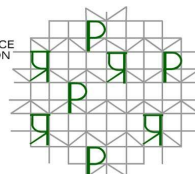


Promoting Adolescent Engagement, Knowledge and Health (PAnKH) in Rajasthan, India

Executive Summary



PROFESSIONAL ASSISTANCE
FOR DEVELOPMENT ACTION



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Rajasthan, India**

Executive Summary

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Summary

This study is among the first to rigorously demonstrate potential of life skills interventions to change key outcomes of adolescent girls living in contexts where girls and women continue to be caught in a vicious cycle of low levels of human capital, low labour force participation rate, low wages, low bargaining power within the household, early marriage and high fertility. The results of this trial suggest that life skills and empowerment interventions can have significant positive impacts on key outcomes such as schooling, marriage and mental health that have the potential to result in permanent improvements in the life trajectories of girls and their children. Further, it sheds light on some key mechanisms including the important protective role that schooling plays in contexts where early marriage is prevalent, as well as the critical contribution of the wider community environment to girls' mental health. Finally, it offers a blueprint for scalable and cost-effective programmes for improving outcomes of adolescent girls which aligns closely with the priorities and current approach of the government of India.

Background

Women in developing countries continue to be disempowered facing multiple constraints which prevent them from investing in their human capital and breaking the cycle of dependence on men. These include high youth unemployment, low wages, as well as early marriage and child-bearing (World Bank, 2007; Jayachandran, 2015). India is a particularly salient case. Norms and attitudes centred on the primacy of men as decision makers and on women as holding a family's honour create environments where it is difficult for young women to pursue their education, where many marry early and where they are unequipped with the skills and knowledge needed to make choices that are optimal for their future.

There is some encouraging evidence suggesting that interventions which jump-start women's human capital through building up different skills may have the potential to set them on a better trajectory (e.g. Case & Paxson, 2013; Adhvaryu et al, 2016). From a developmental perspective, adolescence is an opportune time for such interventions as this is a period of profound transformations in the brain, particularly in the development of higher cognitive functions and socio-emotional skills which are critical for long-term success (Heckman & Rubinstein, 2001; Heckman et al, 2006; Fuhrmann et al, 2015) offering a 'window of opportunity' during which appropriate interventions may have lifelong impacts (Eldreth et al, 2013).

The Indian government has shown a growing interest in adolescent girls with a number of policies and programmes initiated over the last two decades. The focus of these has gradually broadened from those restricted to girls' physical health and school attendance, to include life skills, empowerment and knowledge of sexual and reproductive health. The aim is to target the barriers that adolescent girls face to securing better economic and psychosocial outcomes. These include programmes such as *Beti Bachao Beti Pado* (BBBP) and *Rashtriya Kishor*

Swasthya Karyakarm (RKSK). A key feature of the approach favoured by the government is targeting key outcomes through building life-skills and raising empowerment using community-based approaches and relying on peer educators. The *PAnKH* programme evaluated in this study, was designed to be a blueprint for scalable and cost-effective programmes for improving outcomes of adolescent girls in this way.

The aims of *PAnKH* and its community-based approach are similar to existing government programmes. However, in designing *PAnKH* we aim to hone in and refine key implementation features that are likely to be critical for programme effectiveness. More generally, there is little evidence on how effective stand-alone life-skills and empowerment programmes are at impacting key outcomes of adolescent girls, especially in contexts where girls are particularly disempowered and have even less say on key decisions regarding, among others, their schooling, marriage and family planning than do girls in many other developing country settings. The aim of this study is, therefore, to also add to the broader state of knowledge on the potential of life-skills and empowerment programmes to improve life outcomes of adolescent girls living in deprived contexts with low levels of female empowerment.

Key Features of the PAnKH Programme

- 1) The target group includes girls aged 12-19 and the primary aim is to delay age at marriage, increase school retention, foster the development of life skills, improve mental health and promote positive gender attitudes of adolescent girls in India.
- 2) Key components of the programme include weekly Group Education Activities and sports sessions with the girls, alongside monthly ‘Call for Action’ community engagement events.
- 3) Mentors, who were women aged 19 to 25 from the community, ran GEAs for groups of up to 20 adolescent girls. They followed a structured curriculum developed by *International Centre for Research on Women* (ICRW). The curriculum covered topics on gender, social norms, marriage, education, safe spaces and violence, the female body and sexual and reproductive health and involved interactive games, role-play and group discussions.
- 4) During weekly sports sessions the groups, led by the mentor, played kabaddi, a popular contact sport in the area. The sports sessions culminated in an inter-village kabaddi tournament. In addition to promoting physical and mental health through exercise, the sports sessions provided adolescent girls with means to claim public space within their communities.
- 5) The monthly Call for Action community events were led by the adolescent girl groups and the mentors. Adolescent girls presented what they had been working on during the education sessions over the previous 3-4 weeks and the community was invited to discuss topics related to education, school drop-out, early marriage, social norms and

gender-based violence. Girls were encouraged to invite their family and other community members to the events.

- 6) While the design aligns closely with approaches promoted within existing government policies and programmes, it hone in on and refines key implementation features that are likely to be critical for programme effectiveness. These include:
 - a) Human Resources, Training and Support: The key government programmes targeting adolescent girls, RKS and SABLA, rely on a volunteer peer educator model. These peer educators are young (18 or younger in both cases). They receive little formal training and support relative to the complexity of the roles they are expected to perform, which include leading group sessions on taboo topics such as contraception and being a point of contact for adolescent facing violence. By contrast the mentors who ran the *PAnKH* activities were older, between 19 and 25, were paid a competitive salary and received extensive training and ongoing support in their role. We considered these features necessary to ensure the mentors were equipped with the skills and maturity needed to run a challenging intervention well.
 - b) Community engagement: While many of the government programmes include community engagement activities, they rarely specify in any detail how these are to be implemented or contain any structured content for these. The Call for Action events within *PAnKH* follow the Group Education Activities curriculum and pre-determined communication methods. This approach ensures community engagement on substantive and clearly defined issues.
 - c) Sports and Leisure: Key government programmes focus on developing adolescent girls' skills, both soft and hard, knowledge and attitudes. Providing adolescent girls with opportunity for leisure time and sports is not a focus. This is despite adolescent girls' large burden of household chores and caring responsibilities and community norms that often prohibit girls from occupying public spaces making it difficult for adolescent girls to participate in leisure activities. *PAnKH* included weekly sports sessions aimed at allowing girls' to claim public space and to form strong social networks.

Implementation

- 7) The programme was implemented in villages where the implementation partner – PRADAN – had been operating for many years and had built up a high level of trust through their work on setting up women's self-help groups. This trust was essential in securing acceptance of the programme within the villages.
- 8) Relative to comparable studies, a good level of attendance was achieved among unmarried girls. Based on monitoring data, 48% of girls in the evaluation sample (described below) attended at least one activity in the *PAnKH* programme, and 39% attended more than half of the sessions. On average, participants attended 60% of the

sessions. This compares well to a comparable study in Uganda by Bandiera *et al* in 2017 where 21% of the eligible girls attended at least one activity and is slightly below that in the Buchmann *et al.* 2017 Bangladesh study which cites 56% attendance.

- 9) Attendance was extremely low, however, among married girls. Despite extensive mobilization efforts, only 7% attended at least one activity. Focus group discussions flagged up restricted mobility with strict controls enforced by husband and parents-in-law, as well as high burden of domestic chores as the main barriers to participation.

Evaluation

- 10) In order to evaluate the effectiveness of *PAnKH*, we designed a cluster randomised controlled three arm trial (RCT) in which a total of 90 clusters were randomly allocated to one of three arms: one in which only the activities directly targeting the girls (group education and sports sessions) were implemented, one in which these were complemented by community engagement activities and one in which none of the *PAnKH* programme components were implemented (the control group).
- 11) The three arm design allows to study whether community engagement adds to programme effectiveness over and above activities with the girls.
- 12) We collect data on a random sample of eligible girls in all three arms before and after the implementation of the programme to evaluate and compare impacts of the “girl only” and “integrated” models of the *PAnKH* programme on key outcomes including marriage, education, life-skills, mental health and gender attitudes.
- 13) The sample is balanced at baseline across key observable characteristics which is consistent with a successful randomisation and due to extensive tracking efforts, we achieve a low level of attrition (we have full outcome data for 87% sample girls and education and schooling data for 96%) which is balanced across the treatment arms. The final sample for analysis of programme impacts consists of 5,150 girls evenly split across the three treatment arms age 12-17 who were unmarried at baseline (we did not follow up girls who had been married at baseline due to the very low programme participation rates).
- 14) The *Programme Impact Evaluation* report presents in-depth analysis of the impact evaluation results. The *Programme Implementation and Cost-Effectiveness Analysis* complements the impact analysis with in-depth discussion of the policy context and lessons learned about implementation, alongside detailed cost-effectiveness estimates.

Programme Impacts

Girls in both intervention arms were significantly more likely to be attending school at endline than girls in the control group.

Girls in both treatment arms were just under 4 percentage points more likely to be attending school at endline than girls in the control group. This is equivalent to a 7 percent increase relative to the control mean attendance rate at endline of 54%. Effects appear to be driven by the older girls in the sample. While impacts are not significant among girls who were 12-14 at baseline, there is a 6.5 percentage point increase in the probability of attending school at endline among the 15-17 year old girls in both arms, which is equivalent to a 19 percent increase relative to the control mean. Interestingly, we also see that among the girls who are still at school at endline, there is a significant reduction in the days of school missed in the girl only and integrated arms.

There is suggestive evidence that *PAnKH* had an impact on marriage rates among older girls, age 15-17 at baseline.

The proportion of girls in the girl only arm in this age-group who were married by endline is nearly 16 percent lower than in the control group. While the impact in the integrated group is not statistically significant it is only slightly smaller than that in the girl only group and the two are not significantly different from each-other.

The education and marriage effects set in at the ages when girls in the control group experience the sharpest decline in school attendance and rise in marriage.

Mediation analysis results suggest that delays in marriage in the treatment group are explained by girls staying at school longer.

Adolescent girls experienced significant improvements in their mental health and a reduction in tendency to victim-blaming for experience of violence when the programme targeted the wider community environment in addition to the activities with the girls themselves.

There is an overall impact of a nearly 0.18 of a standard deviation decrease in an aggregated measure of mental health problems among girls living in villages in the integrated arm and no impact (coefficient size ten times smaller at 0.018) among girls living in the girl only arm. The overall reduction reflects a decrease of 16 and 17% of a standard score, respectively, in depression and anxiety scores. Neither changed significantly among girls living in the girl only treatment villages where no community engagement activities took place.

The programme had no significant impacts on life-skills including self-esteem, self-efficacy, peer relations, resilience and decision making strategies.

The programme had no impacts on knowledge and attitudes to sexual and reproductive health

Cost-Effectiveness

- 15) The *PAnKH* interventions cost USD 37.06 per eligible girl for the girl only intervention and USD 49.33 per eligible girl for the integrated intervention. These costs were distributed between implementation (girl only – 59%; integrated – 69%), staff training (29%; 23%), monitoring (7%; 5%) and administration (5%; 4%).
- 16) Since many costs were fixed at the level of the village and many mentors were not working at full-capacity we find substantial economies of scale within communities: *PAnKH* could expand to cover more girls within existing communities at very little cost. Scaling up to new villages or new districts involves fewer economies of scale although we anticipate that over time, if *PAnKH* were run continuously, running costs might reduce considerably.
- 17) We estimate that achieving a 1 percentage point increase in the probability of a girl attending school cost 9.27 USD when achieved through the girl only intervention and 12.98 USD through the integrated intervention. Although it is challenging to compare cost-effectiveness across different types of interventions in different contexts, a tentative analysis suggests *PAnKH*'s cost-effectiveness compares favourably to increasing adolescent girls' school attendance through financial incentives.
- 18) We estimate that it cost 2.74 USD to improve mental health by 1% of a standard score through the integrated intervention. However, we estimate that the cost of achieving a 1% point improvement in mental health through *adding* the community component to the girl activities is 0.68 USD.

Key Lessons and Directions for Future Research

- 19) Taken together, the experience of implementing the *PAnKH* programmes, the quantitative evaluation, the qualitative evaluation and the cost-effectiveness analysis suggest that community-based interventions that focus on life skills, attitudes and mental health may be a promising model for policy seeking to improve the education and welfare of adolescent girls.
- 20) The design and implementation of *PAnKH* reinforced the view that programmes that seek to change 'hard' outcomes such as education and marriage through altering subtle, subjective and difficult to measure constructs such as life skills, attitudes, knowledge and mental health are challenging to implement well.
- 21) Such programmes like *PAnKH* or the Peer Educator component of *RKSK* and *SABLA* are hugely dependent on the frontline staff have the requisite skills and support to the programme as intended. The skills and capabilities that programmes

like these ask of frontline staff are great: they must have a thorough knowledge of the whole curriculum, the leadership and facilitation skills to lead group activities and discussions about highly sensitive topics, and they must have the maturity and judgement to act appropriately when adolescent girls seek help or advice about difficult topics such as violence or sex. While recruiting local women to be the frontline workers is likely necessary to ensure both affordability and community acceptability it creates challenges since these women have grown-up in the same communities and surrounded by the same attitudes and norms as the programme is targeting. In this context, recruiting, training and supporting them to have the confidence, knowledge and capacity to run engaging sessions is a huge challenge.

- 22) *PAnKH* recruited well-educated young women aged 19 to 25 as mentors and paid a competitive salary for their labour. We trained mentors for 28 days over the two year period and provided them extensive ongoing support and on-the-job training. Nevertheless, many mentors found the job highly challenging. Many struggled to run group sessions at the start and required further training and support to feel confident enough to do so. Peer educators from the RSKS and SABLE programmes are younger than our mentors, work primarily as volunteers and receive less training and support. The experience of *PAnKH* raises serious concerns over whether these young people will have the skills, motivation and maturity to perform their roles as intended.
- 23) The curriculum must meet the requirements of the mentors who are expected to deliver it. Mentors found the most sensitive topics, such as sex and violence, particularly challenging. Some found the more theoretical discussions of gender confusing. Therefore, the inclusion of topics in curricula must be partially determined by whether mentors have the capabilities to grasp them fully enough during limited training time to lead sessions on them. Relatedly, in dealing with complex and sensitive topics mentors found it easier when the curriculum was more prescriptive about exactly what information they were expected to convey to girls and exactly what activities they should run. This insight that relatively inexperienced paraprofessionals require highly structured curricula to deliver high quality interventions has also been found in early childhood programming in India.
- 24) Sports sessions were the most popular element of the *PAnKH* interventions. Although our research design does not allow us to isolate the impact of the sports sessions alone feedback from girls, mentors and supervisors suggested that they challenged these unwritten norms around girls occupying public space, helped girls expand their social networks and gave girls confidence. The sports component was relatively easy and cheap to run. Mentors required a fraction of the training and support than they required for the GEA sessions. Future research should examine whether standalone community-based sports sessions for adolescent girls may be a feasible and effective model for national policy.

- 25) We identified a substantial demand for vocational skills training amongst adolescent girls, married and unmarried, their families and mentors through qualitative data. Future research should examine the impact of vocational training both as a standalone intervention and in combination with life skills training. While it is easier to implement vocational skills training in traditionally female skills, research should also explore the impact of training on a wider set of skills so as to not entrench existing gender norms and exacerbating inequality through not equipping women with skills that reap the highest returns.
- 26) Call for Action events in the integrated arm of *PAnKH* provided a model for working with the wider community. Girls invited family members and others from the local community and then girls and their mentor shared what they had been learning through the GEAs, performed roleplays and facilitated discussions. The mode of the engagement was by following the curriculum of the group educational activities. The perception amongst implementers was that this gave the campaigns much more structure and coherence than if the mentors and girls had been relied upon to devise events from scratch. This may serve as a useful model in how key government programmes can engage the wider community.
- 27) *PAnKH* was remarkably unsuccessful at reaching married girls. Even after multiple mobilisation efforts from mentors, facilitators and *PAnKH* sakhis only 7% of married girls attended any session. Through qualitative research, we found that major barriers to married girls participation were mobility restrictions whereby they couldn't leave their household without the permission of their mother-in-law or husband and the reluctance of mothers-in-law and husbands to give permission since they did not think the groups appropriate for married women and did not perceive any tangible benefit to the household. None of the major government programmes engage with young married women in a structured way and we would anticipate that any attempt to expand existing programmes to young married women would face the same challenges as *PAnKH* did. In all, the experience of *PAnKH* suggests that different models of engaging with this particularly hard to reach group must be explored.