Baseline Survey Report of Empowerment of Adolescent Girls from Rural Hilly Region, Uttarakhand

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Chapter I: Introduction

1.1. Adolescent Girls in India

Adolescence is a distinct developmental phase which is a critical period as adolescents experience significant physiological, psychological, and socio-cultural transitions from childhood to adulthood[1,2,3]. The phase is marked by the age-group of 10 to 19 years, with the three stages of adolescence: early adolescence (ages 10 to 13), middle adolescence (ages 14 to 17), and late adolescence (18 to 21)[4]. However, the age classifications are not standardised as the stages vary across nations and different communities have their own cultural and religious traditions associated with the puberty stage rather than a specific age[5]. Adolescence is defined by the World Health Organization (WHO) as "the phase of life between childhood and adulthood, from ages 10 to 19. It is a unique stage of human development and an important time for laying the foundations of good health"[6]. Across the world, adolescents face these developmental challenges together with the pressures to conform to socio-cultural norms placed on them to behave as per gender appropriate roles of being women and men.

Adolescents in India face several challenges due to socioeconomic disadvantages, poor education, health, lack of information, poor opportunities for participation, and poor life skills. India has the world's largest population of adolescents (10-19 years) at 253 million as per Census of India, 2011. Adolescents constitute almost 21 percent of the total population of India with nearly 53 percent adolescent boys and 47 percent adolescent girls. Despite a significant population of adolescent girls in India (119 million), their concerns remain largely invisibilised[7]. Adolescent girls in India, in particular, grapple with a multitude of challenges and vulnerabilities due to structural and socio-cultural norms.

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[1] UNICEF. Adolescents Statistics.

[2] WHO. Adolescent Health.

[3] Curtis (2015). Defining Adolescence.

[4] https://www.healthychildren.org/English/ages-stages/teen/Pages/Stages-of-Adolescence.aspx

[5] https://www.britannica.com/science/adolescence

[6] Footnote 2

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

Adolescence in the Indian context is vastly different for boys whose worlds expand while the girls' worlds shrink. The life-worlds and freedoms of girls get constricted in speech, mobility, status, social participation, decision-making etc., while that of boys get expanded in financial independence, enhanced status in family, and greater participation in community and public spheres of life[8]. Adolescent girls are burdened with the expectations of household responsibilities, while adolescent boys are burdened with the expectations of bread-earning responsibilities to prepare them for adulthood gender roles. This gender discrimination gets exacerbated by intersections of age, class, caste, geography, race, ethnicity, and other socio-economic factors. These gender norms and attitudes influence the decisions that adolescents make which in turn impact their health and wellbeing throughout their lives.

Concerns of Adolescent Girls in India

Based on various vulnerabilities and norms, adolescent girls grapple with high dropouts (especially after secondary levels), early and child marriage, domestic violence, poor physical and mental health, high malnutrition, early pregnancies and child births, female mortality, lack of employability skills, poor workforce participation, and lower wages[9]. The dropout rate for girls is 1.35 percent at the primary level, which jumps to 12.25% at the secondary level, as per UDISE 2021-22[10]. This can be explained as the gender biases in the Indian society which prefers to spend on the son's secondary education over the daughter's, as he has to become the bread-earner and provider. The adolescent girl is burdened with unpaid domestic work and care-giving duties in a society that expects her to prepare to fit into the role of a wife and mother. The lack of employability and life skills further marginalises the already disadvantaged adolescent girls in gaining equal opportunities and navigating through their work and personal life.

The barriers to education, health, nutrition, and other key development indicators are significant among the disadvantaged Scheduled Castes and Scheduled Tribes (one-fourth of the total population) and rural areas in India[11]. All of these issues have been found to be

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[8] Footnote 2 and 5

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

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

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

interconnected, especially limited educational opportunities impact health and other outcomes for adolescent girls. For instance, there exists a strong linkage between low or no education and early and child marriage, which further leads to poorer physical health outcomes and risk of mental health concerns, poor financial condition, domestic violence, increased restrictions, and gender inequality for adolescent girls[12].

Figure 1. Early and child marriage implications on adolescent girls in India

Moreover, the rural-urban and gender disparities are deepening the divides in all of these concerns. For instance, the adolescent fertility rate[13] in the age-group of 15 to 19 years as per NFHS-5 is significantly high in rural India (49%) as compared to urban India (27%). For Uttarakhand, the adolescent fertility rate is 19 percent, while the same is 21 percent in rural and 17 percent in urban parts of the state. Nearly three percent of the adolescent girls in the state had become pregnant or delivered a child at the time of NFHS-5. Similarly, there is a 19 percentage points disparity in Uttarakhand among rural vis-a-vis urban women who have ever used the Internet and only 61 percent owned a mobile phone, as reported in NFHS-5.[14]

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

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

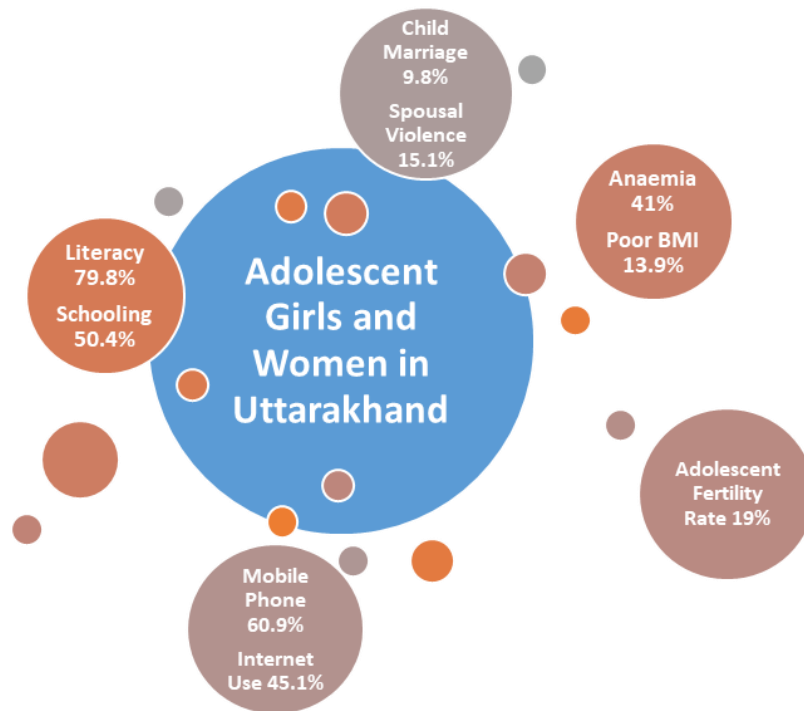[14] NFHS-5. 2019-21. Compendium of Factsheets.

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

Some of the region-specific, local problems related to adolescent girls in Pithoragarh, Uttarakhand are encapsulated here:

- Practices like child marriage, dowry, and cases of trafficking under the pretext of marriage are prevalent in the region, which are detrimental to adolescent girls' wellbeing. Girls are seen more within the roles of brides or mothers, rather than future citizens and self-sufficient, independent human beings.

- Adolescent girls face adverse health consequences due to early and child bearing and household responsibilities, which results in negative impacts on both the girl and her family. Girls are also vulnerable to violence within marriages which can have a severe impact on their physical and mental health and wellbeing.

- Families living in poverty or culturally bound, consider daughters as burdens, especially those with two or more daughters, reflecting a patriarchal mindset. This leads to gender discrimination with respect to their basic needs like food, clothing, schooling, and their best interests.

- Girls often dropout from school after grades 8th and 10th due to either school being far from the village or need for an extra helping hand at home.

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- Lack of vocational courses, learning centres/ spaces, and opportunities for girls in particular results in lack of skills among adolescent girls.
- Discrimination during menstruation due to religious norms is common, where women and girls are considered impure during menstruation. During menstruation girls are not sent to school or they themselves do not attend school during the 4-5 days due to both religious and health reasons. Lack of proper toilets in schools is also a reason for this absenteeism.

Laws and Policies concerning Adolescent Girls in India

Under the various international, regional, national laws, and its Constitution, India has committed to protect the civil, economic, social, cultural, and political rights of her adolescent girls such as: rights to life, freedom of speech and expression, education, land, housing, property; protection of children's rights and needs; prohibition of child marriage, bonded and child labour; prevention of human trafficking and sexual offences; and protection of women from domestic violence.

India launched, in 2014, a dedicated national program on adolescent health - the National Adolescent Health strategy (Rashtriya Kishor Swasthya Karyakram), however the program falls short of achieving its full potential due to gaps in governance, implementation, monitoring and evaluation, and lack of involvement of adolescents in the program[15]. Other national policies concerning adolescents are the National Health Policy of 2017, the National Youth Policy of 2003 and 2014 and the National Mental Health Policy of 2014. The National Population Policy of 2000 and the recent National Education Policy of 2020 are not specific but relevant to this age group. Despite laws, policies, and programs focussed on the adolescent population in India, there is a major hurdle of poor public expenditure, especially on education and a declining Union government share that needs attention.

Thus, there is a need for strong political will to ensure adequate resource allocation and utilisation, and effective implementation, monitoring and evaluation of the subsequent policies for improving the status of adolescent girls in India. The literature and data for adolescent girls strongly indicate a need to work on multiple concerns, layers, and contexts of adolescent girls in India from a rights-based over a welfare-based perspective, keeping the girls at the centre of the programmes. The multiple needs and concerns of adolescent girls that need attention are

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[15] Footnote 9

mainly in the spheres of health and nutrition, menstruation, education, life skills, and gender justice.
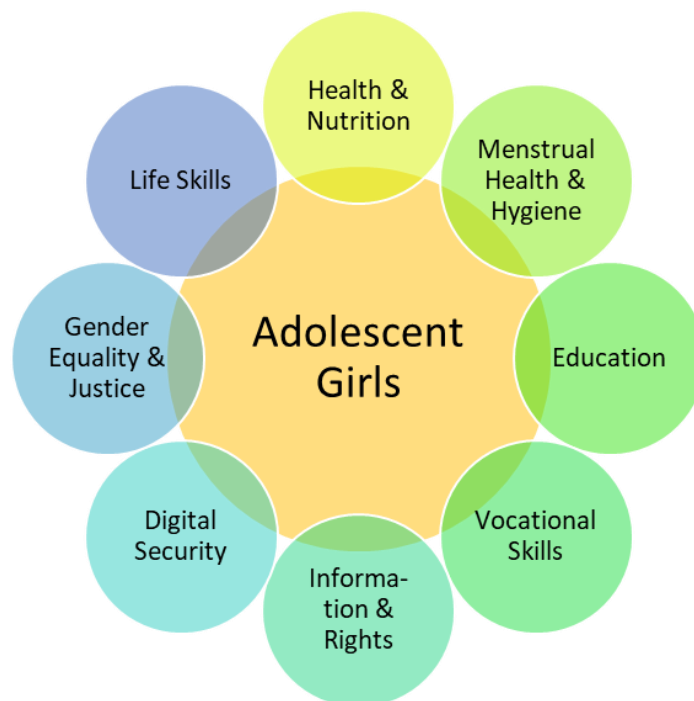

Figure 3. Key concerns of adolescent girls in rural India based on literature

1.2. About the Project

The project titled, 'Empowerment of Adolescent girls from Rural Hilly regions, Uttarakhand' intends to work with and among the adolescent girls from the rural hilly region of district Pithoragarh in the State of Uttarakhand, as they have remained largely invisible in the discourse of their integrated development to a safe, secure, dignified, and meaningful future in the family and society at large. In the broad context of the literature and local context of Pithoragarh, Uttarakhand detailed out earlier, the project aims to reduce vulnerabilities of adolescent girls through improved access to adolescent-friendly services, with interventions of capacity building support and leadership building.

Project Objectives:

1. To sensitise the adolescent girls about the importance of education, health, nutrition and life skill components in reference to the Constitution, morality and rule of law.
2. Create an effective network of adolescent girls' collectives and peer educators for empowering them to realise their aspirations through acquiring of social, health and economic assets.

3. To develop a safety cadre for the adolescent girls through their collective action and positive involvement of parents and stakeholders.

Over a three-year period, the project will cover 600 adolescent girls residing across 60 villages, divided into three clusters in one block of Pithoragarh. The intervention plans to form adolescent girls' collectives in each village, federated at Cluster and Block levels. Health camps, extra-curricular activities, vocational, digital literacy, awareness and sensitization programmes will be conducted to address issues of health, menstruation, poor awareness, skills, and gender discrimination. Girls' leadership skills will be developed to take the role of 'Peer Educators' to motivate other girls at their village level and voice their own concerns. They will be further linked with relevant educational, skill training, health, and other programmes as per their interests for their growth and development.

- **Project Participants:** Adolescent girls in the ages 10 to 19 years
- **Key Stakeholders:** Major stakeholders to be involved would be elected public representatives from Panchayats, frontline functionaries like ASHA and Anganwadi Workers (AWW), Block and District officials, CSOs and institutions/individuals engaged in skill development.

1.3. About ARPAN

ARPAN is a grassroots organisation based in Askot, District Pithoragrh, which lies at the trijunction of Nepal and Tibet with the Kali River separating its Eastern border with Nepal. ARPAN was set-up 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

- 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

The organisation has been working on the issue of violence against women with focus on domestic violence through various action oriented intervention strategies. The main objective of the intervention has been to uphold the dignity of women and enable them to fight collectively against all forms of violence and discrimination. Socio-legal interventions were

made through legal aid, and counselling of struggling women. One of the main causes analysed about violence against women is her socio-economic status and position in the patriarchal system. The issue of independent land rights for women is thus a key issue linked with their economic and food sovereignty and to curb violence against women. Further, the organization is working with adolescent girls and empowering them since early age to get educated, aware of their rights, and create a place for themselves.

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

Chapter II: Methodology

2.1. Research Design

A robust mixed-methods baseline assessment has been designed to collect primary data from a sample of adolescent girls. The aim was to explore and assess the current status, needs, perspectives, and aspirations of adolescent girls in the 20 hilly villages of Pithoragarh district in the state of Uttarakhand. The baseline assessment is planned in three phases, in sync with the project plan, and plans to cover a total of 60 villages, equally spread over three phases in three years. This report is based on the data collection undertaken in the first phase (FY 2024-25) of the baseline assessment covering a total of 20 villages and 200 adolescent girls.

Sample

All the adolescent girls residing in the 20 project villages in the age-group of 10 to 19 years were eligible to participate in the study. A sample of 200 girls was covered in phase one through interviews. Following figure present the data collected from 20 villages.
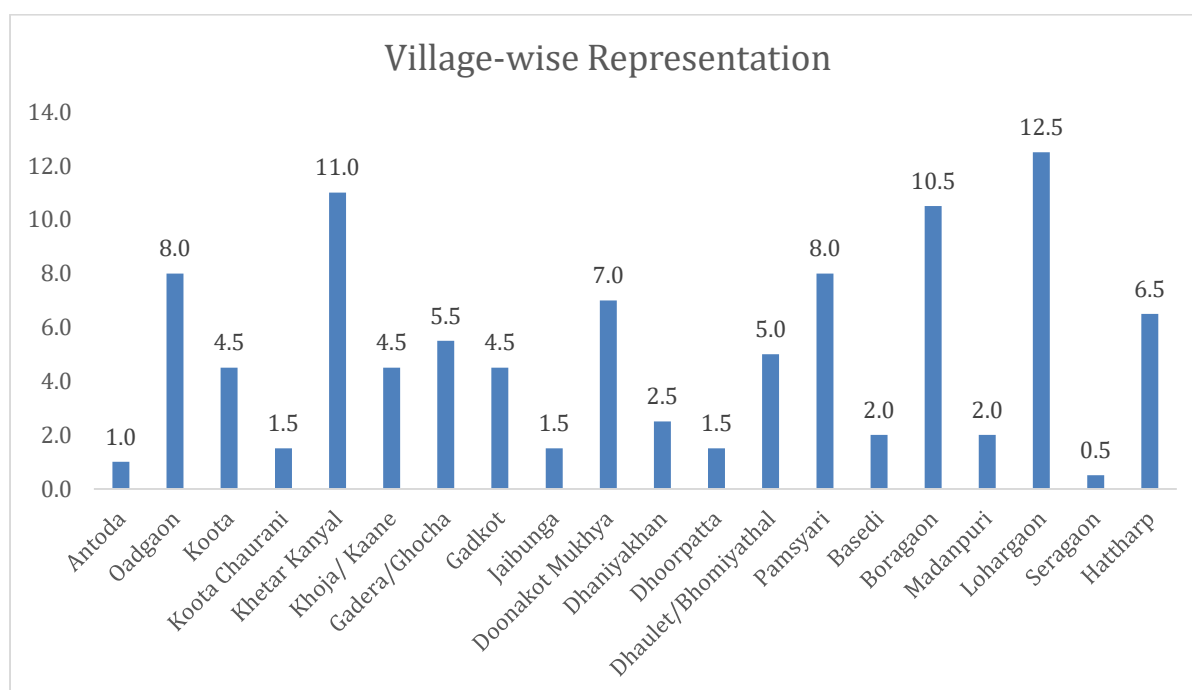
Baseline Methods and Tool

The baseline assessment was done primarily through a personal interview method. A comprehensive Computer-Assisted Personal Interview (CAPI) format was developed using the KoboToolbox software programme to design the structured interview schedule. The interview

tool was designed covering all the programmatic aspects: a) profile of adolescent girl participants, b) fundamental rights of adolescent girls, 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 mainly 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 so on to understand their viewpoint about issues concerning to adolescent girls in their villages. The interactions were further intensified to explore how those issues can be resolved and the support they could extend to the program.

Data Collection and Quality Assurance

The entire study plan and design was done to ensure optimum quality, authenticity, and richness of baseline data collected from the field level.

The research team of six members consisted of a Principal Investigator, a Co-Investigator, and four women Field Enumerators. The field enumerators were responsible for the pilot testing and data collection process of the study. The end-to-end coordination of the assessment, designing the research methodology, tools of data collection, training of the team, planning and monitoring of data collection, data cleaning and analysis, and report writing were done by the Principal Investigator. The Co-investigator was involved in the data analysis and report writing stage.

An interactive workshop was conducted by the Principal Investigator to train the field enumerators on the CAPI tool, incorporate their feedback based on local context and field experience, address questions, and take them through the data collection plan.

Informed consent process was followed for all the adolescent girls prior to their participation in the study by taking permission of the parents and the participants' voluntary and willing consent for the information.

Data Analysis

The quantitative data was imported into MS-Excel, where it was cleaned thoroughly and coded. Next, the data was imported into SPSS for data analysis. The analysis included univariate and bivariate analysis of the data. The analysis has been presented with interpretation and analysis of descriptive statistics. The qualitative data from the stakeholders was analyzed for themes and presented as observations and verbatim in the report.

Chapter III: Findings of the Study

3.1. Profile of the Participants

Age

All the 200 participants of the baseline assessment were adolescent girls in the age group of 12 to 19 years, from the available and willing population in the villages of Pithoragarh. The eligibility of the project participants is 10 to 19 years which follows the nationally and internationally defined age-group for the adolescence phase. Most of the participants (45%) were in early adolescence (aged 12 to 14 years), closely followed by 42 percent in their middle adolescence (aged 15 to 17 years), and the remaining 13 percent in late adolescence (aged 18 to 19 years).
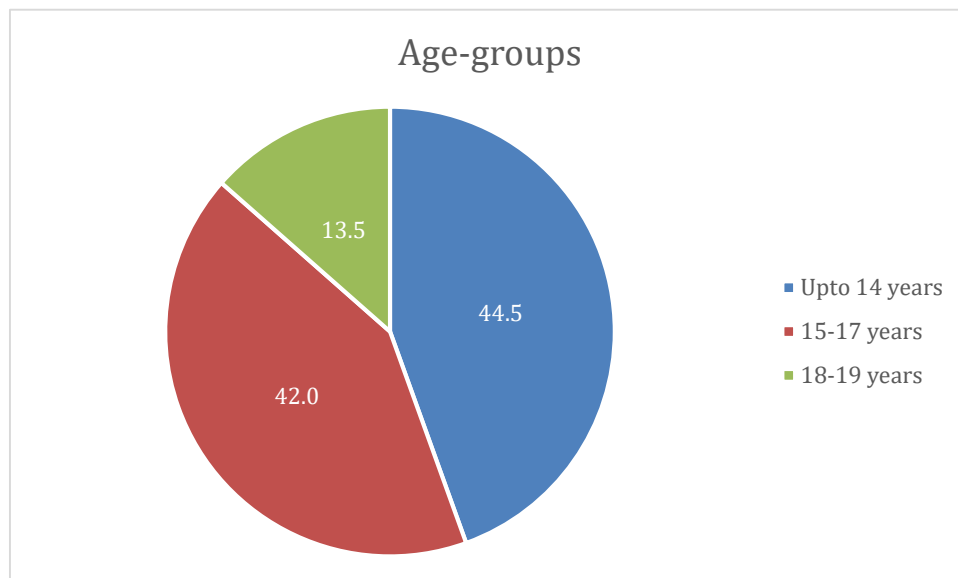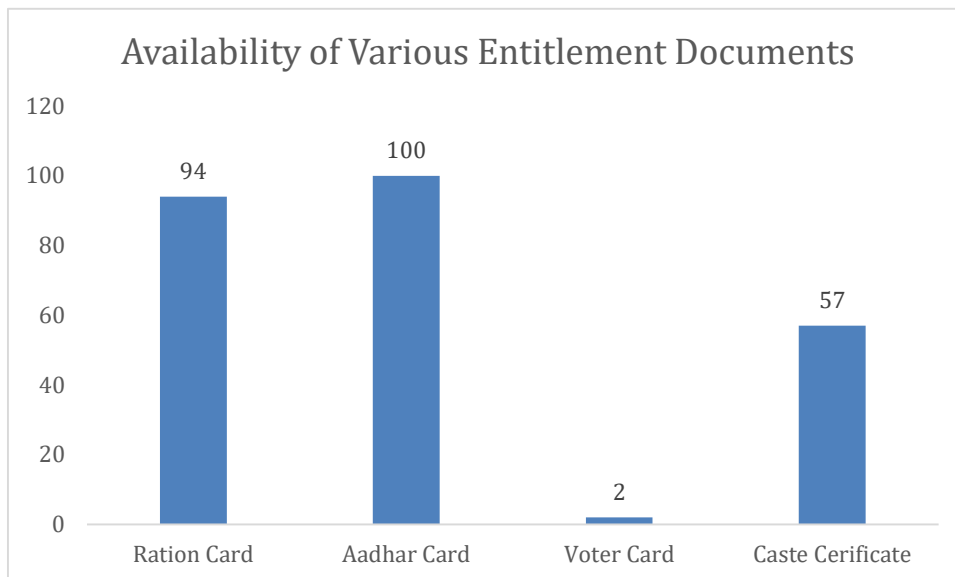

The project eligibility is open for unmarried and married adolescent girls. However, in the first phase of baseline, none of the girls were married. This is a positive picture as child marriages were not found among the participants covered in this study.

The family size of nearly all the participants (97%) was four or more members, including those who had migrated for education or work. Most of them had four to six members (73%), followed by more than six members (25%), and only six of the participants had a family size of three or less.

All the 200 participants had an Aadhar Card, 94 percent had a Ration Card, but only 57 percent had a Caste Certificate. Only seven percent out of the 26 participants who were of 18 and above years had a Voter Card. This data reflects on the lack of awareness and other bureaucratic
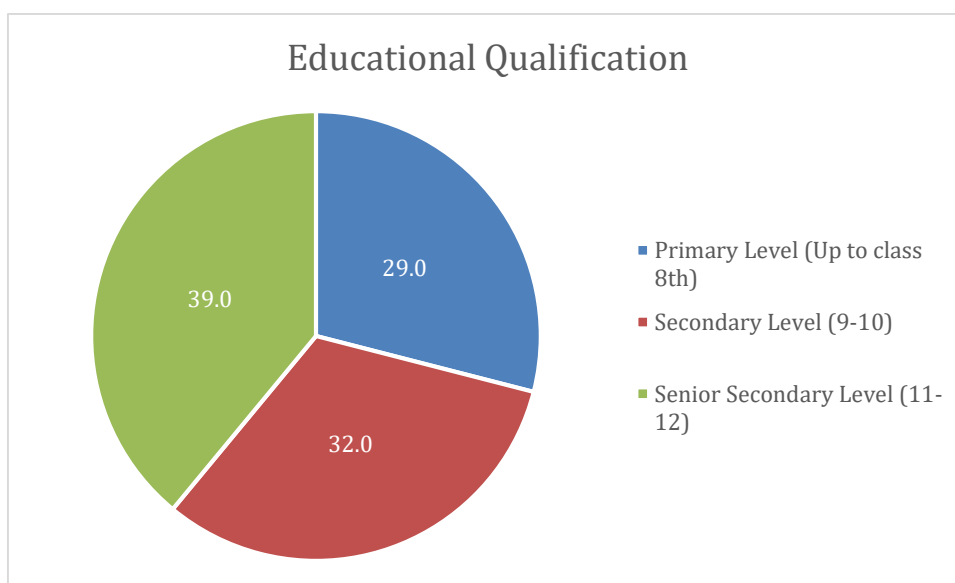
hurdles faced by the participants to access their rights to vote and apply for schemes meant for Scheduled Castes or Scheduled Tribes.

Availability of Various Entitlement Documents

A bar chart titled "Availability of Various Entitlement Documents" shows the following values: Ration Card = 94, Aadhar Card = 100, Voter Card = 2, Caste Cerificate = 57.

Further, the participants stated that there was no such survey they had participated in where their information was collected.

Completed Educational Status

Almost all the participants were students (97%), while three percent of the participants were not studying any longer. Most of the participants (39%) had completed senior secondary level of education (class 11-12), followed by secondary level that is class 9-10 (32%), and remaining 29 percent had completed their primary schooling (up to class 8). Out of the six participants

Educational Qualification

A pie chart titled "Educational Qualification" shows: Primary Level (Up to class 8th) = 29.0, Secondary Level (9-10) = 32.0, Senior Secondary Level (11-12) = 39.0.

(3%) who had discontinued their education, the reasons were financial constraints, completed schooling, and failed and dropped out.

Current Educational Status

Out of the 194 participants who were continuing their education, nearly one-third of them were studying in secondary level, closely followed by around 30 percent of the participants studying in primary level. About one-fourth of the participants were studying in senior secondary level and the remaining participants (13%) were studying in college.
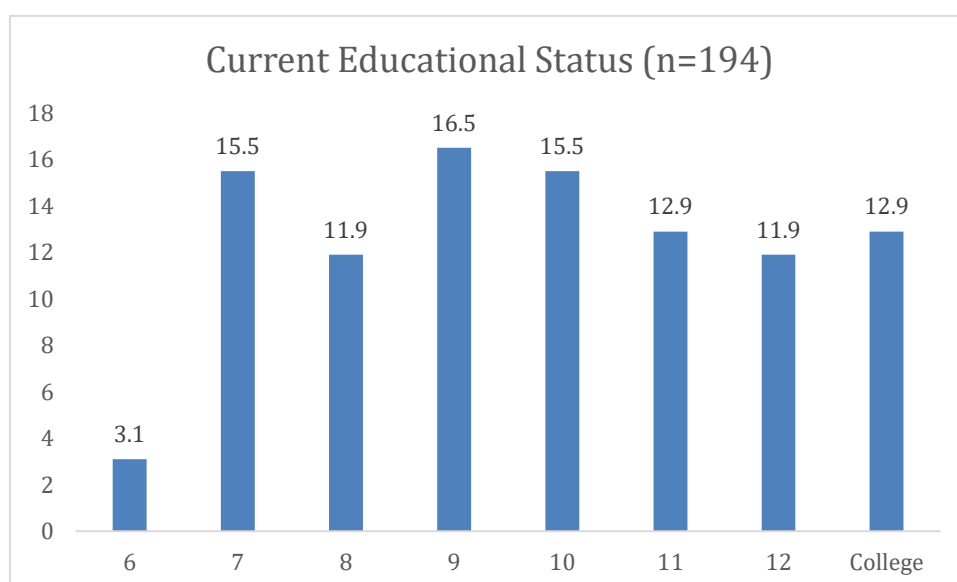
More than three-fourth (77%) of the participants were studying in government schools/ college, while the rest (23%) were studying in private institutions. Studying in government schools and colleges provides access to the students to central and state government schemes like Mid-Day Meal, Right to Education (RTE) Act, Beti Bachao Beti Padhao, Sukanya Samriddhi Yojana, scholarships and so on. Many of these schemes exist to encourage survival and education of girls through financial and other kinds of support. Around 79 percent of the participants


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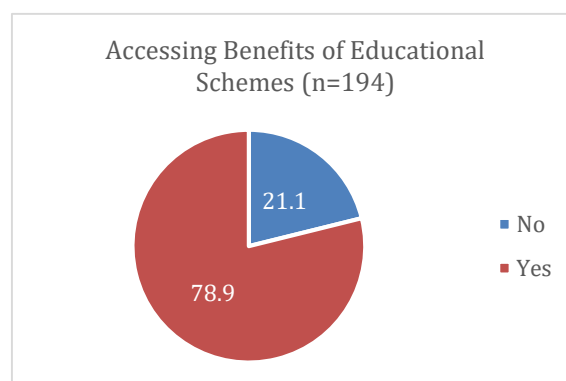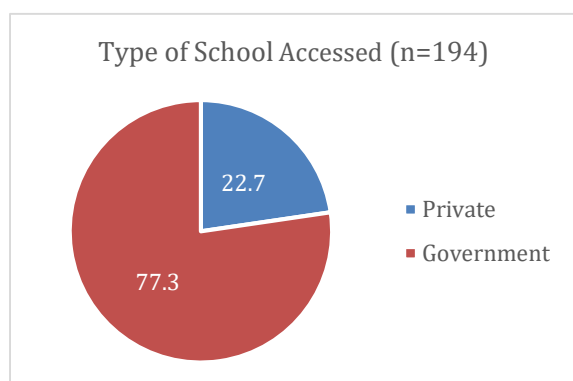
confirmed that they had benefited from the schemes extended in the school/ college, however, the rest of the 21 percent of them stated they had not received any benefits.

The surveyors interacted with school teachers and authorities at various locations and found that females belonging to scheduled castes and schedules tribes receive scholarships.

Several reports and studies reported that there are many reasons for adolescent girls in India not going regularly to or dropping out of school and one of them is separate and clean toilets being unavailable for girls. Given the menstruating period during adolescence, this is a prerequisite for any school. On a positive note, about 96 percent of the participants responded in affirmative that their schools/ colleges had separate toilets for boys and girls, while four percent of them stated these were not available. Around the same proportion of participants (97%) stated that there was water available in the toilets, while 86 percent of them stated the toilets were cleaned on a daily basis. With three percent of the participants sharing water was unavailable and 14 percent of them shared the toilets were not cleaned daily, revealing poor state of sanitation in some of the educational institutions.

A government school staff shared *"the girl students clean the toilets in the school because of unavailability of sanitation worker."*
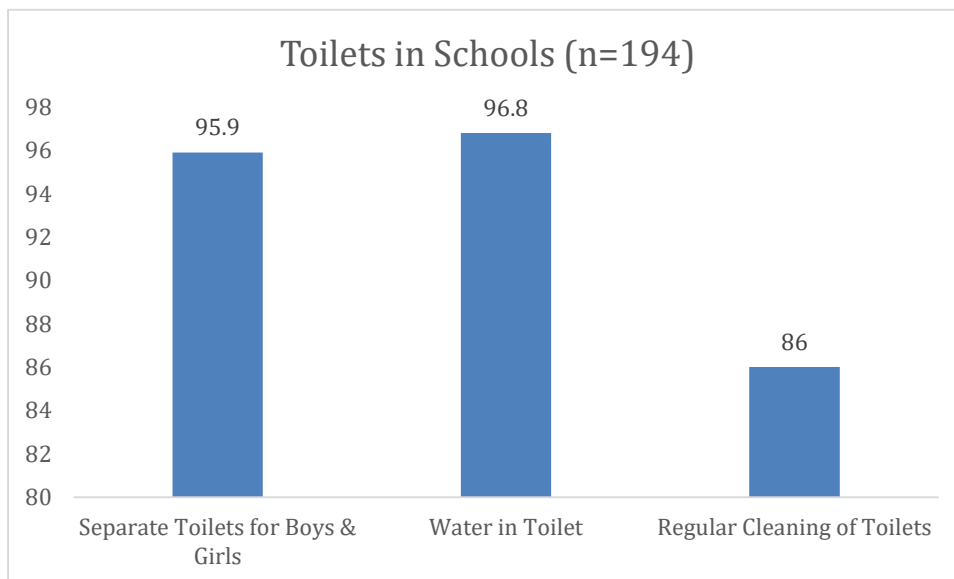
The data was analysed with the type of schools accessed by the participants and it was found girls accessing government schools face issues like lack of water and cleaning of toilets more than those accessing private schools.

Identifying such issues of sanitation, infrastructure, teaching quality, resources, and other concerns in schools require regular monitoring and accountability mechanisms. This has to be

ensured by setting up a School Management Committee (SMC) as mandated in the RTE Act, 2009. The SMC empowers the community to take all the crucial decisions related to the school to improve the local decision-making and quality of education, keeping students' best interests at the centre. This committee comprises representatives of the school authorities, teachers, parents/ guardians, students, educationist, and local administration. The SMC is responsible for creating a school development plan, monitoring the school, capacity building of staff, and other mechanisms to ensure the goals of access to free, compulsory, and quality education are achieved. Secondly, Parent-Teacher Association (PTA) is an important component of the school education system and regular PTA meetings are a compulsory feature where each of the subject-teachers meet every student's parents/ guardians and update them about the progress of their child, respond to their concerns and queries, and guide them.

In this baseline assessment, the participants who were still going to school ($n = 169$) were asked if an SMC was available for their school. Majority of the participants (88%) replied in the affirmative about having an SMC, while the rest (12%) stated there was no SMC for their school. All the school-going girls, stated that PTA meetings are conducted in their schools.
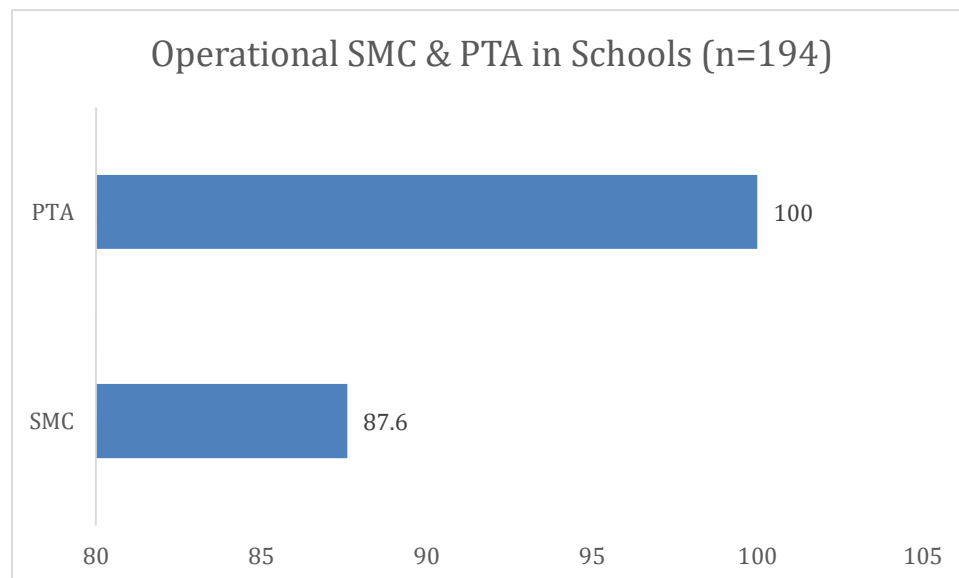
All the student participants ($n = 194$) self-reported high attendance and none of them had been absent in the school/ college for four or more days in the previous month. This can be linked to the fact that only four of them stated that they had to earn for their family along with pursuing their education. However, none of them felt that it was a hindrance in their studies. Two of these working girls were 15 years of age and had completed their secondary schooling, one each were 17 and 18 years old with completed schooling.

3.2. Fundamental Rights

One of the most important needs to address the multi-layered concerns of the most disadvantaged adolescent girls is to make them aware of their fundamental rights. This is the first step to preparing and empowering them to understand their own concerns, voice them, and resolve them. The baseline assessment revealed very low awareness levels among the participants about their rights. More than three-fourth of the sample (79%) was completely unaware about their right to be protected from child marriage. Much more participants (95%) were unaware about their right for protection from sexual abuse. Data shows that adolescent girls are vulnerable to early and child marriages and domestic violence. However, only six percent of the girls were aware about their rights of protection from domestic violence.

Apart from these legislations protecting women and children, there are legal rights that protect them from any wrongful conduct by the state, but hardly any of the adolescent girls were aware of such rights. For instance, almost none of them (99%) were aware that they have access to
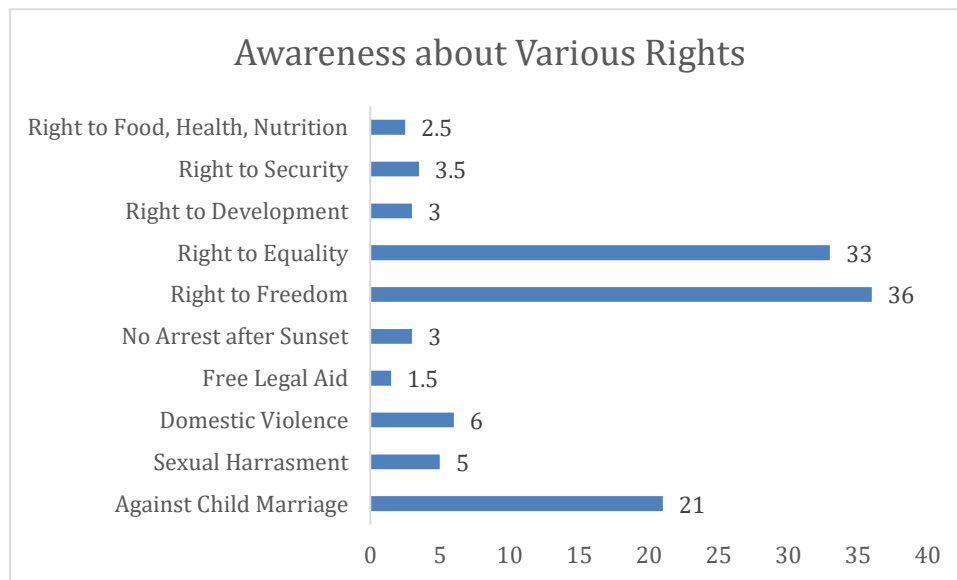
free legal aid if any situation of an offence against them arises. Similarly, barely any of them (3%) were aware of their right to not be arrested or taken to the police station after sunset.

On a positive note, slightly more participants were aware about their constitutional rights like freedom (36%) and equality (33%), but over 60 percent continued to be unaware. Nearly all the participants (97 to 98 percent) were not aware that the state is supposed to protect and ensure their rights to development, safety, and food, health, and nutrition are provided to them. Crosstab analysis with education shows that the awareness was significantly higher among girls who had completed senior secondary education as they study about these rights in their course

books. Also, the data showed trends that awareness about these rights increases with higher educational qualification.

3.3. Collectives and Leadership for Adolescent Girls

Power of information coupled with formation of collectives and nurturing leaders among adolescent girls can lead to empowerment of girls in the present and women in the longer run. Collectivising of communities takes place on the basis of first, awareness, second realisation, and third, concern for collective issues of a people. However, none of the participants were part of any group or collectives specifically meant for adolescent girls. The awareness of the participants on macro-level issues in their village was very limited and they were mostly aware about the immediate and basic issues concerning them. The village-level issues that found

Understanding of Village Problems

Problem	Value
No Mobile Signal	1.5
Wild Animals	19.5
No Sports Ground	71
No Entertainment Avenues	69
Substance Abuse	23.5
No Anganwadi/ANM	1
Harassment of Women	0.5
No Doctor in Govt. Facilities	1
No Healthcare Facilitues	65.5
Schools at Distance	49
No Toilets	2.5
Road	28
Electricity	3.5
Water	17
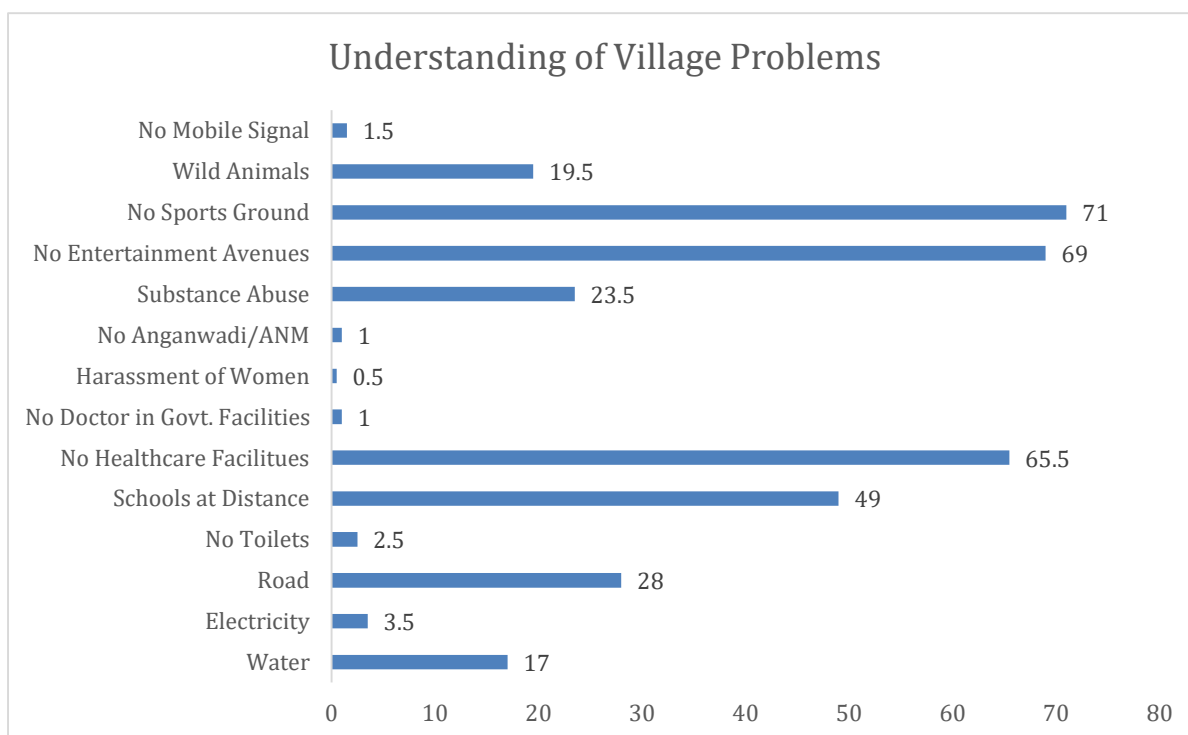
nearly two-thirds or more of the participants' responses were: lack of playgrounds (71%), lack of sources of entertainment (69%), and lack of healthcare services (66%).

This was followed by concerns of the participants related to education and basic necessities like long distance of schools from their village (49%), roads (28%), and water (17%). A significant proportion of the participants felt that there was an increasing problem of addiction among the people (24%) and wildlife attacks (19.5%). Very few participants specified village-level issues such as: electricity, unavailability of toilets, poor mobile network, lack of doctors, medicines, Anganwadis, and ANM in the government facilities, and violence against women.

On the other hand, none of the participants found issues of: poor quality of education, eve teasing/ sexual crimes against women, and poor financial awareness.
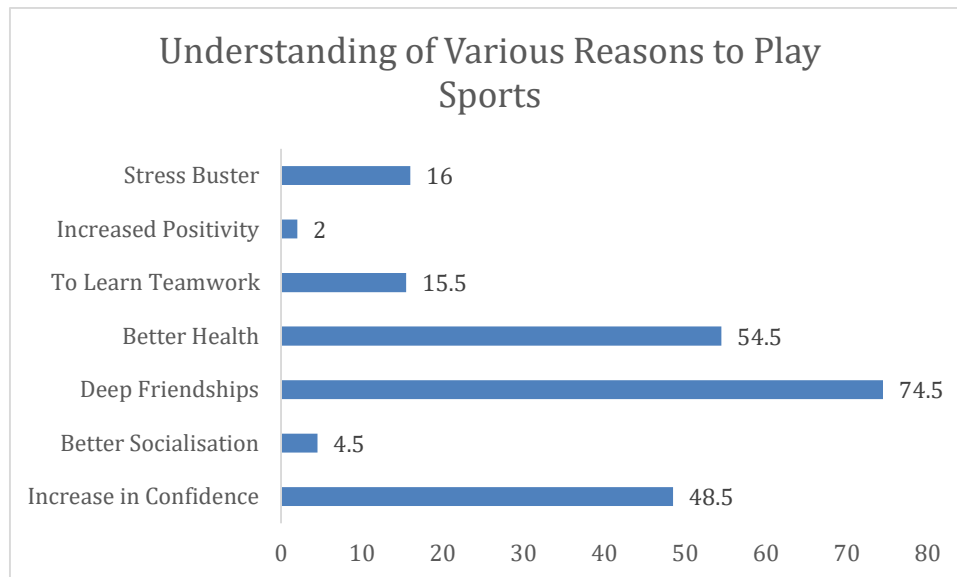
Games/ Sports

Nearly two-thirds of the participants (65%) did come together to play games, which holds potential to channelise this group synergy into a village-level girls' collective (*kishori samuh*) in the future. The outdoor games played by the participants were: *Kho-kho* (55%), chasing game (*pakdam-pakdayi*) (44%), hide-and-seek (*chupan-chupayi*) (43%), volleyball (29%), and football (24%). Indoor games played by many of the participants were: Ludo (61%), carrom (43%), and badminton (chidi-chaka) (36%). Other indoor/ outdoor games played by a few of them were: cricket, kabaddi, pithoo, and playing cards.

Games Played by Girls (n=129)

Game	Percentage
Chasing Game	44.2
Hide & Seek	43.4
Football	24
Kho-kho	55
Volleyball	28.7
Cricket	6.2
Ludo	60.5
Cards	1.6
Badminton	36.4
Carrom	42.6
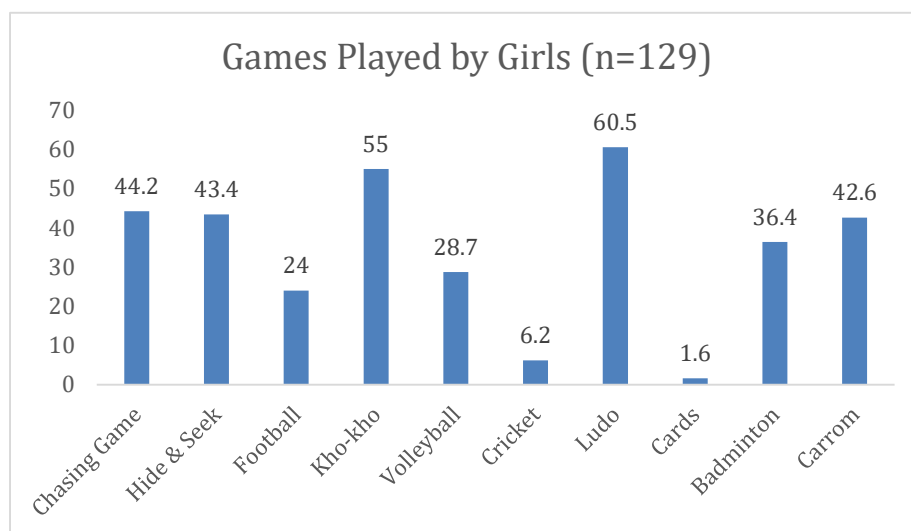
The data shows that though there is a mix of many indoor and outdoor games, over 60 percent of them played Ludo which is a well-known indoor board game, but is a very popular mobile game today in India. Barring Ludo and *kho-kho*, the participation of girls in other games was relatively low (less than half). The choice of games reveals the gendered spaces and activities that are considered appropriate and inappropriate for girls vis-a-vis boys.
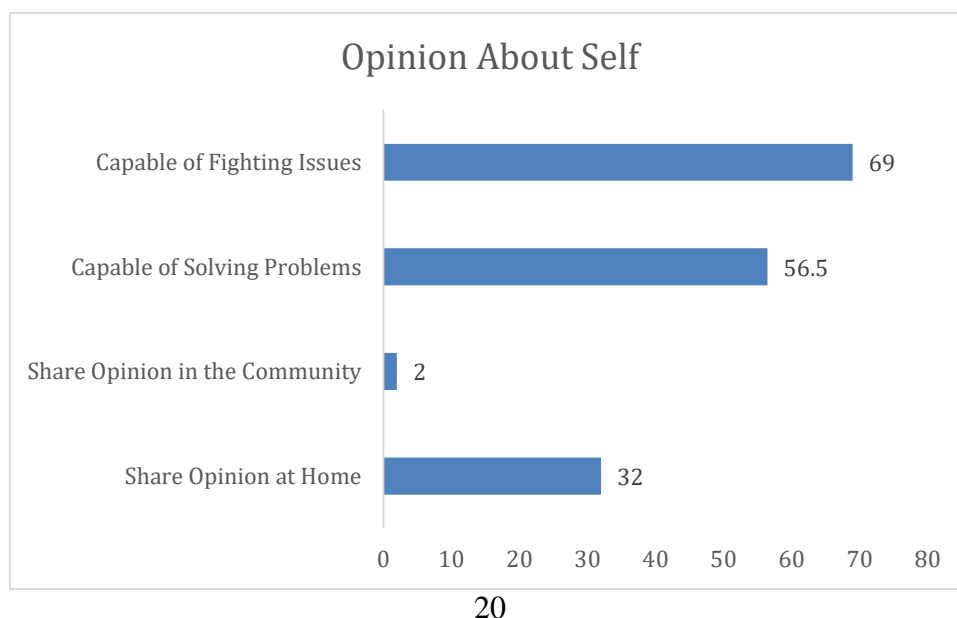
The reasons for playing sports/ games were varied for the participants, with the majority of them believing that playing games together develops friendships (75%). Half or more participants understood that games should be played as they have multiple health benefits (55%) and increase confidence (49%). However, most of the participants (84 to 98 percent)

Understanding of Various Reasons to Play Sports

Reason	Value
Stress Buster	16
Increased Positivity	2
To Learn Teamwork	15.5
Better Health	54.5
Deep Friendships	74.5
Better Socialisation	4.5
Increase in Confidence	48.5

were not aware that playing games also teaches teamwork, reduces stress, and increases positivity in the individuals.

Decision-making and Participation

The baseline assessment aimed to understand the levels of awareness, capacities, and life skills of the adolescent girls in the villages of Pithoragarh, which are crucial for their holistic development. Most of the participants denied sharing their opinion on any issue at home (68%), in school (80%), and in neighbourhood (98%). More than half of the participants found

Opinion About Self

Category	Value
Capable of Fighting Issues	69
Capable of Solving Problems	56.5
Share Opinion in the Community	2
Share Opinion at Home	32

themselves to have the ability to solve issues (57%) independently. However, attention is needed for 44 percent of the participants who did not think they had this ability. Relatively much more proportion of the students (89%) shared they actively participated in extra-curricular activities in the school/ colleges. The data for decision-making and participation was analysed with age-group and it showed that decision-making and participation increases with an increase in age.

Most of the participants stated that they only 'sometimes' helped others in resolving their issues or troubles (68%) and friends/ family trusted them only sometimes to get things done (81%). Very few of them stated they 'always' engaged in these aspects. Helping others and being trusted by family and friends for some tasks also saw similar trend that it increased with the age.
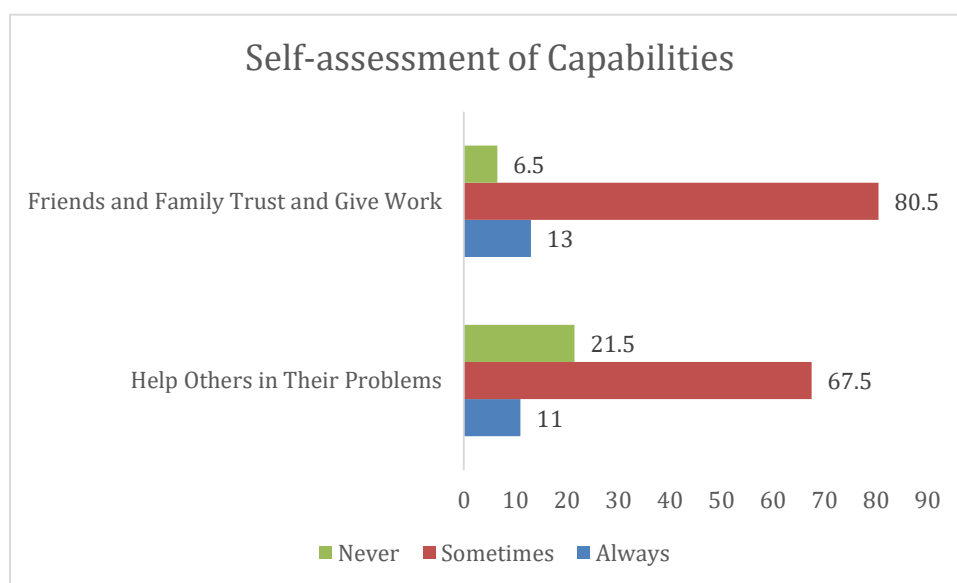
Majority of the participants rated their ability to communicate their thoughts and feelings at low levels - workable (87%) and very poor (4%). Most of the participants said they had the capability to fight their problems (69%), however 31 percent did not believe they had this capability.

This high self-assessment of their own capabilities and leadership skills by the adolescent girls indicates a positive feature in terms of self-confidence levels. The girls, though, did not put forth their opinions. So, there needs to be a deeper dialogue with the girls on how this confidence should translate into individual and collective action.

The major hobbies of the participants were: playing games or sports like volleyball and football/ wandering (48%), studying/ reading/ painting (37%), and dancing/ singing/ composing or listening to songs (28%). A few of them also had hobbies like cooking, swimming, travelling, shopping, knitting/ stitching, teaching kids, or doing nothing.

It is important to tap into the adolescents' aspirations before designing any intervention with them. Ideas about future careers also reveal the personalities of the individuals. Contrary to gender stereotypes, almost half of the girls wanted to grow up to become an Army/ Police officer - the most popular choice. This was followed by: teacher (17%), doctor (10%), government job (7.5%). Few of the girls saw themselves as air hostess, artist, banker, engineer, fashion designer, lawyer, or pilot. Some of them wanted to be self-employed or start their beauty parlour, while the remaining of them stated they would do any work or had not given it a thought.

3.4. Digital Literacy

In today's digital age, the world is increasingly technology-driven. To keep pace with the ever-changing technological advancements in every field, it is critical for every individual, especially student, to gain digital literacy at the earliest. There is a vast digital gender divide in India, which leads to exclusion of girls and women in all the spheres of their growth and development – education, health, financial, psychological, technical and life skills, legal awareness and rights, and overall wellbeing of self and their children. This exclusion is due to lack of access to digital devices, digital illiteracy, and lack of knowledge on how to use digital skills. The baseline assessment, therefore, aimed to gauge the extent to which the adolescent girls had access and awareness on digital devices and skills.

Access to digital devices

On a positive note, a large majority of the sampled participants had access to a digital device - smartphones (88%). Very few participants had other devices, mostly with a smartphone, like basic phone, tablet, or computer along with a smartphone. Few of the participants (9%) did not have any device.

Access to Digital Device

(Bar chart showing: Basic Phone 3.5, Smartphone 88, Tablet 2, Computer 1, No Device 9)
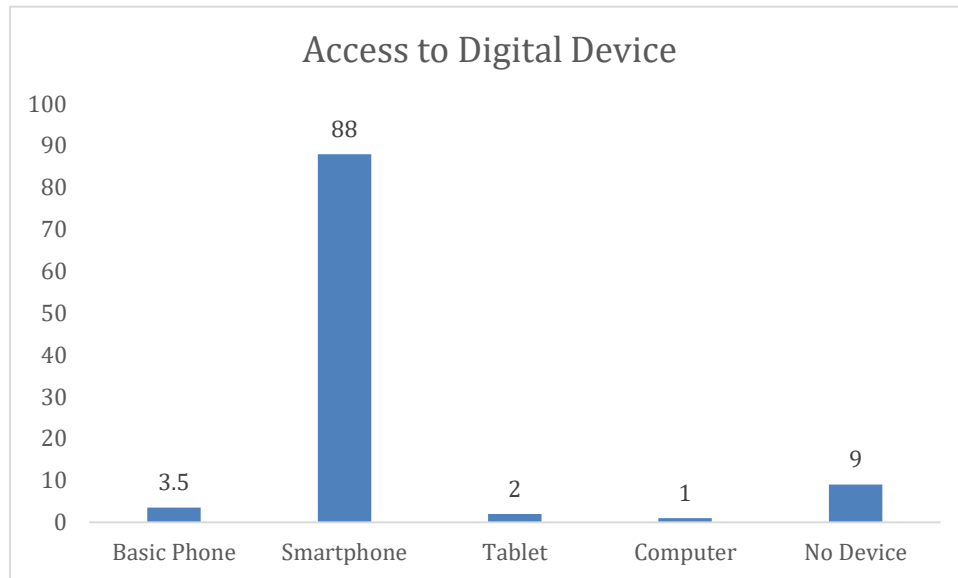
Out of the 176 participants who had a smartphone, it was their family's phone (85%), and only few had a personal smartphone (15%). The digital devices had the Internet service for nearly all the participants (98%), which is a prerequisite if they have to learn anything new or use it for entertainment.

Ownership of Smartphone (n=176)

(Pie chart: Family Smartphone 85.2, Personal Smartphone 14.8)
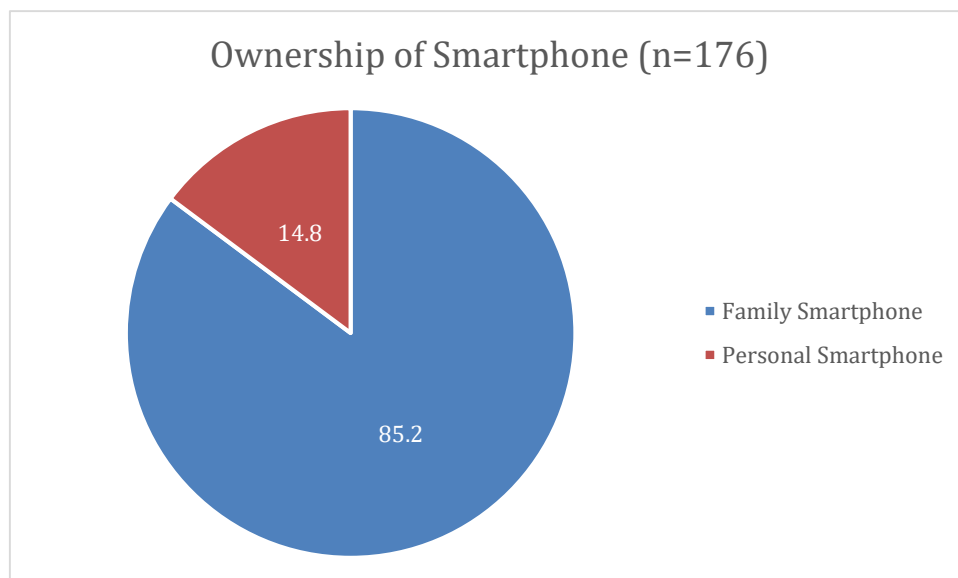
Further, there can be several reasons for not having a personal device like young age, gender restrictions, and/or unaffordability of parents. A smartphone is seen as a forbidden item for adolescent girls or young women in Indian households as it is considered to be a window of opportunity for them to get into a romantic relationship, disobey the societal norms, possibly
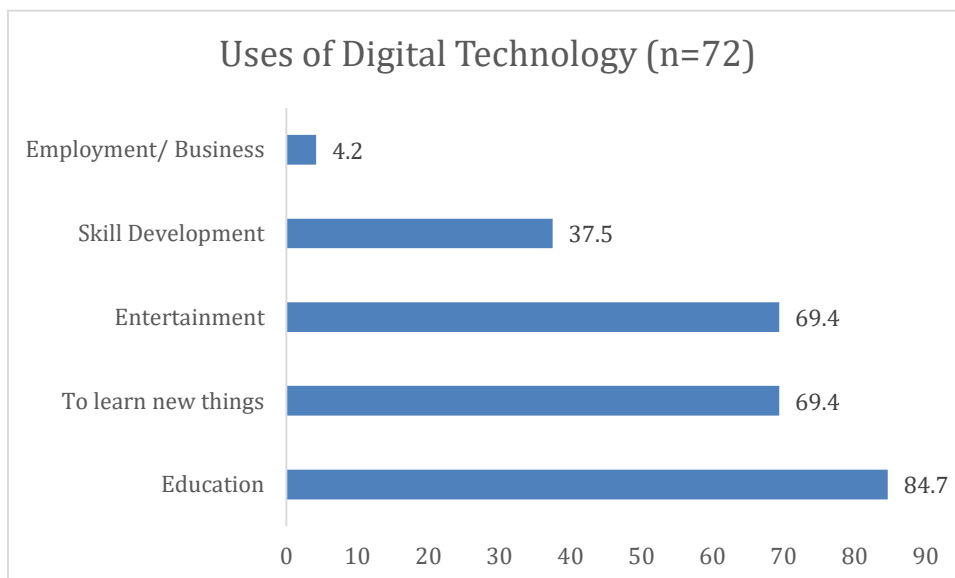
elope, and bring family and community dishonour. Women not owning a personal smartphone keep them away from knowledge and exercising their rights.

Usage of digital devices and digital technology

The knowledge and skill of using computers is still uncommon in rural areas, despite computers being a mandatory subject in urban schools from a very young age. Evidently, two-thirds of the sample (66%) had never used a computer, neither in school nor elsewhere. Digital security is another key topic that needs attention with the increasing cases of scams, phishing, and cyber frauds. India has a law to protect its citizens from cyber-crimes under the Information Technology Act, 2000. A majority of the participants showed awareness on how to create and set a password on their smartphone (61%) and had secured their phone with a password (77%).
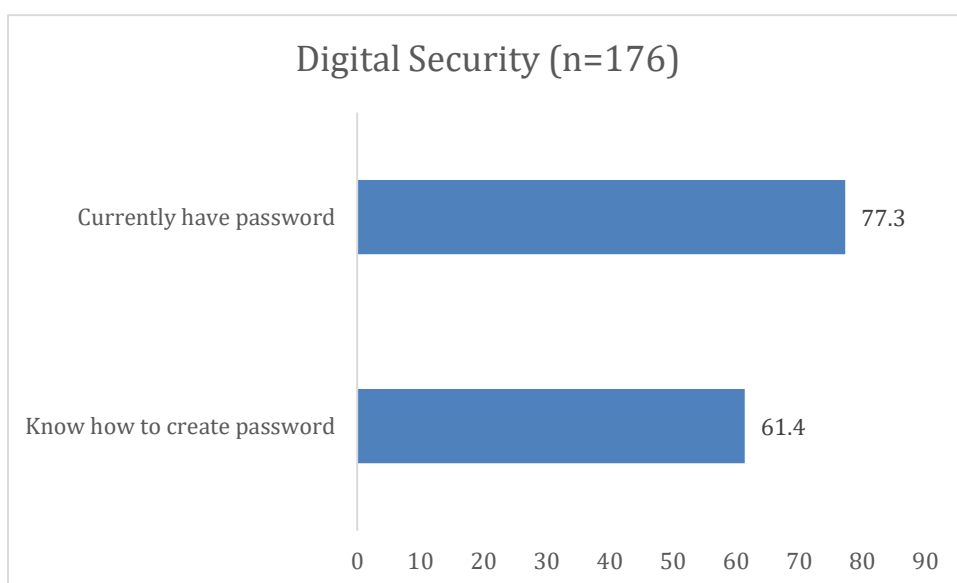
The adolescent girls (97%) had never participated in any digital literacy training earlier. Most of them (64%) were not aware about the use of digital technology either, while 36 percent showed awareness. Out of those who were aware, most of them (69% each) found digital technology useful to learn new things and for entertainment. Relatively, fewer participants knew about uses of digital technology to learn new skills (37.5%) or for job/ business (4%).

Uses of Digital Technology (n=72)

Category	Value
Employment/ Business	4.2
Skill Development	37.5
Entertainment	69.4
To learn new things	69.4
Education	84.7

Financial Literacy

Digital literacy is linked further to financial literacy as e-banking services and e-governance have penetrated the rural India as well. Most of the participants (94%) had an active bank account, but a sweeping majority (95%) did not have online banking services enabled for their account. The participants (97%) stated their bank accounts had a balance. Although more than half of the participants (57%) had money for their small expenses, 43 percent did not have any money for even small expenditure.

Banking & Finances

Category	Value
Pocket Money for Regular Expenses (n=200)	57
Balance in Account (n=188)	96.8
Online Banking (n=188)	4.8
Active Bank Account (n=200)	94
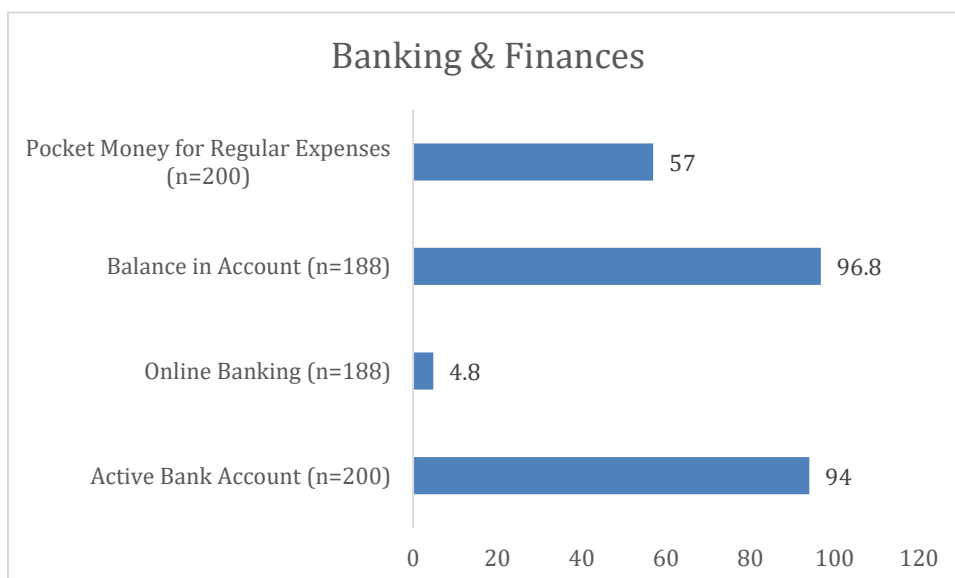
Digital Awareness

The participants were further asked to rank their digital skills. Over 90 percent of them stated they were not at all aware or very little aware about digital technology and only two participants rated themselves as highly aware. More than 80 percent of them had little to no confidence in using a smartphone, which indicates a need for skills in this area. Merely 19 percent of the participants felt somewhat, quite, or highly confident.

Awareness - Digital Technology
Confidence - Smartphone
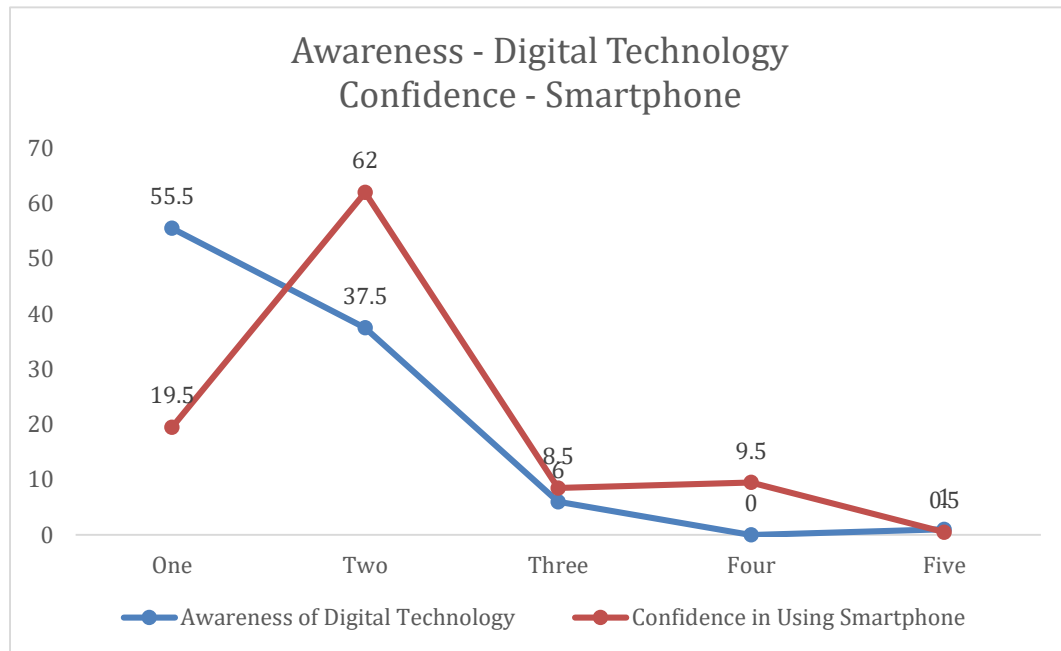
Digital Applications

The participants were young and most of them had access to smartphones even if they were not their personal devices. They were asked about the use of various platforms and applications in their smartphones. It was found that most of them had used YouTube (91%), Google (83%), Instagram (75%), and WhatsApp (71%). These are generally the most popular applications, especially among the young people for entertainment and social media interactions. Other apps like Facebook, Teams/ Zoom, Microsoft apps, and payment apps like PayTM, GPay, BHIM UPI were used by very few of the participants (12 to 32 percent).

Ever Used Digital Platforms
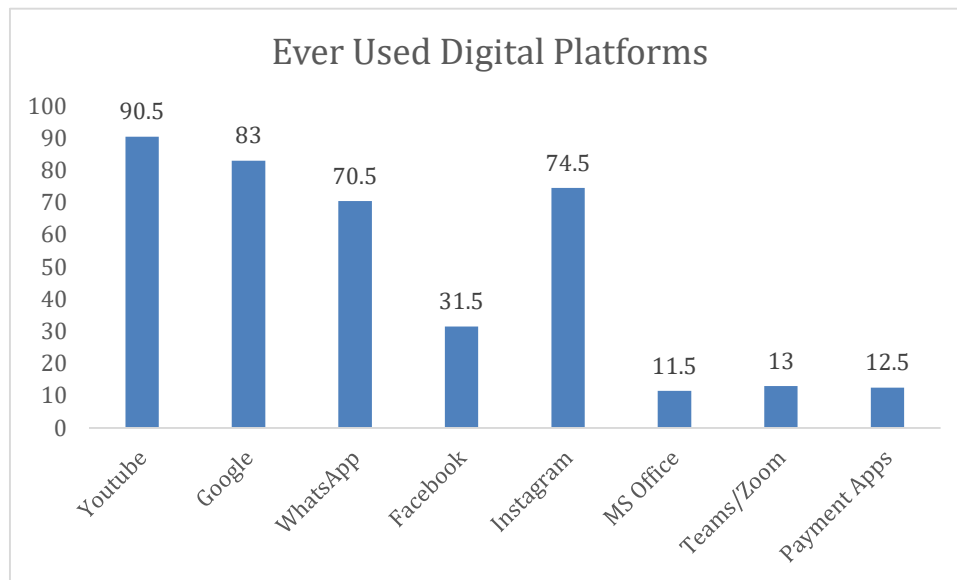
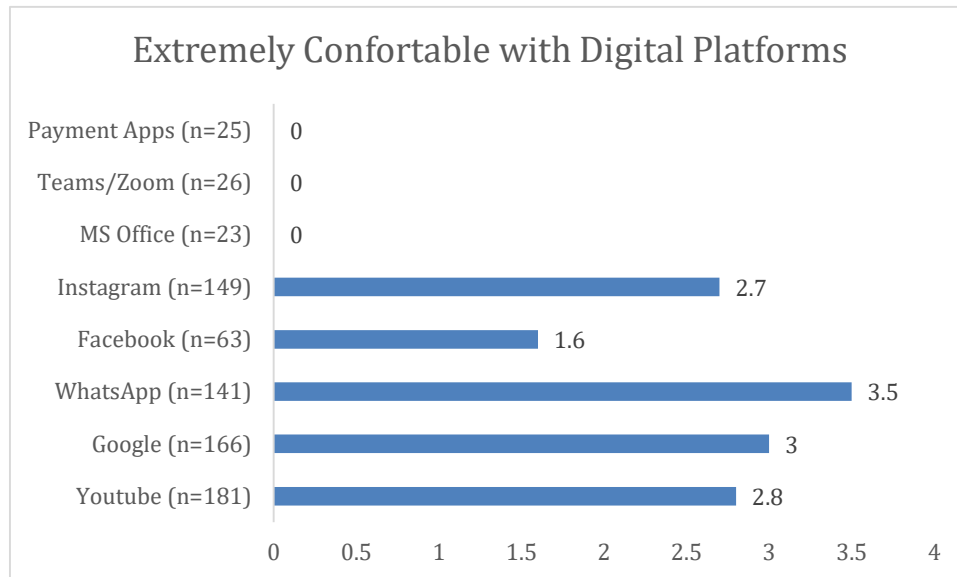Most of the participants responded they did not have a personal account (using their personal email ID) on any of these applications. However, nearly half of the participants who used the apps, had a personal account of Instagram, which is a very popular app among young people. Less than 40 percent had a personal account on YouTube, Google, WhatsApp, and Facebook; while very few to none of them had a personal account on other apps. In an absence of personal smartphone, these platforms are accessed by using parent's or elder sibling's email ids.

Personal Account on Digital Platforms
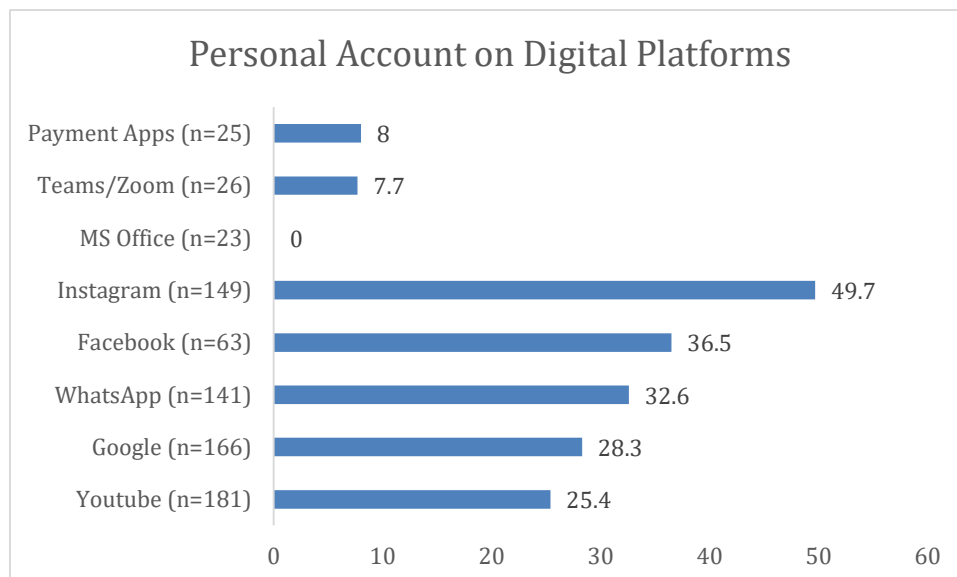
Despite using some of the social media and entertainment apps, most of the participants (43 to 72 percent) were only slightly comfortable (rating 2) and 10 to 38 percent were not at all comfortable (rating 1) using YouTube, Google, WhatsApp, Facebook, and Instagram. Very few of the participants gave high ratings for their comfort levels with these applications, indicating awareness but low usage of the apps. A large majority of the participants (88% or
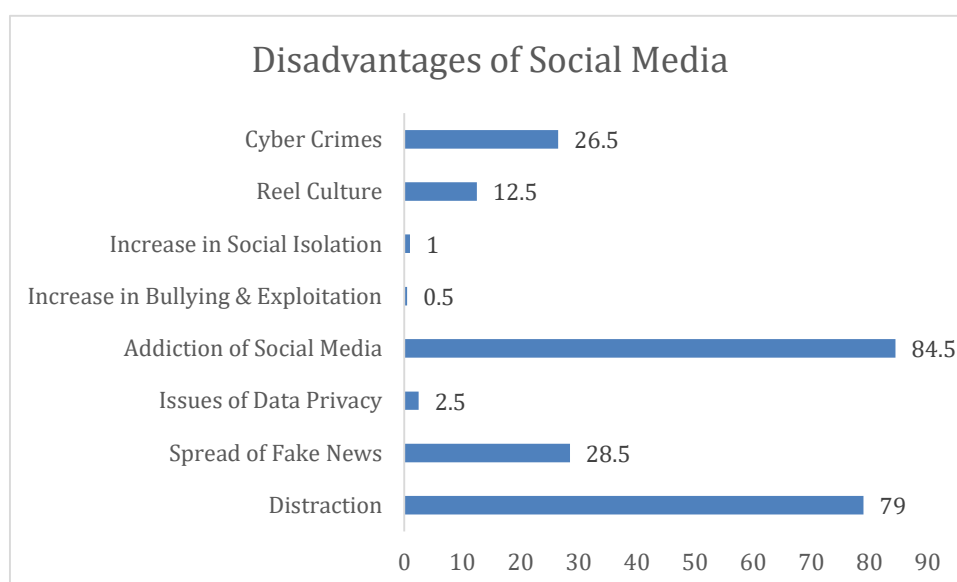
more) were not at all comfortable using the more complex apps like Microsoft, online meeting, and digital payment apps.

Extremely Confortable with Digital Platforms

Platform	Value
Payment Apps (n=25)	0
Teams/Zoom (n=26)	0
MS Office (n=23)	0
Instagram (n=149)	2.7
Facebook (n=63)	1.6
WhatsApp (n=141)	3.5
Google (n=166)	3
Youtube (n=181)	2.8

The access and usage of digital devices and apps is mainly used by the adolescents and youth for social media. There are multiple advantages and disadvantages of social media, depending upon how these are used by the users. Most of the participants felt that social media is advantageous for the purpose of entertainment (86%) and to stay connected with people (through Facebook, Instagram) (66%). Less than half of them felt it was beneficial for staying abreast of news and current events (48%), encourage skill development (25%), personal branding (3.5%), platform for social change (2%), business opportunities and growth (0.5%), and others like gaining information and for online studies or work.

Advantages of Social Media

Category	Value
Connectedness	65.5
News & Current Affairs	48
Personal Branding	3.5
For Business	0.5
Entertainment	85.5
Platform for Social Change	2
Skill Development	24.5
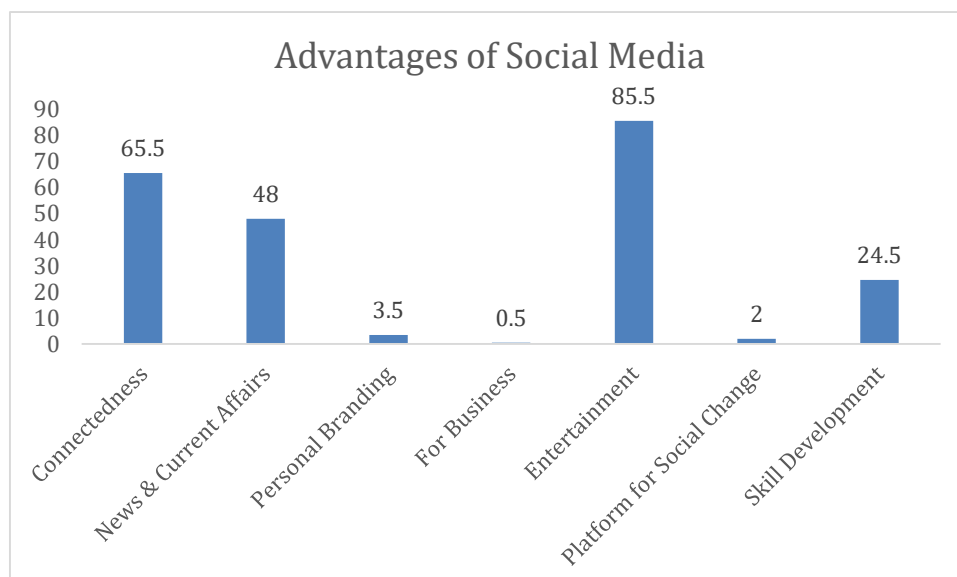
On the other side of the coin are disadvantages of social media, but the participants were aware of only a few commonly known harms like getting addicted to social media (85%) and getting distracted and decreasing work productivity (79%). Few participants stated they were not aware of any harms while two of them stated weakness of eyes as one of the harms of excessive social media use. Most of the participants were not aware that there can be an adverse influence on their lives due to crucial and current fallouts of social media, such as: spread of misinformation, obsessive self-presentation, comprises privacy and data, promotes bullying and harassment, promotes social isolation, reason for depression and anxiety. Participants were also unaware about fast-spreading of scams and frauds through social media (74%) and they also did not know how to identify fraudulent SMS and links (97%).

Disadvantages of Social Media

| Category	Value
Cyber Crimes	26.5
Reel Culture	12.5
Increase in Social Isolation	1
Increase in Bullying & Exploitation	0.5
Addiction of Social Media	84.5
Issues of Data Privacy	2.5
Spread of Fake News	28.5
Distraction	79

3.5. Skill Development

Skill development has been recognised as one of the major areas of intervention for the youth of India. The National Education Policy (NEP), 2020 emphasises on integration of vocational education and skill development in general education. This is meant to equip the students with life skills, technical skills, and make them employable.

The baseline assessment explored if the adolescent girls were interested in taking skill training and a job. Nearly all the participants (96%) were interested in working, the rest of them said they were disinterested in working. Generally, girls/ women do not have decision-making autonomy, especially about employment, and the decision generally depends on the family. So, the participants were asked who would take this decision and 58% of the girls said either their

father, mother, or the whole family together. Nearly one-third of the participants said they would take this decision themselves, and the rest of the girls were not sure.

Decision-maker for the Girl's Professional Life
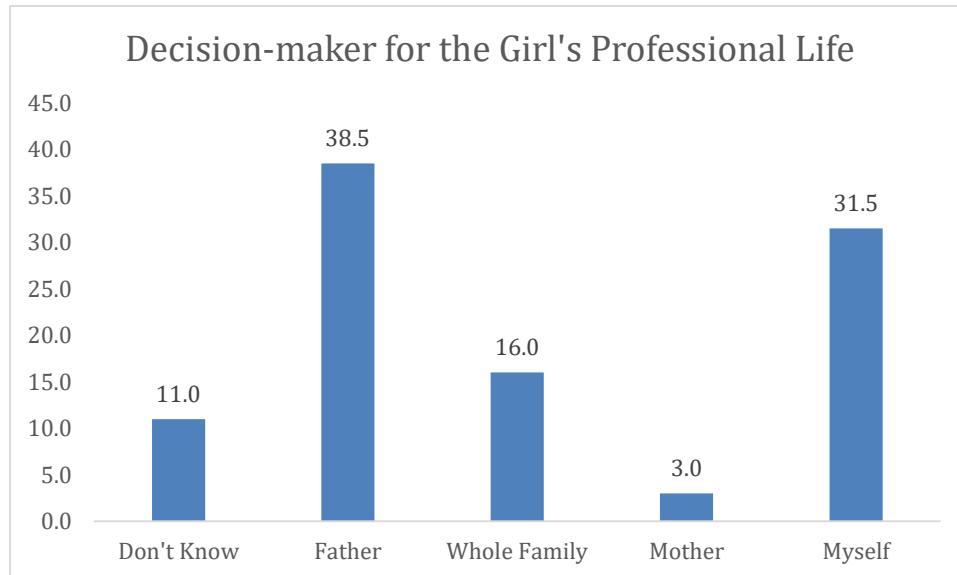

Out of those who were interested in working (*n*=191), a sweeping majority wanted to do a government job (84%). The remaining (16%) said they did not know, wanted to be self-employed, or do a private job. The participants lack awareness of career choices and are mostly guided towards government jobs by others which is the only option they are aware of.

Type of Work-interest (n=191)
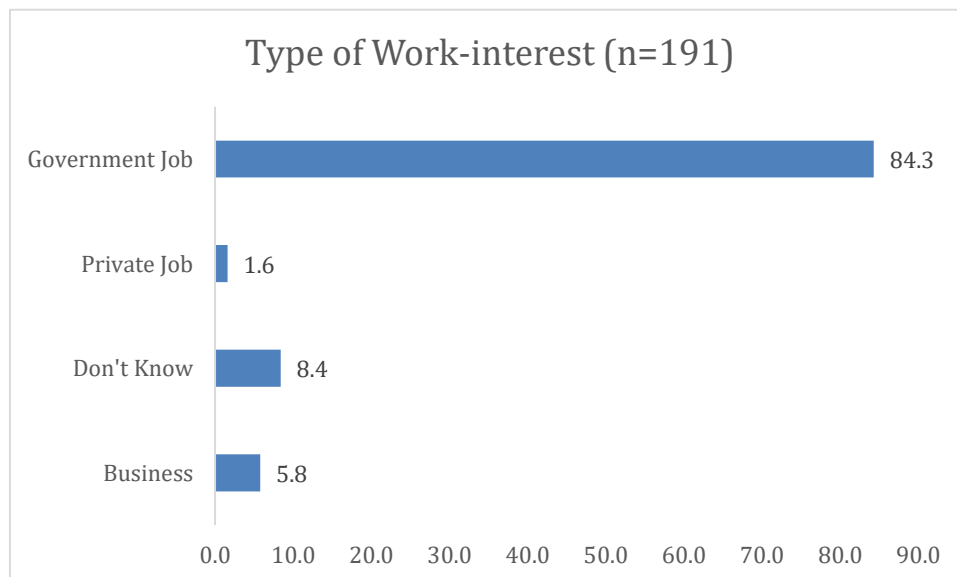
A favourable finding was that a significant proportion of the girls were willing to migrate outside Uttarakhand for a job (46%). This was followed by a sizable sample of the participants (35%) who were willing to work but not outside their home state. Rest of them said they were not sure or not ready to migrate for work. This question was to gauge their interest and willingness towards building a career, not with the purpose of offering them jobs that necessarily involved migration. The findings indicate many of them have the mental preparation and strong urge to work irrespective of the location.
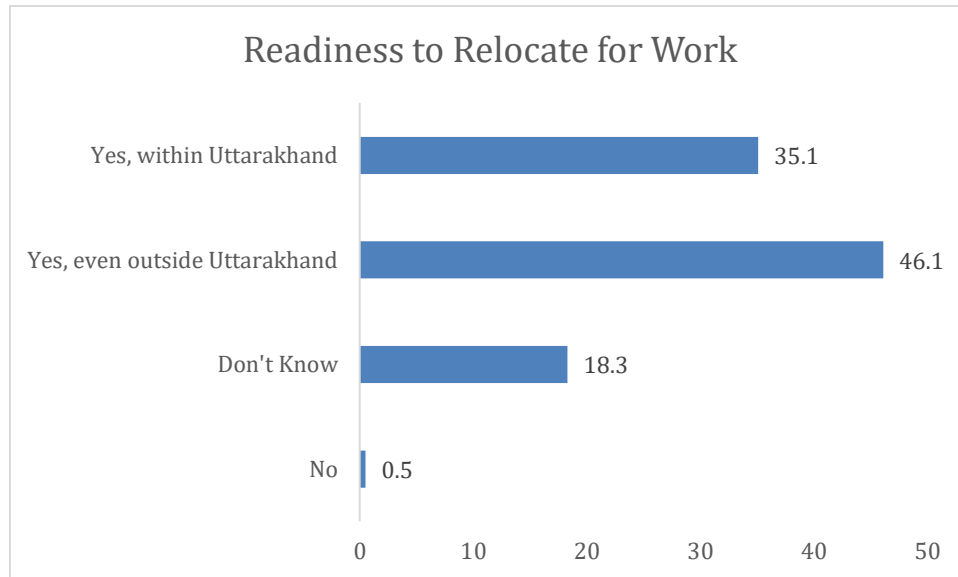
None, except two, of the participants had undergone skill training and that was in learning basic computer functions. Nearly all of them (95%) stated they were interested in taking some kind of skill training and 86 percent of them wanted to opt for an employment after completing skill training. Ten of the participants (5%) were not interested in taking any skill training course as they were not aware about its purpose and ben efits.
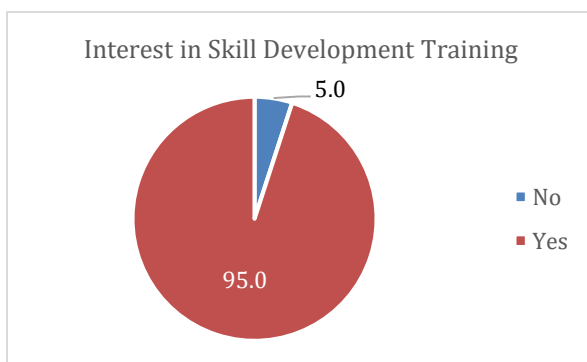

Most of the participants were interested in learning the skills of computer, stitching, or beauty parlour; few others wanted to learn dancing, singing, painting, or knitting; some wanted to opt for a government job or join ITI; and yet others stated they were not aware or they would not like to take skill training.
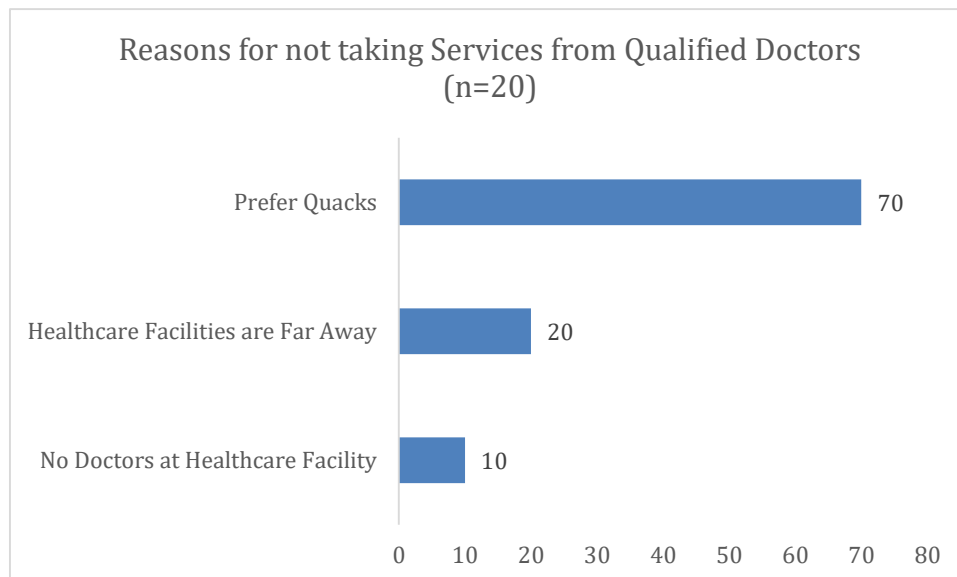
3.6. Health

Access to healthcare services is a key aspect in quality of health and life of people. This is particularly important for girls and women to improve their reproductive and child health (RCH) which entails menstrual health, sexual health, physical health, reproductive health, and child health. Various immunisation programmes to prevent diseases and deficiencies related to anemia, female, maternal, infant and child mortality, cervical, breast, ovarian and other cancers, etc. are implemented through the public healthcare infrastructure. Thus, it is important to know if the girls are aware about the public healthcare options and are accessing them.

The adolescent girls were mostly getting their treatment for any illness from chemist or pharmacy shops. This was followed by 74 percent of them visiting the Primary Health Centre (PHC) (74%) when they fell ill. Much fewer participants visited a private doctor (21%) or Community Health Centre (CHC) (7%). Very few of the participants went for local options like treatment at home (8%) and traditional healers/ quacks (3%). However, only 10 percent of the sampled adolescent girls did not visit doctors when they fell ill.
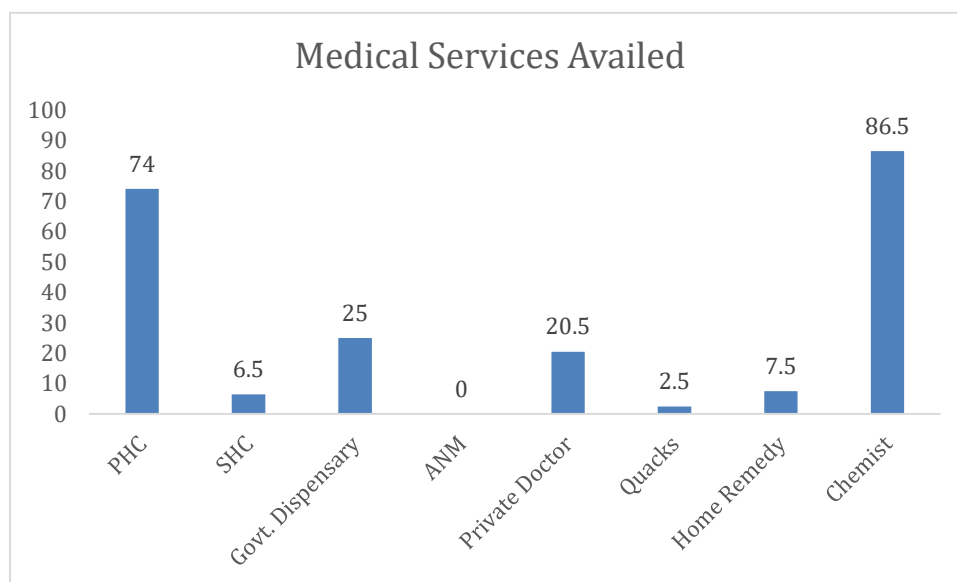
Out of these 20 participants, 70 percent of them did not visit doctors as they would visit a traditional healer/ quack (70%). The other reasons were clinics are far away (20%) or doctors were unavailable at the clinics (10%). The data indicates a lack of awareness about accessing public healthcare services and poor quality of services in these facilities which pushes them further to rely on quacks. It also needs to be noted that traditional healers and quacks are trusted in most rural parts of India due to socio-cultural traditions and belief systems surrounding

healthcare, convenient and affordable treatment from the healers/ quacks in the remotest parts of the villages, and lack of/ poor primary healthcare facilities in remote areas.
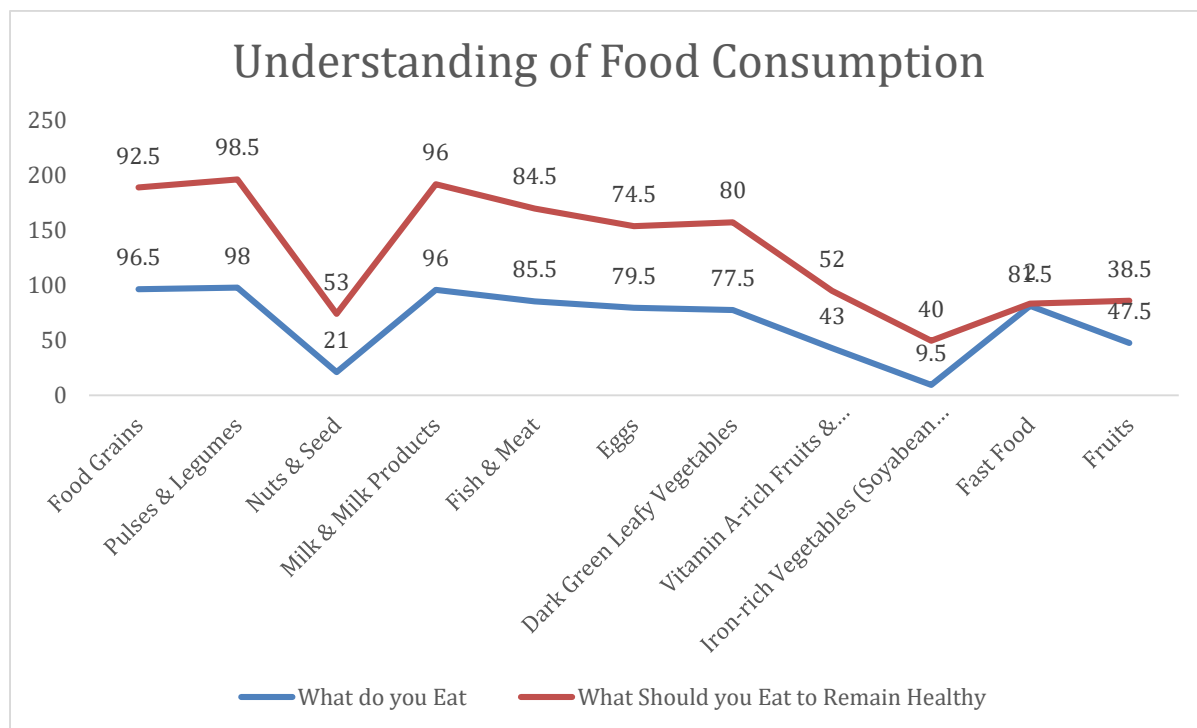
Reasons for not taking Services from Qualified Doctors (n=20)

Reason	Value
Prefer Quacks	70
Healthcare Facilities are Far Away	20
No Doctors at Healthcare Facility	10

Anaemia and Nutritional Awareness

Anaemia affects 59.1 percent adolescent girls (15-19 years) in India as per NFHS-5, 2019-21 and the GoI had launched the Anaemia Mukt Bharat strategy in 2018 to address the same. The strategies can work by improving access to public healthcare facilities for the adolescent girls in rural districts of Uttarakhand, generating greater awareness about the deficiency, and bringing more and more girls out of anaemia at an early stage. Anaemia is caused due to nutritional and non-nutritional causes. Nutritional anaemia can easily be overcome by informing the participants about consuming healthy, iron-rich foods, modifying dietary practices, and improving intake of iron and folic acid rich food in daily meals.

On a positive note, 69 percent of the participants had heard about anaemia. Nearly all the participants consumed milk and milk products (96%), food grains (97%), pulses and legumes (98%) in their diet. A high proportion of them said they included fish and meat (86%) and eggs (80%) in their diet. The proportion of those consuming dark green leafy vegetables was relatively lower (78%) as compared to aforementioned items. A balanced diet is important, but less than half consumed seasonal fruits (47%) and vitamin-A rich fruits and vegetables (43%). Very few of them consumed nuts and seeds (21%) and iron-rich vegetables like soybeans and mushrooms (10%). It needs to be noted that these food items can be unaffordable for families

in low income status, but can be replaced with other items which can provide adequate nutrition.

On the other hand, a significantly high proportion of adolescent girls consumed fast food like Maggi, chips, snacks, and cold-drinks (82%), which reflects the current trends in dietary lifestyles of the young population.

Understanding of Food Consumption

Legend:
— What do you Eat
— What Should you Eat to Remain Healthy

Data labels (red line — What Should you Eat to Remain Healthy):
Food Grains 92.5, Pulses & Legumes 98.5, Nuts & Seed 53, Milk & Milk Products 96, Fish & Meat 84.5, Eggs 74.5, Dark Green Leafy Vegetables 80, Vitamin A-rich Fruits & … 52, Iron-rich Vegetables (Soyabean…) 40, Fast Food 2.5, Fruits 38.5

Data labels (blue line — What do you Eat):
Food Grains 96.5, Pulses & Legumes 98, Nuts & Seed 21, Milk & Milk Products 96, Fish & Meat 85.5, Eggs 79.5, Dark Green Leafy Vegetables 77.5, Vitamin A-rich Fruits & … 43, Iron-rich Vegetables (Soyabean…) 9.5, Fast Food 81.5, Fruits 47.5

The participants were asked what should be included in the diet to stay healthy. Over 90 percent of them responded with pulses and legumes, milk and milk products and food grains. More than 74 percent responded with fish and meat, eggs, and dark green leafy vegetables. While less than 55 percent found nuts and seeds, vitamin-A rich fruits and vegetables, seasonal fruits, and iron-rich vegetables as important in their diets. Only two percent of the participants stated that fast food should be included in their diet to stay healthy; this means 98 percent of the participants were aware that fast food is unhealthy.

The participants further informed if these food items were available, accessible, and affordable. All 200 of them stated that these food items were available, while 84 percent of them said these were accessible, and even fewer (64%) said these were affordable for them. This indicates that despite understanding which food items are a must for staying healthy, more than one-third of the participants could not purchase them. This is confirmed through the data.

Availablity, Accessiblity, & Affordability of Food Products
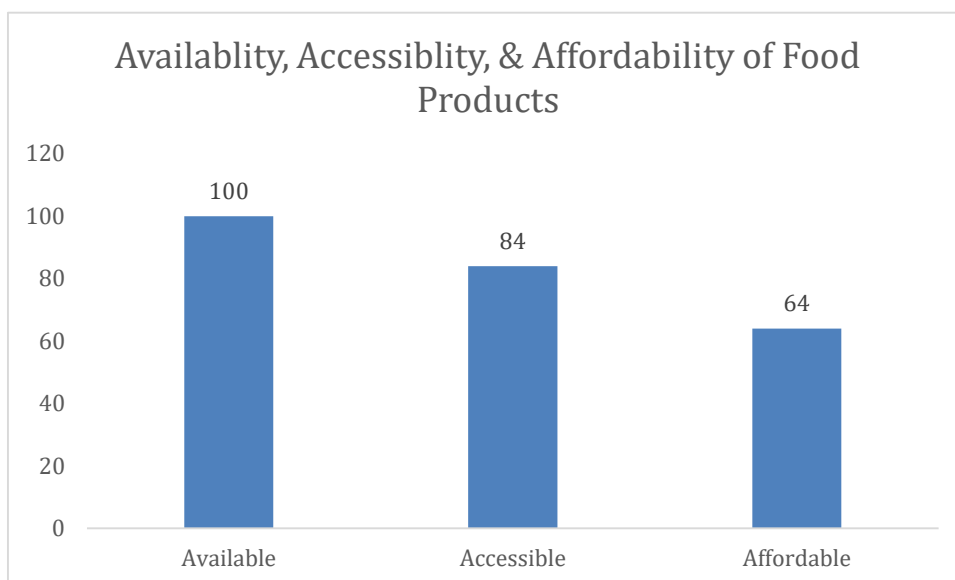
The purchase of food items was found largely dependent on prices of the food items (62%). The decision is also dependent on their convenience and availability (24%), to maintain good health (21%), and availability of time to go to the market (11%). More than a quarter of the participants responded they did not know how the decision is made to purchase food items, indicating a need for educating them.

Factors Affect Purchasing of Food-products
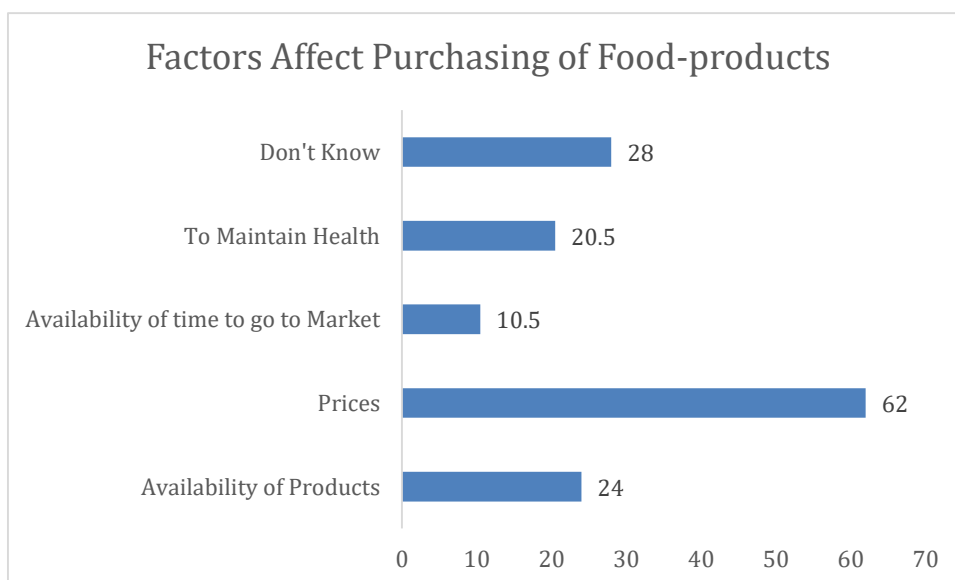
Personal Hygiene

Personal hygiene is the next crucial factor to lead a disease-free and healthy life. The participants were asked about handwashing, potable water, toilets, and menstrual hygiene. All but two participants shared that they washed hands frequently like before and after meals and after using the toilet. However, the participants were not adequately aware about the benefits

of handwashing and how it impacts their health. Most of them were aware of only two out of four key benefits listed, that washing hands removes bacteria from hands (90%) and it keeps a person healthy (79%). But most of them (86 to 99 percent) were not aware that it prevents the spread of diseases like diarrhea, skin/ eye/ intestinal infections and stomach-related flu. Few of
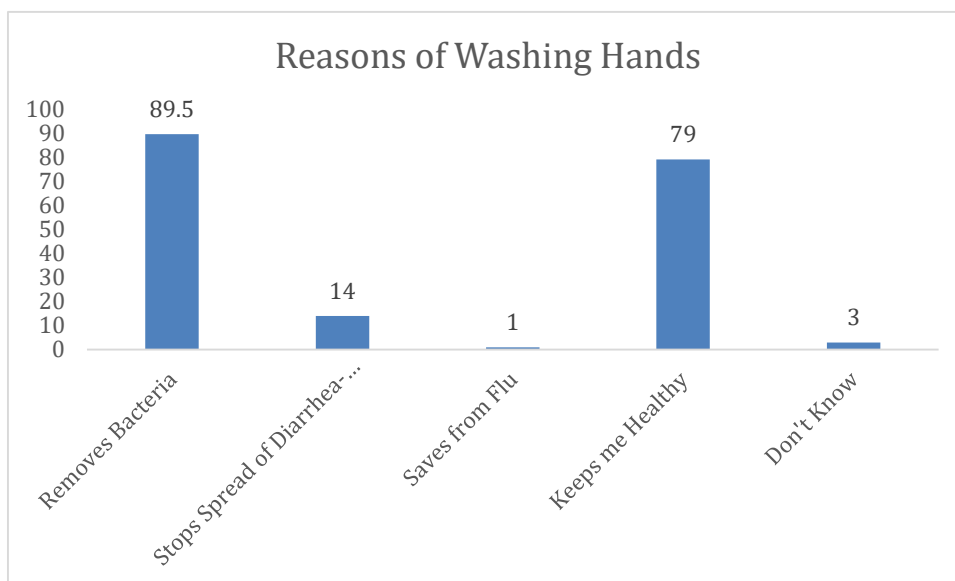
them (3%) also said they were not aware.

Nearly all the participants (99%) stated that drinking water was available within one kilometer distance of their homes. Similar to handwashing, majority of the participants (97%) were aware of only one out of four benefits of drinking clean water, which was about saving a person from diseases. Very few participants perceived the benefit of drinking clean water as - tastes better (30%) and quenches thirst (20%).
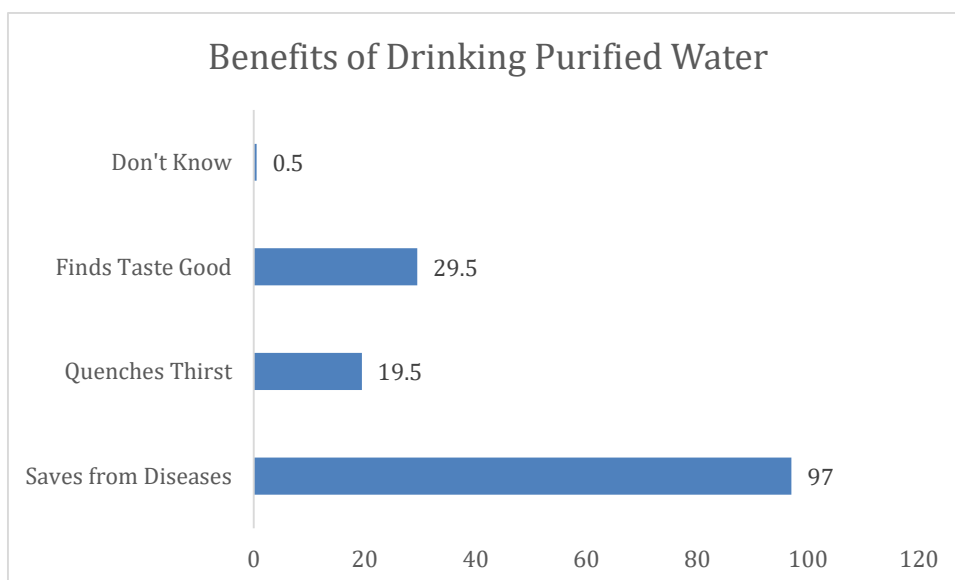
Filtration of water to make it potable water is a necessary step. However, most of the participants (86%) did not filter the source water and consumed it as it is, and very few participants used methods of boiling the water (37%) or using other filters (12%), and only two of them said they used some equipment or solar filter to make the water potable. Sand filters, chlorine tablets, or alum were not used by any of the participants of the study.
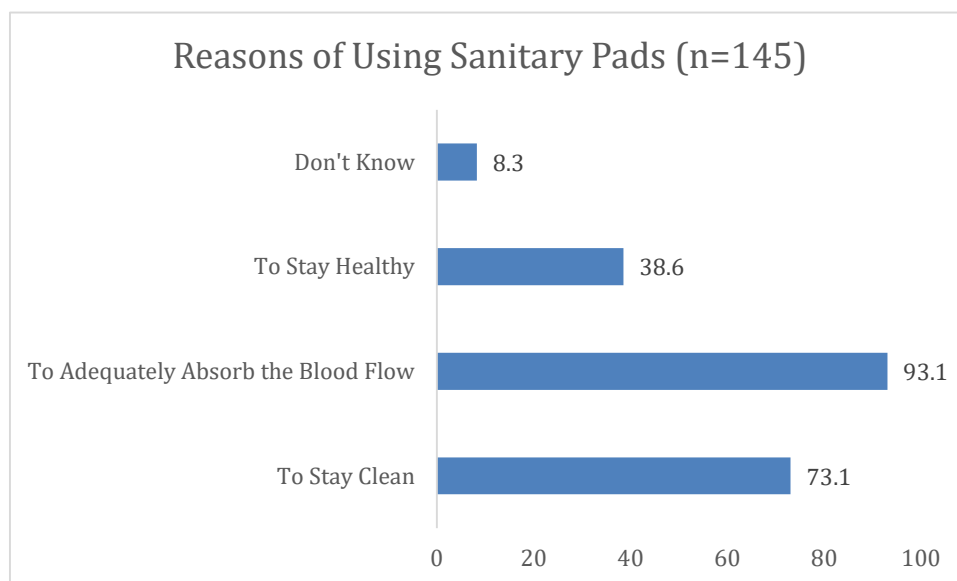
Sanitation and Menstruation

Nearly all the participants (96%), barring nine adolescent girls, had a toilet in their houses. These nine participants were either using community toilet or practicing open defecation.

Out of 200, nearly 73 percent of the adolescent girls had started menstruating, but only 23 percent of them were aware why they menstruate - 77 percent of the girls said they were unaware. Out of those who said they were aware, 80 percent of them showed awareness of the reasons for menstruation while 20 percent of the participants who claimed they were aware, could not correctly explain the reasons. Effectively, 82 percent of the girls were not aware about reasons for menstruation. Knowledge about menstruation is linked to health and crucial for every individual as there are several myths and superstitions surrounding menstruation that need to be countered for a healthy body and mind.
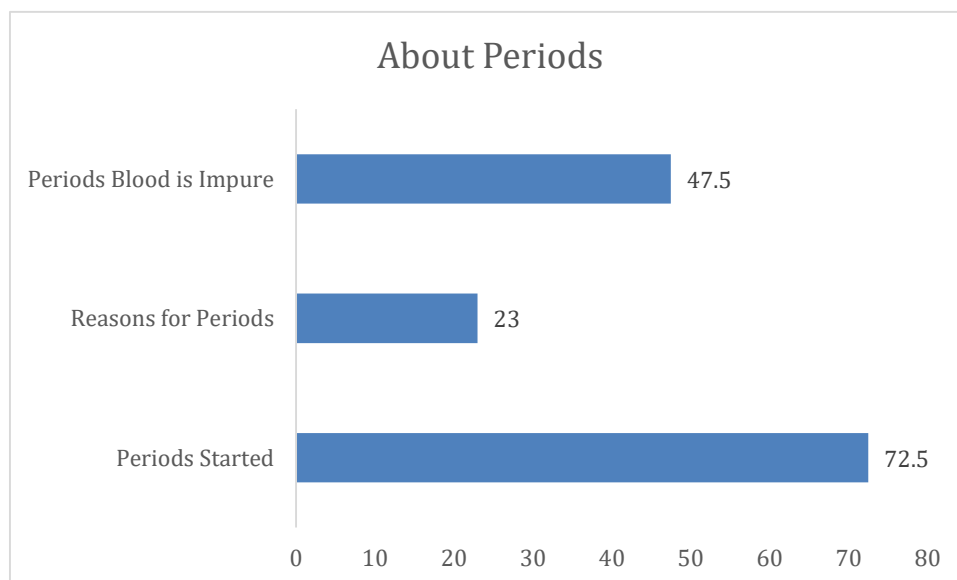
The study also delved deeper to understand how the adolescent girls perceive these myths and beliefs. An equal proportion of participants (48%) considered menstrual blood impure or did not know. However, merely nine out of 200 participants stated emphatically that menstrual blood is 'not' impure. All of them used a sanitary pad during menstruation, while about six percent of them also used a cloth. Most of the participants were aware of very basic reasons for

using a sanitary pad or a clean cloth as: to adequately absorb the blood flow (93%) and to stay clean (73%). Most of them were not aware (61%) that these menstrual hygiene products were required to stay healthy. Less than 10 percent of them said they were not aware why these should be used.

Reasons of Using Sanitary Pads (n=145)

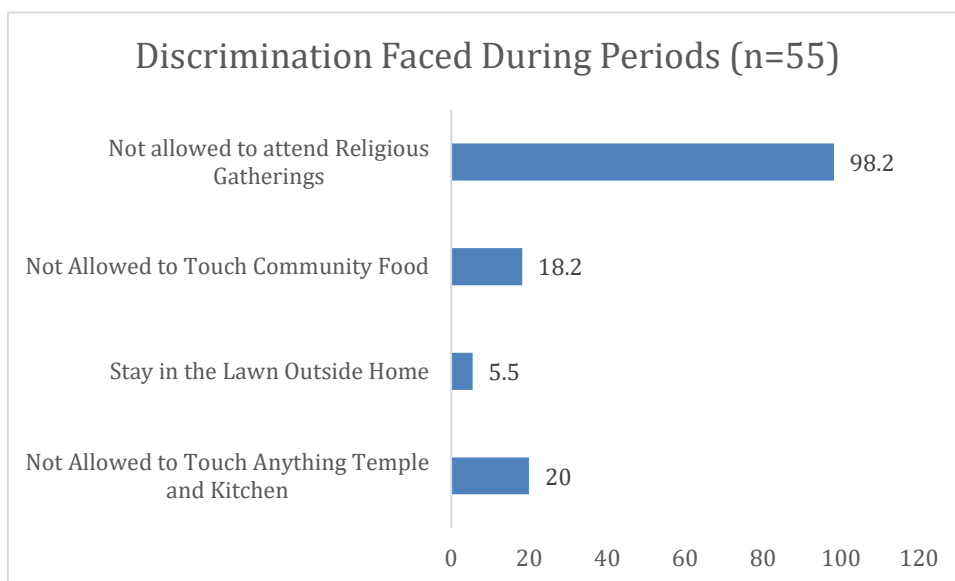| Category	Value
Don't Know	8.3
To Stay Healthy	38.6
To Adequately Absorb the Blood Flow	93.1
To Stay Clean	73.1

Most of them spoke to the women in their homes (55%) about their menstruation, followed by their female friends (36%), and very few (7%) spoke to their school teachers. Fifteen percent of the participants said they spoke to no one about menstruation. A teacher in a school shared *"girls are provided sanitary pads during menstruation but did not comment on what kind of information is provided to them."*

Information Sources About Periods

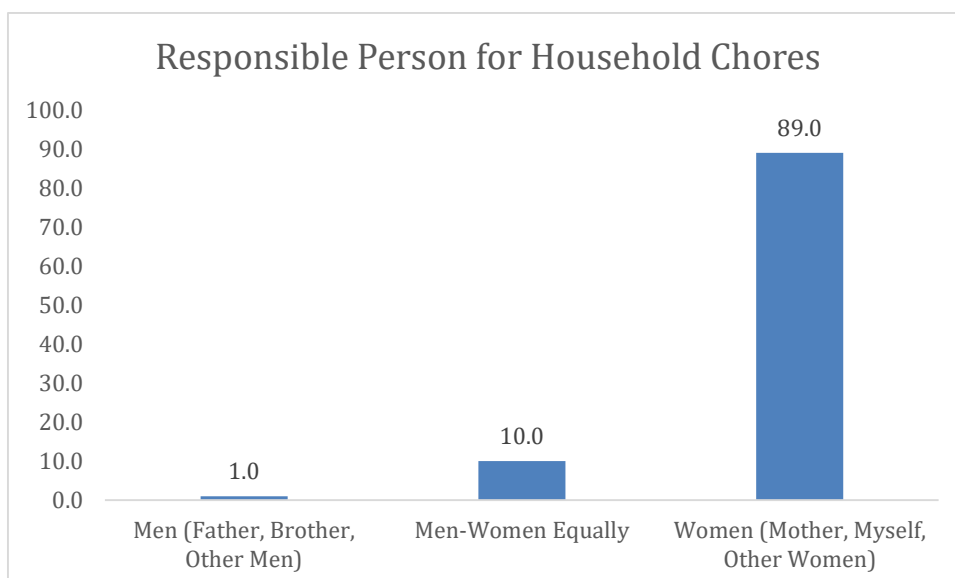| Category	Value
With Nobody	15.2
With School Teachers	6.9
With Friends	35.9
With Women of the House	55.2
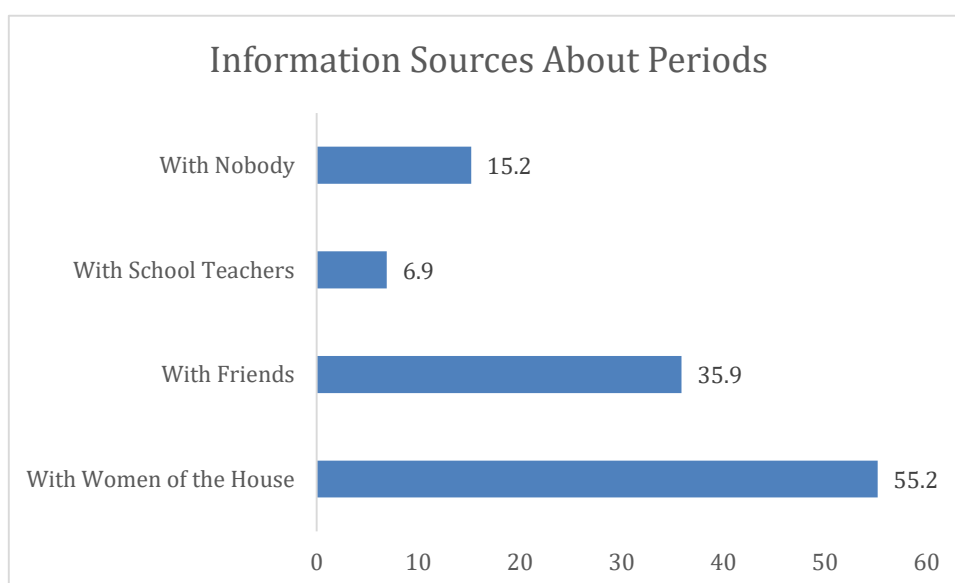
Menstruation is closely linked to taboos and superstitious beliefs in Indian society, which lead to discrimination faced by adolescent girls and women. Around 38 percent of the participants said they face discrimination at the time of menstruation. Most of these participants shared they

were not allowed to go for any religious gathering (98%), followed by not allowed to touch anything in the temple and kitchen (20%), cannot touch food prepared for community (18%), and they have to stay in the courtyard of their house (6%).

Discrimination Faced During Periods (n=55)

| Category	Value
Not allowed to attend Religious Gatherings	98.2
Not Allowed to Touch Community Food	18.2
Stay in the Lawn Outside Home	5.5
Not Allowed to Touch Anything Temple and Kitchen	20

3.7. Gender Discrimination

Gender equality is a key component of adolescent girls' physical, mental health and overall wellbeing. The gender-based inequalities and discrimination starts at a young age and gets stronger as girls enter the age of adolescence where they are introduced with gender-based roles and tasks as well as several restrictions. A majority of the participants (89%) stated that women (mother, self, and others) did the household chores like washing clothes, cooking meals,

Responsible Person for Household Chores

| Category	Value
Men (Father, Brother, Other Men)	1.0
Men-Women Equally	10.0
Women (Mother, Myself, Other Women)	89.0

fetching water, and washing utensils. Rest of them (11%) said men and women engaged in these chores equally or men worked in the house.

The gender inequality reflected in the division of roles in the expectations of the family members from the daughters versus sons. The adolescent girls stated their family members expected them to learn household work (42%), while only one percent of the girls said this was also expected from the boys of the household. On a positive note, nearly 92 percent of the girls stated their family expected them to get a job, while it was 99 percent for the boys in the household. Around 71 per cent of the participants stated both the girls and boys were expected to study as much as possible. The only point that was inverse was where the girls stated they were expected to obey all the family members (41%) vis-a-vis 52 percent boys expected of the same in their house.
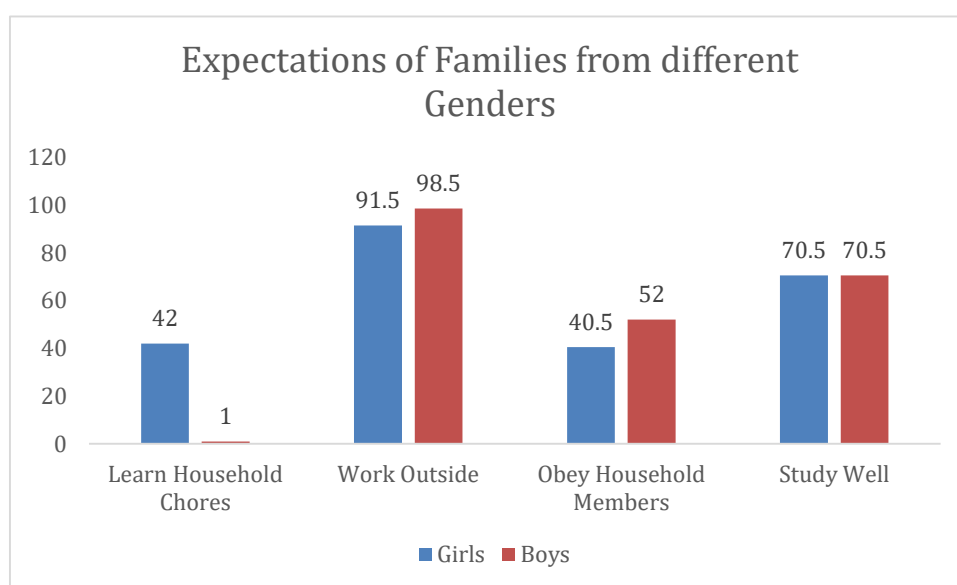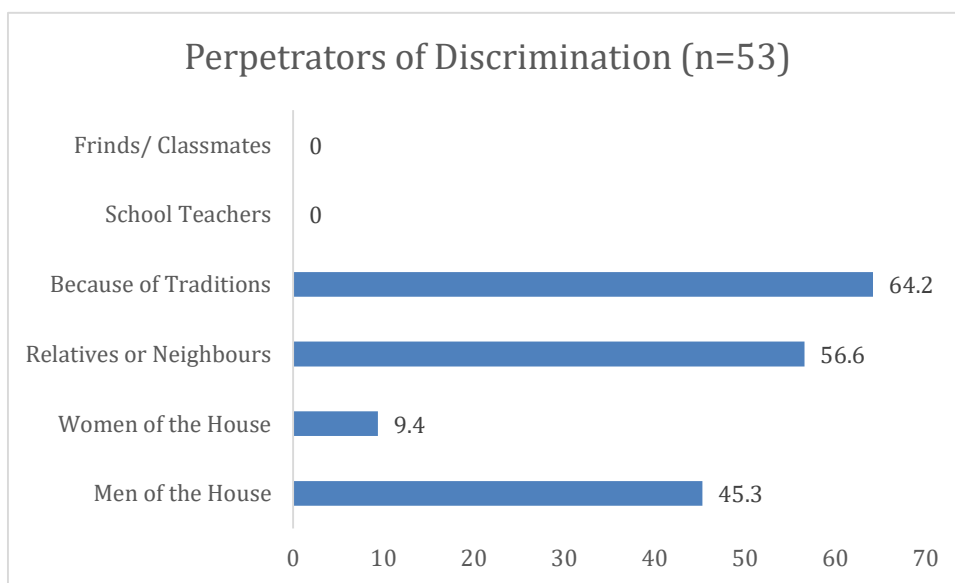

Despite these gender-role differences they experienced, only around 27 percent of the girls felt that girls faced discrimination.

Discrimination Against Girls
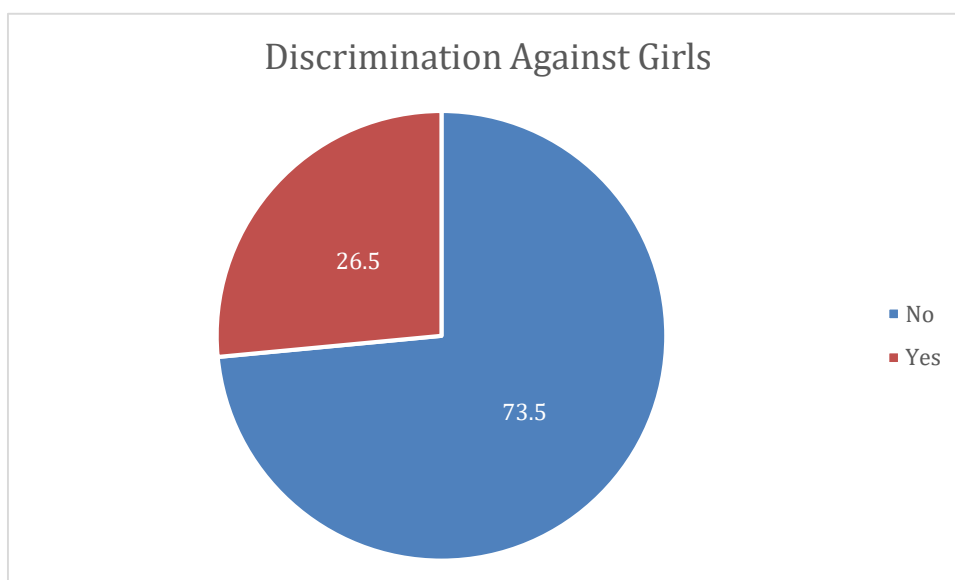
All these participants shared that girls faced discrimination in not being allowed to go outside home alone. This was followed by half of the participants saying this was done by burdening girls with household work. These aspects were close to the girls' lived experiences so far. Fifteen percent and a lesser percentage of participants stated that girls faced poor education and health, child marriages, and were not respected. None of the participants were aware that gender discrimination results in teenage pregnancies, sexual abuse and violence, and fewer nutritious meals.
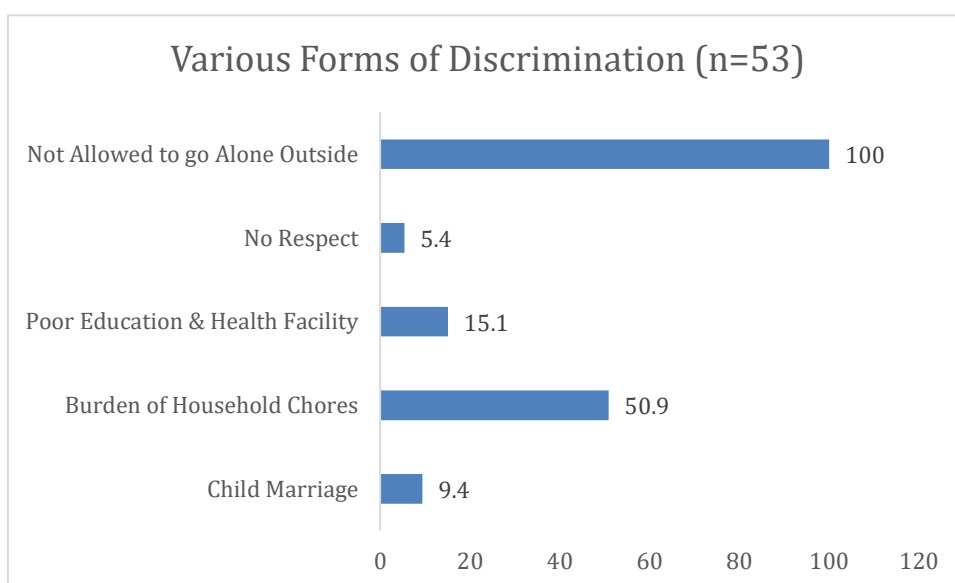
Majority of the participants (84%) felt that as compared to men, women faced much higher restrictions on them, which was done by men (45%) rather than women (9%) of the household. Gender discrimination was seen more due to traditions (64%) and due to relatives/ neighbours (57%).

Perpetrators of Discrimination (n=53)

Category	Value
Frinds/ Classmates	0
School Teachers	0
Because of Traditions	64.2
Relatives or Neighbours	56.6
Women of the House	9.4
Men of the House	45.3

All the girls (except one who was not sure) stated they felt bad due to gender discrimination. Some of them shared that they got angry in front of everyone or with women in their house when they felt bad about being discriminated against.

Action against Discrimination (n=52)

Category	Value
Does Nothing	3.8
Show Anger in Front of Women of the House	5.8
Show my Anger Openly	25
Feels Angry Inside	75
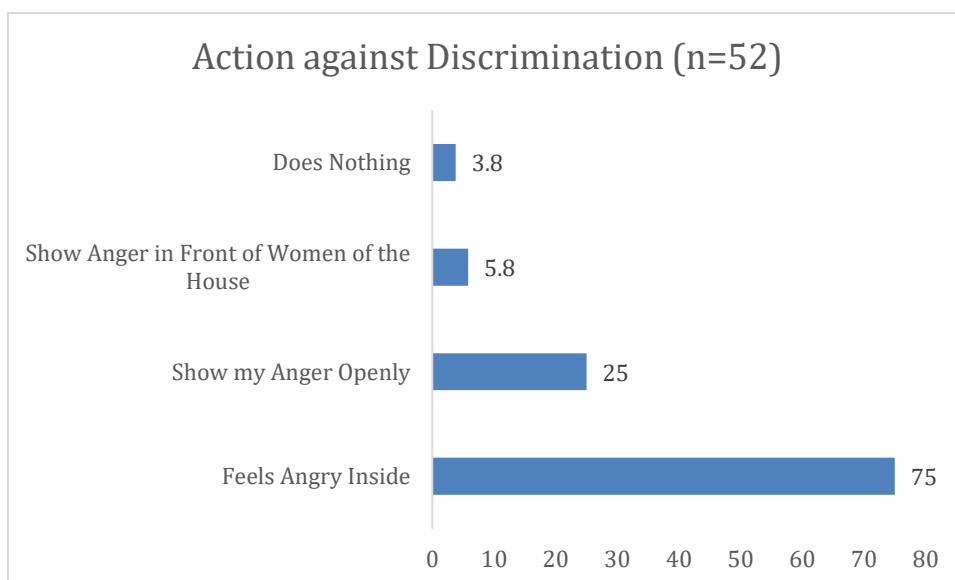
The most important issues to improve to support the progress of women were suggested as education (79%), government schemes-related awareness (56%), followed by skill

development (49%). Thirty-five percent or lesser participants felt there was a need to improve sports and entertainment mediums or career guidance for girls.

Support Required for Progress of Girls

Category	Value
Career Guidance	25
Skill Development	49
Awareness about Educational, Health, and Other Schemes	56
Sports & Entertainment Facilities	35
Improvement in Education	78.5
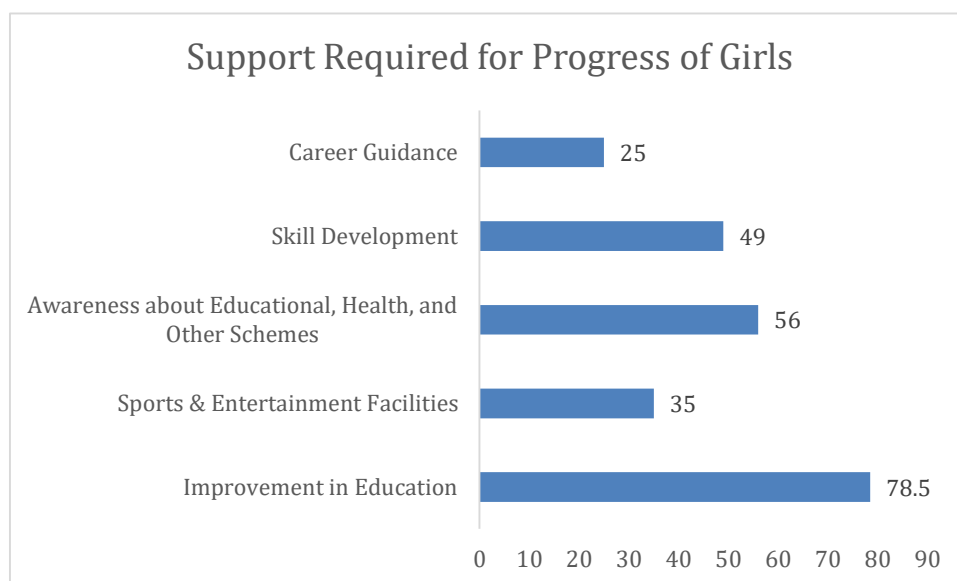
Chapter IV: Conclusion

The findings of the baseline assessment have provided an in-depth picture of the existing conditions of the adolescent girls in Pithoragarh district of Uttarakhand. The study also provides a glimpse into the lifeworlds of the girls and a starting point to frame broad areas of intervention for the project. The following aspects need to be considered while designing the interventions. Most of the girls were in early and middle adolescence and there needs to be focus on their concerns and preparing them for the future.

Broad Area	Intervention
Fundamental Rights	The project needs to intervene on issues concerning girls and women like early and child marriages, sexual abuse, domestic violence, and others at the village and larger levels. They also need to be educated on their fundamental rights, its protection through legislations, and their legal and constitutional rights, and duties like voting. The girls need to know the application of the laws concerning to their safety and development.
Education & Career Guidance	The adolescent girls need greater awareness on the role of SMC for identifying, raising, and addressing issues of quality education so that they can represent their concerns in a better manner, collectively. They also need to be educated on the various government documents, welfare schemes and their relevance in their lives, especially educational schemes and scholarships. Many of the adolescent girls had expressed varied interests and aspirations, however their career choices were limited to government jobs. There is a need for providing them career guidance to help them convert those dreams into aims and achievable goals with clear career growth.
Collectives & Leadership	The adolescent girls showed an inclination and self-belief in their capacities to listen to resolve own and others' problems, but they did not express their opinions freely. Life skills sessions on self-confidence, communication, decision-making, etc. are crucial for the girls to become fully confident in countering their problems and resolving their own issues to prepare them for facing adversities in life. This individual action is a prerequisite, to develop their leadership skills to counter community-level issues, taking them towards collective action and women empowerment in the long run. Bal and Kishori Panchayats can be created at the village level where the adolescent girls have a platform to raise their individual and

	collective concerns in front of adults upholding the child rights ethos. Sports and outdoor games can be a demonstrative intervention to explain the significance of teamwork, de-stressing, and collectives.
Digital & Financial Literacy	Though most adolescent girls use smartphones and other digital devices, but they needed awareness, knowledge, and confidence in using digital technologies, applications, social media, and understanding their advantages and disadvantages. Further, they need to be provided with awareness sessions on cyber security, financial literacy, online banking and payment apps that will instill confidence and eventually financial independence. There are several government investment schemes for girls, which can be informed to the girls for their secured future.
Skill Development	The adolescent girls expressed interest in skill training and jobs, however taking up jobs is largely dependent on family's consent. Skill training needs to be provided with dialogue with the girls and their parents on topics of decision-making, autonomy, career choices, and so on to build their trust on each other and empower the girls to take their key life-decisions.
Health	The adolescent girls showed low levels of awareness on crucial issues of anaemia, nutritional requirements, hygiene, and menstruation. Their awareness was at a superficial level and there needs to be deeper sensitisation and sessions on significance of each of these issues, how they are interlinked to various issues related to women like gender discrimination, poor maternal health, risks of maternal or infant mortality and so on. They need to be provided with inputs on how to address these issues through affordable means and collective action.
Gender Equality	The baseline assessment revealed a lack of in-depth understanding on the multiple issues of gender discrimination and how these are interlinked. The project will need to connect gender equality in all the above areas of intervention. It is also required that the girls are able to problematise their concerns, instill confidence in them to voice them, and make informed decisions to improve the lives of self and other girls and women around them.

On the whole, the baseline assessment showed that adolescent girls are in a critical phase, where they need to be made aware about the deeper nuances of how gender inequalities impact their own and other girls' lives. They need to be engaged in dialogue and equipped with skills and knowledge on multiple aspects to overcome the challenges for their overall wellbeing.

About Pluriversal Research and Action (PRA)

Pluriversal Research and Action (PRA) is a registered partnership firm, founded by two partners, to reaffirm the importance of people's voices and participation in the development exercise. The approach adopted is people-centric with technical and managerial inputs used as means to facilitate the development of people. Engagement of diverse groups is imperative to understand community problems and implement long-lasting solutions. The role played by PRA is of facilitator, based on a democratic model where the governance is with those who get affected by the development problems and interventions. PRA undertakes projects across India with the founder-members having pan-India experience of research studies and community development projects in wide-ranging thematic areas. We have rich experience and understanding of backward and aspirational districts, rural and urban realities, and multiple marginalization in the Indian context that we integrate in our methodologies and approaches.

Our areas of work are:

- ✓ Research Studies
- ✓ Reports and Documentation
- ✓ Capacity Building of Development Professionals
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