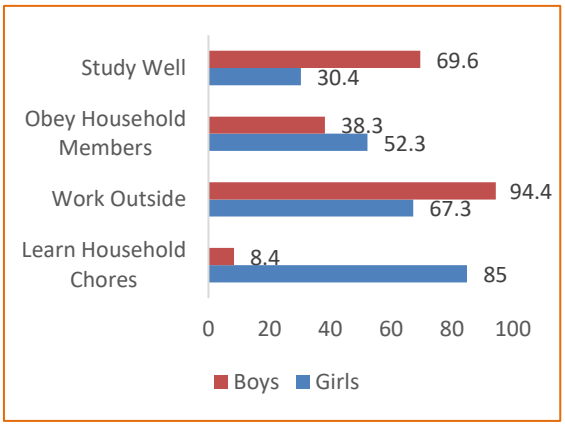


Figure 55: Expectations of Families from different Genders

Perceived and Experienced Discrimination

An overwhelming 88.3% of participants believed that girls face discrimination, and 97.2% agreed that women live under greater restrictions than men.

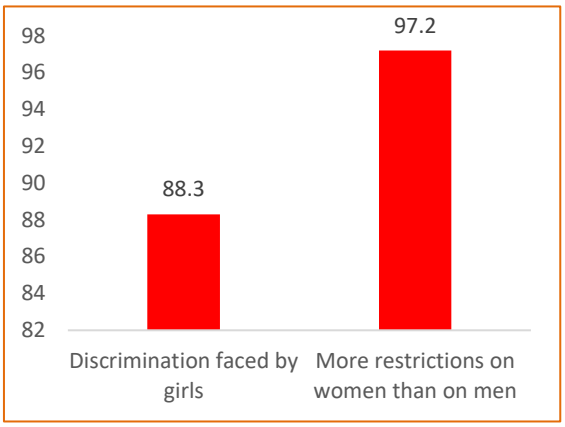


Figure 57: Perception of Gender Discrimination

The girls show an understanding of the more visible forms of discrimination, while the invisible forms seem to be accepted, for example, being forbidden to go out alone (89.4%) and carrying the burden of household chores (73.5%). Other forms, such as caste discrimination (16.9%), child marriage (11.6%), food discrimination (8.5%), and denial of education or health services (4.8%) were noted by very few participants. Strikingly, only 0.5% referenced lack of respect, which may reflect normalization of status hierarchies or muted language around dignity. Moreover, none of them acknowledged sexual abuse, violence, or teenage pregnancies as concerns, indicating lack of information or dialogue around sensitive topics.

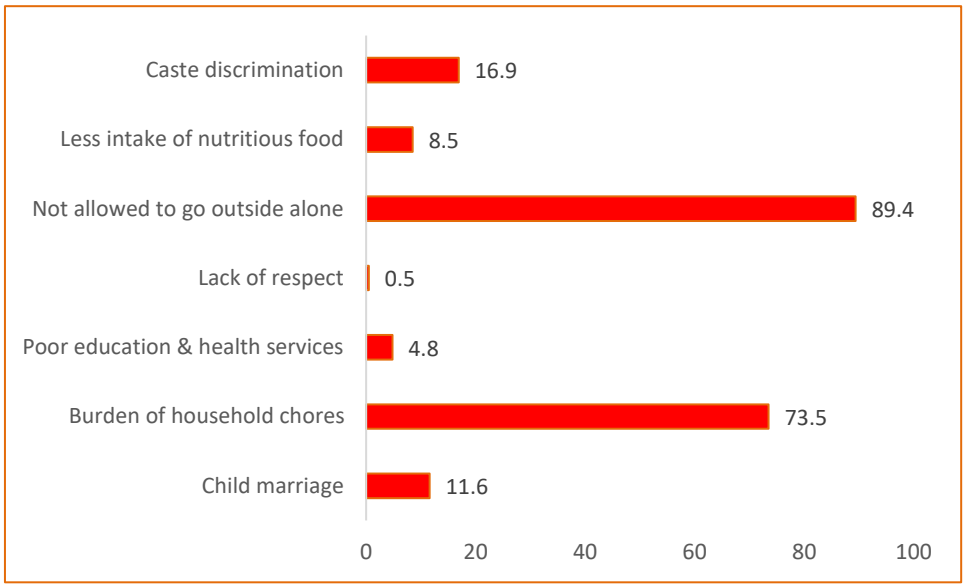


Figure 58: Various Forms of Discrimination (n=189)

Discrimination stems from multiple sources, but the most common sources point at societal pressures – girls blamed their relatives and neighbours (79.4%), as well as longstanding traditions (57.1%). Nearly half of the girls (47.6%) named men in the household as discriminators, but nearly a quarter (24.3%) also identified women in the house, pointing to internalized patriarchy. No girls attributed discrimination to teachers or peers, suggesting that institutional spaces may either be perceived as neutral or are not yet seen as contested arenas.

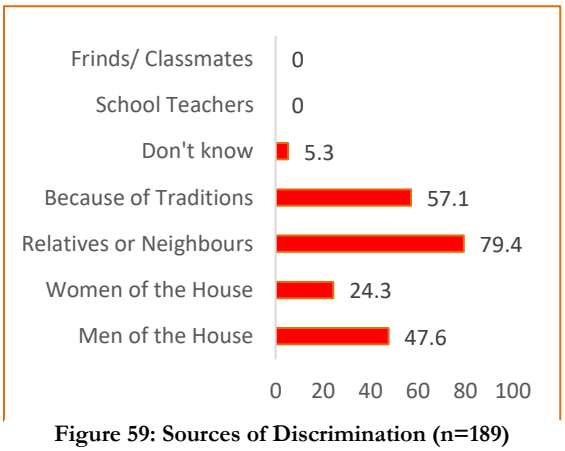


Figure 59: Sources of Discrimination (n=189)

Emotional Impact and Response to Discrimination

The emotional toll is undeniable: 69.8% of girls said they feel bad when subjected to discrimination, though 24.3% remained unsure of how they felt, and 5.8% reported feeling unaffected since "it happens to all girls." This normalization underscores how deeply entrenched gender biases are.

The normalization further leads to girls learning to suppress emotions during their adolescent years – a whopping two-thirds of the girls do nothing at all (65.9%) or remain in anger internally (30.3%). When angered by discrimination, hardly any of them openly express their frustration (4.5%) or express it in front of women family members only (2.3%). The findings reveal a troubling lack of outlets and safe spaces for self-expression or resistance.

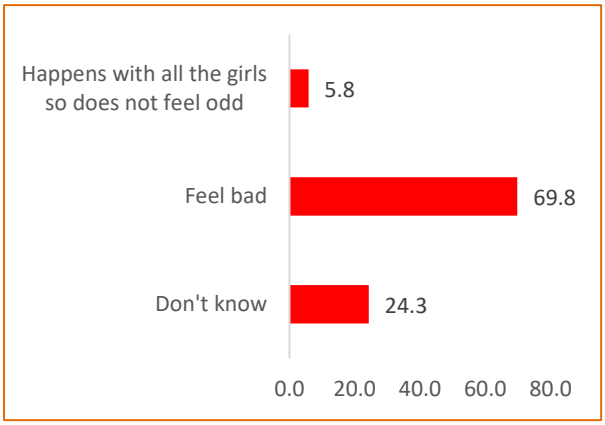


Figure 60: Repercussions of Gender Discrimination (n=189)

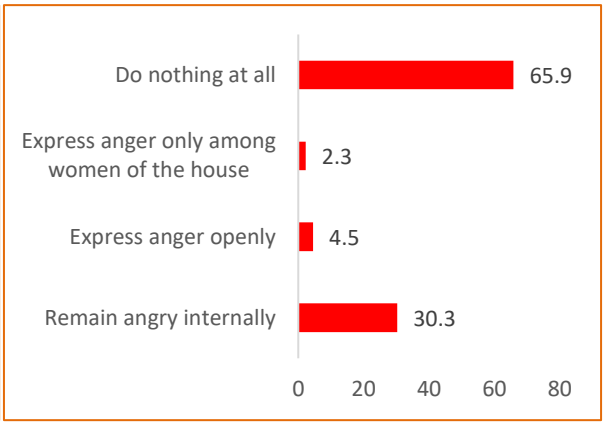


Figure 61: Response to Discriminatory Practices (n=132)

Aspirations and Support Needs

Despite these constraints, girls articulated clear visions of what could support their progress. Improving education was the most common suggestion (69.2%), followed by awareness-building around schemes (39.7%), skill development (16.8%), and access to sports and entertainment (15.9%). Career guidance, though less cited (8.9%), points to emerging interest in mobility and independence. The 10.7% who said they "don't know" may represent those least exposed to empowered women role-models.

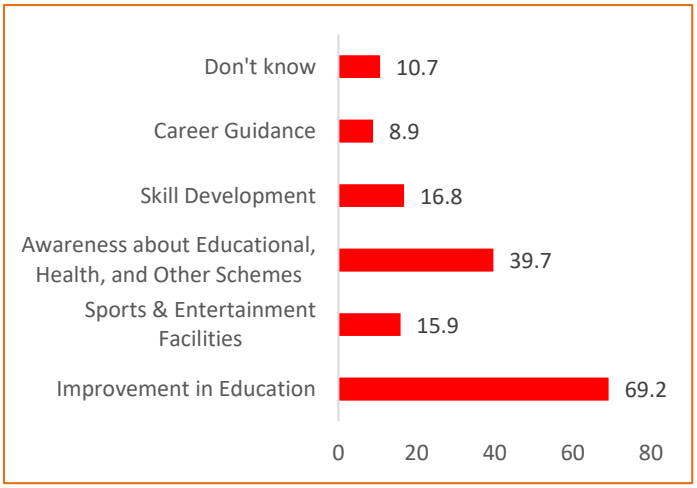


Figure 62: Support Required for Progress of Girls

This data reveals a layered experience of gender discrimination that starts early, operates at multiple levels of the community and family, and leaves adolescent girls constrained in both thought and action. While the desire for change is evident, the lack of agency and outlets for expression calls for urgent interventions that confront entrenched norms and foster safe, empowering environments. Supporting girls to name, feel, and resist discrimination is as critical as changing the structures that sustain it.

Chapter IV: Conclusion

This chapter presents a set of strategic, context-sensitive recommendations drawn from the comprehensive baseline findings across education, health, digital and financial literacy, gender discrimination, leadership, and skill development. Each set is anchored in the realities expressed by adolescent girls across 20 surveyed villages of Pithoragarh in Uttarakhand and is intended to guide targeted, participatory programming.

Education & School Governance

Findings Recap: While enrolment is high and infrastructure is present, meaningful access and continuity are hindered by poor and discriminatory sanitation practices, limited engagement with school schemes, lack of exposure activities, and non-functional governance bodies.

Recommendations:

- Strengthen capacity and accountability of SMCs and PTAs to go beyond presence and ensure functionality. Equip these bodies to advocate for improved infrastructure, including regular toilet maintenance by officially appointed staff and water availability.
- Introduce school-level audits led by adolescent girls to assess scheme delivery, exposure activities, and civic clubs (NCC/NSS) functioning.
- Foster leadership pathways by integrating life skills, gender rights, and citizenship education into co-curriculars, ensuring schools are safe and enabling spaces for girls' voices.

Health, Hygiene & Nutrition

Findings Recap: Health facility access is uneven. Chemists and private doctors dominate care-seeking behaviour, with a high trust on quacks, while community-level services remain underused. Nutrition knowledge is partial; anaemia awareness is low; and menstrual health is stigmatized.

Recommendations:

- Develop interactive nutrition literacy campaigns that combine cultural food habits with practical education on micronutrients and meal planning.
- Launch peer-led menstrual health circles in villages to debunk myths, promote healthy practices, and advocate for dignity and privacy.

Digital & Financial Literacy

Findings Recap: Smartphones are widely accessible, yet digital knowledge, confidence, and usage diversity remain narrow. Financial access is high, but digital banking is minimal.

Recommendations:

- Conduct digital literacy workshops focusing on safety, diversified utility (education, skill-building), and financial tools.
- Mentor adolescent girls to create and manage digital identities responsibly, with practical exposure to platforms beyond entertainment, especially productivity apps.

Skill Development & Employment Aspirations

Findings Recap: Girls are highly aspirational but lack exposure, decision-making autonomy, and prior training. Government jobs are the most preferred; guidance is the most pressing need.

Recommendations:

- Conduct career guidance sessions focused on public service, vocational training, and entrepreneurship pathways.
- Invite local women achievers to interact with the girls, dispel myths and fears, and help cultivate their aspirations.
- Engage families in career conversations through facilitated dialogues that demystify employment, migration, and working women's narratives.

Leadership, Voice & Collective Power

Findings Recap: Leadership indicators are low; girls seldom share opinions or act on problems. Recreation and play are restricted, and confidence in communication and participation in decision-making remains limited.

Recommendations:

- Initiate adolescent girls' collectives or clubs with structured spaces for dialogue, play, problem-solving, and mentorship.
- Embed experiential workshops on confidence-building, negotiation, and communication, paired with community projects that reinforce visible leadership.
- Train peer mentors to build communication confidence through storytelling, public speaking, and advocacy tools.

Gender Discrimination & Social Norms

Findings Recap: Discrimination is widely recognised and normalised. Expectations and chores are gendered. Most girls feel anger or helplessness but rarely act on it.

Recommendations:

- Integrate gender sensitisation into all programmatic levels, targeting both girls and gatekeepers, including men, mothers, and educators.
- Build community campaigns that challenge restrictive norms through art, theatre, and local narratives centred on girls' lived experiences.

Conclusion: Toward a Rights-Based, Girl-Led Agenda

The baseline data from Pithoragarh illustrates both ambition and adversity in the lives of adolescent girls, who are willing to learn, work, and lead, yet remain boxed in by structural gaps and social scripts. To transform this reality, the program must reframe girls not as beneficiaries, but as partners in change. Every intervention – from school governance to skill-building – must centre their voice, lived truth, and potential. By fostering safe spaces, informed choices, and community buy-in, the program can catalyse a generation of girls who not only imagine equity, but actively build it.

About Pluriversal Research and Action (PRA)

Pluriversal Research and Action (PRA) is a registered partnership firm, founded by two development practitioners with a shared commitment to reaffirming the role of people's voices and participation in the development process.

PRA's approach is unapologetically people-centric—where technical and managerial inputs serve to empower communities rather than dictate solutions. Rooted in a democratic ethos, PRA acts as a facilitator, ensuring that governance lies with those most affected by developmental challenges and interventions.

We engage with diverse groups to understand context-specific problems and co-create enduring solutions. Our methodologies intentionally integrate the lived realities of aspirational and backward districts, rural and urban communities, and those navigating layered marginalization.

PRA undertakes projects across India, backed by the founder-partners' pan-India experience in research studies and grassroots development across thematic areas including gender, health, education, tribal inclusion, child protection, and sustainable livelihoods.

Core Areas of Work:

- 🔍 Research Studies
- 📄 Reports and Documentation
- 📚 Capacity Building of Development Professionals
- 🎯 Strategic Direction for Development Organizations
- 📈 Monitoring, Evaluation & Learning (MEL)
- 🛠️ Institutional Strengthening and Systems Design

PRA challenges monolithic narratives of development by embracing the plurality of worldviews and fostering co-created knowledge systems. Every project is a step toward systemic change driven by those at the margins—because transformative development is not about doing for, but doing with.

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