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# Growing up in rural India: An exploration into the lives of younger and older adolescents in Madhya Pradesh and Uttar Pradesh


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AND OLDER ADOLESCENTS  
IN MADHYA PRADESH  
AND UTTAR PRADESH**

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The Population Council confronts critical health and development issues—from stopping the spread of HIV to improving reproductive health and ensuring that young people lead full and productive lives. Through biomedical, social science, and public health research in 50 countries, we work with our partners to deliver solutions that lead to more effective policies, programmes, and technologies that improve lives around the world. Established in 1952 and headquartered in New York, the Council is a nongovernmental, nonprofit organisation governed by an international board of trustees.

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MAMTA-Health Institute for Mother and Child, New Delhi is a national-level organisation with an expanding programme of work that currently encompasses 14 states and around 150 Districts of India and in South and South East Asia region. With over ten year's involvement in addressing Young Peoples' Sexual and Reproductive Health and Rights (YSRHR), HIV/AIDS & TB and Mother & Child issues, MAMTA has been at the frontier of innovations in responding to these issues in India and the region. As an expanding source of expertise on culturally acceptable sexual health and HIV/AIDS programming in India, MAMTA works with government and non government partners in the South and South East Asia region.

MAMTA works with the government on adolescent health and development issues on a number of levels, including training, partnership for direct interventions, advocacy, policy research and networking. Through these activities, MAMTA brings considerable knowledge of capacity and coordination issues and the policy environment to identify constraints and opportunities for improved sexual health and HIV/AIDS programming.

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## Background and rationale

Adolescent girls aged 10–19 number about 1.15 billion and comprise some 10 percent of India's population (Registrar General, India, 2006). The situation and needs of these adolescent girls vary immensely by factors such as age, marital status, schooling and economic activity. While this cohort is healthier, more urbanised and better educated than earlier generations, several vulnerabilities persist and transitions to adulthood are too frequently marked by abrupt and premature exit from school, entry into the labour force, early marriage and strongly held gender norms. Indeed, significant proportions of adolescent girls have discontinued schooling before they are 15 years of age; typically, a girl attains no more than seven years of education (IIPS and Macro International, 2007). Further, about 30 percent of those aged 15–19 are already married (IIPS and Macro International, 2007). Moreover, the lives of many of these girls are characterised by limited awareness of the world around them, restricted mobility, constrained access to resources and very little ability to exercise choice in matters relating to their own lives, including protecting themselves from unsafe sex (IIPS and Population Council, 2010).

Programmes to support adolescent girls are implemented by both government and nongovernmental organisations (NGOs) in India. Notably, most programmes have focused on two areas: sexuality and life skills education for the unmarried and services for the married. Somewhat fewer programmes have focused on services for the unmarried, addressing obstacles at gatekeeper level, or bringing boys and young men into the picture. Not a single intervention has focused on the HIV vulnerability of adolescent girls, and few have addressed the multiple facets of girls' lives. Unfortunately, while many existing interventions claim success, their experiences and lessons are poorly documented and most have not been rigorously evaluated. Hence, while promising, it is difficult to establish the effectiveness of these models and the extent to which they can be effectively replicated and scaled up.

In recognition of these needs, the Elton John AIDS Foundation is currently supporting MAMTA-Health Institute for Mother and Child, an NGO based in India, to implement a project entitled *Meri Life Meri Choice* (MLMC) that aims to reduce the vulnerability of 10–19-year-old adolescent girls in rural areas to HIV. Specifically, the objectives of the MLMC

project, implemented in two districts each in two states of India—Madhya Pradesh and Uttar Pradesh, are to: (1) enhance adolescent girls' knowledge about sexual and reproductive matters and equip them with skills that enable them to address their vulnerability to HIV; (2) increase the utilisation of sexual and reproductive health services from the public sector by adolescent girls and boys; and (3) develop a supportive environment for adolescent girls that enables them to adopt protective actions to reduce their vulnerability to HIV.

The situation of adolescents described in this report is from a baseline assessment conducted in selected villages of the MLMC project. These findings fill a significant gap in the existing research on adolescents, particularly with regard to young adolescents (that is, those aged 10–14).

## Objectives

The objectives of the baseline assessment were to explore the attitudes, practices and behaviours of adolescent girls, their adolescent brothers and if married, their husbands, with regard to sexual and reproductive matters, including HIV; their perspectives on adolescent girls' and boys' vulnerability to HIV and ways in which it can be mitigated; and the perspectives of parents and other critical adults in the community on the vulnerability of adolescent girls and boys to HIV. Specifically, the assessment sought to better understand:

- The extent to which adolescent girls and boys are endowed with protective assets that can prevent conditions that are precursors of HIV;
- Practices and behaviours of adolescent girls and boys that directly aggravate or reduce their vulnerability to HIV;
- The extent to which adolescent girls have access to a supportive and safe environment; and
- The perspectives of parents and other critical adults in the community on the vulnerability of adolescent girls and boys to HIV.

## Study setting

The baseline assessment was conducted in selected villages of Rewa and Satna districts in Madhya Pradesh, and Allahabad and Banda districts in Uttar Pradesh. The states of Madhya Pradesh and Uttar Pradesh were purposively

selected for the implementation of the MLMC project as they represent two of the most economically and socially backward states in India. For example, 38 percent and 33 percent of the population in Madhya Pradesh and Uttar Pradesh, respectively, were estimated to be living below the poverty line (Planning Commission, 2007). Moreover, a significant proportion of the population in the two states remains illiterate; just 59–60 percent of women in these states were literate (Office of the Registrar General and Census Commissioner, 2011). Three intervention blocks were selected from each of the four districts, taking into account such indicators as the female literacy rate, the proportion of the population that belongs to scheduled castes or tribes (SC/ST), and the percentage of males engaged in nonagricultural work. One block was selected at random from the three intervention blocks in each of these districts for conducting the baseline assessment. The blocks thus selected were Raghurajnagar and Raipur Karchuliyan in Madhya Pradesh, and Bara and Naraini in Uttar Pradesh. Within each block, four villages were selected for gathering baseline data.

## Study design

The baseline assessment primarily used qualitative methods, and focused on vulnerable adolescent girls. Married and unmarried girls aged 10–19 from poor households or households belonging to socially excluded groups (scheduled castes, scheduled tribes, Muslim) were defined as vulnerable girls for the purpose of this study.

Identification of vulnerable households, that is, households containing vulnerable adolescent girls, was achieved through a household vulnerability mapping exercise. Depending on the total number of households in the villages selected for the evaluation, the field team visited between 100 and 300 households in each village; thus, a total of 2,906 households were listed in the 16 villages selected for the baseline assessment. Villages containing more than 300 households were segmented into two approximately equal parts, one of which was chosen randomly for the baseline assessment. The field team obtained the following information from an adult member of each household visited: the household's religion, caste, wealth status, the number of unmarried girls aged 10–12, 13–14 and 15–19; the number of married girls aged 15–19; and the presence of unmarried boys aged 10–12, 13–14 and 15–19; husbands and parents-in-law of the married adolescent girls, and parents of adolescent girls in the household. The wealth status of the household was measured using an index composed of data on the ownership of selected durable goods as well as data on access to a number of amenities.

The participants involved in the baseline assessment comprised:

**Vulnerable adolescent girls:** These girls were categorised by age and marital status into four groups: 10–12-year-old unmarried girls, 13–14-year-old unmarried girls, 15–19-year-old unmarried girls and 15–19-year-old married girls. They were randomly selected from the vulnerable households, and

invited to take part in the study. No more than one adolescent girl from a household was so invited.

**Brothers of vulnerable adolescent girls:** These boys were categorised by age into three categories: 10–12-year-old boys, 13–14-year-old boys, and 15–19-year-old boys. We note that only adolescent, unmarried brothers of vulnerable adolescent girls were included in this category. We excluded those households from which a vulnerable adolescent girl had been invited to participate in the study in order to maximise variability in households represented by the participants.

**Husbands of vulnerable adolescent girls:** We also included husbands of vulnerable adolescent girls in the assessment. We note that no age cut-off was followed in the case of husbands, and hence, this group included both adolescent boys and young men. As in the recruitment of brothers, we excluded households from which a vulnerable adolescent girl had been invited to participate in the study in order to maximise variability in households represented by the participants.

**Parents and/or parents-in-law of vulnerable adolescent girls:** We invited parents/parents-in-law of vulnerable adolescent girls as well to participate in the study; they were categorised by sex—mothers/mothers-in-law and fathers/fathers-in-law. As in the case of adolescent girls' brothers and husbands, we excluded parents and parents-in-law from households from which a vulnerable adolescent girl, an opposite-sex sibling or a husband of a vulnerable adolescent girl had been invited to join the study so as to maximise variability in households represented by the participants.

**Critical adults in the community:** These critical adults included panchayat members, frontline health workers and teachers. We note that these adults were recruited from the villages that were selected for gathering data from adolescent girls/boys and their parents/parents-in-law.

The study comprised the following components:

**Drawing exercises and focus group discussions with adolescent girls and boys aged 10–12:** The field team initiated the exercise by asking all the participants to draw something that held some meaning for them in their life and identify the important features of their drawing (a means of breaking the ice and obtaining insights into their life). The team then posed questions in a focus group discussion (FGD) format to gain their perspectives on the protective assets that are known to reduce adolescents' HIV vulnerability. On average, the activity lasted for two hours. These exercises were organised separately for girls and boys. A total of 12 such exercises (six with girls and six with boys) were conducted in the four districts (see Table 1).

**Focus group discussions and community mapping exercises with adolescent girls aged 13–14 and 15–19, adolescent brothers and husbands of adolescent girls:** We used FGDs and community mapping exercises to obtain the perspectives of adolescent girls, and their adolescent brothers and husbands. The FGDs focused on the general life experiences of adolescents in the study communities,



and their perspectives about the vulnerabilities of girls and boys to HIV, and related risk and protective factors. During the community mapping exercise, participants drew a map of their village, illustrating the way they perceived their village, and placed symbols on the map to represent areas that they considered “safe” and “unsafe” or “supportive” and “nonsupportive.” Specifically, they identified locations where adolescents of their age typically congregate; assets available and accessible to adolescents, for example, sources of health information and services, particularly for sexual and reproductive health matters; services that are accessible to adolescents in case of emergency; situations, physical locations or times of day that are considered “safe” and “unsafe” or “supportive” and “nonsupportive” for girls. The discussion held during the mapping exercise probed the reasons for adolescents’ vulnerabilities and the actions that would enable them to overcome these vulnerabilities.

The FGDs along with the community mapping exercises were organised separately for girls and boys—those aged 13–14 and 15–19, and those married and unmarried. A community mapping exercise and a FGD with one category of participants were completed over the course of half a day. A total of 36 such exercises (18 with girls and 18 with boys) were conducted in the four districts (see Table 1.1).

**A survey of focus group discussion participants aged 13–14 and 15–19:** Additionally, we administered a short, structured questionnaire to all FGD participants aged 13–14 and 15–19. As mentioned earlier, the husbands of adolescent girls included those aged 15–19 and those aged 20 and older. This interview was carried out the day before the FGD/ community mapping exercise conducted with the participants.

The questionnaire contained questions on adolescents’ awareness of health matters, interactions with their siblings and parents, peer networks, gender role attitudes, experiences of nonconsensual touch, and experiences of seeking health services. The field team administered the questionnaire to a total of 281 FGD participants.

In addition, questions relating to sexual experiences before and outside marriage were posed to those aged 15 and older. Acknowledging that adolescents may be reluctant to disclose sexual experiences in a face-to-face interview, questions were posed in an anonymous format in which adolescents were asked to fill their responses on a separate form, place the form in an envelope, seal it and return it to the field research team. Respondents were informed that the envelope would not be opened in the field, and that only the principal investigators would be able to link the information provided in the envelope with that provided in the main, structured questionnaire. The field team administered these questions to a total of 178 FGD participants aged 15 and older.

**Focus group discussions with parents/parents-in-law:** We used FGDs to obtain the perspectives of parents/parents-in-law of adolescent girls. The FGDs focused on the perspectives of parents/parents-in-law’s on the vulnerability of adolescent girls and boys to HIV; the services that are available to meet the sexual and reproductive health needs of adolescent girls; and parents’/parents-in-law’s attitudes toward adolescent girls’ sexual and reproductive rights. Separate FGDs were conducted for mothers/mothers-in-law and fathers/fathers-in-law. A total of 12 FGDs (six with mothers/mothers-in-law and six with fathers/fathers-in-law) were held in the four districts (see Table 1.1).

**Table 1.1: Data collection methods used in the baseline assessment**

Method	Number of villages covered/exercises conducted/ participants interviewed	
	Madhya Pradesh	Uttar Pradesh
Household vulnerability mapping exercise, using a short, structured form	8 villages; 1, 416 households	8 villages; 1,490 households
Drawing exercises and FGDs with adolescents aged 10–12	6 (3 with girls; 3 with boys)	6 (3 with girls; 3 with boys)
FGDs and community mapping exercises with unmarried adolescents aged 13–14	6 (3 with girls; 3 with boys)	6 (3 with girls; 3 with boys)
FGDs and community mapping exercises with unmarried adolescents aged 15–19	6 (3 with girls; 3 with boys)	6 (3 with girls; 3 with boys)
FGDs and community mapping exercises with married adolescents aged 15–19 <sup>1</sup>	6 (3 with girls; 3 with boys)	6 (3 with girls; 3 with boys)
Survey of FGD participants aged 13–14 and 15–19, using a structured questionnaire	140 (51 aged 13–14; 89 aged 15–19)	141 (52 aged 13–14; 89 aged 15–19)
FGDs with parents/parents-in-law	6 (3 with M/MIL; 3 with F/FIL)	6 (3 with M/MIL; 3 with F/FIL)
FGDs with critical adults in the community	6	6

FGD = Focus group discussion. M/MIL = Mothers/Mothers-in-law. F/FIL = Fathers/Fathers-in-law.

<sup>1</sup>Husbands included those aged 15–19 as well as those aged 20 years and above.

**Focus group discussions with critical adults in the community:** We also used FGDs to obtain the perspectives of critical adults in the community on the vulnerability of adolescent girls and boys to HIV, the need for SRH- or HIV-related awareness-building, and the safety of and support for adolescents. A total of 12 FGDs were held in the four districts (see Table 1.1).

## Study instruments

For the qualitative data collection, five guides were prepared, one each to be used with 10–12-year-olds, 13–14-year-olds, 15–19-year-olds, parents/parents-in-law and critical adults in the community. The FGD guides included the broad thematic areas to be covered and key questions that would serve as prompts under each broad theme. The guides were translated into Hindi, pretested and revised in the light of the insights obtained during pretesting.

Two questionnaires were developed for FGD participants; these instruments were appropriately modified for 13–14-year-olds and 15–19-year-olds. The questionnaires were also translated into Hindi, pretested and revised in the light of the insights obtained during pretesting.

## Recruitment, training and fieldwork

A total of 12 young women and men underwent interviewer training. These research assistants were graduates in science or social science streams, proficient in Hindi and with three to four years' experience in conducting field-based studies, including qualitative data collection, under the supervision of the principal investigators of the current study. Eight of the 12 research assistants were selected for fieldwork.

Training of interviewers was conducted by Population Council staff and lasted one week. It included participatory training to learn about the key research themes, prompting techniques to guide interactions with study participants, ways of obtaining feedback on community maps and ways of guiding participants to administer questionnaires. Additionally, interviewers received intensive training in research ethics, with emphasis on ensuring that specific individuals are not identified in the narratives or stories that they collect as well as on the safeguards to be taken while gathering data from younger adolescents. Role plays, mock FGDs/interviews and field practice sessions were conducted. Moreover, to ensure data quality and adherence to ethical principles, Council staff members provided ongoing supervision and support to interviewers. Data collection was undertaken between December 2011 and January 2012.

## Ethical considerations

Several steps were taken to address the ethical issues involved in collecting information from adolescents,

particularly young adolescents. First, given that the focus of the study is to assess the feasibility and acceptability of an intervention intended to reduce the HIV vulnerability of adolescent girls and boys, it was imperative for it to focus on sensitive issues.

We modified the instruments considerably to elicit age-appropriate information from different categories of adolescents (10–12-year-olds, 13–14-year-olds and 15–19-year-olds) in a culturally appropriate and sensitive manner. Second, interviewers underwent extensive training in ethical issues. Emphasis was placed on explaining the content of the questionnaire/guides, the participant's right to refuse to participate or answer any questions, and informed consent. At the same time, we trained interviewers on how to guide FGDs with younger adolescents. Third, the interview teams were instructed to apprise community leaders of the study before entering the study village, and to seek their support for its implementation in their community. This step ensured that community support was forthcoming and enabled team members to build rapport easily within the community. Fourth, consent was sought from each individual to be interviewed; permission from a parent or guardian was sought before acquiring assent from 10–17-year-old adolescents. Fifth, the questionnaires and transcripts of the FGDs were anonymous and names were never recorded. Finally, the study protocol was approved by the institutional review board of the Population Council.

## Data processing

The textual data from the FGDs were transcribed by the research assistants and translated into English by consultants recruited by the Council. Quantitative data were entered and analysed using SPSS.

## Structure of the report

The report is divided into eight chapters, including this introductory chapter. Chapter 2 describes the lives of adolescent girls and boys in the project settings, notably, the extent to which adolescent girls and boys were endowed with protective assets that can prevent conditions leading to HIV infection. Chapter 3 presents evidence on behaviours and practices of adolescent girls and boys that compromise or reduce their vulnerability to HIV, and Chapter 4 sheds light on the extent to which adolescent girls in the study settings have access to a supportive and safe environment at the family and the broader community level. Chapters 5 and 6 discuss the perspectives of parents and critical adults in the community, respectively, on the vulnerability of adolescent girls and boys to HIV. Chapter 7 summarises the main findings of the baseline assessment. We note that the names of villages, towns and districts mentioned by respondents in the course of the interviews have been anonymised in the report.

Drawing on data from the FGDs conducted with all categories of adolescents and the short survey with selected older FGD participants (13–14-year-olds and 15–19-year-olds), this chapter presents a profile of the lives of adolescent girls and boys in the study settings. In describing the situation of adolescents, we focus on the extent to which girls and boys have acquired a set of assets that can protect them from conditions leading to HIV infection. Drawing on the asset-building framework (Sebstad and Bruce, 2004; Bruce et al. 2012), this chapter presents evidence on four categories of assets: social, human, financial and physical.

### Social assets

Social assets focused on relationships and social networks, and comprised friends, mentors, other trusting relationships and access to other institutions in society. We included a number of indicators to assess adolescent girls' and boys' social assets at baseline, namely, the number of friends that adolescents have, the extent to which they interacted with their friends on a regular basis, the extent to which adolescents had a nonfamily confidant to discuss personal problems, and group membership.

### Peer networks and interactions

Almost all FGD participants, regardless of their category and state of residence, reported that adolescents of their age had some same-sex friends. However, responses were mixed with regard to gender differences in the size of peer networks. Participants in most FGDs (34 of the 48 FGDs conducted with different categories of adolescents) reported that adolescent girls have fewer friends than adolescent boys. They cited a variety of reasons for the limited peer networks of girls: restrictions on girls' freedom of movement and their confinement to such spaces as home and school; limited opportunities to play, particularly outside their home; restrictions on their social interactions, and the burden of household chores. Notably, the reasons cited by the participants did not differ by their age, sex, marital status or state of residence as evident from the excerpts that follow.

*R: Because they [boys] play more.*

[10–12-year-old girls,  
Uttar Pradesh, Group 2]

*R: They [boys] “roam” here and there.*

*R: Boys keep on “roaming” here and there; so, they make more friends.*

*R: They [boys] also make friends because they play more.*

*R: Girls play very little.*

*R: Girls are busy with household work; so, they don't get time.*

[13–14-year-old boys,  
Madhya Pradesh, Group 1]

*R: Boys go to many places, so they meet many people. They shake hands and make friends with them.*

*R: Girls go to school; so, they only have friends there. They don't have anything to do with anyone except other girls in their neighborhood. They mostly stay at home and that's why they don't have many friends.*

[13–14-year-old boys,  
Madhya Pradesh, Group 2]

*R: When girls are studying [in school], they have many friends, but once they leave school, they have few friends.*

[15–19-year-old unmarried girls,  
Uttar Pradesh, Group 3]

*R: Boys spend a lot of time outside [the home], and hence they have many friends; girls don't go out; thus, they don't have many friends. They stay at home; so, they have friends only in their neighbourhood.*

*R: Boys “roam” everywhere; so, they have more friends. Girls who study [go to school] also have friends but those who stay at home, just have friends in their neighbourhood. They neither go to school nor anywhere else; hence, they don't have many friends.*

[15–19-year-old married girls,  
Uttar Pradesh, Group 1]

*R: No one restricts them [boys], but girls' parents or brothers restrict girls [from going out].*

[15–19-year-old married girls,  
Madhya Pradesh, Group 1]

We note, however, that participants in 12 of the 48 FGDs with all categories of adolescents perceived the peer networks of adolescent girls to be larger than those of adolescent boys; notably, adolescent girls reported so more often than boys (in 10 FGDs with girls versus two FGDs with boys). The reasons cited for the larger peer networks of girls typically included their perceptions about the temperament of girls compared with boys. For example, boys fight with each other; hence, they have fewer friends; girls, in contrast, remain close to each other, and therefore, have more friends. Some participants attributed the larger peer network of girls to the greater number of girls in their village while some others reported that girls have more friends than boys because parents do not allow their daughters to go anywhere unescorted. For example:

R: *Girls have more friends.*

R: *Mostly, girls have more friends.*

I: *Why?*

R: *Because there are many girls [in the village].*

R: *Boys drop their friends for different reasons, but girls don't drop their friends. Girls stay together. They have just one group. If they go [out] anywhere, they go together with their friends; boys go separately.*

R: *And, boys also fight.*

[10–12-year-old boys,  
Madhya Pradesh, Group 3]

R: *They [girls] don't go anywhere alone; they always have someone with them. They don't even go alone to the fields; that's why they have more friends.*

[10–12-year-old girls,  
Uttar Pradesh, Group 2]

R: *Boys are cruel; hence, they have fewer friends.*

*Girls are kind; so, they have more friends.*

[15–19-year-old unmarried girls,  
Uttar Pradesh, Group 1]

Responses to the questions administered to 13–14-year-old and 15–19-year-old FGD participants, eliciting the participants' own experiences, reiterate the limited peer network of girls. As evident from Table 2.1, 40 percent of 13–14-year-old girls compared to 63 percent of same-age boys reported three or more friends. Similar differences were observed among 15–19-year-olds as well; 40 percent of unmarried girls and 47 percent of married girls reported three or more friends, compared to 82 percent and 76 percent of unmarried and married boys, respectively. Participants across all categories in Madhya Pradesh were less likely than their counterparts in Uttar Pradesh to report three or more friends.

Further, participants in almost all the FGDs reported that girls and boys of their age interacted with their friends regularly, that is, almost daily. Participants in some FGDs, however, reported that the regularity with which adolescents interacted with their friends differed somewhat by sex, schooling and marital status. For example, although not all transcripts contained information on gender differences in the frequency of peer interaction, those that did contain such information suggest that boys interacted with their friends more frequently than did girls. The reasons for their greater interaction included perceptions that boys were more interested than girls in going out; that girls were engaged in household chores more often than boys and, therefore, did not get as much time as boys to interact with their friends; and that families restricted girls' movements more often than boys'. For example:

**Table 2.1: Size of peer networks and regularity of peer interaction among 13–14-year-old and 15–19-year-old FGD participants**

Size of peer network and regularity of peer interaction	Girls			Boys		
	MP (N=28)	UP (N=24)	Total (N=52)	MP (N=23)	UP (N=28)	Total (N=51)
Has three or more friends	8	13	21	12	20	32
Meets friends <sup>1</sup> four or more times a week	25	22	47	21	27	48
	Unmarried 15–19-year-olds in					
	MP (N=28)	UP (N=25)	Total (N=53)	MP (N=22)	UP (N=23)	Total (N=45)
Has three or more friends	7	14	21	17	20	37
Meets friends <sup>1</sup> four or more times a week	17	19	36	19	18	37
	Married 15–19-year-olds in					
	MP (N=20)	UP (N=18)	Total (N=38)	MP (N=19)	UP (N=23)	Total (N=42)
Has three or more friends	5	13	18	12	20	32
Meets friends <sup>1</sup> four or more times a week	12	10	22	10	16	26

MP = Madhya Pradesh. UP = Uttar Pradesh. <sup>1</sup>Refers to meeting any friend.

Note: Values given in the tables are actual numbers.



R: They are boys; they can meet their friends as many times as they want.

I: Can't girls do that?

R: Parents don't allow girls to go out.

R: Girls have work at home.

[10-12-year-old girls,  
Madhya Pradesh, Group 1]

R: Boys take more interest in roaming here and there.

R: Girls do household work; that's why they don't get time to meet their friends.

[15-19-year-old unmarried girls,  
Madhya Pradesh, Group 2]

R: Girls meet their friends less often than boys because they go out less frequently.

R: This is a village; thus, they [girls] go out less often [than boys].

R: There is a lot of work at home, so they don't go out much.

R: Parents here [in this village] think that girls should not be sent outside the home; they should stay at home only.

[15-19-year-old unmarried boys,  
Madhya Pradesh, Group 1]

We note that not all transcripts contained information on differences in the frequency of peer interaction by schooling status (only 20 and 23 of the 48 FGDs contained such information in the case of boys and girls, respectively). Those that contained such information suggest two patterns. Participants in some FGDs reported no differences in the frequency of peer interaction of school-going and out-of-school adolescents.

I: Do boys who have left school or those still in school meet more?

R: Both.

I: What about girls?

R: Girls who go to school also meet.

R: Those girls who have left school also meet.

[13-14-year-old boys,  
Madhya Pradesh, Group 1]

I: Who meets each other more, girls who go to school or those who have left studies?

R: School-going girls.

R: Those who don't go to school also meet.

R: Both meet equally [often].

[15-19-year-old unmarried girls,  
Uttar Pradesh, Group 2]

On the other hand, some other participants (in seven FGDs with boys and nine FGDs with girls) reported that school-going adolescents interacted with their friends more often than

those who had left school because they travelled together to and from school, while out-of-school adolescents were engaged in work, as these excerpts suggest.

R: Because mostly, they [girls] have to go together to school.

[15-19-year-old married girls,  
Madhya Pradesh, Group 1]

R: Girls who study [go to school], meet [each other] frequently or daily, and those who don't, meet once in a while because they are not allowed to visit the homes of their friends.

[Husbands of 15-19-year-old girls,  
Uttar Pradesh, Group 2]

R: Those [girls] who don't go to school are busy with housework; that's why they don't get much time to meet their friends.

[15-19-year-old unmarried boys,  
Madhya Pradesh, Group 2]

Similarly, we note that not all transcripts contained information on differences in the frequency of peer interaction by marital status (only 20 and 24 of the 48 FGDs included such information in the case of boys and girls, respectively). Two patterns were evident for both girls and boys: while some reported no differences in the frequency of peer interaction of the unmarried and married, others reported more frequent peer interaction among the unmarried than the married. In the case of boys, about half fell into each of the two categories, and the reason for the less frequent peer interaction among married boys was that they had little time to spend with friends as they had to work to support their family. Among girls, participants in more than half of the FGDs (15 out of 24) observed that unmarried girls interacted with their friends more often than their married counterparts, while participants in the remaining FGDs did not indicate any differences. A major reason for the more frequent peer interaction among unmarried girls was school attendance which gave them a chance to meet their friends at school and on the way to and from school. Married girls, on the other hand, had to attend to household chores and, therefore, did not get time to interact with their friends. Another salient reason pertained to restrictions prevalent in the study villages which forbade married girls from going out of their home, leading to social distances between the married and the unmarried. They also noted that married girls were more likely than the unmarried to be restricted socially and to lack friends in the new environment of their husband's home.

I: Do married or unmarried boys meet more often?

R: Both meet. [In chorus]

R: Both married and unmarried boys meet.

[13-14-year-old boys,  
Uttar Pradesh, Group 1]

R: Unmarried girls meet more often.

I: Why?

R: They [married girls] have work at home.

R: They [married boys] have to go out for work [in order to support their family]; their wives have to do all the household chores.

[13–14-year-old boys,  
Madhya Pradesh, Group 1]

R: Because they [unmarried girls] go to school to study.

[13–14-year-old girls,  
Madhya Pradesh, Group 3]

R: Married girls don't meet; only unmarried girls meet one another.

R: Married girls are not able to meet because there is a veiling system in our village; so, they are not able to go anywhere. Their family members don't allow them to go out much.

R: Married girls don't get time away from their household work, so how can they meet anyone?

R: Married girls don't even know each other much; in fact, they don't have any friends in the village. Moreover, even if they make one or two friends, they don't have the time to meet them as they are busy with household work. They also follow the veiling system, so they cannot go outside their home.

R: Married girls do not have any friends.

[15–19-year-old unmarried boys,  
Madhya Pradesh, Group 3]

Findings presented in Table 2.1 also indicate that most adolescent girls and boys interacted with their friends regularly. Their interaction, however, became less regular as they grew older and got married. For example, among 13–14-year-olds, 90 percent or more of both girls and boys reported that they met their friends four or more times a week; fewer 15–19-year-olds reported so. Moreover, among older adolescents, gender and marital status differences were evident; girls were less likely than boys, and the married were less likely than the unmarried, to report regular interaction with their friends. For example, among girls, 68 percent of unmarried girls compared to 58 percent of married girls reported that they met their friends regularly; corresponding percentages among boys were 82 and 62, respectively.

## Trusted mentors

We probed all adolescents about the individual or individuals in their village with whom they would most likely discuss their personal problems as well as how easily approachable such confidant/s were. We note that questions were framed slightly differently for different categories of adolescents. Specifically, we probed adolescents aged 10–12 about the individual/s in whom they would confide about issues at home or in school, and adolescents aged 13–14 and unmarried adolescents aged 15–19, about similar issues as well as such issues as their relationship with an opposite-sex friend. Married adolescents were probed about any problems arising in their

marital relationship. Several notable findings emerged from the FGDs.

Insights from FGDs with very young adolescents indicate that they have easy access to familial and nonfamilial confidants with whom they can discuss problems arising at home or in school. For example, 10–12-year-old participants in all FGDs, regardless of their sex and state of residence, reported that adolescents of their age would confide in their parents if they faced a problem at home or in school. Siblings were also mentioned as persons with whom they would discuss such matters (in three of the six FGDs with boys and five of the six FGDs with girls). Nonfamily members (for example, friends and teachers) were as likely as family members to be cited as confidants. For example, participants in all the FGDs with boys and four of the six FGDs with girls reported that adolescents of their age discussed such matters with their friends.

I: If girls of your age in your village face any problem in school or at home, whom will they approach?

R: Their mother or father.

R: Their brother or sister.

R: Their friends.

R: Their teacher.

R: Teachers.

[10–12-year-old girls,  
Uttar Pradesh, Group 3]

I: Suppose a boy has a problem at home or in school, with whom will he talk about it?

R: He will tell his friend.

R: His father or mother.

R: His brother or sister.

R: His teacher.

I: With whom do they talk more?

R: Parents and friends.

[10–12-year-old boys,  
Madhya Pradesh, Group 1]

A somewhat different pattern was evident from the narratives of FGDs with adolescents aged 13–14 and unmarried adolescents aged 15–19. Unlike the narratives of 10–12-year-olds, gender differences were evident in the responses of the older adolescents in respect of the individual/s in whom they would confide their personal problems. Family members (parents, particularly mothers, siblings/siblings-in-law and other relatives) were among the leading confidants with whom girls chose to discuss their personal problems, regardless of the issue; in comparison, boys mentioned family members less frequently. For example, participants in 10 of the 12 FGDs conducted with girls aged 13–14 and 15–19 reported that girls of their age discussed home-related problems with their parents; in contrast, participants in just four of the 12 FGDs with boys so reported. Gender differences were most evident with respect to leading confidants with whom adolescents would discuss issues in a relationship with an opposite-sex friend: the only confidant

listed by 15–19-year-old unmarried boys as friends; in contrast, girls listed friends as well as elder sisters, sisters-in-law and mothers.

*I: Suppose, a boy of your age has a problem at home, with whom will he talk about it?*

*R: He will tell his friend/s.*

*R: His friend/s.*

*I: Why will he tell his friend/s only?*

*R: Friends will help him.*

[13–14-year-old boys,  
Uttar Pradesh, Group 2]

*I: If girls of your age are facing a problem at home, do they talk about it to anyone?*

*R: Yes, to their mother.*

*R: To their sister-in-law and/or an elder sister.*

*I: Why these people?*

*R: Because they are older than us.*

[15–19-year-old unmarried girls,  
Madhya Pradesh, Group 1]

As with 10–12-year-olds, friends were mentioned as confidants by both girls and boys aged 13–14 and 15–19, although more often by boys than girls. What was particularly striking in the narratives was the difference in the level of comfort displayed by the adolescents in discussing their personal matters with a friend vis-à-vis their parents. Participants in several FGDs noted that typically, adolescents of their age feel more comfortable discussing sensitive personal matters with a friend than with their parents for a range of reasons. As evident from the excerpts below, adolescents reported that they could talk freely and frankly with their friends (and not so with their parents), that some topics were embarrassing to discuss with their parents, that friends were likely to be in a similar predicament and hence would understand them better, and that parents were likely to scold them. These findings suggest that family members, including parents, may not, in reality, serve as ideal trusted mentors for adolescent girls and boys. Findings presented in Chapters 4 and 5 on adolescents' and parents' perspectives on parent-child communication on sensitive topics, respectively, reiterate this point.

*R: We [girls] tell our friends because we can't discuss our personal matters with our parents. Parents will scold us if something wrong happens.*

*R: We [girls] talk only to those people who we are not scared of; what is the point of telling someone when we know they will scold us?*

[13–14-year-old girls,  
Uttar Pradesh, Group 3]

*R: They [girls] talk to their friends if they feel shy to talk to their parents.*

[13–14-year-old girls,  
Uttar Pradesh, Group 1]

*R: There are some mistakes which they [boys] can talk about only to their friends.*

*R: A friend is like a brother.*

[13–14-year-old boys,  
Madhya Pradesh, Group 3]

*R: They [boys] can talk freely with friends; if they tell their parents, they may scold them. That's why they tell their friends with whom they can talk openly.*

[13–14-year-old boys,  
Madhya Pradesh, Group 2]

*R: They [boys] tell their home-related problems only to their friends.*

*R: They tell their friends.*

*I: Why friends only? What is the reason?*

*R: Friends usually talk to each other about what [the problem is] and how it happened.*

*R: It is very easy [to talk to one's friends].*

*R: Friends talk [to one another] about everything.*

*R: A boy will tell matters of his heart only to his friend.*

[15–19-year-old unmarried boys,  
Madhya Pradesh, Group 1]

*R: They [boys] tell such problems [problems in a relationship with an opposite-sex friend] only to their close friends.*

*R: They can only talk to their friends about such problems and to no one else; they ask only their friends what they should or should not do.*

*I: What is the reason that they tell only their friends?*

*R: We don't talk about these things at home.*

*R: We only talk to our friends about such things because only friends can understand each other's feelings, and try to help solve the problem.*

*R: Our friends have girlfriends too; they are also passing through this stage [therefore, they understand us better].*

[15–19-year-old unmarried boys,  
Madhya Pradesh, Group 3]

*I: If girls of your age are facing a problem related to a relationship with a boy, to whom will they talk?*

*R: They can talk to their friends.*

*R: They can tell their friends.*

[15–19-year-old unmarried girls,  
Uttar Pradesh, Group 1]

*R: They [girls] can tell their friends.*

*R: They [friends] can talk to one another and solve the problem.*

*R: Girls can talk to their friends.*

*R: They can talk to those with whom they have a good understanding.*

*R: They can tell their best friends.*

R: If they have a good understanding with their friend or sister-in-law, they can talk to them.

R: They [friends] understand our problem and try to solve it.

[15–19-year-old unmarried girls, Madhya Pradesh, Group 3]

Finally, the narratives of FGDs with married adolescent girls indicate that, by and large, family members remain their only confidants for discussing problems in their marital home. For example, participants in almost all FGDs reported that married girls of their age would discuss problems in the marital home with their husband (all the six FGDs with married girls) or parents (five of the six FGDs with married girls). Friends were less frequently cited as confidants by married girls (two of the six FGDs). Excerpts articulating these findings follow:

R: If she has a problem with her husband, she will tell her parents and they will solve her problem.

R: She can tell her husband, and also her mother.

R: If she comes to her parents' house, she tells her mother that they [husband/in-laws] have scolded her for this [such and such a] thing today and have not given me this [such and such a] thing.

R: Who else can a girl tell all these things to?

[15–19-year-old married girls, Madhya Pradesh, Group 1]

I: If a married girl has a problem in her [marital] home, to whom does she talk?

R: She can discuss such matters with her husband.

R: Her in-laws.

R: Her parents.

R: Her brothers and their wives.

[15–19-year-old married girls, Uttar Pradesh, Group 3]

We note that the trusted mentors named by the husbands of married adolescent girls differed somewhat in that husbands reported that while married girls typically confided in their parents about problems in their marital home, they also shared such problems with their friends. For example:

R: Girls only tell their parents; they don't tell anyone else.

R: They [girls] have mobile phones these days; so, if they have any problem, they quickly call up their parents and tell them.

R: If they have any problem in their in-laws' house, they would talk about it only to their parents. The parents would then go to her place, talk to her in-laws and solve her problem. That's why she tells only her parents.

[Husbands of 15–19-year-old girls, Madhya Pradesh, Group 1]

Findings presented in Table 2.2, drawing on individual responses to a question posed to the FGD participants about the individual/s in whom they would confide a personal problem, reiterate the insights that emerged from the FGDs. Notably, fewer girls than boys, regardless of their age, reported a nonfamily member as a confidant (40% versus 69% among 13–14-year-olds; 60% versus 78% among 15–19-year-old unmarried adolescents). Likewise,

**Table 2.2: Individuals in whom adolescents would confide their personal problems, 13–14-year-old and 15–19-year-old FGD participants**

Type of confidant	Girls			Boys		
	MP (N=28)	UP (N=24)	Total (N=52)	MP (N=23)	UP (N=28)	Total (N=51)
	<b>13–14-year-olds in</b>					
Family member	25	23	48	20	22	42
Nonfamily member	10	11	21	15	20	35
	<b>Unmarried 15–19-year-olds in</b>					
	MP (N=28)	UP (N=24)	Total (N=52)	MP (N=23)	UP (N=28)	Total (N=51)
Family member	22	18	40	10	9	19
Nonfamily member	17	15	32	18	17	35
	<b>Married 15–19-year-olds in</b>					
	MP (N=28)	UP (N=24)	Total (N=52)	MP (N=23)	UP (N=28)	Total (N=51)
Family member	18	18	36	12	2	14
Nonfamily member	4	3	7	7	10	17

MP = Madhya Pradesh. UP = Uttar Pradesh

Note: Values given in the tables are actual numbers.



considerably fewer married than unmarried adolescents, regardless of sex, reported a nonfamily member as a confidant (18% versus 60% among girls; 40% versus 78% among boys). Of all categories of adolescents, married adolescent girls were least likely to report a nonfamily member as a confidant. Finally, we note that a small number of participants, particularly boys, reported that they would not confide in any one about their personal problems (2% of all girls compared with 22% of all boys; not shown in table).

## Group membership

We also probed whether adolescents, both 13–14- and 15–19-year-old, belonged to any organised group/s, ranging from self-help groups to youth groups to sports and social clubs. Findings from the FGDs underscore that membership of any organised group was nonexistent among adolescents, regardless of the category of adolescents and the state of residence, as the excerpts below indicate. In response to questions posed in the structured questionnaire as well, not a single respondent reported membership of any organised group:

*I: Is there any group in your village for adolescent boys and girls of your age?*

*R: No, there is nothing like that in our village.*

*R: There isn't any group either for boys or girls.*

[15–19-year-old unmarried boys,  
Uttar Pradesh, Group 2]

*I: No such groups exist.*

[15–19-year-old unmarried girls,  
Madhya Pradesh, Group 1]

*I: Are there any groups here, of which adolescent girls and boys are members?*

*R: What do you mean by groups?*

*R: There is nothing like that here.*

*R: There is nothing here.*

[15–19-year-old married girls,  
Uttar Pradesh, Group 2]

*R: No there are no such groups here.*

*R: There is nothing like that.*

[15–19-year-old married girls,  
Uttar Pradesh, Group 1]

## Human assets

Human assets relate to the skills and knowledge that adolescents have, as well as their health and self-esteem. We included a number of indicators to assess adolescent girls' and boys' human assets at the baseline. These included measures of self-efficacy, decision-making autonomy, freedom of movement, adherence to gender egalitarian norms, and awareness of sexual and reproductive matters. We note that

data on such indicators as self-efficacy, decision-making autonomy and freedom of movement were gathered by means of a short questionnaire administered to 13–14-year-old and 15–19-year-old FGD participants, whereas data on gender-role attitudes and awareness of sexual and reproductive matters were gathered using the FGD and survey formats.

## Self-efficacy

We included several questions in the survey questionnaire to measure girls' and boys' self-efficacy. Girls and boys were asked whether they were able to go to a shop alone if needed, whether they would express their opinion if they disagreed with someone and whether they would tell their parents if they did not approve of the partner selected for them by their parents. Adolescents aged 13–14, were asked only the first two questions. All those who responded affirmatively to all three questions (two questions in the case of younger adolescents) were considered to have self-efficacy. Findings, presented in Table 2.3, indicate that the majority of younger adolescent girls and boys displayed self-efficacy (69% of girls and 75% of boys); among 15–19-year-olds, however, the situation was different; only one-third to one-half of participants displayed self-efficacy. Moreover, among girls, a larger number of unmarried than married girls displayed self-efficacy (47% versus 34%).

## Decision-making autonomy

In order to assess adolescents' involvement in decision-making, we asked FGD participants about their participation in decisions related to five specific matters: going to a friend's house, the level of schooling s/he should have, buying clothes for her/himself, whom to marry, and spending her/his own money. Among 15–19-year-olds, all those who made independent decisions on at least three of these specific matters were considered to have decision-making autonomy. For those aged 13–14, we used the first three items, and all those who made independent decisions on at least two of these, were considered to have decision-making autonomy. Findings are summarised in Table 2.3 and highlight the limited decision-making autonomy of all adolescents, except the husbands of married adolescent girls. Among 13–14-year-olds, just 19 percent of girls and 25 percent of boys reported independent decision-making on personal matters. On the other hand, larger numbers of older adolescents reported decision-making autonomy (36% of girls; 74% of boys). Among 15–19-year-old girls, the unmarried were more likely than the married to make independent decisions (40% versus 32%); in contrast, among boys, considerably larger proportions of married than unmarried boys made autonomous decisions (98% versus 51%).

## Freedom of movement

Freedom of movement was measured by asking a number of questions relating to whether the participant was permitted to visit selected locations unescorted, only if accompanied by

**Table 2.3: Agency among 13–14-year-old and 15–19-year-old FGD participants**

Indicators	Girls			Boys		
	MP (N=28)	UP (N=24)	Total (N=52)	MP (N=23)	UP (N=28)	Total (N=51)
	<b>13–14-year-olds in</b>					
Displayed self-efficacy in selected situations	20	16	36	20	18	38
Made independent decisions on personal matters	5	5	10	6	7	13
Was permitted to visit selected locations unescorted	0	1	1	5	14	19
	<b>Unmarried 15–19-year-olds in</b>					
	MP (N=28)	UP (N=25)	Total (N=53)	MP (N=22)	UP (N=23)	Total (N=45)
Displayed self-efficacy in selected situations	20	5	25	8	10	18
Made independent decisions on personal matters	15	6	21	8	15	23
Was permitted to visit selected locations unescorted	4	3	7	22	21	43
	<b>Married 15–19-year-olds in</b>					
	MP (N=20)	UP (N=18)	Total (N=38)	MP (N=19)	UP (N=23)	Total (N=42)
Displayed self-efficacy in selected situations	6	7	13	7	12	19
Made independent decisions on personal matters	7	5	12	18	23	41
Was permitted to visit selected locations unescorted	2	6	8	19	23	42

MP = Madhya Pradesh. UP = Uttar Pradesh.  
 Note: Values given in the tables are actual numbers.

someone else, or was not permitted to visit the place at all. The locations included a shop or market inside the village, a health facility, a programme inside the village, and a friend. A summary indicator reflecting those who were allowed to visit all the places unescorted was constructed. Findings are presented in Table 2.3 and underscore wide gender differences in adolescents' freedom of movement. Among 13–14-year-olds, while just two percent of girls were allowed to visit the selected locations unescorted, considerably more boys were permitted to do so (37%). Similar differences were observed among 15–19-year-old adolescents as well: only 13 percent of unmarried girls and 21 percent of married girls were allowed to visit selected locations unescorted, while almost all boys—married and unmarried—were permitted to do so. What is striking is that the freedom of movement enjoyed by younger adolescent boys was greater than that enjoyed by older married and unmarried adolescent girls (37% of boys aged 13–14 versus 13% of unmarried girls and 21% of married girls aged 15–19).

### Gender role attitudes and gendered experiences

A major theme in the FGDs related to gender role attitudes and experiences of adolescent girls and boys. Participants were probed about their gender role attitudes, the extent to which parents in their villages treated daughters and sons similarly or differently and, if differently, ways in which they differentiated between daughters and sons, and son preference in the community. Additionally, in the course of the survey, we probed adolescents' perceptions about

whether educating boys is more important than educating girls, whether girls should participate in decisions about their own marriage, whether husbands alone should decide about spending money and whether wife-beating is justified if the wife goes out without telling her husband. We note that all four items were posed to the 15–19-year-old participants, while only two items (those relating to decisions on education and marriage) were posed to the 13–14-year-olds. Female participants, in addition, were asked whether their socialisation experiences at home were gendered, that is, whether they were not allowed to do most things that their brother/s was/were allowed to do.

### Gender role attitudes

We used different probes for assessing gender role attitudes. Specifically, we sought the perceptions of 10–12-year-olds about the performance of girls vis-à-vis boys in studies, the importance of schooling for girls and boys, and whether, for girls, going to school was more important than learning to handle household chores. Among both 13–14-year-olds and 15–19-year-olds, we probed perceptions about the ability of adolescent girls and boys to perform various tasks within and outside the home.

Narratives of FGDs with 10–12-year-olds suggest that gender-role attitudes remain largely egalitarian among very young adolescents; even so, some of the narratives allude to the reverse. For example, most adolescents perceived that girls performed better in studies because they paid more attention than boys and because girls knew that they wouldn't get another chance if they did not perform well;

participants in as many as nine of the 12 FGDs reported that girls performed better in studies than boys; for example:

*R: They [boys] are not serious about studies; they play throughout the day.*

[10–12-year-old girls,  
Madhya Pradesh, Group 1]

*R: Because girls know that they will get only one chance to study; generally, parents don't let their daughters continue their studies if they do badly in school.*

[10–12-year-old girls,  
Uttar Pradesh, Group 3]

For the most part, participants in FGDs held in both study settings, believed that it is important for girls and boys to study. However, the reasons cited for educating girls and boys differed somewhat and underscored underlying gender norms. Specifically, while enhancing one's job prospects was equally likely to have been cited as a reason for educating girls and boys, marriage prospects and the acquisition of skills to manage one's household were far more frequently cited as a reason for educating girls than boys. Similarly, although participants in most FGDs believed that attending school was more important for girls than learning to take care of household chores, there were some who believed that both were equally important, and that learning to cook food would serve girls well later, as they were unlikely to work (after marriage) even if educated.

*I: According to you, how important is it for boys and girls to complete their education in school?*

*R: It is more important for boys than for girls.*

*I: Why so?*

*R: Because boys have to do a job [earn] and girls don't have to.*

*R: They [girls] do [complete their education], but very few do so.*

*R: Parents don't allow girls to go far [outside their village]. Parents say that girls should study up to the class that is available in the village.*

[10–12-year-old girls,  
Madhya Pradesh, Group 1]

*I: For whom is it more important to study—boys or girls?*

*R: It is equally important for both to study.*

*R: If boys don't study, they will not be able to manage the household expenses, and if girls do not study, they will not be able to marry into a good family. Therefore, it is equally important for both to study.*

[10–12-year-old boys,  
Uttar Pradesh, Group 3]

*R: Education is more important for girls; they should concentrate less on [household] work.*

*R: Because if they do not study, they won't become mature [ready in body and mind] and will not be able to marry into a good family.*

*R: If they [girls] are educated, they will be able to sit among people and interact sensibly in a discussion.*

[10–12-year-old boys,  
Uttar Pradesh, Group 2]

*R: It is important for girls to go to school because they should get a good education. They have to take care of their family; in school, they are taught that they should keep themselves clean [general hygiene].*

[10–12-year-old boys,  
Madhya Pradesh, Group 3]

*R: It [education] is important because when the boy's family comes to see the girl, they ask about the girl's education. If the girl is not well educated, they won't agree to the marriage.*

*R: It is important for girls to study as well as learn to take care of household chores.*

*R: Even if girls study, they will get married and will not go out to earn. But if boys study, they will progress in life; they will earn, and run their family.*

[10–12-year-old girls,  
Madhya Pradesh, Group 1]

Findings from FGDs with 13–14-year-olds and 15–19-year-olds underscore gendered perceptions about the ability of adolescent girls and boys to perform various tasks within and outside their home. Participants, regardless of the category of adolescents and the state of residence, unanimously believed girls to be better in performing household chores, traditional skills-oriented economic activities and agricultural activities that do not require hard labour; participants in a small number of FGDs also mentioned that girls are good in studies and modern skills-related economic activities (for example, computers). In comparison, boys were perceived to be better in performing economic activities that involve hard labour as well as modern skills-oriented work. Participants' responses to questions about whether girls could become adept at performing activities that are currently performed better by boys and vice versa present a mixed picture. Participants in about two-thirds of FGDs believed that if girls so desired, they could easily perform tasks currently performed by boys, and correspondingly, that boys could perform the tasks currently performed by girls if boys so desired; the following excerpts reflect their perceptions. Participants in the remaining FGDs were unsure or did not agree with these perceptions.

*I: According to you, what are the things that girls can do better than boys?*

*R: Girls can prepare food and do household work.*

*R: They can do stitching or knitting or embroidery work.*

I: According to you, what are the things that boys can do better than girls?

R: They study well and take jobs.

R: They can do farming work much better.

R: They can do hard work much better.

I: If girls so wish, can they also do all these things?

R: Yes, they can, but they will have to face some problems.

[15–19-year-old married girls,  
Uttar Pradesh, Group 1]

R: She can do household work in a better way, like cooking food, washing dishes, washing clothes and cleaning the house.

I: Can boys do these things if they want to?

R: Yes, they can also do them.

R: No, they cannot. How will they be able to do them?

R: If they wish, they will be able to do these things easily. There are people who do these things.

I: What kind of work can boys do in a better manner than girls?

R: They can work better in the fields. They can plough the fields, water them, run the tractor and cut the crops.

I: Can girls also do these things easily?

R: Yes, they can also do them.

R: Yes; if they try, why can't they do these things? Nowadays, girls even run trains.

[Husbands of adolescent girls,  
Madhya Pradesh, Group 1]

I: If boys want to do these activities, can they also do these things?

R: Yes. [In chorus]

R: Boys who don't have sisters, do all this work.

R: Boys can also do these activities.

I: Can girls do all the work done by boys properly?

R: No. [In chorus]

R: Girls don't do labour work; only boys can do this kind of [hard] work.

[13–14-year-old boys,  
Uttar Pradesh, Group 1]

I: If boys want to, can they also do the work done by girls nicely?

R: If they want to, they can do it

R: If girls desire, they can also do the work done by boys well.

R: They [girls] can do such work.

[13–14-year-old girls,  
Madhya Pradesh, Group 2]

## Experience of gendered treatment

We also probed the extent to which participants believed that parents treated their daughters and sons similarly or differently in terms of freedom of movement, education, household work expectations and access to money. What is striking in the narratives is that gendered treatment at home was reported by all FGD participants, including very young adolescents, irrespective of the state of residence. Moreover, participants reported that parents typically justified differential treatment of girls and boys, stating that girls would be married off but boys would remain with them and support them.

## Freedom of movement

Participants in 22 of the 24 FGDs conducted with younger adolescents aged 10–14 almost unanimously reported that boys were allowed to move about more often than girls. Similar views were expressed by older adolescents as well; participants in 22 of the 24 FGDs reported that boys enjoyed greater freedom to go out than girls. They further elaborated that boys could go anywhere, but girls could not; that boys did not have to take their parents'/elders' permission, but girls had to do so; and that boys could go out alone, but girls must be escorted. For example:

R: If girls have to go somewhere, they have to take someone along with them.

R: Boys can go anywhere.

[10–12-year-old boys,  
Uttar Pradesh, Group 3]

R: Boys have complete freedom to go out and girls are told to do household work. They are told not to go anywhere. They are not even allowed to attend a marriage; they are told that their brother will attend it and they need not.

[10–12-year-old girls,  
Madhya Pradesh, Group 1]

R: Boys can go anywhere, whereas girls are not allowed to do so.

R: Girls do not have the freedom [to go out].

[13–14-year-old boys,  
Madhya Pradesh, Group 1]

R: Here, everyone says that girls are someone else's [property]; [because] they will go away from here [after marriage].

R: Girls don't get as much freedom as boys do. Parents agree to anything that boys say, but if we say that we have to go somewhere, they ask us why we need to go. Also, girls don't get permission in the same way as boys do.

[15–19-year-old unmarried girls,  
Uttar Pradesh, Group 2]

R: Boys can roam at will anywhere outside the house, but girls don't have such freedom and have to be at home, mostly.



R: *Girls only have the freedom to go to school, to places of worship or to the fair nearby; otherwise, they stay at home most of the time.*

R: *Boys have full freedom; they are completely free at home and can roam wherever they want to.*

[Husbands of 15–19-year-old girls,  
Uttar Pradesh, Group 2]

## Education

Narratives of FGDs with younger adolescents aged 10–12 and 13–14 present a mixed picture about parents' treatment of daughters and sons in terms of schooling. While some adolescents reported that parents do not discriminate between their daughters and sons in respect of schooling (in 10 of the 24 FGDs), some others reported that parents do differentiate; boys are not only sent to private schools and girls to government schools, but boys are given more years of schooling than girls (in nine out of 24 FGDs). For example:

R: *Boys go to private schools and girls go to government schools to study.*

R: *People say that, 'Boys will earn money and give us food to eat. Who knows whether girls will earn and give us food?' They [parents] send boys to private schools so that they acquire good knowledge, but they send girls to government schools.*

R: *It also happens that boys are taught more than girls.*

[10–12-year-olds,  
Madhya Pradesh, Group 3]

R: *They [parents] send boys to better school than girls.*

R: *They love their sons more than their daughters.*

R: *They teach their sons more than their daughters.*

R: *They don't say anything to their sons, but make their daughters do all the work.*

R: *They think that if they educate their son, he will get a good job and will help them in their old age. According to them, there is no need to educate a girl because she will have to go to her in-laws' home even if she gets a job.*

[10–12-year-old boys,  
Uttar Pradesh, Group 2]

R: *Boys are taught in private schools, whereas girls are taught in government schools.*

[10–12-year-old girls,  
Madhya Pradesh, Group 1]

R: *They [parents/people] say that the girl has studied till the fifth standard and that's enough. She should not be taught further. But if it is a boy, he should be taught up to the Intermediate class (Class XII). They differentiate in this way.*

R: *They [parents] think more about boys and less about girls.*

R: *Boys don't do any work; they just hang around, whereas girls have to do all the household work.*

R: *Mothers think more about boys.*

[13–14-year-old girls,  
Uttar Pradesh, Group 1]

Focus group discussions with older adolescents also suggest a mixed picture in terms of perceptions of parents' attitudes toward the education of their daughters vis-à-vis sons. Participants in 12 of the 24 FGDs with 15–19-year-olds reported that parents do not differentiate between daughters and sons. However, participants in nine FGDs reported that parents invested more in their sons' education than their daughters' — boys (but not girls) were allowed to travel outside their village of residence for further studies, parents took loans to educate their sons (but not their daughters), and boys (but not girls) were sent to good schools and permitted to go for higher studies. For example:

R: *Parents wish to teach the boy more; they send him outside (the village) to study but they educate the girl only up to the class that is available in the village school. They want her to stay at home mostly, and not go out of the house.*

R: *Parents think that if the boy studies and gets a good job, he will make them happy. But what will the girl do [for them]? She will be going to her in-laws' house some day.*

[15–19-year-old unmarried boys,  
Madhya Pradesh, Group 1]

R: *They [parents] take a loan for the boy's education, but girls are made to sit at home.*

[15–19-year-old unmarried boys,  
Madhya Pradesh, Group 3]

R: *Boys are allowed to go outside the village for further studies, but girls are not allowed to go because of fears [about her safety].*

R: *They [parents] don't permit them [girls] to go for further studies.*

[Husbands of 15–19-year-old girls,  
Madhya Pradesh, Group 3]

R: *They [parents] think that they should teach their boys in a good school so that they may be able to earn a name and fame for the family; the girl will go to her in-laws' house, so what will she get by studying?*

[Husbands of 15–19-year-old girls,  
Madhya Pradesh, Group 2]

R: *They [parents] don't give a good education to their daughters, but they provide a good education to their sons, because girls have to go to someone else's house [after marriage].*

[15–19-year-old married girls,  
Uttar Pradesh, Group 1]

## Household work

As in the case of freedom of movement, younger adolescents in 17 of the 24 FGDs held with 10–12- and 13–14-year-olds almost unanimously reported that daughters were asked to do more household work than sons. Likewise, participants in most of the FGDs conducted with older adolescents (19 of the 24 FGDs) reported that girls were required to do more household chores than boys, while boys were required to take care of the outdoor work, as expressed in the excerpts below:

*R: Girls are asked to do household work. Boys are not asked to do so.*

*R: Girls do household work and boys do outdoor work.*

*R: Boys roam here and there.*

[10–12-year-olds boys,  
Uttar Pradesh, Group 1]

*R: They [boys] eat and go out here and there.*

*R: We [girls] keep the food ready; they [boys] come, eat and go out; in the evening, they come back, eat and sleep.*

[10–12-year-old girls,  
Madhya Pradesh, Group 1]

*R: They [parents] say that you [girls] are not going to stay here; you have to get married and go to someone else's house, so you should work more.*

*R: Boys will remain here and will earn for us.*

[13–14-year-old girls,  
Uttar Pradesh, Group 2]

*R: Girls mostly do household work.*

*R: Boys also do so, but they work less. Mostly, girls do the housework.*

*R: Parents rarely ask boys to do housework. They mostly ask girls to do such work.*

*R: They [parents] ask the boy or girl to do the work that boys or girls, respectively, are expected to do; like, cooking and cleaning are done only by girls, and boys do outdoor work.*

*R: Boys don't do as much work at home as girls do.*

[15–19-year-old unmarried boys,  
Madhya Pradesh, Group 3]

## Access to money

The narratives of FGDs with younger adolescents aged 10–12- and 13–14 in both study settings present a mixed picture about parents' treatment of daughters and sons in terms of access to money (for example, pocket money and gifts). Some participants reported that parents do not differentiate between their daughters and sons (in eight of the 24 FGDs).

*R: They give equal money to both of them [daughters and sons].*

[13–14-year-old boys,  
Madhya Pradesh, Group 1]

*I: Do parents differentiate between girls and boys while giving money?*

*R: No.*

[13–14-year-old girls,  
Madhya Pradesh, Group 1]

However, some others, in an equal number of FGDs, reported that parents gave more money to their sons than to daughters, as articulated below. We note that the topic did not come up in the narratives of several FGDs.

*R: They [parents] give them [boys] money and not to us [girls].*

*R: They [parents] get more work done by us [girls].*

[10–12-year-old girls,  
Uttar Pradesh, Group 1]

*R: They [parents] give more money to our brothers, and if we ask for more money too, they say, 'What are you going to do with so much money? He goes out; where will you go?'*

[13–14-year-old girls,  
Uttar Pradesh, Group 3]

The perspectives of 15–19-year-old adolescents were similar: while some indicated that parents did give more money to boys than to girls and were more likely to seek explanations from girls than from boys about how the money was spent (in 10 of the 24 FGDs), others indicated that parents did not differentiate between daughters and sons (in six of the 24 FGDs). Interestingly, participants in one FGD reported that girls were given more money because they were more likely to save it whereas boys were more likely to spend it. Excerpts of participants' perspectives follow:

*R: There is no difference regarding money; if both require money, it is given to them equally.*

[15–19-year-old unmarried girls,  
Uttar Pradesh, Group 1]

*R: Boys get a good amount to spend, but girls get less money.*

[15–19-year-old unmarried boys,  
Madhya Pradesh, Group 1]

*R: Parents don't give money to their daughters readily, whereas they give it readily to their sons. If they give money to their daughters, they ask them why they need it. But they give money to their sons without asking for reasons; they just give them the money.*

R: They [parents] think that the girl will go to another house [after marriage] and the boy will remain with them; that's why they behave like this.

[15–19-year-old unmarried girls,  
Madhya Pradesh, Group 1]

R: I have a brother and my mother gives more milk to him than to me. When I ask her why she does so, my grandmother says, 'You will go to your in-laws' house, but he will stay here only.'

[13–14-year-old girls,  
Uttar Pradesh, Group 3]

## Food distribution

The narratives of FGDs with adolescent girls from all categories highlight differential treatment of daughters and sons in terms of food distribution as well; girls were given less nutritious food and were expected to eat only after their brothers had completed their meal. This view was somewhat more likely to be expressed among study participants from Uttar Pradesh than Madhya Pradesh. For example:

R: They [parents] give them [boys] more food.

R: They give them more milk.

[10–12-year-old girls,  
Uttar Pradesh, Group 1]

R: If the food is prepared and the girl eats it first, she will be scolded. They [parents] will say, 'You don't think about your brother at all.'

R: If our brother says that he is hungry, mother will cook for him; but if we say we want to eat, she will say, 'My son is hungry and you want to eat before him?'

R: When our brothers come home, we quickly prepare food for them.

[13–14-year-old girls,  
Uttar Pradesh, Group 1]

R: More food is given to boys and less to girls.

[15–19-year-old unmarried girls,  
Uttar Pradesh, Group 1]

R: They give more food to boys and less to girls.

[15–19-year-old married girls,  
Uttar Pradesh, Group 1]

Findings pertaining to the extent to which participants adhered to gender egalitarian norms on selected issues and experienced gendered socialisation in the home are summarised in Table 2.4. Findings show that only a small proportion of adolescent girls and boys, regardless of their age and state of residence, adhered to gender egalitarian norms. Moreover, while about equal proportions of girls and boys aged 13–14 expressed gender egalitarian norms, differences were wide among those aged 15–19 – a larger proportion of girls than boys adhered to these norms. For example, among 13–14-year-olds, 33 percent of girls and 35 percent of boys expressed gender egalitarian norms; corresponding percentages among unmarried adolescents aged 15–19, were 47 and 27, respectively. Findings also show that among both girls and boys, the unmarried were more likely to adhere to gender egalitarian norms than the married (47% versus 39% among girls; 27% versus 21%

**Table 2.4: Adherence to gender egalitarian norms and experience of gendered socialisation in the home among 13–14-year-old and 15-19-year-old FGD participants**

Indicators	Girls			Boys		
	MP (N=28)	UP (N=24)	Total (N=52)	MP (N=23)	UP (N=28)	Total (N=51)
Expressed egalitarian gender-role attitudes	9	8	17	6	12	18
Experienced gendered socialisation in the home	27	24	51	NA	NA	NA
	Unmarried 15–19-year-olds in					
	MP (N=28)	UP (N=25)	Total (N=53)	MP (N=22)	UP (N=23)	Total (N=45)
Expressed egalitarian gender-role attitudes	13	12	25	5	7	12
Experienced gendered socialisation in the home	28	25	53	NA	NA	NA
	Married 15–19-year-olds in					
	MP (N=20)	UP (N=18)	Total (N=38)	MP (N=19)	UP (N=23)	Total (N=42)
Expressed egalitarian gender-role attitudes	7	8	15	6	3	9
Experienced gendered socialisation in the home	20	18	38	NA	NA	NA

MP = Madhya Pradesh. UP = Uttar Pradesh.  
Note: Values given in the tables are actual numbers.

among boys). Further, all but one girl who participated in the survey reported experiences of gendered socialisation in the home.

### Son preference in the community

Participants in the FGDs conducted with 13–14-year-olds and 15–19-year-olds in both states almost unanimously acknowledged that son preference does exist in their communities, although some qualified this observation by indicating that not all families preferred a son to a daughter or that it depended on the sex composition of the children in the family. In just two of the 36 FGDs, participants reported that there was no son preference in their communities.

Participants cited a number of reasons underlying the preference for sons over daughters in families. The most prominent reason was dowry payment; boys' families receive a dowry upon the boy's marriage whereas girls' families are required to pay a dowry to the boy's family; participants in two-thirds of FGDs so reported. Another frequently cited reason was that a girl is considered as 'someone else's property' because while the boy remains with his family, the girl is married off and sent to her in-laws' place; participants in more than half of the FGDs so reported. A third set of reasons related to the earning capacity of boys compared with girls. While boys were perceived as the family's wage earners and a future source of support for the family, girls rarely worked for money; instead, families were required to spend a great deal of money on girls. Moreover, even if girls were to earn, their earnings would go to their in-laws rather than to their parents. Thus, the expectation of old-age support from sons prompted families to prefer sons to daughters.

*I: Do parents in your village prefer sons to daughters?*

*R: When a girl is born, they [parents] say, 'She will take Rs.1 lakh [Rs. 100,000 (as dowry) and go.'*

*R: If a boy is born, they say, 'He will earn money for us.'*

[13–14-year-old girls,  
Uttar Pradesh, Group 2]

*R: They [parents] are happy only on the birth of a son; they sing happy songs on his birth.*

*R: People offer prayers to God when a son is born.*

*R: Because when he (son) gets married, he will get a dowry [from the bride's family]; but, when their daughter gets married, they have to give a dowry.*

*R: The boy will be there to serve his parents in their old age, whereas the girl has to go to her in-laws' house one day. That's why they feel happier on the birth of a son.*

*R: The son stays with them always, whereas the girl will go to her in-laws' house one day.*

15–19-year-old unmarried boys,  
Madhya Pradesh, Group 1]

*R: They [parents] feel very happy on the birth of a son because they will not have to give a dowry; they have to give a dowry for daughters.*

*R: Their son will earn money and give it to them [parents]. But if the daughter earns money, she will give it to her in-laws and not to her parents.*

[15–19-year-old unmarried girls,  
Madhya Pradesh, Group 1]

*R: People feel happier on the birth of a son than a daughter because they worry about the money that they will have to spend to teach her, get her married, and give her a dowry. So a lot of money has to be spent on daughters.*

*R: On the birth of a boy, they [parents] think that he will help them by earning money, and will look after them [when they grow old].*

*R: If this dowry system did not exist, they [parents] would not differentiate between boys and girls.*

*R: They [parents] think that being their son, the boy will be their old-age support; he will earn money and give it to them, whereas a girl has to go to someone else's house one day.*

[Husbands of 15–19-year-old girls,  
Uttar Pradesh, Group 2]

*R: They [people/parents] say, 'She is someone else's property.'*

[15–19-year-old unmarried girls,  
Uttar Pradesh, Group 2]

Other reasons, though mentioned less frequently, included the perception that boys guarantee the continuation of the family lineage and hold custody of the family property, that they bring fame and name to the family, and that mothers will not be taunted if they bear a son. For example:

*R: When a boy is born, they [parents] think that they have gained another generation [to continue their family name].*

*R: They think that when they grow old, their son will take care of them.*

*R: They think that the girl will go to her in-laws', whereas the boy will be with them.*

*R: They will have to give a dowry for their daughter's marriage, whereas they will get a dowry for their son's marriage.*

[13–14-year-old boys,  
Uttar Pradesh, Group 1]

*R: They [parents] think that when they die, their property will be taken care of by their own son, but if they don't have a son, their property will be taken away by their son-in-law.*

*R: They think that a girl is a liability for them but a boy will bring a good name and reputation to the family. They also think that the boy will work, and when he gets married, they [parents] will even get a dowry.*

*R: If a boy is born, no one will ever blame the mother; but if she is not able to bear a son, people label her as sterile, and make disparaging remarks*



*about her; for example, they say that if one sees her [unlucky face], the work s/he sets out to do will not be achieved.*

[13–14-year-old girls,  
Uttar Pradesh, Group 1]

## Awareness of sexual and reproductive matters

We included several age-appropriate questions to assess adolescents' awareness of sexual and reproductive health matters. Specifically, younger adolescents aged 10–12 and 13–14 were asked about their awareness of the physical changes experienced in adolescence; those aged 15–19 were asked, in detail, about their awareness of such changes as well as of sex- and pregnancy-related matters such as contraception, sexually transmitted infections and HIV/AIDS. In addition to gaining insights into these issues through FGDs, we assessed the participants' level of understanding of these matters by administering a short questionnaire to 13–14-year-old and 15–19-year-old FGD participants.

## Awareness of physical changes during adolescence

Findings underscore limited awareness of the physical changes occurring during adolescence among participants in both study settings. For example, as evident from the excerpts below, 10–12-year-old participants in the FGDs unanimously reported that adolescents of their age were not informed about the physical changes that occur during adolescence.

*I: What do boys know about the physical changes during adolescence?*

*R: They [boys] don't know anything about them. [physical changes during adolescence].*

*R: They don't know anything.*

[10–12-year-old boys,  
Madhya Pradesh, Group 1]

*R: Nothing.*

[10–12-year-old boys,  
Uttar Pradesh, Group 3]

*I: What do girls know about the physical changes?*

*R: Nothing.*

*R: They don't know anything.*

[10–12-year-old girls,  
Madhya Pradesh, Group 1]

The situation of adolescents aged 13–14 was not any different from that of the 10–12-year-olds. Participants in most FGDs, irrespective of their sex and state of residence, reported that adolescents of their age were not informed about the physical changes that occur during adolescence.

*I: What do boys know about the physical changes occurring during adolescence?*

*R: They [boys] don't know anything.*

[13–14-year-old boys,  
Madhya Pradesh, Group 2]

*R: No [information]. [In chorus]*

*R: They [boys] don't have any information.*

[13–14-year-old boys,  
Uttar Pradesh, Group 1]

*R: They [boys] do not know [about physical changes].*

*R: They do know about it. They know that their beard and moustache grows; hair grows in their armpits and private parts too. This is all the information they have.*

*R: They do not have any other information.*

[13–14-year-old boys,  
Uttar Pradesh, Group 3]

*I: What do girls know about the physical changes of adolescence?*

*R: They [girls] don't know anything.*

[13–14-year-old girls,  
Madhya Pradesh, Group 1]

*R: When we go to the ASHA [Accredited Social Health Activist], we get to know about various things that the people of the village don't know. When my menses started, I went to her and she told me about cleanliness, etc. She told me to change the cloth pad at least 3–4 times a day, wash it with soap and dry it in the sun. She also told me to take a bath 2–3 times a day.*

*R: We should not eat sour things during our periods.*

*I: Did she [the ASHA] tell you why menses happens?*

*R: Mostly, no.*

*R: She said that if we do not have menses, we will not be able to have a baby.*

[13–14-year-old girls,  
Uttar Pradesh, Group 1]

In contrast, older adolescents (aged 15–19), in several FGDs, regardless of sex, marital status and state of residence, reported awareness of the physical changes occurring during adolescence (in 10 of the 16 FGDs that discussed adolescents' awareness of such changes). However, they indicated that their awareness of these matters was far from comprehensive or universal.

*I: Do boys have information regarding the physical changes that take place among adolescents?*

*R: Yes; they do.*

R: They have some information that they are growing up and changes are occurring in their body.

R: Yes; they have information regarding such changes.  
[15–19-year-old unmarried boys,  
Madhya Pradesh, Group 1]

I: Do boys know about the physical changes that take place in adolescence?

R: Yes; all of them know about these changes.

R: Yes, sir; all of them know these things.  
[15–19-year-old unmarried boys,  
Uttar Pradesh, Group 2]

I: Do boys know about the body changes that occur during puberty?

R: They know some things and don't know some others.  
[15–19-year-old unmarried boys,  
Uttar Pradesh, Group 3]

I: How much information do girls have about the physical changes or the menstrual cycle?

R: Most of them do not know anything. No one tells them about these changes; how then, would they get to know?  
[15–19-year-old unmarried girls,  
Uttar Pradesh, Group 4]

R: They don't have such information.  
[15–19-year-old married girls,  
Madhya Pradesh, Group 1]

R: Yes, they know [about growing-up changes].

R: They know.  
[15–19-year-old unmarried girls,  
Uttar Pradesh, Group 1]

R: Some know and some don't.  
[15–19-year-old married girls,  
Madhya Pradesh, Group 1]

Insights from FGDs held with husbands of adolescent girls show that adolescents often come to know of the physical changes that occur during adolescence from their own experience and that no one is provided with such information before these changes occur. For example:

R: They [girls] know about the physical changes that take place in adolescence because these changes take place in their own body.  
[Husbands of adolescent girls,  
Madhya Pradesh, Group 1]

I: Do adolescents have information regarding physical changes that occur during adolescence?

R: No, no one has any kind of information regarding this, because there is no one here to provide such information.

R: Only boys who study have some information; all don't have it.

R: Before getting married, no one knows how a child is conceived; we come to know about it after marriage when we pass through that experience. No one tells us these things before marriage.

R: Until we pass through that experience, how would we know about it?  
[Husbands of adolescent girls,  
Uttar Pradesh, Group 2]

## Awareness of sex and pregnancy matters

Findings from FGDs and the short survey highlight the limited awareness of sex and pregnancy matters among adolescents, including married adolescents, in both settings. Among 13–14-year-olds, participants in just one of the 12 FGDs indicated that girls like them knew a little about sex and pregnancy matters; even so, the narratives from even this FGD indicated girls' lack of awareness regarding these issues. For example:

R: Reproduction means having a child in the stomach.  
[13–14-year-old girls,  
Uttar Pradesh, Group 3]

Awareness of sex and pregnancy matters was limited even among older adolescents in both study settings. Participants in just 11 of the 24 FGDs with 15–19-year-olds reported that adolescents aged 15 years and above were informed about such matters as how pregnancy occurs; some participants noted that only educated adolescents have such information, as these excerpts suggest:

I: What do boys and girls know about reproductive health-related topics?

R: They don't know anything regarding reproduction.

R: They don't know because there is no one to tell them.

R: Those who go to a hospital [to get this information] may have such information, but we don't have any information.

[15–19-year-old married girls,  
Uttar Pradesh, Group 1]

I: Do girls in your village know how a child is conceived?

R: They don't know.

[15–19-year-old unmarried girls,  
Uttar Pradesh, Group 2]

I: Do boys know about pregnancy matters?

R: No, they don't have any information about these matters.

R: No one is informed about these things.

[15–19-year-old unmarried boys,  
Madhya Pradesh, Group 1]

I: Do they know how a child is conceived?

R: No, sir.

R: No. [In chorus]

[Husbands of adolescent girls,  
Madhya Pradesh, Group 2]

R: Only educated boys know how a child is conceived; those who are not educated have very little information about it. They talk to their friends and get such information.

[15–19-year-old unmarried boys,  
Uttar Pradesh, Group 2]

Findings from the survey reiterate the limited awareness of adolescents about sex and pregnancy matters irrespective of their state of residence (Table 2.5). For example, the fact that a woman can get pregnant at first sex was known to limited proportions of adolescent girls and boys (between 17% and 53% of girls and between 22% and 60% of boys). Moreover, not surprisingly, awareness of this issue was more limited among unmarried than married girls aged 15–19 (19% of unmarried girls versus 53% of married girls). However, no such differences were observed among adolescent boys.

Even the fact that pregnancy cannot occur after kissing or hugging was known to a small number of 13–14-year-olds and unmarried 15–19-year-olds: among girls, 31 percent and 60 percent, respectively, knew that pregnancy cannot occur after kissing or hugging; among boys, 71 percent and 96 percent, respectively, were aware of it. Among the married, almost all adolescents (95%–98%) reported correct awareness.

### Awareness of contraceptives

Awareness of contraceptives was more widespread than awareness of sex and pregnancy matters; 15–19-year-old participants in 13 of the 15 FGDs which discussed adolescents' awareness of contraceptives reported that adolescents of their age had heard of contraceptives; even so, their awareness was far from universal as these excerpts indicate:

R: If a woman uses contraceptives, she will not conceive soon.

[15–19-year-old unmarried girls,  
Uttar Pradesh, Group 3]

R: Everyone doesn't have information regarding it [contraceptives].

R: Only a few boys know about contraceptives.

**Table 2.5: Awareness of sexual and reproductive matters among 13–14-year-old and 15–19-year-old FGD participants**

Indicators	Girls			Boys		
	MP (N=28)	UP (N=24)	Total (N=52)	MP (N=23)	UP (N=28)	Total (N=51)
	<b>13–14-year-olds in</b>					
Knew that a girl can become pregnant the very first time she has sexual intercourse	0	9	9	4	7	11
Knew that pregnancy cannot occur after kissing or hugging	6	10	16	16	20	36
Has heard about contraceptives	4	8	12	6	9	15
	<b>Unmarried 15–19-year-olds in</b>					
	MP (N=28)	UP (N=25)	Total (N=53)	MP (N=22)	UP (N=23)	Total (N=45)
Knew that a girl can become pregnant the very first time she has sexual intercourse	6	4	10	12	15	27
Knew that pregnancy cannot occur after kissing or hugging	20	12	32	22	21	43
Has heard about contraceptives	18	9	27	21	19	40
	<b>Married 15–19-year-olds in</b>					
	MP (N=20)	UP (N=18)	Total (N=38)	MP (N=19)	UP (N=23)	Total (N=42)
Knew that a girl can become pregnant the very first time she has sexual intercourse	12	8	20	11	14	25
Knew that pregnancy cannot occur after kissing or hugging	19	17	36	19	22	41
Has heard about contraceptives	14	14	28	16	13	29

MP = Madhya Pradesh. UP = Uttar Pradesh.

Note: Values given in the tables are actual numbers.

R: Only a few boys have information regarding condoms; otherwise, many don't know what a condom is.

R: Only those [boys] who are somewhat educated, know about it [contraceptives]; uneducated boys don't know anything.

R: Apart from condoms, they [boys] know about Mala D but they don't have information regarding any other contraceptives.

[15–19-year-old unmarried boys,  
Madhya Pradesh, Group 1]

R: No, they [girls] don't know anything about contraceptives.

R: They may know; but, how would I know?

R: They may know a little about contraceptives.

[15–19-year-old married girls,  
Madhya Pradesh, Group 2]

R: All the boys here know about contraceptives. They know everything about the kinds of contraceptives available.

[Husbands of 15–19-year-old married girls,  
Madhya Pradesh, Group 1]

R: The ASHA tells women about these things and provides information to them.

R: Boys of our age don't have information at all; they don't know what types of contraceptives are available and how they are used.

[Husbands of 15–19-year-old married girls,  
Uttar Pradesh, Group 2]

In response to questions posed during the survey, about a quarter of 13–14-year-old girls and boys (23–29%) reported that they had heard of contraceptives. Not surprisingly, a larger number of adolescents aged 15–19 so reported: between one in two and three in four girls and between two in three and nine in ten boys reported awareness of contraceptive methods (Table 2.5). Among girls, a larger number of the married than the unmarried said that they had been informed about contraceptives (74% versus 51%); in contrast, a larger number of unmarried than married boys so reported (89% versus 69%), perhaps because the unmarried were better educated than the married.

### Awareness of HIV/AIDS

Awareness of HIV/AIDS was also limited among adolescents in the study settings. In FGDs conducted with 13–14-year-olds, participants in just three of the 12 FGDs indicated that adolescents of their age were aware of HIV/AIDS; at the same time, they noted that they had simply heard the term and knew very little about HIV/AIDS, or that only educated adolescents knew about it. In response to questions posed in the course of

the survey, one-quarter (27%) of girls and three-quarters (75%) of boys reported that they had heard of HIV/AIDS.

R: No, they [boys] don't have any information.

R: They have just heard the word HIV, but they don't know anything about it.

[13–14-year-old boys,  
Uttar Pradesh, Group 1]

R: They [boys] know about it [HIV/AIDS].

R: Only boys who are studying [school-going] know about this.

R: Those who are uneducated or have given up studies, come to know about it only when they go to a doctor.

[13–14-year-old boys,  
Uttar Pradesh, Group 3]

Among adolescents (aged 15–19), participants in only three-quarters of the FGDs held with unmarried and married adolescents reported that adolescents of their age were aware of HIV/AIDS (in 15 of the 21 FGDs which discussed adolescents' awareness of HIV/AIDS). Even so, several participants noted that not all, but only educated adolescents and those exposed to the mass media, were aware of HIV/AIDS. They indicated, moreover, that this knowledge was far from comprehensive. Gender- and state-wise differences were modest.

I: What do girls know about HIV AIDS?

R: What is it?

[15–19-year-old unmarried girls,  
Uttar Pradesh, Group 2]

I: Do girls know about HIV AIDS?

R: No, very few girls know. Only educated girls know.

[15–19-year-old unmarried girls,  
Uttar Pradesh, Group 1]

R: No, they don't know.

[15–19-year-old married girls,  
Madhya Pradesh, Group 2]

R: They [girls] know about HIV/AIDS; they know what it is, how it happens and how it can be avoided. In our village, the ASHA and anganwadi worker [a community-based service provider under the Integrated Child Development Programme] provide information about it.

R: They [health workers] don't give such information to us [adolescents], but they give it to [married] women, who then tell us everything. In this way, we also get to know about it.

[Husbands of 15–19-year-old girls,  
Madhya Pradesh, Group 1]



R: No, they [boys] don't have information.

R: Some [boys] have information because information regarding HIV/AIDS is given on the television frequently. Those who are educated or read newspapers or watch television have information regarding this.

R: Those [boys] who do have information, only have half [incomplete] information.

[Husbands of 15–19-year-old girls,  
Uttar Pradesh, Group 1]

Table 2.6 summarises findings pertaining to awareness of HIV/AIDS among 15–19-year-old FGD participants. Findings reiterate the limited awareness of HIV/AIDS among all categories of adolescents, except unmarried adolescent boys. Findings also highlight that a smaller number of married adolescents compared with unmarried adolescents had heard of HIV/AIDS. For example, among girls, 49 percent of unmarried girls compared to 34 percent of married girls had heard of HIV/AIDS; among boys, the corresponding percentages were 96 and 69. By and large, a larger number of participants in Madhya Pradesh than Uttar Pradesh had heard of HIV/AIDS. Findings also highlight that only a negligible number of adolescent girls and boys—one girl and three boys (all unmarried)—displayed comprehensive awareness of HIV/AIDS. Comprehensive awareness was defined as knowledge of two ways of preventing HIV infection (specifically, condom use and single-partner relations), rejection of common misconceptions about HIV transmission (namely, that HIV can be transmitted through mosquito bites and sharing food) and awareness that one cannot tell by looking at a person whether he or she has HIV. Not a single married adolescent displayed comprehensive awareness of HIV/AIDS. Surprisingly, 23–24 percent of married and unmarried adolescent girls and 43 percent and 62 percent of married and unmarried boys, respectively, reported that they knew about health facilities where they could get an HIV test

done. However, not a single participant had ever undergone an HIV test.

## Financial assets

Financial assets may include cash, savings and government entitlements where relevant. We included several indicators: financial literacy and related practices, including adolescents' access to money, spending patterns, savings habits and having an account in a bank or post office as well as livelihood opportunities including the extent to which adolescents had engaged in economic activities, the availability of job placement facilities and vocational skills training received. We note that several of these indicators may be included within the category of human assets as well.

## Financial literacy and related practices

Several questions were posed to better understand the extent of financial literacy and related practices of adolescent girls and boys in the study settings. Specifically, in the course of FGDs, participants were asked about access to money, spending patterns and savings habits, including whether adolescents of their age hold an account in a bank or post office. Additionally, information on these issues as well as on awareness of formal places for saving money and savings goals was collected individually from 15–19-year-old participants using a structured questionnaire.

## Access to money

Participants in all FGDs, except one, regardless of their age, sex, marital status and state of residence, reported that adolescents in the study settings had access to some amount of money. Sources of money cited, however, differed between younger and older adolescents.

**Table 2.6: Awareness of HIV/AIDS among 15–19-year-old FGD participants**

Indicators	Girls			Boys		
	Unmarried 15–19-year-olds in					
	MP (N=28)	UP (N=25)	Total (N=53)	MP (N=22)	UP (N=23)	Total (N=45)
Has heard about HIV/AIDS	16	10	26	22	21	43
Displayed comprehensive awareness of HIV/AIDS	0	1	1	1	2	3
Knew a facility to go for an HIV test	11	1	12	12	16	28
Indicators	Girls			Boys		
	Married 15–19-year-olds in					
	MP (N=20)	UP (N=18)	Total (N=38)	MP (N=19)	UP (N=23)	Total (N=42)
Has heard about HIV/AIDS	7	6	13	17	12	29
Displayed comprehensive awareness of HIV/AIDS	0	0	0	0	0	0
Knew a facility to go for an HIV test	5	4	9	11	7	18

MP = Madhya Pradesh. UP = Uttar Pradesh.

Note: Values given in the tables are actual numbers.

Parents remained the major source of money for younger adolescent girls and boys (ages 10–14); participants in 10 of the 12 FGDs with girls and six of the 12 FGDs with boys reported that adolescent girls and boys of their age typically received some money from their parents. Adolescent girls, in addition, mentioned elder brothers as a source of money (in four of the 12 FGDs with girls). Scholarships received from school were another source of money for younger adolescent girls; participants in six of the 12 FGDs with girls so reported. We note that scholarships as a source of money was mentioned more often by participants in Madhya Pradesh than Uttar Pradesh. Also, boys rarely mentioned scholarships as a source of money (in just one FGD). Finally, in all the 12 FGDs with 13–14-year-olds, participants reported that some of their peers received money from work as well. The following excerpts illustrate these findings:

*I: Do girls of your age get money?*

*R: Yes.*

*R: They get money from the bank.*

*R: [Yes;] because they get a scholarship from their school.*

*R: Parents give them money.*

*I: Where do boys of your age get money from?*

*R: From their school [scholarship].*

*R: From their parents.*

*R: They earn money.*

[10–12-year-old girls,  
Madhya Pradesh, Group 2]

*I: Do boys of your age get any money?*

*R: At home?*

*R: Yes, they get money from their mother.*

*I: You just told me that boys of your age group get money. What about girls of your age?*

*R: Yes. [They do too].*

*R: Yes, [They also get money].*

*R: Their parents give them money.*

*R: They also ask their brothers for money. They ask for some money [2–4 rupees] and their brothers generally give it to them.*

*R: Brothers generally give them money and help them.*

[10–12-year-old boys,  
Uttar Pradesh, Group 3]

*I: Do young girls like you get some money?*

*R: Yes.*

*I: From where do you get money?*

*R: From school [scholarship].*

*R: From parents and elder brothers.*

*I: From where do boys get money?*

*R: They get it from the place where they work.*

*R: They get it from their school [scholarship].*

*R: Their parents also give them money.*

[13–14-year-old girls,  
Madhya Pradesh, Group 1]

*R: They [boys] get money when they work.*

*R: They get around Rs. 50–60.*

*R: They get around Rs. 3,000 in a month.*

*R: They do not get work daily; they get jobs in different places and on some days.*

*R: Sometimes, it so happens that they get work today and tomorrow, or they may not get any work at all.*

*R: Both boys and girls get pocket money.*

[13–14-year-old boys,  
Uttar Pradesh, Group 3]

The sources of money mentioned by older adolescents, in comparison, mainly included earnings from work and, to some extent, money given by parents; married adolescent girls indicated the husband as their main source of money. In all the 24 FGDs, 15–19-year-old girls and boys in both settings reported that adolescents of their age received money for work. Parents were cited as a source of money in three of the 12 FGDs with girls and nine of the 12 FGDs with boys. The finding that younger adolescents aged 10–14 rarely cited wages as a source of money and older ones cited wages as a central source of money, perhaps, reflects the transition that girls and boys experience during adolescence in terms of exit from school and entry into the workforce. Such sources of money as scholarships were not mentioned at all by older adolescents. The finding that scholarships were cited as a source of money by younger adolescents and not by older adolescents may also point to the fact that since many adolescents, mainly girls, discontinue their education by Class 7, they are unable to benefit from scholarship schemes.

*I: Do young daughters-in-law of your age get money from anywhere?*

*R: Yes, when they need money for spending, they ask their mother-in-law and/or husband.*

*R: We ask for money from our husband only; he alone gives it to us.*

*I: Do married men of your age also get money?*

*R: When they run their business, they earn money.*

*R: If they go somewhere to work, they get money; otherwise, not.*

*R: Sometimes they may ask for money from their parents and their parents may give it to them.*

[15–19-year-old married girls,  
Madhya Pradesh, Group 2]

*I: Do boys like you get money?*

*R: They don't get any money from home; only those who earn money, get it.*

R: They don't get any pocket money to spend.

I: Do girls also get some money?

R: Girls don't get any money; if they need something, their parents get those things for them.

R: Girls don't get any money for their expenses.

[15–19-year-old unmarried boys,  
Uttar Pradesh, Group 1]

R: If they [girls] go to work in other people's field, they get money.

[15–19-year-old unmarried girls,  
Uttar Pradesh, Group 3]

## Spending patterns

Spending patterns of adolescents that emerge from the FGDs indicate both an age divide and a gender divide. Young adolescent girls and boys (aged 10–12) reported that adolescents of their age, by and large, spent their money on buying snacks, personal grooming items and study materials; gave the money to their parents or saved it. Even so, some gender differences were apparent. Spending money on study materials was reported more often in the case of boys than girls (in eight of the 12 FGDs with boys and two of the 12 FGDs with girls) while spending money on personal grooming items was reported more often in the case of girls than boys (in 10 of the 12 FGDs with girls and five of the 12 FGDs with boys). The following excerpts depict adolescents' responses regarding their spending patterns:

I: What do boys do with the money they get?

R: We eat samosas [snacks] if they are available. If we don't have a pen, we buy that too. If we don't have a notebook, we buy a notebook.

R: If we don't have a rough notebook, we buy a rough notebook.

R: We even save the money.

R: We give it to our parents.

R: We give gifts.

R: We give it to our parents. If she [mother] needs money for something and I have some money, I give it to her.

I: How do girls spend their money?

R: They buy something for themselves like bangles, etc.

R: They buy nail polish.

R: They buy toffees.

R: They purchase rings.

R: They buy pins for their hair.

[10–12-year-old boys,  
Madhya Pradesh, Group 2]

I: What do girls do with the money they get?

R: They buy clothes.

R: They purchase clothes.

R: They buy [various] things.

R: They purchase grains [for the household].

I: What do boys do with their money?

R: They eat [spend it on snacks].

R: They buy clothes.

R: They buy clothes.

[10–12-year-old girls,  
Uttar Pradesh, Group 1]

We also note that adolescent girls and boys in a small number of FGDs in both study settings (four of the 12 FGDs with boys and three of the 12 FGDs with girls), reported that adolescent boys of their age, particularly those aged 13–14, spent their money on buying such substances as tobacco products and alcohol, gambling (in two FGDs with boys and one FGD with girls), recharging mobile phones (in two FGDs each with boys and girls) and wooing girlfriends (in one FGD with girls). Such expenses were reported in the case of girls in just one FGD conducted with boys.

I: What do boys do with the money that they get?

R: They eat Rajshri [a brand of 'gutka', a sweetened mixture of chewing tobacco, betel nut and palm nut].

R: They take intoxicating things.

R: They gamble.

R: They spend on mobile phones.

R: Those who want to study spend it on study materials.

[13–14-year-old boys,  
Madhya Pradesh, Group 2]

R: Boys spend their money and girls save some money.

R: Boys have more expenses than girls; boys spend their money on their romantic partners, eating gutka and consuming intoxicants. Girls don't have such expenses; they purchase clothes and other things from the market.

[13–14-year-old girls,  
Uttar Pradesh, Group 3]

Older adolescents (aged 15–19) in both states, like younger adolescents, reported that adolescents of their age, regardless of sex, gave part of their money to their parents or spent it on personal grooming items. However, the spending patterns of older adolescents differed from those of younger adolescents in many ways: buying study materials was less frequently mentioned and spending on various addictive substances and purchasing household items were more frequently mentioned. Some gender differences were also apparent: spending money on substance use was reported more often in the case of boys than girls. For example, participants in 10 of the 12 FGDs conducted with boys and almost half (five) of the 12 FGDs conducted with girls, reported that boys of their age spent their money on buying tobacco products, alcohol and drugs, or giving it to their parents to meet household expenses. Not a single FGD, whether conducted with girls or boys, suggested that adolescent girls

spent their money on such products. Finally, although rarely mentioned, spending money on mobile phones, gambling and wooing romantic partners were mentioned more often in the case of boys than girls. For example:

*I: What do boys of your age do with their money?*

*R: They give their money to their parents who use it for household purchases.*

*R: Some boys give money at home [to their parents], but others don't.*

*R: Those who don't give money at home use it for fulfilling their needs like buying tobacco, alcohol and other intoxicating things, gambling, etc.*

*R: Boys generally use their money to meet their own expenses. They spend most of their money buying things for themselves.*

[15–19-year-old unmarried boys,  
Uttar Pradesh, Group 2]

*I: What do boys do with the money that they get?*

*R: If a boy has some habit like chewing gutka or smoking cigarettes, he spends it on those things.*

*R: They also spend money on mobile phones.*

*R: Mostly, they spend money on mobile phones.*

[15–19-year-old unmarried boys,  
Madhya Pradesh, Group 2]

*I: What do girls do with their money?*

*R: They give it to their parents for managing the household expenses.*

*R: Some girls also spend money on themselves.*

*R: Girls who study also go to work; if their parents are unable to provide money for their studies, they spend [their own] money.*

*I: What do boys do with their money?*

*R: They spend the money.*

*R: They spend money because boys chew gutka and some boys gamble. Boys mostly spend money on wrong things, but girls don't spend like that.*

[15–19-year-old married girls,  
Madhya Pradesh, Group 1]

## Savings habits

In both study settings, most participants in FGDs reported that adolescents do save money. However, as with spending patterns, the savings habits of younger and older adolescents differed.

Younger adolescents in almost all FGDs, irrespective of their sex and state of residence, reported that adolescents like them did save some money; only in one FGD (with 13–14-year-old boys) did they report that boys of their age did not save at all. While both boys and girls reported saving money, only in three of the 24 FGDs with girls or boys, did they suggest that girls were more likely than boys to save or vice versa. Findings, moreover, indicated that younger adolescents typically saved

their money with their parents, in a piggy bank, in a safe place in their home (often in a box hidden from others) or with themselves (often in their school bag, purse, books or between articles of clothing). However, participants in a few FGDs with 13–14-year-olds (four of the 12 FGDs) reported that some adolescents did save their money in a bank. The excerpts below depict these findings:

*I: Are there boys of your age who save?*

*R: Yes. Their parents tell them to save their money; they tell them that it will be of help in future.*

*I: Where do boys of your age keep their saved money?*

*R: They keep it with themselves.*

*R: We get piggy banks in our village.*

*R: They keep it in a piggy bank.*

*R: They keep it with their parents.*

*R: They give it to their sisters too and tell them to keep it in a safe place; they ask for it whenever they need it.*

*I: Do girls save?*

*R: They save too. They save even more than boys do.*

*I: Where do these girls keep their saved money?*

*R: Girls give it to their mothers.*

*R: Or they keep it in a safe place, and use it whenever they feel like it.*

*R: They also keep it with their friends.*

[10–12-year-old boys,  
Uttar Pradesh, Group 3]

*I: Where do girls keep their saved money?*

*R: With their parents.*

*R: They may also deposit it in a bank.*

*R: In a piggy bank.*

[13–14-year-old girls,  
Madhya Pradesh, Group 1]

*I: Do boys of your age save some money from the money that they get?*

*R: No, they do not save any money.*

*R: Most boys do not save money.*

*R: Girls don't save money too.*

[13–14-year-old boys,  
Uttar Pradesh, Group 3]

Responses of older adolescents differed from those of younger adolescents. Specifically, older adolescents in several FGDs noted that adolescent boys of their age did not typically save money, or that only those belonging to economically better-off households saved money (reported by participants in seven of the 12 FGDs with boys; five from Madhya Pradesh and two from Uttar Pradesh). In contrast, in almost all FGDs with girls (11 of the 12 FGDs), participants reported that adolescent girls of their age did save money. Moreover, participants in several FGDs (eight of the 24 FGDs with girls



or boys) reported that girls saved more than boys. Gender differences were also evident in the places where older adolescents saved their money. In the few FGDs with boys (four of the 12 FGDs), participants who acknowledged that boys saved money mentioned that these boys typically saved it in a bank. Participants in the 12 FGDs with girls reported that girls usually saved their money with their parents or in a bank (reported in seven FGDs each), at a safe place at home (in six FGDs) or with themselves (in four FGDs). For example:

*I: Do boys of your age save money?*

*R: No one saves any.*

*R: No one saves here.*

*R: They don't get much money; so, how can they save any?*

*I: Do girls save money?*

*R: They do save.*

*R: Boys don't save, but girls keep Rs.100/- or Rs.50/- with them.*

[15–19-year-old unmarried boys,  
Madhya Pradesh, Group 1]

*R: Wealthy boys save their money in a bank and relatively poor boys spend it.*

*I: What percentage of boys save their money?*

*R: Approximately 20 percent.*

*I: Where do they keep the money they save?*

*R: In a bank.*

*I: Do girls also save?*

*R: Yes. Thirty percent of girls save money.*

*I: Where do girls keep the money they save?*

*R: In a bank.*

[15–19-year-old unmarried boys,  
Uttar Pradesh, Group 3]

*R: They [girls] keep their savings at home as well as in a bank if they are able to open an account.*

*R: They keep it in a box, or any other place of their choice. If they have a lot of money, they deposit the money in a bank.*

*I: Where do young men keep the money they save?*

*R: They keep it with them.*

*R: If they have money, they deposit it in a bank.*

[15–19-year-old married girls,  
Madhya Pradesh, Group 3]

## Owning a savings account

In contrast to the somewhat universal tendency among adolescents to save some money, holding a savings account tended to be rather limited. Young adolescents (10–14

years) in several FGDs (five each with boys and girls, mostly from Madhya Pradesh) observed that neither girls nor boys held a savings account in a bank or post office. Moreover, participants in the remaining FGDs reported that very few adolescents of their age held an account. Many participants reported that an account could be opened only by those aged 15 years or older or 18 years or older.

*I: How common is it for girls in your village to have an account in a bank or post office?*

*R: They don't have an account.*

*R: They don't have one.*

*I: How common is it for boys in your village to have an account in a bank or post office?*

*R: They don't have one.*

*R: They don't have an account.*

*R: Older boys have it.*

[10–12-year-old girls,  
Madhya Pradesh, Group 1]

*R: They can have it [a bank/post office account] after 18 years of age.*

*I: No one has it before that?*

*R: No.*

[10–12-year-old boys,  
Madhya Pradesh, Group 2]

*R: No; only those who are 18 years of age have an account.*

[13–14-year-old boys,  
Madhya Pradesh, Group 3]

However, some younger participants reported that parents do open and operate accounts on behalf of adolescents. Some others reported that school-going adolescents may have accounts, opened at the request of their school, for depositing scholarship payments, although it was not clear whether such accounts have facilities similar to a savings account in a post office or a bank. A few others reported that adolescents of their age held savings accounts in a post office rather than in a bank. No gender or state-wise differences were observed with respect to same-age adolescents holding a bank/post office savings account. These findings as expressed by the adolescents follow:

*I: Do girls of your age have an account in a bank or post office?*

*R: Yes. [In chorus]*

*R: Those who go to school to study have an account.*

*R: Yes, everyone has an account in a bank.*

*R: Those who have left school don't have an account.*

[10–12-year-old girls,  
Madhya Pradesh, Group 3]

I: Do boys like you have a savings account in a bank or in a post office?

R: No.

R: They have it in the post office.

R: They don't have it in banks.

I: Do girls have a savings account?

R: No.

R: [Yes;] they have an account.

R: They have one in the post office.

[13–14-year-old boys,  
Madhya Pradesh, Group 1]

R: They [girls] don't have it.

R: They also have an account.

R: Twenty-five percent of girls have a savings account.

R: Girls don't deposit and withdraw money on their own; their parents do it.

[13–14-year-old boys,  
Uttar Pradesh, Group 1]

Responses of adolescents (aged 15–19) suggest that holding an account in a bank or post office may be more common among older than younger adolescents. For example, participants in nine of the 12 FGDs with 15–19-year-old boys and 11 of the 12 FGDs with 15–19-year-old girls reported that adolescents of their age did hold accounts by virtue of working under the National Rural Employment Guarantee Scheme (NREGS) or receiving a scholarship from their school. Moreover, they reported that more boys than girls had an account because more boys tend to work than girls since their mobility is not restricted, and parents generally favoured sons over daughters. For example:

I: Why do more boys than girls open an account?

R: Because they earn money; they open a bank account in order to deposit the money they earn. Girls don't have much freedom [to go out and earn] or money to open a bank account and deposit their money.

R: Boys can go everywhere and can also do jobs. They can save money because they get paid for their work.

R: Girls don't have permission to work.

R: In villages, girls are not permitted to work.

[15–19-year-old unmarried girls,  
Uttar Pradesh, Group 2]

I: Do boys of your age have an account in a bank or post office?

R: Yes, they did not have it earlier, but since the National Rural Employment Guarantee Scheme has started, many people have an account in the bank.

R: Payment from the National Rural Employment Guarantee Scheme is made through a bank account.

I: And do girls also have an account in the bank or post office?

R: Yes, they also have an account because of the National Rural Employment Guarantee Scheme.

R: Those who don't work under this scheme don't have an account—neither girls nor boys.

R: Those who go to school have also opened a bank account.

[Husbands of adolescent girls,  
Madhya Pradesh, Group 2]

I: Do most of the girls have accounts in this village?

R: No, only those who study have an account to deposit scholarship money.

I: And do boys have accounts?

R: Those boys who work and earn something have a bank account and they deposit their money in it.

R: Parents also deposit money for boys.

R: Parents don't deposit money for their daughters; some people do, but mostly they don't.

[15–19-year-old married girls,  
Uttar Pradesh, Group 1]

Even so, participants in a few FGDs with 15–19-year-olds (three FGDs with boys and one with girls) reported that adolescents of their age did not hold a bank/post office account in their settings:

I: Do boys and girls of your age in your village have a savings account in a bank or post office?

R: No, sir, they don't have one.

R: Neither boys nor girls in our village have any savings account.

R: Here, no one has a savings bank account, neither boys nor girls.

[15–19-year-old unmarried boys,  
Uttar Pradesh, Group 2]

R: No one has an account because girls keep their money at home or in their notebook, textbook, etc.

R: Boys do not save money; so, where is the question of having an account?

R: In our village, neither boys nor girls have a savings account.

[15–19-year-old unmarried boys,  
Madhya Pradesh, Group 1]

Findings from the survey questionnaire administered to 15–19-year-old participants in the FGDs are summarised in

Table 2.7. The vast majority of adolescents were aware of at least one formal institution (bank or post office for example) in which to save money. Gender differences were, however, evident with more boys than girls displaying awareness of formal places to save money; 95-100 percent of boys compared with 66-84 percent of girls could name at least one formal institution in which to save money. Findings also show that, among girls, more married than unmarried girls were aware of a formal institution to save money (84% versus 66%). Findings further show that among girls in Uttar Pradesh, more married than unmarried girls were aware of a formal institution in which to save money (16 out of 18 versus 13 out of 25).

The vast majority of adolescent girls (84-91%) and a sizeable proportion of adolescent boys (36-48%) reported that they had some savings. A somewhat larger proportion of unmarried than married girls reported some savings (91% versus 84%), while among boys, more married than unmarried boys so reported (36% versus 48%). In general, participants from Uttar Pradesh were more likely than their counterparts in Madhya Pradesh to report some savings. As reflected in the FGDs, few adolescents reported owning a savings account in a bank or post office. Moreover, adolescent boys were more likely than adolescent girls to so report (38-42% versus 15-26%). Participants from Uttar Pradesh were somewhat more likely than those from Madhya Pradesh to own a savings account, the only exception being married boys, among whom more of those from Madhya Pradesh than Uttar Pradesh so reported (nine out of 19 versus seven out of 23).

Finally, findings show that between one-third and one-half of adolescent girls and between one-quarter and one-third of adolescent boys expressed a goal to save money for future needs. While a somewhat larger proportion of unmarried than

married girls reported having a savings goal, more married than unmarried boys so reported. In general, participants from Uttar Pradesh were somewhat more likely than those from Madhya Pradesh to have a savings goal; the only exception being unmarried girls among whom, more girls from Madhya Pradesh than Uttar Pradesh so reported (15 out of 28 versus 10 out of 25).

## Livelihood opportunities for adolescents

Narratives from FGDs indicate that adolescent girls and boys in the study settings are generally engaged in economic activities. Participants in most FGDs so reported. Even so, it appears that participation in economic activities varied by age, schooling status and marital status as the excerpts below indicate.

Participants in several FGDs indicated that participation in economic activities was more common among older than younger adolescents; we note, however, that the definition of older adolescents ranged from those aged above 12 years to those aged above 18 years. A range of reasons were suggested for the limited participation of younger adolescents: that they are engaged in studies; they are not physically fit to carry out hard labour; and the available employment generation programmes sponsored by the government (for example, the NREGS) cater to those aged 18 and above, although some 13-14-year-olds reported that adolescents of their age worked under this scheme (under a fake identity).

*R: Young boys [those aged below 13 years] don't work because they are small and they will become weak if they start working at a young age.*

[13-14-year-old boys,  
Madhya Pradesh, Group 3]

**Table 2.7: Financial literacy and related practices among 15-19-year-old FGD participants**

Indicators	Girls			Boys		
	Unmarried 15-19-year-olds in					
	MP (N=28)	UP (N=25)	Total (N=53)	MP (N=22)	UP (N=23)	Total (N=45)
Aware of at least one formal institution to save money	22	13	35	22	23	45
Has some savings	26	22	48	6	10	16
Owens an account in a post office or bank	3	5	8	7	12	19
Has a savings goal for future	15	10	25	3	8	11
Indicators	Married 15-19-year-olds in					
	MP (N=20)	UP (N=18)	Total (N=38)	MP (N=19)	UP (N=23)	Total (N=42)
	Aware of at least one formal institution to save money	16	16	32	19	21
Has some savings	16	16	32	6	14	20
Owens an account in a post office or bank	4	6	10	9	7	16
Has a savings goal for future	5	9	14	5	10	15

MP = Madhya Pradesh. UP = Uttar Pradesh.  
Note: Values given in the tables are actual numbers.

R: Mostly, girls aged 15–19 work.

R: How can young girls [those aged below 15 years] do hard labour? If they take care of household work, it is good.

[15–19-year-old unmarried boys,  
Madhya Pradesh, Group 1]

R: Girls of our age [15 years or more] work; not those who are younger than us.

[15–19-year-old unmarried girls,  
Uttar Pradesh, Group 3]

I: Do older adolescent boys go to work at such places, or do younger ones?

R: Only the older ones go; young ones don't go.

R: Young boys mostly concentrate on their studies; that's why they don't go to work.

R: Only boys who are more than 15 years old go to work. Boys aged less than 15 don't go.

R: Here, mostly boys aged more than 18 years of age go to work.

R: Girls also work but only after the age of 15. What work will younger girls do? They stay at home and go to school.

R: The younger girls just do household work. They don't go out to work.

[Husbands of married girls,  
Madhya Pradesh, Group 1]

I: What is the age of boys who work here? Are they younger or older ones?

R: Younger boys work on their own family's fields.

R: Those aged 18 years and above work under the National Rural Employment Guarantee Scheme.

Husbands of married girls,  
Uttar Pradesh, Group 1]

Likewise, participants noted that it was largely out-of-school rather than school-going adolescents who took part in economic activities in their settings because the former had no option (such as getting back to school or acquiring vocational skills) other than working. They further observed that adolescents who combine studies and work were forced to do so because of the poor economic condition of their family. For example:

R: Mostly, boys and girls who have left school are the ones who work.

[15–19-year-old unmarried girls,  
Uttar Pradesh, Group 1]

R: They [out-of-school girls] have lots of time; that's why they work. School-going girls don't have much time to work.

[15–19-year-old unmarried boys,  
Uttar Pradesh, Group 3]

I: Do boys who are in school work or the ones who have left school?

R: Boys who go to school also have some family problems. Their financial condition is not good, so they have to work too to earn money. They study as well as work.

R: All the out-of-school boys work. What else will they do except work?

R: If in-school girls have time, they also work; but girls who are not in school have to work anyway.

[Husbands of married girls,  
Madhya Pradesh, Group 1]

I: Do girls who are in school work or the ones who have left school?

R: Girls who study also work [for pay] if they get time. Girls who are illiterate definitely work; because they don't have anything else to do, they have to work.

R: Mostly, illiterate girls or those who have left their studies, work; those who study do less work [for pay], and do household work.

[Husbands of married girls,  
Uttar Pradesh, Group 2]

R: Those [girls] who have left school work, because they are at home.

[Married girls,  
Madhya Pradesh, Group 2]

Differences by marital status were not quite as consistent as differences by age and educational status. Participants aged 13–14-years held the view that it was mostly married adolescents who were engaged in economic activities. However, those aged 15–19 expressed different opinions. Among girls aged 15–19, while participants in almost half of the 12 FGDs indicated that both married and unmarried girls were engaged in economic activities, participants in one-quarter of the FGDs reported that more unmarried than married girls were economically active because family restrictions demanded that daughters-in-law engage themselves exclusively in household chores. Participants in the remaining FGDs opined that more married girls (daughters-in-law) than unmarried girls (daughters) worked because the latter were sent to school. Among boys, participants in more than half of the 12 FGDs stated that both married and unmarried men were engaged in economic activities, while others indicated that more married than unmarried men worked, as the former had to provide for their family. These observations are excerpted below.

I: Do married girls go to work or do unmarried ones?

R: Daughters-in-law mostly perform household chores.

R: Because the daughters work outside the home, daughters-in-law take care of household chores.

[15–19-year-old unmarried girls,  
Uttar Pradesh, Group 2]



R: Both types of girls [married and unmarried] work.

R: The married work but only till the time of their gauna [when the girl starts cohabiting with her husband].

R: There are very few married girls or daughters-in-law in this village who work because they are mostly at home and only do household work. As they are newlyweds, their family members rarely allow them to go out of the house.

[Husbands of married girls,  
Madhya Pradesh, Group 1]

R: Mostly, daughters-in-law work.

I: What is the reason for the daughters-in-law to work, mostly?

R: The girls (unmarried) are unable to work because they go to school; so, they concentrate on their studies and if they get time, they work.

[Married girls,  
Madhya Pradesh, Group 2]

R: They [married men] have more expenditure; they have a family to take care of. Unmarried boys live off their parents' income.

[15–19-year-old unmarried boys,  
Uttar Pradesh, Group 3]

Livelihood opportunities for adolescent girls were confined to their home [for example, in home-based work such as making *beedis* (traditional cigarettes), tailoring, weaving and knitting] or working in agricultural fields close to their residence. In contrast, opportunities for adolescent boys and young men were broader in the sense that they were able to work as unskilled labour in factories and in the agriculture, construction and transport sectors, or migrate to towns and cities for work.

Findings also indicate that opportunities for job placement are almost nonexistent for both adolescent girls and boys in both study settings, and adolescents relied on informal networks to find employment. We note, however, that adolescent boys and husbands of adolescent girls in a number of FGDs did mention government-sponsored employment-generation schemes such as the NREGS. Although the scheme is open to both females and males, it is notable that it did not find mention in even a single FGD with adolescent girls. FGDs with boys, moreover, indicated that girls are more disadvantaged than boys in utilising existing schemes because they find it difficult to develop rapport with the providers of these services (who are mostly male). For example:

I: Where can adolescents go to find work?

R: There is the NREGS, they can go there.

R: There is no such place in the village.

[Husbands of adolescent girls,  
Madhya Pradesh, Group 2]

I: Suppose adolescent boys and girls are looking for a job, is there any place that could help them find it?

R: There is no such facility available in our village that can help them find a job.

R: There are no facilities in the village, but there is an office outside the village (in the District Headquarter) where information regarding jobs can be obtained. Boys and girls from our village go there and gather information. Apart from this, private companies also come there to recruit employees.

R: Registration is done at the District Assembly Office, and those who are registered are chosen for the job.

R: Boys and girls of our village go there to obtain information.

R: There is a District Assembly Office; it is about 18 kilometres from here.

I: How are boys and girls treated at these places?

R: According to me, boys are treated better than girls. Boys go there frequently and contact the staff. In this way, a personal relationship is developed; so, they get more help. Girls are unable to develop such rapport.

[Husbands of adolescent girls,  
Uttar Pradesh, Group 2]

R: We ask each other and if there is a vacancy in a factory, we go there to work; in this way we get work.

R: No, there is no such place where help is provided for finding work [employment].

[15–19-year-old unmarried boys,  
Madhya Pradesh, Group 1]

Likewise, findings show that opportunities for acquiring vocational skills training are limited for both girls and boys in both study settings. Participants in the FGDs unanimously reported that there were no facilities inside the village for vocational skills training. However, participants in several FGDs (23 of the 36 FGDs conducted with 13–14-year-olds and 15–19-year-olds) reported that such facilities were available outside their village. While participants in a few FGDs reported that these facilities were located in close proximity to their village (within 1–2 kilometres), participants in several others noted that such facilities were located quite far from their village. The kinds of vocational skills training offered at these places included both traditional skills (for example, tailoring, knitting, weaving, embroidery, beauty parlour services) and modern skills (computer training). Participation of adolescents in these training programmes appears to be limited mainly because of distance and, sometimes, because of lack of money. The following excerpts reinforce these findings:

I: Are there any programmes that offer vocational skills training to adolescent girls and boys?  
 R: There is one near the market. Girls are taught tailoring work, but they have to pay for it. Only those who pay can learn there.  
 R: Tailoring, computer skills and many more things are taught, but only those who have money are able to go and learn.  
 I: Do the boys and girls of your village go there to learn?  
 R: No, no one goes there.  
 R: No one goes there because of lack of money. One has to pay fees and the people of the village are poor. They cannot afford to pay the fees; that's why they do not send their children.

[13–14-year-old boys, Uttar Pradesh, Group 3]

R: At present, there is no such facility [programmes that offer vocational skills training] in our village.  
 R: There are no such programmes either for boys or girls; they are not taught anything.  
 R: There is no facility of this type either for girls or for boys in our village.  
 R: There is no facility of this kind outside the village too.  
 R: Private coaching is given; boys and girls are taught computer skills and given coaching at (the District Headquarter), which is 20–25 kilometres away. There is no government facility.  
 R: No boys or girls in our village go there.  
 R: Around 10 percent of the boys and girls of our village go there because their financial condition is good.  
 R: According to me, no boy or girl of our village goes there to learn anything.  
 R: No one goes for such programmes; they don't go at all.

R: Neither boys nor girls go for such programmes.  
 [Husbands of 15–19-year-old girls, Uttar Pradesh, Group 2]

I: Which programmes are available outside your village where adolescent girls and boys could learn some vocational skills?  
 R: We don't know if there are such programmes in (the District Headquarter).  
 R: They are available at (the District Headquarter).  
 R: A person has to travel 18 kilometres to go there.

[15–19-year-old married girls, Uttar Pradesh, Group 1]

I: Is there any place for boys to learn some vocational skills in the village?  
 R: No.  
 I: Outside the village?  
 R: Whatever is available is at (the District Headquarter) only.  
 R: They can learn computer skills outside the village.  
 R: There is no facility for learning computer skills in our village.  
 R: From here, it is 70–80 kilometres approximately.

[15–19-year-old married girls, Madhya Pradesh, Group 1]

Findings from the survey questionnaire administered to 15–19-year-old participants in the FGD reiterate the limited opportunities for acquiring vocational skills training in the study settings, particularly in Uttar Pradesh (Table 2.8). Just 14 of the 91 girls and five of the 87 boys who participated in the FGDs had ever attended a vocational skills training programme. All the girls who had received some training reported training in such traditional skills as tailoring

**Table 2.8: Participation in and willingness to participate in vocational training programmes, 15–19-year-old FGD participants**

Indicators	Girls			Boys		
	Unmarried 15–19-year-olds in					
	MP (N=28)	UP (N=25)	Total (N=53)	MP (N=22)	UP (N=23)	Total (N=45)
Received some vocational skills training	8	3	11	2	1	3
Interested in acquiring vocational skills training	28	24	52	22	22	44
Indicators	Married 15–19-year-olds in					
	MP (N=20)	UP (N=18)	Total (N=38)	MP (N=19)	UP (N=23)	Total (N=42)
	Received some vocational skills training	1	2	3	2	0
Interested in acquiring vocational skills training	18	17	35	19	22	41

MP = Madhya Pradesh. UP = Uttar Pradesh.  
 Note: Values given in the tables are actual numbers.

and handicrafts, while the boys reported training in both traditional skills such as tailoring and modern skills such as computers.

In contrast, almost all girls and boys from both settings expressed an interest in acquiring vocational skills. The skills in which they evinced interest differed for girls and boys and between the married and unmarried. Most girls expressed an interest in acquiring skills such as tailoring, handicrafts and providing beauty parlour services; a few expressed interest in painting and computer training. While tailoring and handicrafts were favourites of both married and unmarried girls, the unmarried expressed interest in other skills as well, including computer training, painting and providing beauty parlour services. State-level differences were modest. Adolescent boys, in contrast, expressed interest in acquiring a variety of skills including tailoring, electrical work, auto-mechanics, typing, computer training, English language skills, painting and driving. While married boys were more interested than the unmarried in such skills as tailoring, electrical work and auto mechanics, the unmarried were more interested in typing, computer training and English language skills.

## Physical assets

Physical assets are more tangible than social or human assets, and include land, personal items, access to safe spaces and various tools that often have or produce monetary value. We included an indicator under physical assets that assessed the extent to which girls have access to places outside their home and school to meet their friends. We note that safe spaces may be defined as places in which girls congregate for the purpose of socialising with their friends, and which offer them privacy as well as physical safety; while the home and the school are generally safe spaces, they may not offer girls the freedom and privacy to develop friendships.

In the course of the FGDs, participants were asked about the places where girls and boys typically meet their friends. Although adolescent girls in both settings listed a variety of meeting places, it appears that they had limited access to a safe, social space outside their home and school where they could interact with their friends regularly. Participants in almost all the FGDs, regardless of the category, reported that adolescent girls typically met their friends at each other's home or in school. They listed venues outside the home and school less frequently; moreover, such venues were locations that they visited as part of their daily chores—near the water tap, hand pump or pond from where they fetched water and washed clothes; fields where they went to collect fodder or cut crops; the shop or market from where they bought groceries; and places of worship. Such social venues as a playground, a park, a garden or a girls' club where girls could network with their peers were rarely mentioned. For example:

*I: Where do girls of your age meet their friends in the village?*

*R: They meet in school, in class or near the pond.*

*R: In their homes.*

*R: At each other's house.*

*R: In school or at each other's house.*

*R: They meet when they go to fetch water.*

[10–12-year-old girls,  
Madhya Pradesh, Group 2]

*I: Where do girls meet their friends?*

*R: They meet in school and at college.*

*R: At the temple.*

*R: When they go to bathe [in the pond].*

*R: When they go to fetch water.*

*R: They go to each other's house if there is some important work.*

*R: They also meet in the fields.*

[13–14-year-old boys,  
Uttar Pradesh, Group 1]

*R: They meet at each other's house.*

*R: At the temple.*

*R: At the temple.*

*R: In school.*

*R: On the road.*

[15–19-year-old unmarried girls,  
Madhya Pradesh, Group 3]

*R: They meet at college, in school.*

*R: In the fields.*

*R: In the street.*

*R: At their friends' houses.*

[15–19-year-old married girls,  
Uttar Pradesh, Group 1]

Findings were, by and large, similar with respect to venues where adolescent boys typically met their friends; even so, it is notable that social spaces where one could network with their peers were listed more frequently in the case of boys than girls, as the following excerpts show:

*I: Where do boys of your age meet their friends in the village?*

*R: They meet in school.*

*R: We also meet near the temple.*

*R: We meet at the places where we go to play.*

R: We also meet our friends in school, at places where we go to play and on our way back from these places.

R: We also meet in school.

[10–12-year-old boys,  
Madhya Pradesh, Group 2]

R: They meet at each other's house.

R: In school.

R: Near the mine.

R: On the road or in the street on their way.

R: Near the pond as well.

R: On the playground too.

R: When they come to play.

[13–14-year-old boys,  
Madhya Pradesh, Group 1]

R: They meet at the temple.

R: Near the school.

R: While going to the [grocery] shop.

R: In school.

R: At the canal, on the cricket ground, in the fields, at home.

[15–19-year-old unmarried boys,  
Uttar Pradesh, Group 3]

Table 2.9 summarises responses to the question posed in the course of the short survey on places where adolescent girls and boys typically meet their friends, and reiterates the lack of safe, social spaces in which adolescent girls (and to some extent, adolescent boys) can network with their peers. Over 90 percent of adolescents, regardless of age, place of residence, sex and marital status, reported that they usually met their friends at each other's home or at school; the only exception was the husbands of married adolescent girls among whom over 80 percent so reported.

Findings also show that adolescents, in general, were less likely to meet their friends in venues outside the home and school than at home or in school (Table 2.9); the only exception was the husbands of adolescent girls who were as likely to report a venue outside the home and the school as they were to mention home or school. Findings, moreover, show that adolescent boys were more likely than girls to meet their friends in venues outside the home and school. Specifically, while 21–24 percent of adolescent girls, regardless of age and marital status, reported that they usually met their friends in locations that they visited in the course of their daily chores or in places of worship; considerably more adolescent boys (57–86%) mentioned such locations. Again, while not a single adolescent girl mentioned social spaces such as a playground or a garden or a girls' club, some 24–31 percent of adolescent boys reported meeting their friends in a social space.

**Table 2.9: Places where adolescent girls and boys typically meet their friends, 13–14-year-old and 15–19-year-old FGD participants**

Meeting places of adolescents	Girls			Boys		
	MP (N=28)	UP (N=24)	Total (N=52)	MP (N=23)	UP (N=28)	Total (N=51)
	<b>13–14-year-olds in</b>					
Home/school	28	23	51	23	28	51
Venues outside the home and school, but related to daily chores	7	4	11	11	18	29
Venues outside the home and school, but not related to daily chores	0	0	0	7	7	14
	<b>Unmarried 15–19-year-olds in</b>					
	MP (N=28)	UP (N=25)	Total (N=53)	MP (N=22)	UP (N=23)	Total (N=45)
Home/school	26	25	51	22	21	43
Venues outside the home and school, but related to daily chores	6	8	14	17	17	34
Venues outside the home and school, but not related to daily chores	1	0	1	6	8	14
	<b>Married 15–19-year-olds in</b>					
	MP (N=20)	UP (N=18)	Total (N=38)	MP (N=19)	UP (N=23)	Total (N=42)
Home/school	18	18	36	16	19	35
Venues outside the home and school, but related to daily chores	4	5	9	13	23	36
Venues outside the home and school, but not related to daily chores	0	0	0	5	5	10

MP = Madhya Pradesh. UP = Uttar Pradesh.

Note: Values given in the tables are actual numbers.



In this chapter, we describe behaviours and practices of adolescents that directly aggravate or reduce their vulnerability to HIV. Specifically, we present evidence on sexual risk-taking behaviours and substance misuse; we also describe adolescents' access to sexual and reproductive health services and their treatment-seeking practices for sexual and reproductive health problems. We note that the evidence presented in this chapter focuses largely on older, 15–19-year-old adolescents.

### Sexual experiences before and outside marriage

We probed adolescents' experiences of premarital sex in the course of FGDs conducted with unmarried adolescents aged 15–19, and experiences of extramarital sex in FGDs conducted with married adolescents.

#### Prevalence

Participants in almost all the FGDs (10 of the 12 FGDs conducted with unmarried adolescents), regardless of the state of residence, acknowledged that engaging in sexual relationships before marriage was not unheard of in their village. However, they noted that only a few adolescents engage in such relationships. For example:

*R: Very few boys and girls get a chance to have physical relations, and if they get a chance, they don't let it go.*

[15–19-year-old unmarried boys,  
Madhya Pradesh, Group 1]

*R: Yes. They do engage in sex before marriage; but very few do so.*

[15–19-year-old unmarried boys,  
Uttar Pradesh, Group 1]

*R: Very few [engage in premarital sex].*

*R: It is very rare.*

[15–19-year-old unmarried girls,  
Madhya Pradesh, Group 3]

Findings also show that adolescent girls who engage in premarital sexual relationships typically have sex with their boyfriends, though sex with extended family members was also cited. Likewise, adolescent boys who engage in premarital sexual relationships reported having sex with their girlfriends; sexual relationships with adult women in the neighbourhood and sex workers were also mentioned, albeit less frequently.

*I: Who are the partners of girls who engage in premarital sexual relationships?*

*R: Their boyfriend.*

*R: Their brother-in-law at their sister's house or the brother of their brother-in-law.*

*I: Who are the partners of boys who engage in premarital sexual relationships?*

*R: Their girlfriends.*

*I: And what about sex workers?*

*R: No.*

[15–19-year-old married girls,  
Madhya Pradesh, Group 1]

*R: He has sex only with his girlfriend.*

*R: They don't have sex with anyone other than their girlfriend.*

*I: Anyone with sex workers?*

*R: No, no. [In chorus]*

*R: There is no such place here and boys don't go anywhere else for this purpose.*

*R: Here, boys just make friendship with their girlfriend.*

[15–19-year-old unmarried boys,  
Madhya Pradesh, Group 1]

*I: Do boys have sex with women in their neighbourhood who are older than them?*

*R: Yes, this happens too.*

*I: With any sex worker?*

*R: No, it doesn't happen here. [In chorus]*

*R: All this happens in the city; not here.*

[15–19-year-old unmarried boys,  
Madhya Pradesh, Group 2]

I: Do boys of your age give money to girls for having sex?

R: No. This occurs when they [boys] go out of the village to earn.

[15–19-year-old unmarried boys, Uttar Pradesh, Group 3]

Extramarital sexual relationships were also acknowledged, more frequently among men than women. For example:

R: There are a few people who have relations with women other than their wives.

R: Married girls also do so [have extramarital relations].

[Husbands of 15–19-year-old girls, Madhya Pradesh, Group 1]

R: Yes, it [extramarital sex] happens.

R: Men who have sexual relations with other women [manage to] meet them somehow or the other.

I: Do married girls in your village have sexual relations with men other than their husband?

R: Yes, they do.

[Husbands of 15–19-year-old girls, Uttar Pradesh, Group 3]

R: There are some [men and women] who engage in such [extramarital] relationships.

I: What about married girls?

R: No; none.

[15–19-year-old married girls, Madhya Pradesh, Group 2]

R: They [married men] do have such [extramarital] relationships.

[15–19-year-old married girls, Uttar Pradesh, Group 3]

We also asked FGD participants about their sexual experiences in the last 12 months, using the anonymous approach of the sealed envelope; married participants were asked about their sexual experiences with anyone other than their spouse. Findings, summarised in Table 3.1, show that sizeable numbers of unmarried boys had engaged in premarital sex (12 out of 45), and married boys had engaged in extramarital sex (nine out of 42). Of these, four unmarried boys and one married boy reported multiple partners. In contrast, just one unmarried girl and not a single married girl reported having had premarital and extramarital sex, respectively.

### Condom use

Responses of FGD participants were mixed with regard to the use of condoms within sexual relationships before and outside marriage. In FGDs conducted with unmarried 15–19-year-old adolescents, participants in three FGDs (out of 12) reported that adolescents do not use condoms within premarital sexual relationships. Even in those FGDs where participants acknowledged condom use within premarital relationships (six of the 12 FGDs), they indicated that the majority of adolescents did not use condoms, and mentioned a number of reasons for nonuse. One of the major barriers to condom use among unmarried adolescents was the lack

**Table 3.1: Sexual experiences of 15–19-year-old FGD participants**

Sexual experiences and condom use	Girls			Boys			
	Unmarried 15–19-year-olds in						
	MP (N=28)	UP (N=25)	Total (N=53)	MP (N=22)	UP (N=23)	Total (N=45)	
Engaged in sex in the last 12 months	1	0	1	5	7	12	
Engaged in sex with multiple partners in the last 12 months	0	0	0	3	1	4	
Experienced (girls)/perpetrated (boys) forced sex in the last 12 months	0	0	0	1	4	5	
Used a condom at least once in the last 12 months	1	0	1	1	4	5	
Intends to use condoms in future	4	5	9	15	14	29	
	Married 15–19-year-olds in						
	MP (N=20)	UP (N=18)	Total (N=38)	MP (N=19)	UP (N=23)	Total (N=42)	
	Engaged in sex in the last 12 months <sup>1</sup>	0	0	0	2	7	9
	Engaged in sex with multiple partners in the last 12 months <sup>2</sup>	0	0	0	0	1	1
	Experienced (girls)/perpetrated (boys) forced sex in the last 12 months <sup>3</sup>	3	1	4	4	6	10
	Used a condom at least once in the last 12 months <sup>3</sup>	3	4	7	6	11	17
Intends to use condoms in future	12	11	23	11	10	21	

MP = Madhya Pradesh. UP = Uttar Pradesh.

<sup>1</sup>Sex with someone other than their spouse. <sup>2</sup>Excluding spouse. <sup>3</sup>Including spouse.

Note: Values given in the tables are actual numbers.

of easy access to condoms. Some participants reported that although condoms could be accessed from both general and medical stores in their village, unmarried adolescents did not feel comfortable purchasing condoms from these stores as they were worried about breach of confidentiality. Some others pointed out that ASHAs in their village did not supply condoms to the unmarried. The narratives also suggest that adolescents' discomfort in approaching providers, lack of awareness, lack of recognition of the possible risks of unprotected sex, deliberate intentions to ruin the reputation of a female (make a girl pregnant), and the unplanned and surreptitious nature of premarital sexual encounters may compromise the ability of adolescents to use condoms within premarital relationships. The following excerpts reflect these observations on condom availability and use/non-use among adolescents:

*R: It [the condom] is available at the health centre.*

*R: They [boys] also get it from medical stores in the market.*

*R: Some boys don't go to the health centre because they fear that other people will come to know; that's why they purchase it only from the medical store.*

*R: There is no other place except the health centre and the medical store to get these things; one has to get it from outside [the village].*

*R: There is one lady health worker (ASHA) in the village. She also keeps these contraceptives; they are available with her.*

*R: She [the ASHA] doesn't give it to unmarried boys and girls like us; she gives it only to married men and women.*

*R: Boys of our age don't go to her [the ASHA] for any kind of contraceptive.*

*R: We people have never gone to her [the ASHA].*

*R: They [adolescents] don't have information; there is lack of information among boys and girls.*

*R: One has to go far away to purchase these things. They are not available nearby; one has to go to Medical Store to get it.*

*R: Mostly, people feel shy about purchasing contraceptives. It is for this very reason that they don't use condoms.*

[15–19-year-old unmarried boys,  
Madhya Pradesh, Group 1]

*R: This is a village and no one uses it [the condom] here.*

*I: So, what is the reason that they don't use any contraceptives or condoms?*

*R: They don't get much time, that's why they have sexual relations without using contraceptives.*

[15–19-year-old unmarried boys,  
Madhya Pradesh, Group 2]

*R: They have information but they don't use it [the condom] because they are not interested in using it.*

[15–19-year-old unmarried boys,  
Uttar Pradesh, Group 1]

*R: No one has much information here.*

*R: They don't even get condoms here. If we have to buy condoms, we have to go far.*

*R: It is possible that some people don't enjoy sex when condoms are used, that's why they don't use them.*

[15–19-year-old unmarried boys,  
Uttar Pradesh, Group 2]

*R: Many [adolescents] don't use any of these things [contraceptives]; only those who are aware of them, use them.*

[15–19-year-old unmarried girls,  
Uttar Pradesh, Group 3]

*R: They [boys] have difficulty in obtaining it [the condom]; they don't have proper information either.*

[15–19-year-old unmarried girls,  
Uttar Pradesh, Group 1]

Condom use within extramarital relationships was also limited. Reasons for nonuse were similar to those mentioned by unmarried adolescents and included the unplanned nature of sexual encounters, lack of awareness, discomfort in approaching providers and lack of risk perception. For example:

*R: Those [adolescents] who know [about the condom], use it [with extramarital partners]; those who don't know, don't use anything.*

*R: Most don't use it.*

[Husbands of 15–19-year-old girls,  
Madhya Pradesh, Group 2]

*R: They are in a hurry; so, when they get such a chance, they may not have condoms with them. Later, when they come to know that the girl is pregnant, they give her [abortion] pills.*

[Husbands of 15–19-year-old girls,  
Madhya Pradesh, Group 3]

*R: No, no one uses it [the condom].*

*R: Those [boys] who have gone outside [the village] or those who have information about it [the condom] use it.*

*R: Even those who have information don't use it.*

*R: It is difficult to get it [the condom] because everyone knows each other in the village and they feel shy to ask for such things from the shopkeeper. If someone goes to (the District Headquarter), they sometimes bring it.*

R: Only 20 percent [of adolescent boys/young men] use it [the condom] with their extramarital partners.

[Husbands of 15–19-year-old girls,  
Uttar Pradesh, Group 1]

R: Those [boys] who have information use it [the condom], and those who don't have information do not.

R: Some use [condoms] and some don't.

R: For those who engage in sex with married women, what is there to fear? Boys say, 'She is married. Who will come to know whose child it is?'

[15–19-year-old married girls,  
Uttar Pradesh, Group 1]

R: They [adolescents/young people who engage in extramarital relationships] don't use [condoms/contraceptives].

R: They don't have knowledge about all these things [condoms/contraceptives], so they don't use them.

[15–19-year-old married girls,  
Madhya Pradesh, Group 1]

The few who indicated that adolescents use condoms reported that they do so for fear of pregnancy and infection. For example:

R: If the boy feels scared, he uses a condom so that the girl does not conceive.

R: They use condoms because they are afraid of contracting HIV.

[15–19-year-old unmarried boys,  
Madhya Pradesh, Group 1]

R: Many people use condoms because they know that if they do not, they may catch some disease.

[15–19-year-old unmarried boys,  
Uttar Pradesh, Group 2]

Ever-use of condoms in sexual relationships, including within marital relationships in the last 12 months, was limited (see Table 3.1). Of the 13 unmarried adolescents who had engaged in premarital sex, six (one girl and five boys) reported that they had ever used condoms. Of the married, seven out of 38 girls and 17 out of 42 boys reported that they had ever used condoms in relations with their spouse or extramarital sexual partner in the last 12 months. Sizeable numbers of adolescents, except unmarried adolescent girls, reported that they intended to use condoms in the future.

### Sexual coercion within premarital relationships

We also probed unmarried adolescents about sexual coercion within premarital relationships. Participants in half of the FGDs reported that sex within premarital relationships was sometimes coercive. Adolescent boys used different strategies

to coerce girls to concede to sex: threatening to reveal the relationship to the girl's parents, promising to marry her, alluring the girl with gifts, giving money, and convincing her that "everyone is doing it" or that it is the trend of the times. Participants in four of the 12 FGDs reported that sex took place with mutual consent. For example:

R: They [boys] do threaten them [girls], saying that if she does not agree to have sex with him, he will tell her parents about their relationship.

R: They even tell the girl that this is the trend nowadays and that she should do it [have sex].

R: Then she has to do it [have sex] under pressure; some girls enjoy it too.

R: They promise to marry them [girls], saying that they will be there with them always and so on.

[15–19-year-old unmarried girls,  
Madhya Pradesh, Group 3]

R: They [boys] don't do it [have sex] forcefully, but persuade them [girls].

I: How?

R: They give money, etc.

[15–19-year-old unmarried girls, Uttar Pradesh, Group 1]

Coercive sexual experience in the 12 months preceding the survey was also reported by FGD participants who responded to our survey: five of the 12 unmarried boys who had engaged in premarital sex reported that they had forced at least one of their partners to engage in sex (Table 3.1). Of those married, four girls and 10 boys reported that they had experienced or perpetrated, respectively, forced sex in the last 12 months.

### Substance use

We probed 13–14-year-old and 15–19-year-old adolescents about consumption of alcohol, drugs and tobacco as well as the availability of a facility that would help adolescents with problems related to substance misuse. Findings underscore that the use of these substances is common among adolescents, especially among boys, in both study settings. For example, participants in most FGDs (19 of the 24 FGDs) conducted with unmarried and married adolescents aged 15–19 reported that sizeable numbers of adolescent boys of their age did use tobacco products. Use of tobacco products was reported among girls as well; participants in several FGDs (12 of the 24 FGDs) observed that significant minorities of adolescent girls consumed tobacco products. We note that use of tobacco products among adolescent girls was acknowledged more often by boys than girls (in eight FGDs with boys and four FGDs with girls). Consumption of alcohol was also widely reported among boys; participants in 17 of the 24 FGDs reported that adolescent boys of their age consumed alcohol. In comparison, alcohol consumption among adolescent girls was acknowledged in just two FGDs (both conducted with married adolescent boys in Madhya Pradesh). Finally, participants in eight of the 24 FGDs indicated that



some adolescent boys took drugs as well; these were mostly FGDs conducted with married adolescents (six FGDs); drug use among adolescent girls was reported in just one FGD. No state-wise differences were observed in participants' reports of substance use among older adolescents. The following excerpts indicate the extent of substance use among adolescents:

*R: They [boys] consume cigarettes, beedis, Rajshri gutka as well as liquor.*

*I: Do girls also consume any type of intoxicants?*

*R: Yes, sir, they do. I don't know about the consumption of liquor by girls but they consume Rajshri and other gutkas.*

*R: Ten percent of girls chew gutka.*

[Husbands of 15–19-year-old girls,  
Madhya Pradesh, Group 2]

*I: What type of intoxicants do they [boys] use?*

*R: They [boys] consume liquor.*

*R: They smoke beedis and chew gutka.*

*R: They also consume hemp [a locally available intoxicant derived from a species of cannabis].*

*R: They consume bhang [an intoxicating concoction made from cannabis].*

*R: They chew tobacco.*

*R: They also smoke cigarettes.*

[Husbands of 15–19-year-old girls,  
Uttar Pradesh, Group 1]

*R: Some [girls] chew Rajshri gutka nowadays.*

*R: Mostly, boys do so [chew gutka].*

*R: They [boys] drink liquor, chew gutka and hemp, etc.*

[15–19-year-old married girls,  
Madhya Pradesh, Group 1]

*I: How many youngsters of your age consume these things?*

*R: Around 40–50 percent of boys of our age consume them.*

*R: They mostly consume things like gutka and cigarettes.*

*R: Sometimes they drink liquor and chew hemp.*

*R: They drink Corex [cough syrup], sometimes liquor, and also chew gutka.*

*I: Do girls also consume these things?*

*R: No, girls don't consume these things. [In chorus]*

*R: Some girls chew gutka.*

*R: Out of 100, 10 girls chew gutka.*

[15–19-year-old unmarried boys,  
Uttar Pradesh, Group 2]

What is striking is the occurrence of substance misuse even among younger adolescents in these settings. For example, of the 12 FGDs conducted with 13–14-year-olds,

participants in 11 and six FGDs reported that some boys and girls of their age, respectively, did consume tobacco products. Likewise, participants in 10 of the 12 FGDs noted that some boys of their age consumed alcohol; participants in none of the FGDs, however, indicated alcohol consumption among young adolescent girls. For example:

*R: Boys who do not study consume all these things.*

*R: There are also some boys who study; yet, they consume such things.*

*R: Boys take gutka, supari [areca nut], paan [betel leaf quid with or without tobacco] etc.*

*I: Do girls also take these things?*

*R: No, girls do not.*

*R: They do not consume these things.*

[13–14-year-old boys,  
Uttar Pradesh, Group 3]

*R: Many boys eat "chutki" [a tobacco product].*

*R: Girls also eat "chutki."*

[13–14-year-old girls,  
Madhya Pradesh, Group 2]

Although substance use was widely reported, participants unanimously observed that facilities that enable adolescents to address problems related to substance use are nonexistent in their settings. Indeed, in just one FGD, participants mentioned a de-addiction facility that was located so far away that no one from the village could access it. In a few FGDs, participants reported that the only choice for these adolescents was to seek divine help to overcome problems related to substance use. These findings are reflected in the following excerpts:

*R: No, there is no such place [de-addiction facility] in our village.*

*R: There is no such facility for getting rid of alcohol use in our village. There is nothing in nearby areas also.*

[Husbands of 15–19-year-old girls,  
Madhya Pradesh, Group 2]

*R: There is no such place [de-addiction facility] in the village.*

*R: There is no place outside the village too.*

*R: Here, people go to the temple and offer prayers in order to get rid of their drinking habit; there is no drug de-addiction centre.*

[Husbands of 15–19-year-old girls,  
Uttar Pradesh, Group 1]

*R: They can stop it [addiction to intoxicants] only by going to the temple and pledging; otherwise, there is no organisation which can help them to get rid of these habits.*

[15–19-year-old married girls,  
Uttar Pradesh, Group 1]

*R: Boys here know that there is a drug de-addiction centre at (the District Headquarter) but no one goes there.*

[15–19-year-old unmarried boys,  
Madhya Pradesh, Group 2]

## Access to health services and treatment-seeking practices

Adolescents' access to health services and their treatment-seeking practices for sexual and reproductive health problems were probed in detail in the course of FGDs. With participants aged 13–14, we probed only the source of information on sexual and reproductive matters. With 15–19-year-olds, we probed adolescents' access to facilities from where they could obtain both information on sexual and reproductive matters, condoms and treatment for sexual health problems. In addition, we gathered additional information by including questions in the structured questionnaire administered to 15–19-year-olds about whether they had experienced symptoms of genital infections such as genital ulcers, itching in the genital area, swelling in the groin, burning sensation while passing urine and genital discharge. We also probed for experiences of menstrual problems (girls) and nocturnal emission (boys) in the three months preceding the interview, and whether they had sought treatment for these problems, if any. In the case of 13–14-year-olds, we only sought their experiences of menstrual problems/nocturnal emission and not about symptoms of genital infections.

## Facilities for obtaining information on sexual and reproductive matters

Findings from 36 FGDs with participants aged 13–14 and 15–19 in both study settings underscore their limited access to facilities providing information pertaining to sexual and reproductive matters. For girls aged 13–14, potential sources of information on sexual and reproductive matters were family members and the anganwadi centre; boys mentioned friends as their chief source of information, commenting at the same time, that friends may be as uninformed as they are. Health care providers and school teachers were rarely mentioned by both girls and boys; indeed, boys in most of the FGDs, commented that they typically did not receive any such information from the school, the health facility or family members. For example:

*R: They [boys] don't get such information [sexual and reproductive matters] from school.*

*R: They don't get such information from the family either.*

*R: They get to know from friends because they talk to one another.*

*I: Do they get any information from the hospital in Village X?*

*R: No.*

*R: We don't get full information.*

[13–14-year-old boys,  
Madhya Pradesh, Group 2]

*R: At school; they [teachers] tell us not to do bad things since we are growing up.*

*R: No one from the family tells us.*

*R: We get information from our friends.*

*R: When friends talk to one another, they share information.*

*I: Do they [adolescents] get any information from the health centres at (the Block Headquarter) and (the District Headquarter)?*

*R: They don't get any information from there either.*

*R: Boys from here don't go there.*

[13–14-year-old boys,  
Uttar Pradesh, Group 1]

*R: They [girls] go to the ASHA for information on sexual and reproductive matters.*

*R: As the people of the village don't know much about it [menstruation], she explains it to us. She tells us about cleanliness and all [other dos and don'ts].*

*I: From where else do you get the information?*

*R: From school.*

*R: They tell us to use a cloth pad if menses happens.*

[13–14-year-old girls,  
Uttar Pradesh, Group 1]

*R: A girl could ask her sister-in-law, aunt, mother about sexual and reproductive matters; she can also talk to her friends.*

*R: She can ask her elder sister too.*

[13–14-year-old girls,  
Madhya Pradesh, Group 2]

Older adolescent girls mentioned health care providers, teachers, family members and friends as their leading potential sources of information on sexual and reproductive matters; even so, participants in no more than half of the 12 FGDs mentioned any of these sources. For older adolescent boys, the potential sources of information largely included friends and health care providers inside and outside the village; as in the case of girls, participants in no more than half of the 12 FGDs cited these two sources. Moreover, they

commented in several FGDs that they had hardly ever received any information about sexual and reproductive matters from their teachers or family members. Excerpts expressing these responses follow:

*R: We [girls] get information [on sexual and reproductive matters] from books.*

*R: And from one another.*

*R: We get information from home.*

[15–19-year-old unmarried girls,  
Madhya Pradesh, Group 1]

*R: There is no such place [which gives information on sexual and reproductive matters] in the village.*

*R: No information is obtained from school.*

*R: No one in the family provides any information.*

*R: Friends also don't have any information; so, what advice can they give us?*

*R: There is a hospital at (the Block Headquarter) but no information is given there, and no one goes there.*

[15–19-year-old unmarried boys,  
Uttar Pradesh, Group 1]

*R: They [boys] can only go to the hospital located near the market for such information.*

*R: There is no such facility in our village.*

[15–19-year-old unmarried boys,  
Uttar Pradesh, Group 2]

*R: No one provides this information [about HIV/AIDS] in school.*

*R: No one provides information at the health facilities too.*

[Husbands of 15–19-year-old year-old girls,  
Madhya Pradesh, Group 2]

Even though participants listed a number of potential sources of information, they discussed several constraints in obtaining information on sexual and reproductive matters. Some observed that friends and family members were not always correctly informed about these matters. Others indicated that health care providers did not provide comprehensive information and that some did not provide any information at all; moreover, adolescents felt shy to approach health care providers based in their village as they are known to them. For example:

*R: There are doctors' clinics in our village but they know us. So boys like us don't go and talk to them about such issues. They don't go to these doctors for any information.*

*R: In our village, boys don't go anywhere for information on these matters.*

*R: No one goes to (the District Headquarter) to get such information.*

*R: Even if they go there (the District Headquarter), they will not be able to say anything and will not even be provided with any kind of information. The doctors will tell them that they are too young to get such information. I mean, no one will pay much attention to them.*

[15–19-year-old boys,  
Madhya Pradesh, Group 3]

*R: Boys like us don't go anywhere to get information on these matters.*

*R: The boys of our village don't go anywhere to get this kind of information.*

*R: There is no facility in our village that provides this kind of information; there is no place where we can get this type of information.*

*R: No information of this kind is available from school either; the teachers don't tell us anything, they come, sign [the muster roll], sit there till 4 p.m. and leave when school closes.*

*R: No one in the family provides this type of information. They too don't know anything; so, what information can they provide?*

*R: Friends too don't have any information about such matters; so, how can they give information to others?*

[Husbands of 15–19-year-old girls,  
Uttar Pradesh, Group 2]

Findings also show that adolescent girls and boys face constraints in obtaining information related to HIV/AIDS in different ways. For example, participants in some FGDs reported that girls are less likely than boys to access information from health facilities not only because of restrictions on their mobility but also because they tend to have less time to seek such information. They also feel more embarrassed than boys about seeking such information. At the same time, adolescent boys reported difficulties in obtaining information from health facilities that are not tuned to meet the needs of boys. Adolescents expressed their constraints thus:

*R: Only if they [girls] go out, they can get such information. They cannot get any information if they remain inside the home as they usually do.*

[15–19-year-old unmarried girls,  
Uttar Pradesh, Group 4]

*R: Mostly they [girls] don't get time to seek any kind of information.*

[15–19-year-old unmarried girls,  
Uttar Pradesh, Group 2]

*R: It is much easier for boys and more difficult for girls [to access information].*

*R: Boys go everywhere easily.*

*R: They [girls] feel shy.*

[15–19-year-old unmarried girls,  
Uttar Pradesh, Group 1]

- I: If boys of your age have to get information regarding HIV/AIDS or they require any contraceptive, where can they go?*
- R: They can go for these things only to Health Centre (located in Village X).*
- R: Nothing is available at the anganwadi and that's why they don't go there.*
- R: Information is provided at the anganwadi, but none of the boys from here go there; they feel shy to talk to the anganwadi worker.*

[15–19-year-old unmarried boys,  
Madhya Pradesh, Group 1]

## Facilities to obtain condoms

Although there are several facilities in both the public and private sectors that supply condoms, including anganwadi centres, health centres, hospitals and medical shops, participants in all 24 FGDs noted that both adolescent girls and boys, in effect, had limited access to condoms. Specifically, findings suggest that adolescent boys would like to obtain condoms from medical shops as these shops are usually operated by men. However, they faced several constraints: such shops are not readily available in all the villages; sometimes, shopkeepers ask embarrassing questions and refuse to sell condoms to boys; boys feel shy to approach even medical shops; and finally, they lack money to buy condoms, as the following excerpts suggest:

- I: If adolescent boys wish to obtain contraceptives or condoms, where can they get these?*
- R: There is no such place.*
- R: They can get these products from the medical store.*
- R: It [the shop/facility] is not inside the village but outside the village.*
- R: Sometimes, the shopkeeper doesn't give it [the condom] to them. He says: "We don't have it" or "We don't keep it."*

[15–19-year-old unmarried boys,  
Madhya Pradesh, Group 2]

- R: There is no such place in the village from where they [boys] can get these things [condoms].*
- R: They can get it [the condom] from Village X.*
- R: They can get it from (the District Headquarter).*

15–19-year-old unmarried boys,  
Uttar Pradesh, Group 1]

- R: From private shops or the hospital; no other place.*
- I: Do boys of your age get these products from the shop?*
- R: Very few do because they are scared. They feel embarrassed in front of their elders who sit in the shop.*

- R: They feel shy to buy them [condoms] from people who are older than them, and, sometimes, because they don't have the money.*
- R: They [shopkeepers] ask embarrassing questions; therefore, it is troublesome to get [these products from a private shop].*

[15–19-year-old unmarried boys,  
Uttar Pradesh, Group 3]

Adolescent boys also reported that many boys of their age do not access condoms from government facilities, particularly those located in the village, because the service providers know them and may make fun of them. Narratives from one of the FGDs, however, suggest that adolescent boys are most comfortable about accessing condoms from a health facility when the condoms are supplied in an anonymous way: For example:

- R: They [boys] don't go there [government health facility] because everyone knows them there, and may make fun of them if they ask for condoms.*
- R: Some [boys] are unable to ask for condoms because they feel shy.*

[Husbands of 15–19-year-old girls,  
Uttar Pradesh, Group 1]

- R: Boys of our age don't go to the anganwadi to get condoms because everyone comes to know about it.*
- R: Everyone comes to know that the boy [who purchases condoms] uses condoms, and to save ourselves from such embarrassment, we don't buy condoms from the anganwadi. We either go to a medical store or to the government hospital in (the District Headquarter).*
- R: We get it [the condom] easily from the box that is kept in the hospital. We can get as many as we need.*

[Husbands of 15–19-year-old girls,  
Madhya Pradesh, Group 1]

Participants unanimously indicated that adolescent girls were more likely than boys to experience difficulties in obtaining condoms or contraceptives. Several reasons were offered: for example, medical stores are often run by male shopkeepers; hence girls feel embarrassed to approach them, or shopkeepers may not supply condoms to unmarried girls. Other reasons that were advanced were that girls feel shy to approach even health care providers in hospitals for condoms; that they lack information on contraceptives, including condoms; and that they are often not allowed to go out.

- R: It is impossible for unmarried girls to obtain condoms or contraceptives; if they go to the shop for these things, people [shopkeepers] will think differently and will not give them any; they will also make fun of them.*



R: They will look at the girl to see whether she is married or unmarried, and if she is unmarried, they will hesitate to give [her condoms].

I: And boys?

R: No one can tell whether a boy is married or not; that's why he can obtain condoms easily from a shop.

[15–19-year-old unmarried girls,  
Madhya Pradesh, Group 1]

R: How can they [girls] go to faraway places to get it? They feel shy too.

15–19-year-old unmarried girls,  
Uttar Pradesh, Group 1]

R: Girls are unable to go and there is no one to bring it [contraceptive] for them.

[15–19-year-old married girls,  
Uttar Pradesh, Group 1]

R: Girls who don't want to conceive early and who know about contraceptives go there [to the health facility] to get them, but those who don't know, don't go.

[15–19-year-old unmarried girls,  
Madhya Pradesh, Group 3]

Finally, participants in most FGDs reported that unmarried adolescents experienced more constraints than the married in obtaining condoms; they were more likely to feel embarrassed about asking for condoms, and were more likely to be ridiculed by those who supply condoms. For example:

R: Shopkeepers in the village know us; they ask too many questions. They ask us what we will do with it, with whom we will use it and so on. They make fun of us, whereas in (the District Headquarter) nothing like that happens. We go to a shopkeeper there, ask for it, pay him, and get it quietly. We face a lot of problems here.

[15–19-year-old unmarried boys,  
Madhya Pradesh, Group 3]

### **Facilities that provide treatment for sexual health problems**

Adolescents' access to facilities that provide treatment for sexual health problems also remains limited. Participants cited several reasons for this limited access. In several FGDs with 15-19-year-olds, both girls and boys reported that such facilities were not available in their village, requiring them to go outside the village to obtain treatment. They also pointed out that they did not like to seek treatment at public sector facilities because of the poor quality of services. Others noted that some adolescents were embarrassed to seek treatment for sexual health problems, lacked money to seek treatment, or lacked information about sexual health problems. Girls, in addition, were unable to go to a health facility on their own and, therefore, could seek treatment

only if their parents escorted them. Moreover, girls found it difficult to seek treatment in a facility that did not have a female health care provider. The following excerpts emphasise the findings on adolescents' limited access to decent health care facilities:

R: They [adolescents] mostly go to private doctors.

R: Because they are unable to get good and prompt treatment at government facilities.

R: They [government hospital staff] also make fun of patients suffering from sexual diseases; they tell everyone there that such and such a patient is suffering from the disease.

R: They [government hospital staff] don't keep anything confidential; they tell others and everyone comes to know about the patient's problem, and makes fun of him. In a private facility, this doesn't happen. Therefore, mostly, people go to private hospitals for treatment.

R: All these facilities are outside the village; there is no facility in the village for treatment.

[15–19-year-old unmarried boys,  
Madhya Pradesh, Group 1]

R: Doctors are not available on time in government hospitals.

R: They [doctors] don't treat us properly.

R: Some [boys] don't seek treatment because of lack of money.

R: Some boys don't go to the health facility because of shyness. They are worried that others will get to know their "private" problems.

[Husbands of 15–19-year-old girls,  
Madhya Pradesh, Group 1]

R: They [girls] go if they get some help; for example, if their parents go with them. They are unable to go alone.

[15–19-year-old married girls,  
Madhya Pradesh, Group 1]

R: They [boys] are unable to seek treatment because of their poor financial condition.

R: Some boys also neglect these problems and think that they will get cured on their own.

R: One reason is lack of information; all don't have information about these diseases.

[Husbands of 15–19-year-old girls,  
Uttar Pradesh, Group 2]

R: The reason is that girls are unable to talk to a male doctor.

[15–19-year-old unmarried girls,  
Madhya Pradesh, Group 1]

## Facility for HIV testing

We probed older adolescents about their access to facilities for HIV testing. Participants in all the FGDs (12 FGDs each with 15–19-year-old girls and boys) reported that no such facilities were available in their village and they would have to go to a hospital located in the block or district headquarters for a HIV test, as these excerpts indicate:

R: *There is no place in the village [for HIV testing].*

R: *It [HIV test] is available at (the District Headquarter).*

[15–19-year-old unmarried boys, Madhya Pradesh, Group 2]

R: *They go to (the District Headquarter) or (the Block Headquarter).*

[15–19-year-old unmarried girls, Uttar Pradesh, Group 2]

R: *No, there is no such facility available here [for HIV testing]. [In chorus]*

R: *No facility is available here.*

R: *There is no place available even outside the village where this type of test is done.*

R: *For this type of test, they have to go to the Government Hospital at the District Headquarter; there is no other place nearby.*

[Husbands of 15–19-year-old girls, Uttar Pradesh, Group 2]

## Treatment-seeking for symptoms of genital infections

In the short survey of older adolescents (aged 15–19), we included questions on their experience of symptoms of genital infections and treatment-seeking for any symptoms experienced. Findings, summarised in Table 3.2, show that a sizeable number of older adolescent girls and boys in both settings had experienced symptoms suggestive of genital infections in the three months preceding the interview; one in seven unmarried girls and one in three married girls as well as one in four unmarried boys and one in three married boys so reported. Findings also show that many adolescents who had experienced such symptoms had not sought any treatment.

**Table 3.2: Experience of symptoms of genital infections and treatment-seeking among 15–19-year-old FGD participants**

Symptoms of genital infections and treatment sought	Girls			Boys		
	Unmarried 15–19-year-olds in					
	MP (N=28)	UP (N=25)	Total (N=53)	MP (N=22)	UP (N=23)	Total (N=45)
Experienced symptoms of genital infection in the last three months	3	5	8	7	4	11
Of those who experienced symptoms, sought treatment	1	1	2	2	1	3
Symptoms of genital infections and treatment sought	Married 15–19-year-olds in					
	MP (N=20)	UP (N=18)	Total (N=38)	MP (N=19)	UP (N=23)	Total (N=42)
	Experienced symptoms of genital infection in the last three months	6	6	12	6	9
Of those who experienced symptoms, sought treatment	1	2	3	2	5	7

MP = Madhya Pradesh. UP = Uttar Pradesh.

Note: Values given in the tables are actual numbers.

Aside from a focus on strengthening individual level assets, approaches to reduce the vulnerability of girls must focus on the environment in which they live, and more specifically, on the extent to which they derive support from the key stakeholders in their lives (husbands and brothers, parents and parents-in-law, health care providers, community leaders and district level functionaries) and the extent of physical safety they experience in the environment they live in. In this context, the baseline study explored a number of themes—support from brothers, husbands and parents-in-law (in the case of married girls) and parents—to assess the extent to which a supportive environment exists for adolescent girls in the intervention settings. It also included a measure of girls' sense of safety in their village and their experience of being teased. Findings are summarised in this chapter.

### Relationships with parents

FGDs conducted with 10–12-year-olds, 13–14-year-olds, and unmarried 15–19-year-olds probed whether parents discussed such topics as the physical changes during adolescence, marriage and boy-girl relationships with their adolescent daughters and sons. Questions were adapted to be age-appropriate; for example, 10–12-year-olds were asked only about the physical changes during adolescence, and older adolescents were asked, in addition, about marriage and boy-girl relationships. Additionally, in the short survey administered to 13–14-year-old and 15–19-year-old FGD participants, we included questions on whether adolescents had ever discussed such topics as friendships and the physical changes during adolescence with their mother and father.

### Communication on the physical changes during adolescence

Narratives of FGDs suggest a gendered pattern with respect to parent-child communication on the physical changes during adolescence. Among girls, participants in most FGDs (14 of the 18 FGDs with unmarried 15–19-year-old and younger adolescent girls) reported that mothers (and not fathers) did discuss the physical changes during adolescence with their adolescent daughters. While the transcripts contained little information on the content of communication,

available insights suggest that such communication was largely restricted to the dos and don'ts of behaviour during adolescence. For example:

*I: Do parents talk about physical changes with their adolescent children?*

*R: Mothers tell them [girls] not to go here and there.*

[10–12-year-old girls,  
Madhya Pradesh, Group 1]

*R: They [mothers] tell us that a grown-up girl should not roam or play and should just focus on her own work.*

*R: [Mothers tell us] not to talk much with boys and not to take an interest in boys; that means: 'be with your friends and not with boys'.*

*R: To be at home in the evenings and not roam here and there.*

*R: Not to go to faraway places and to stay at home only.*

*R: To go out only after informing family members.*

*R: Everyone at home should know where we are.*

[13–14-year-old girls,  
Uttar Pradesh, Group 3]

*R: Their [girls'] fathers don't talk to them about it [physical changes], but mothers do.*

*R: Their mothers tell them what is correct and what should be done.*

[15–19-year-old unmarried girls,  
Madhya Pradesh, Group 3]

In comparison, participants in just three of the 18 FGDs conducted with unmarried boys reported that parents do discuss the physical changes during adolescence with their sons while participants in 11 FGDs reported that such communication between parents and adolescent sons does not take place at all. Participants in most FGDs reported that boys of their age were afraid to discuss such matters with their parents. Differences by age or state of residence of the participants were narrow. These responses are reflected in the excerpts that follow.

R: They [adolescents] do not talk about it [physical changes].

R: Neither children nor parents talk about it.

I: What are the reasons? Why don't they talk about it?

R: Boys of our age are scared of their parents; that is why they don't talk to them [about physical changes].

R: They talk to their friends because they alone will help them.

[13–14-year-old boys,  
Uttar Pradesh, Group 3]

R: There is no such discussion about physical changes.

R: In our village, neither do parents talk to their children about these things nor do children talk to their parents about such things.

[15–19-year-old unmarried boys,  
Uttar Pradesh, Group 2]

R: No; they [parents and children] don't discuss physical changes.

R: Neither do parents talk to their children, nor do children talk to their parents [about physical changes].

[15–19-year-old unmarried boys,  
Madhya Pradesh, Group 3]

## Communication on boy-girl relationships

Communication between parents and their 13–19-year-old, unmarried children on boy-girl relationships was nonexistent. Participants in all 24 FGDs concurred that parents never discussed boy-girl relationships with their adolescent daughters and sons as is evident from these excerpts:

R: No, it [discussion on boy-girl relationships] doesn't happen.

R: They don't discuss anything regarding this.

R: Parents don't discuss these topics with their children—neither with their sons nor with their daughters.

[15–19-year-old unmarried boys,  
Madhya Pradesh, Group 1]

R: They don't talk about boyfriends and girlfriends.

[15–19-year-old unmarried girls,  
Uttar Pradesh, Group 1]

## Communication on marriage

While not all transcripts contained information on parent-child communication on marriage, those that did contain this information (16 of the 24 FGDs) suggest that such communication is limited. Participants in six of the 12 FGDs with boys and three of the 12 FGDs with girls reported

that parents do not discuss marriage-related issues with their daughters or sons, as indicated by these excerpts:

R: Parents don't ask whether we wish to marry or not; they just do it [marry us off] whenever they like.

R: They [parents] do it according to their wish. We don't tell them our desire. Thus, whenever they wish, they get us married.

[13–14-year-old girls,  
Uttar Pradesh, Group 3]

R: Parents discuss it [their children's marriage] between themselves: 'Our child has grown up and we have to marry him/her,' But, they don't discuss it with their children; they just discuss with each other.

R: They [parents] discuss between themselves.

[15–19-year-old unmarried boys,  
Madhya Pradesh, Group 1]

R: Only parents search for [and decide] a match for their children; the children just have to obey them. Parents do not talk to their children about marriage; they don't take any suggestions from their children.

R: They [parents] don't talk about marriage with their children, and children too don't talk to their parents regarding marriage, etc.

[15–19-year-old unmarried boys,  
Madhya Pradesh, group 3]

Participants in the few FGDs (four with girls and three with boys) who reported that parents discuss marriage-related issues with their adolescent daughters and sons noted that such communication is confined to seeking the children's approval of the spouse chosen for them.

R: They don't say anything about marriage to the children; parents decide the child's partner among themselves only.

R: They just ask their son/daughter if he/she wishes to get married to the person chosen by them and whether the son or daughter has seen this person.

[13–14-year-old boys,  
Madhya Pradesh, Group 2]

R: They ask us about their [parents'] choice and whether we wish to get married to the person they have chosen.

[15–19-year-old unmarried girls,  
Madhya Pradesh, group 2]

Table 4.1 summarises findings from the short survey and reiterates the insights emerging from the FGDs. Communication with parents, especially with fathers, on selected topics, particularly sensitive topics, was far from universal. Findings also indicate that communication with parents differed by topic, sex of the parent, and age and sex



**Table 4.1: Parent-child communication on selected topics, 13–14-year-old and 15–19-year-old FGD participants**

Topics of parent-child communication	Girls			Boys		
	13–14-year-olds in					
	MP (N=28)	UP (N=24)	Total (N=52)	MP (N=23)	UP (N=28)	Total (N=51)
Discussed with mother						
Friendships	24	17	41	19	25	44
Physical changes during adolescence	9	13	22	2	4	6
Discussed with father						
Friendships	16	2	18	17	22	39
Physical changes during adolescence	0	0	0	7	17	24
	Unmarried 15–19-year-olds in					
	MP (N=28)	UP (N=24)	Total (N=52)	MP (N=23)	UP (N=28)	Total (N=51)
Discussed with mother						
Friendships	25	18	43	16	14	30
Physical changes during adolescence	17	14	31	0	0	0
Discussed with father						
Friendships	8	5	13	17	12	29
Physical changes during adolescence	0	1	1	1	0	1

MP = Madhya Pradesh. UP = Uttar Pradesh.  
Note: Values given in the tables are actual numbers.

of the adolescent. Adolescents were more likely to discuss non-sensitive topics (for example, friendships) than sensitive topics (for example, physical changes during adolescence) with their parents. For example, 79 percent of girls aged 13–14 reported that they had discussed friendships with their mother; in contrast, just 42 percent had discussed the physical changes that take place during adolescence. Adolescent girls, regardless of their age and the topic of discussion, reported discussing selected topics more often with their mother than their father. For example, 79 percent and 81 percent of girls aged 13–14 and 15–19, respectively, reported that they had discussed friendships with their mother, compared to 35 percent and 25 percent, respectively, who had discussed this topic with their father. Adolescent boys, regardless of their age, were as likely to discuss friendships with their mother as with their father (86% and 67% of 13–14-year-olds and 15–19-year-olds, respectively, with their mother; 76% and 64%, respectively, with their father). However, they reported discussing the physical changes during adolescence more often with their father than their mother (12% and 0% of 13–14-year-olds and 15–19-year-olds, respectively, with their mother and 47% and 2%, respectively, with their father). Further, parent-child communication on the physical changes during adolescence increased with age among girls (for example, from 42% among 13–14-year-olds to 58% among 15–19-year-olds in respect of communication with mothers), but declined among boys (from 47% among 13–14-year-olds to 2% among 15–19-year-olds in respect of communication with fathers).

## Relationship with brothers

Adolescents participating in the FGDs, regardless of their age, sex and marital status, were probed about the ways in which brothers supported their sisters when they required help. Additionally, participants aged 13–14 and 15–19 were probed about the extent to which brothers assisted their sisters in accessing health information and services.

Narratives of the FGDs indicate a supportive relationship between brothers and sisters in both intervention settings. Participants in all the 48 FGDs indicated that brothers helped their sisters in several ways. Specifically, they bought personal items for them or gave them money for such items, fetched things that sisters required from the market, supported them in their studies (for example, explained lessons and clarified their doubts, gave them money to buy study materials, and escorted them to school), helped in household chores, escorted them as required, contributed to marriage-related expenses, facilitated treatment-seeking if their sisters were unwell and helped them in resolving problems; for example, in their marital home or if they were teased by boys when they went out. For instance:

*R: Brothers help their sisters in every way. For example, if someone teases you when you are going somewhere and you are unable to tell your father, you could tell your brother and he would definitely help sort it out.*

*R: If we ask for any help in housework, they [brothers] give it.*

R: If we have to purchase something and cannot go to the shop, we ask our brother and he brings it for us. We cannot tell our father such things. Fathers don't stay at home always; brothers are always available at home.

R: If someone teases us, we can inform our brother and he helps us.

R: If you have to purchase anything, he gets it for you and also gives you money.

R: If one has to go somewhere and father is not there, we can ask our brother to drop us there and he will do it.

R: Brothers can escort us. For example, if we have to go to a marriage with our friends, we ask our brother; he takes us there and brings us back.

R: If we are ill, they [brothers] also get medicine for us.

[13–14-year-old girls,  
Uttar Pradesh, Group 3]

R: If there is any money problem, the brother helps his sister with money.

R: The brother and sister are the best of companions in both good times and bad. If the girl is married and her in-laws trouble her, the brother tries to solve her problem by visiting her at her marital home and talking to her in-laws.

R: If the sister is not well, he takes her to a doctor and gets her treated.

[15–19-year-old unmarried boys,  
Madhya Pradesh, Group 2]

R: If the sisters are short of money for something, brothers give it to them.

R: If they [sisters] fall sick, brothers get medicines for them.

R: They [brothers] buy clothes for them.

R: They [brothers] spend money when she gets married.

[15–19-year-old married girls,  
Madhya Pradesh, Group 3]

When probed specifically about ways in which brothers helped their sisters in accessing health information and services, participants in all 36 FGDs, except one (with 13–14-year-old boys in Madhya Pradesh), indicated that brothers helped their sisters in accessing health services. Typically, they escorted their sisters to the health facility or brought medicines for them; in a small number of FGDs, participants also reported that brothers paid for the sister's treatment, as these excerpts indicate:

R: If they [sisters] fall ill, they [brothers] bring medicine, and if their condition is bad, they take them to consult a doctor.

[13–14-year-old girls,  
Madhya Pradesh, Group 3]

R: They [brothers] accompany us to the health facility.

[15–19-year-old married girls, Uttar Pradesh, Group 2]

R: If the sister falls ill, the brother takes her to the doctor and gets her treated.

[Husbands of 15–19-year-old girls,  
Madhya Pradesh, Group 2]

However, participants expressed mixed opinions about whether girls and their brothers shared health-related information. Participants in a number of FGDs across these age groups (six with boys and two with girls out of 18 FGDs each) reported that brothers and sisters do not share any health-related information:

R: They [brothers and sisters] do not discuss health-related issues.

R: Neither brothers nor sisters share any health-related information with one another.

R: Health-related information is neither given by a brother to his sister nor by a sister to her brother.

[13–14-year-old boys,  
Uttar Pradesh, Group 3]

R: In our village, neither brothers nor sisters share any health-related information with one another.

R: No discussions take place between them [brothers and sisters] regarding this.

[15–19-year-old unmarried boys,  
Madhya Pradesh, Group 1]

R: Nobody discusses that [health-related information].

[15–19-year-old unmarried girls,  
Madhya Pradesh, Group 3]

Participants in 13 FGDs (10 with boys and three with girls) reported that brothers and sisters shared such health-related information as that on common illnesses, nutritious food and general hygiene. Notably, none of the participants indicated that they discussed sexual and reproductive health problems. In one FGD, participants mentioned that brothers and sisters **would** not discuss sexually transmitted diseases.

R: They [brothers and sisters] share information related to health issues with each other.

R: They discuss cleanliness.

R: They talk about living properly and eating well.

[13–14-year-old boys,  
Uttar Pradesh, Group 1]

R: They [brothers and sisters] share a little [information]. If the brother knows that one should do exercises for good health, he tells us, and if we have heard something good, we tell our brother that it is good for health. We discuss the other things [sensitive matters] with our mother or friends.

R: If he has a cough, we tell him to have honey as it is good for health.

[13–14-year-old girls,  
Uttar Pradesh, Group 3]

R: If they [brothers and sisters] are educated, they give health-related information to each other.

R: They don't share information on sexually transmitted diseases, but they talk about cleanliness.

R: They talk about common illnesses.

[Husbands of 15–19-year-old girls,  
Uttar Pradesh, Group 3]

R: They [brothers] also give health-related information.

R: They [brothers and sisters] tell each other to eat healthy food and talk about cleanliness.

[Husbands of 15–19-year-old girls,  
Madhya Pradesh, Group 3]

## Relationship with husband

In the course of FGDs with married adolescents, we probed the nature of marital relationships. Specifically, we explored marital violence among adolescent couples, couple communication on sexual and reproductive matters, and support received by married adolescent girls from their husbands in accessing health services.

### Marital violence among adolescent couples

Participants in all but one of the 12 FGDs with married adolescents acknowledged the prevalence of physical violence perpetrated by husbands of adolescent girls in the study settings, although participants' responses were mixed about the frequency of such violence, as the excerpts below indicate. Participants in half of the 12 FGDs reported that typically, men who use alcohol perpetrate physical violence against their wife. In one or two FGDs, they also suggested that men who engage in gambling or extramarital sexual relationships also perpetrate such violence.

R: It [wife beating] happens sometimes, but not every day.

R: There are some men who drink alcohol and beat their wives; there are only three to four such men in our village.

[Husbands of 15–19-year-old girls,  
Uttar Pradesh, Group 3]

R: They come home drunk and beat their wife.

R: They beat her [wife] often.

[15–19-year-old married girls,  
Madhya Pradesh, Group 1]

R: They drink and smoke hemp; they gamble and beat their wife.

R: They ask their wife for money, and if she doesn't give it to them, they hit her.

[15–19-year old married girls,  
Uttar Pradesh, Group 1]

R: All of us experience this problem [marital violence]; what can we do?

R: It [marital violence] happens throughout the village.

R: Everyone does it.

[15–19-year-old married girls,  
Uttar Pradesh, Group 2]

Likewise, participants in most FGDs (10 of the 12 FGDs with married adolescents) acknowledged the occurrence of sexual violence; participants in just two FGDs reported that such violence does not take place among young couples:

R: It [sexual violence] is very common.

[15–19-year-old married girls,  
Uttar Pradesh, Group 1]

R: They [husbands] do so [perpetrate forced sex] sometimes.

R: Many people do it.

[15–19-year-old married girls,  
Madhya Pradesh, Group 1]

R: There are men who have sex forcefully; they come home drunk and if the wife refuses, they hit her and force her to have sex.

R: Girls are married off; they have to fulfill their husband's wishes.

[Husbands of 15–19-year-old girls,  
Uttar Pradesh, Group 3]

R: According to me, some 10 percent of men engage in forced sex.

[Husbands of 15–19-year-old girls,  
Madhya Pradesh, Group 1]

### Spousal communication on sexual and reproductive matters

Participants in all except one of the 12 FGDs with married adolescents reported that young couples do discuss sexual and reproductive matters with each other, including such matters as contraceptive use, timing of first pregnancy and so on. For example:

R: They [young couples] talk to each other about contraceptives.

[Husbands of 15–19-year-old girls,  
Madhya Pradesh, Group 1]

R: They [young couples] do discuss [contraception].

R: They discuss whether to use it [contraceptives] or not.

[15–19-year-old married girls,  
Madhya Pradesh, Group 2]

R: We talk about when we should have a child.

R: [We discuss about] keeping a gap between the children [spacing].

[15–19-year-old married girls,  
Uttar Pradesh, Group 2]

### Support received from husband in accessing health services

Participants in all 12 FGDs indicated that husbands helped their wives in accessing health services. Typically, they escorted their wives to the health facility or brought medicines for them; participants in a small number of FGDs reported that husbands gave their wives money to seek treatment. For example:

R: They [husbands] get medicine [for their wife] in case of illness.

R: They also give her money to seek treatment.

[Husbands of 15–19-year-old girls,  
Madhya Pradesh, Group 2]

R: If the wife falls ill, her husband takes her to the doctor and gets her treated.

[Husbands of 15–19-year-old girls,  
Uttar Pradesh, Group 1]

R: They [husbands] accompany them [their wife] to the health facility.

[15–19-year-old married girls,  
Madhya Pradesh, Group 2]

At the same time, we note that participants in four FGDs (all with married girls) reported that although some husbands helped their wives access health services, not all husbands did so. Participants perceived that those who did not help their wives were those who felt shy, used alcohol, had no money, or were worried about how their parents would react.

R: Some husbands feel shy.

[15–19-year-old married girls,  
Madhya Pradesh, Group 1]

R: Those [husbands] who drink alcohol don't do it [help their wife access health services].

R: Some men also believe in the veil system and think that family members like their mother or father should go with their wife to consult the doctor.

R: There are many who don't have money to take their wife to a doctor.

[15–19-year-old married girls,  
Uttar Pradesh, Group 1]

R: They [men] drink alcohol and don't understand anything.

R: They [couples] don't understand each other and fight with each other. Therefore, they [husbands] don't take them [their wife] to the doctor.

R: They [men] are scared of their parents.

[15–19-year-old married girls,  
Uttar Pradesh, Group 3]

### Girls' access to a safe environment within their village

To assess adolescent girls' access to a safe environment within their village, we asked participants in all the 48 FGDs, irrespective of age, marital status or state of residence, to list the places where they felt safe and unsafe during the day and night, and what made these locations safe or unsafe for girls. We also probed the extent to which adolescent girls experienced harassment in their villages. Finally, we explored the sources of support available to girls who reported feeling unsafe or had experienced any harassment.

#### Places that are safe and unsafe for girls

Narratives of the FGDs suggest that the extent to which girls were safe in the study settings varied according to the time of day and the situation they were in. Specifically, several places were considered safe for girls during the day, but most of these places were considered unsafe at night. For example, FGD participants, regardless of the category of adolescents and their state of residence, listed a variety of locations as safe for girls in their village during the day. These locations typically were home (their own as well as a friend's home), their school, temple, fields, water sources (near the hand pump, near the pond and riverbank), and market places. However, none of these places, except the girls' own homes, were considered safe during the night. For example, girls reported feeling safe by day in the following places:

R: In their school and on the farm.

R: In school and at home.

[10–12-year-old girls,  
Uttar Pradesh, Group 3]

R: We can go anywhere in our village without fear; we don't fear anything and can roam anywhere during the daytime.

R: Market.

R: We also go the shop; there is nothing to worry; we feel safe everywhere.

R: In school.

R: In the temple.

[13–14-year-old girls,  
Uttar Pradesh, Group 3]

R: At home.

R: In school.

R: In school.

R: In the temple.

[15–19-year-old married girls,  
Madhya Pradesh, Group 3]

In contrast, only few places were considered safe for girls at night.

I: Which are the places where girls feel safe during the night?

R: At home.

R: At home.

R: They are safe at home only; where else?

[15–19-year-old married girls,  
Madhya Pradesh, Group 1]

R: There is no place except home where girls like us feel safe during the night.

R: In our homes.

[15–19-year-old unmarried girls,  
Uttar Pradesh, Group 3]

What made these specific locations safe for girls during the day was largely the presence of people around them, including family members, friends and peers, teachers, priests, and the general public. As evident from the excerpts below, the presence of these people served to give girls the confidence that no one would dare to misbehave with them or that even if someone did misbehave, people around would help them. To some participants, these locations were safe for girls because they were located near the girls' home from where help was easily available if they encountered any problem.

I: What are the reasons for girls feeling safe at these locations?

R: There are people there.

R: Many people are there.

R: No one will tease them there.

[10–12-year-old boys,  
Madhya Pradesh, Group 1]

R: Because the teacher is always there and if something happens we can tell our teacher; so, we feel safe. We can tell our problems to our teacher and she can help us.

I: Okay, why do girls feel safe near the pond?

R: Everyone is there, so we are safe there.

[13–14-year-old girls,  
Madhya Pradesh, Group 2]

R: There are parents at home.

R: Many people are there in the temple.

R: There are many people near the house, so no one can say anything to [tease/harass] girls.

R: There are adults there, so no one would say anything.

[13–14-year-old girls,  
Uttar Pradesh, Group 1]

R: That [the water tank] is near the village, that's why they [girls] feel safe.

R: That is near the village so if they [girls] face any problem, the elders of the family can come easily.

[15–19-year-old unmarried girls,  
Madhya Pradesh, Group 2]

R: Generally, their [girls'] parents are with them when they are in the fields, so nobody dares to say anything [tease them]; in case someone does say something, he gets beaten up.

R: This is because their parents are with them; so, nobody can talk much to them.

R: They are scared to talk to girls when they are with their parents.

[15–19-year-old unmarried girls,  
Madhya Pradesh, Group 3]

R: People are there in the daytime.

R: There are people around; no place is lonely during the daytime.

R: There is a person after every ten steps.

R: They [girls] are safe because there are people around.

R: They know that if someone troubles them, the villagers will help them.

[Husbands of 15–19-year-old girls,  
Uttar Pradesh, Group 1]

Reasons were similar for considering girls' homes as the only place safe for girls during the night (presence of parents, siblings, and other elders in the family; no stranger will enter the house; no one will misbehave with girls in the presence of their family members; family members will take care of the girls). For example:

I: Why are girls safe at home at night?

R: Everyone lives there.

R: There are parents, brothers and sisters; thus, they are safe.

R: There are elder people in the house. Everyone is there to hear and see; hence, girls are safe.

[Husbands of 15–19-year-old girls,  
Uttar Pradesh, Group 1]

Given that girls' safety depended on these facilitating conditions, participants noted that places that are generally considered safe may turn out to be unsafe for girls even during the day, for example, when girls are alone, or when adults are not around.



R: *They feel safe in school when the teachers are around, but they feel scared when the teachers are not around.*

[15–19-year-old unmarried boys,  
Madhya Pradesh, Group 2]

R: *No one can say anything [tease/harass] in the market. If we are in the market, we are not that scared. If we are not alone, even if someone says something, we will be able to reply. But if we are alone, we don't have the guts to say anything.*

[13–14-year-old girls,  
Uttar Pradesh, Group 1]

Findings also suggest a gendered perception of girls' safety in the study settings. Adolescent boys and young men were more reluctant to acknowledge the lack of safety for girls in their village. Participants in several FGDs with boys, especially boys aged 15–19 and those from Uttar Pradesh, maintained that all places in their village are safe for girls during the day. They suggested that girls are treated as sisters and daughters in their villages and that the village atmosphere is violence-free. However, girls rarely reported thus.

R: *They feel safe at all places in the village during the daytime.*

R: *The environment in our village is not such that they will face any problem or feel insecure.*

R: *Girls are viewed as sisters and daughters, so the environment of our village is good.*

[15–19-year-old unmarried boys,  
Madhya Pradesh, Group 3]

R: *The atmosphere of the village is good and nobody misbehaves with girls; so, they can commute without feeling insecure.*

[15–19-year-old unmarried boys,  
Uttar Pradesh, Group 1]

R: *Girls are completely safe in all places in our village.*

R: *There is no such place in the village where girls are unsafe during the day.*

R: *Because no one teases them here, no one sees them with bad eyes, and they don't face any kind of problem.*

[15–19-year-old unmarried boys,  
Uttar Pradesh, Group 2]

R: *They [girls] are safe everywhere in our village and don't have any problem here.*

R: *Our village is completely safe; it is a clean village. Here, no one pressures anyone; no one quarrels with anyone.*

R: *No one has enmity with anyone in the village. The people of this village treat other people's children as their own.*

[Husbands of 15–19-year-old girls,  
Uttar Pradesh, Group 2]

Despite the somewhat positive picture about girls' safety that emerged during the discussion on safe places, albeit during the daytime, we note that participants in several FGDs listed a number of situations and places that are unsafe for girls during the day and at night. During the day, as mentioned earlier, several locations generally considered safe (for example, fields, water sources, marketplaces, gardens) were considered unsafe if girls were alone. Additionally, unescorted girls were likely to feel unsafe on the streets (when they travelled to and from school, in market places and fields, outside the village, etc). During the night, the entire village except the girls' own home was acknowledged as unsafe for girls by participants in almost all the FGDs, as these excerpts indicate:

I: *Which are the places that are unsafe for girls?*

R: *Outside, like on the road.*

R: *In the fields.*

R: *Outside the house, in the market.*

R: *If the girl is alone on the road and if three or four boys happen to come along, they [boys] can get hold of the girl's hand.*

R: *When they [girls] go to the fields, someone could tease them, thus they are not safe there.*

R: *If she goes out of the house alone, anyone could tease her.*

R: *Boys think that they can do anything wrong with [take advantage of] a girl if they find her alone.*

[15–19-year-old unmarried girls,  
Madhya Pradesh, Group 1]

R: *They [girls] feel insecure when they go somewhere.*

R: *[They feel unsafe] on their way to and from school.*

R: *They feel insecure on the way back from school.*

[15–19-year-old unmarried girls,  
Uttar Pradesh, Group 3]

The underlying concerns that made girls feel unsafe in these situations and places differed somewhat between younger and older adolescents. Younger adolescents reported that girls were unsafe because they could experience physical and sexual harassment perpetrated by boys, wild animals could attack them, drunken men loitering around could harass them, accidents could happen and unnatural elements (such as ghosts) could attack them. Older adolescents reported that girls were unsafe because they could be harassed sexually. These concerns, as expressed by the participants, follow:

R: *There are devils there.*

R: *Someone can tease or kill them [girls].*

[10–12-year-old boys,  
Madhya Pradesh, Group 1]

R: *They [girls] cannot walk on the road because of vehicles and drunkards.*

R: *Because of the fear of getting teased by people.*

[13–14-year-old boys,  
Uttar Pradesh, Group 1]

R: *There are many animals in the forest; there are crocodiles, snakes and scorpions.*

R: *There are vehicles running on the street.*

[13–14-year-old girls,  
Madhya Pradesh, Group 1]

R: *Someone will scold us [girls], beat us, or say something bad to us.*

[13–14-year-old girls,  
Uttar Pradesh, Group 2]

R: *Someone might take them [girls] away and force them to have sex.*

[15–19-year-old unmarried boys,  
Uttar Pradesh, Group 3]

R: *There can be thieves hiding somewhere; therefore, it can be unsafe for girls.*

R: *They may encounter boys who can forcefully do something with the girl.*

[15–19-year-old unmarried girls,  
Madhya Pradesh, Group 3]

## Experience of harassment

Participants in several FGDs (19 of the 24 FGDs with younger adolescents and 14 of the 24 FGDs with older adolescents) acknowledged that adolescent girls in their village did experience some form of harassment. As with the discussion on girls' safety, boys were more reluctant than girls to acknowledge girls' experiences of harassment in their villages. However, state-wise differences were narrow.

The forms of harassment mentioned by the participants differed somewhat by their age. Very young adolescents listed, by and large, noncontact forms of harassment including winking at girls, whistling at them, passing comments about them (not clear whether these comments were of a sexual nature), and singing provocative songs when girls passed by; they rarely mentioned contact forms of harassment, such as touching or pushing.

R: *They whistle at us.*

[10–12-year-old girls,  
Uttar Pradesh, Group 3]

R: *If a girl is going alone, they whistle and say awkward things.*

R: *When girls go to fill water, some boys pass offensive remarks.*

[10–12-year-old boys,  
Madhya Pradesh, Group 2]

The forms of harassment listed by 13–14-year-olds and 15–19-year-olds were similar and included verbal, physical and sexual harassment. Notably, participants in several FGDs talked about different forms of sexual harassment—making

sexual gestures, passing lewd comments, unwanted touching, pulling girls' clothes, attempting to have sex or having coerced sex. For example:

R: *They [boys] whistle and pass lewd comments.*

R: *They tease them [girls].*

R: *If no one is around, they touch the girl and catch hold of her.*

[13–14-year-old boys,  
Madhya Pradesh, Group 2]

R: *If the boys are sitting somewhere and a girl is passing by, they click her photograph with their mobile phones.*

R: *They go close to girls and whisper something to them.*

R: *When they [boys] see them [girls] alone, they even try to catch hold of them.*

R: *They hold her and insult her also. They do wrong with her.*

[13–14-year-old boys,  
Uttar Pradesh, Group 1]

R: *They [boys] will catch them [girls] or hold the girl's hand and threaten her saying, 'Let's go and do it [sexual intercourse]; if you don't do it with me, I will hit you.'*

[13–14-year-old girls,  
Uttar Pradesh, Group 3]

R: *They [boys] make wrong gestures.*

R: *They make bad comments.*

R: *They touch them [girls].*

R: *They try to pull their clothes.*

R: *If there is no one at home, they get inside the house and try to have sexual relations forcefully.*

[Husbands of 15–19-year-old girls,  
Uttar Pradesh, Group 1]

R: *If a girl is alone, boys follow her, and if she doesn't speak, they call out to her saying, 'Hi beautiful,' etc.*

R: *If they [girls] happen to be in a crowded place, boys touch their [girls'] private parts, they pull their clothes.*

R: *If they find a girl alone, they do it [have forced sex] too.*

I: *Means?*

R: *Like, if there are two to four boys and they find a girl alone, they have forced sex with her.*

I: *How common is it?*

R: *It happens in the village, in school, and in the fields.*

[Husbands of 15–19-year-old girls,  
Madhya Pradesh, Group 2]

A range of perpetrators was mentioned by participants. The categories of men and boys that came up most frequently in the list of perpetrators were rich and influential individuals in the community, relatives and alcoholics. Participants also noted that perpetrators included both those residing in and outside the village. For example:

*R: They [perpetrators] are family members and friends also. They are those people who drink liquor.*

[15–19-year-old married girls,  
Uttar Pradesh, Group 1]

*R: They [perpetrators] are mostly those people who go to school or college and also some village boys.*

*R: They are mostly rich people.*

*R: There are some relatives who do this.*

[Husbands of 15–19-year-old girls,  
Madhya Pradesh, 2]

*R: They [perpetrators] are rich boys.*

*R: Poor boys also do it; there can be both rich and poor boys.*

*R: They are mostly rich boys because they think that since they have money, no one can do anything to them.*

*R: They have power and it is only such people who tease and do vulgar things with girls.*

[15–19-year-old unmarried boys,  
Madhya Pradesh, Group 1]

Experiences of harassment were also mentioned by adolescent boys, but were not as widely prevalent as in the case of adolescent girls, and were of a somewhat different nature. Participants in 13 out of the 48 FGDs reported that adolescent boys in their community had experienced some kind of harassment. Younger adolescents were more likely to report such experiences than older adolescents. The perpetrators were typically boys and men who were older than them, thieves and alcoholics. The type of harassment was typically physical.

*R: When boys go to school, some older boys snatch their bag, tear their copy book, abuse them, and send them back home after beating them.*

[10–12-year-old boys,  
Madhya Pradesh, Group 3]

*R: Drunkards abuse us on our way.*

*R: They even fight with us.*

[13–14-year-old boys,  
Uttar Pradesh, Group 1]

*R: There are drunkards who sit on the roadside and consume alcohol, and if any boy passes by, they tease him, abuse him, beat him, and even snatch money from him.*

*R: Only people who are rich engage in such activities; or those who are in power and have a large family. Such people tease those who are inferior to them because they know that no one can say anything to them.*

[15–19-year-old unmarried boys,  
Madhya Pradesh, Group 3]

## Support mechanism for addressing concerns about safety and harassment

We also probed about persons or institutions that girls can approach if they feel unsafe in their community and/or if they experience harassment. Findings suggest that family members were the leading source of support and mechanism by which harassment could be addressed. Participants in 33 of the 48 FGDs reported that girls, when harassed, would inform their parents. Siblings were also an important source of support; younger adolescents listed siblings more often than older adolescents (in 11 of the 24 FGDs among younger adolescents and four of the 24 FGDs with older adolescents). Other elders in the family including grandparents, uncles and aunts were less frequently cited (in just six FGDs).

Girls' sources of support and mechanisms outside the family for redressing lack of safety or harassment included friends, the police, the village head and the community, more generally, as evident from the excerpts below. Participants in about one-third of the 48 FGDs reported that girls' families approached the police, particularly if their own efforts to settle the issue did not succeed. However, participants in a couple of FGDs reported that girls could not go to a police station on their own. Participants in a small number of FGDs mentioned the village head (in six FGDs) and the general public in the village (in eight FGDs) as sources of support. Friends were listed as a source of support only in eight FGDs conducted with younger adolescents.

*I: What will a girl do if someone harasses her?*

*R: [The girl tells] the Sarpanch of the village.*

*R: She [girl] tells people at home first.*

*R: She tells her neighbours.*

[13–14-year-old boys,  
Madhya Pradesh, Group 1]

*R: They [girls] go to their mothers and tell them.*

*R: They tell their friends also.*

*R: They go to the police station for help.*

*R: After they tell their parents, they go to the police. Girls will not go to the police station alone; they go with their parents.*

*R: Girls also tell their brother; then the brother calls his friends and beats up the boy.*

[13–14-year-old boys,  
Uttar Pradesh, Group 3]

R: She [the girl] will come home and tell her parents. Then her parents go to the boy's house and tell his family that he has teased their daughter. If they listen to them [and settle the matter], it is okay; but if they don't, the girl's parents go to the police station.

[15–19-year-old unmarried boys, Madhya Pradesh, Group 3]

R: She [girl] can go to her parents.

R: She can go to her brothers and sisters.

[15–19-year-old married girls, Uttar Pradesh, Group 3]

We also included a number of questions related to participants' safety in the short survey administered to 13–14-year-old and 15–19-year-old FGD participants. Findings are summarised in Table 4.2. The vast majority of adolescent

girls and boys, regardless of their age, reported that they felt safe walking around the village during the day; 73–91 percent of adolescent girls and 91–100 percent of adolescent boys so reported. At the same time, a substantial number of adolescent girls reported that they felt scared of young men in their village; the percentage of girls reporting so declined with age—40 percent of 13–14-year-olds to 23–24 percent of 15–19-year-olds. A small number of adolescent boys also so reported—14 percent of 13–14-year-olds and four percent of 15–19-year-old unmarried boys. Findings also show that the vast majority of adolescents believed that someone in the village would help them if they were teased (88–98% of girls and 87–100% of boys). The nearest police station was known to most participants. Among adolescent girls, such awareness ranged from 83 percent among 13–14-year-olds to 77 percent among 15–19-year-old unmarried girls to 55 percent among married girls. Almost all adolescent boys (98–100%) knew the nearest police station.

**Table 4.2: Safety in the village, 13–14-year-old and 15–19-year-old FGD participants**

Indicators	Girls			Boys		
	13–14-year-olds in					
	MP (N=28)	UP (N=24)	Total (N=52)	MP (N=23)	UP (N=28)	Total (N=51)
Feel safe walking around the village during the day	19	19	38	22	26	48
Feel scared of young men in the village	9	12	21	2	5	7
Believe that someone in the village will help the respondent if someone teases her/him	26	20	46	21	28	49
Know where the nearest police station is	23	20	43	23	28	51
	Unmarried 15–19-year-olds in					
	MP (N=28)	UP (N=25)	Total (N=53)	MP (N=22)	UP (N=23)	Total (N=45)
Feel safe walking around the village during the day	26	22	48	22	19	41
Feel scared of young men in the village	6	6	12	2	0	2
Believe that someone in the village will help the respondent if someone teases her/him	28	24	52	20	19	39
Know where the nearest police station is	26	15	41	21	23	44
	Married 15–19-year-olds in					
	MP (N=20)	UP (N=18)	Total (N=38)	MP (N=19)	UP (N=23)	Total (N=42)
Feel safe walking around the village during the day	19	14	33	19	23	42
Feel scared of young men in the village	6	3	9	0	0	0
Believe that someone in the village will help the respondent if someone teases her/him	19	18	37	16	22	38
Know where the nearest police station is	12	9	21	19	23	42

MP = Madhya Pradesh. UP = Uttar Pradesh.  
Note: Values given in the tables are actual numbers.

The baseline qualitative assessment examined: (a) the perspectives of mothers and fathers with regard to the life of their daughters and sons, notably, the ways in which they have been socialised; (b) the extent of parent-child communication, particularly on sexual and reproductive health matters; (c) parents' own knowledge about sexual and reproductive health matters and HIV, their gender-role attitudes, and perceptions about women's SRH rights; and (d) parents' perceptions about the vulnerability of adolescent girls and boys to HIV and SRH problems. This chapter presents the insights obtained on these issues from a total of 12 FGDs with parents and parents-in-law of adolescents: six each with mothers/mothers-in-law and fathers/fathers-in-law, hereafter referred to as mothers and fathers, respectively.

### The perspectives of mothers and fathers on adolescent life

Focus group discussions with mothers and fathers explored a number of issues relating to adolescent life, including gender differences in time use of adolescents, decision-making, freedom of movement, access to and control over money, friendships, safety, and parent-child communication. In this section, we describe parents' perspectives on each of these issues. In general, FGD insights reinforced the extent to which girls' lives differed from those of boys. In their descriptions of the life of girls and boys in their communities, mothers and fathers described the life of girls as far more restricted to home than that of boys, and girls, in general, as having far less of a voice in matters concerning their own life than boys.

### Gender differences in time use

In every FGD, irrespective of state of residence, both mothers and fathers drew a similar picture of vast gender differences in the life of adolescent girls and boys in their village. Typically, the day of a girl comprised school (if she was school-going), housework, work on the family farm or tending the family's livestock, and, in some cases, wage work, accompanying her mother for agricultural labour. In contrast, boys also spent time at school and on studies, but were described as having far more leisure time than girls and spending time outside the home with their friends; older boys were also described as working for wages, either in the village itself or, more often, in nearby villages, towns and the district headquarters. The

contrast between the life of girls and boys was evident, and the narratives of mothers and fathers were virtually identical on these issues. Mothers reported thus:

*R: They (girls) do their work in the morning, and then go to school. They come back and work as well as study. After coming home, she does household work like preparing food, washing utensils, stitching and embroidery. Boys play matches; when they come home, they go out again to roam in the market, have fun, drink liquor; they don't try to get a job.*

[Mothers,  
Uttar Pradesh, Group 2]

*R: Girls study, they prepare food, look after the cattle, wash utensils and clean the house; They do many things. Boys go out to play with their friends.*

[Mothers,  
Madhya Pradesh, Group 2]

*R: Boys go for wage work and girls work at home; this is the difference. There are some boys who play all the time.*

[Mothers,  
Madhya Pradesh, Group 2]

Fathers' narratives suggested a similar scenario:

*R: Mostly, girls do household work like preparing food, washing utensils, cleaning the house; boys don't do such work. Boys wander around and talk with their friends.*

[Fathers,  
Uttar Pradesh, Group 1]

*R: Mostly, girls do household work and boys roam around, here and there. Girls get up in the morning, prepare food, clean the house, and do all the other housework. They don't have time, so they are only able to meet their friends at school. After coming back from school too, girls stay at home and are busy with [house] work, whereas boys roam around the whole day. Boys do less work than girls.*

[Fathers,  
Madhya Pradesh, Group 2]



Almost every discussion highlighted the fact that boys did not contribute to household chores, and that even if asked to do so, would refuse, whereas girls were perceived to be far more likely to obey their parents in performing household chores. Mothers spoke about a sense of entitlement among boys, to the extent of having their sisters perform household tasks for them. For example:

*R: The work which girls can do, boys won't do; they say, 'We have sisters at home; they will do all the work, and we will go out to play.' They ask their sister to bring a bucket of water so they can take a bath.*

[Mothers,  
Uttar Pradesh, Group 2]

Although both mothers and fathers valued the schooling of girls and boys, many recognised the obstacles faced in their village in educating children, notably, their daughters. Indeed, many parents described the limited educational facilities in their village. In some villages, schools did not go beyond Class 5 or Class 8, and because of restrictions on girls' mobility, this marked the end of the girl's education. In other villages, the quality of public education was poor, and if parents did not have the resources to enrol their children in private schools, they maintained that educating children had limited value. For example:

*R: The school in our village is till Class 5 only; thus, they [girls] study till the fifth class. After this [Class 6 onward], the school is far away and we are unable to send our daughters there.*

[Mothers,  
Madhya Pradesh, Group 2]

*R: There are no opportunities or facilities available here. The [village] school is till the fifth class only, and for further studies children have to go to another school. The children here go to (the Block Headquarter) to study or to Village X which is eight kilometres from here. Parents think that their daughter is growing up and nothing should happen to her, as it is not safe nowadays to send girls outside the village [for studies]. Due to this fear, they make their daughters leave school and sit at home. Boys study further as they don't have any such problem; they can study wherever they wish to, without any difficulty. Some boys in our village have continued their studies while some have given up studies and are doing labour work.*

[Fathers,  
Madhya Pradesh, Group 2]

Even in the one village which had a high school, not all girls continued to complete a high school education; obstacles ranged from economic to social, including for many, fear of the daughter mixing with boys and damaging the family's reputation. For example:

*R: Some people over here don't send their daughters out [of the village] to study as they think about their respect. They think that if something unpleasant happens, how will they face society? They do not want anything unpleasant to happen to their young daughter.*

[Fathers,  
Uttar Pradesh, Group 1]

## Decision-making

Both mothers and fathers reiterated the limited decision-making authority of girls and contrasted this with the greater decision-making role of boys from an early age. Parents suggested that girls do not have the right to decide for themselves, be it whether to work, how much education to have, or when and whom to marry. Again, both mothers and fathers expressed identical views. For example:

*R: If she does anything that she wishes, she will be spoilt. They [girls] ask, 'What is to be cooked today?' and we tell her to make such and such food; she doesn't prepare food according to her wish.*

[Mothers,  
Uttar Pradesh, Group 2]

*R: They [girls] don't have the right to take any kind of decision about their life; only their parents have that right; whatever decision the parents take is to be accepted.*

[Fathers,  
Uttar Pradesh, Group 1]

*R: No; girls cannot take any kind of decision themselves. They act according to their parents' wishes. Girls don't take any decision regarding their marriage as well. Parents tell their children that they should study till such and such a class and not further; daughters can study only as much as the parents wish. They cannot take any decision about studies themselves.*

[Fathers,  
Madhya Pradesh, Group 2]

Mothers and fathers held identical views, moreover, about the decision-making role of boys. Boys were perceived to play far more of a decision-making role in their life, and even where parents wished to exercise more control over their sons, they accepted that they were unable to do so, that sons were far more likely than daughters to disregard the parents' wishes. For example:

*R: Boys take decisions regarding their life themselves; if the parents tell them, 'We have seen a girl at such and such a place', the boy will say, 'First, I will see her and only then will I let you know.' Some boys even say, 'I will only marry an*

educated girl.' If a boy likes the girl, he gives his consent; if he doesn't like the girl, he refuses to marry her.

[Fathers,  
Uttar Pradesh, Group 1]

R: Boys have full freedom and can go outside the house and wander anywhere without permission but the girl has to stay at home all day. Boys can go out for two to four days or a week, or even a month, but girls can't.

[Fathers,  
Uttar Pradesh, Group 3]

Decisions about larger household matters appear to be made by the men of the family. Thus, fathers in several FGDs reported that men consulted their sons about household matters and accepted their sons' views; fewer fathers reported that daughters' views were sought or taken into consideration. For instance:

R: Family members take the opinion of their sons only, and listen to them. For all household matters, girls are not asked at all; their opinion is not taken.

[Fathers,  
Uttar Pradesh, Group 2]

R: After marriage, a girl goes to her in-laws' place whereas a boy has to take responsibility for the household; hence, this differentiation between boys and girls is made everywhere. People listen to what boys say on any matter, but listen to girls far less.

[Fathers,  
Uttar Pradesh, Group 3]

## Freedom of movement

A girl's life is severely constrained in terms of freedom of movement, and parents unanimously pointed out that while girls are, by and large, confined to the home, their brothers are free to "roam" and move around inside and outside the village at will. In several FGDs, parents indicated the seclusion of women, the practice of *ghunghat/purdah* or veiling of married girls, and the corresponding seclusion of unmarried girls. Fears were expressed, moreover, that if girls were seen to move freely around the village or beyond, the family honour would be threatened. Again, mothers and fathers described the freedom of movement of girls and boys in similar ways. For example:

R: They can go out only if they have permission from their guardians. Boys can roam around and girls can't as they don't get time away from work. Girls ask their parents for permission; they fear that if they don't, their mother will shout at them. Boys do everything they desire, even stay out of the house.

[Mothers,  
Uttar Pradesh, Group 3]

R: Boys spend their time roaming around, playing, etc. Girls don't roam around, they just stay at home. We don't allow girls to go out of the house.

[Mothers,  
Madhya Pradesh, Group 1]

R: Girls get less freedom to roam around, whereas boys can go anywhere at will, at any time; girls can go out only with their parents.

[Fathers,  
Uttar Pradesh, Group 2]

## Access to resources and control over savings

Parents noted that in the context of poverty and lack of employment opportunities that prevailed in their villages, girls, in particular, had very limited access to money and little opportunity to save money.

R: There is no income in the village, so how can anyone save?

[Mothers,  
Madhya Pradesh, Group 2]

R: When they don't get any work, from where will they get money?

[Fathers,  
Uttar Pradesh, Group 2]

Even so, they reported a few opportunities for boys and girls to access money: from wages among those who worked, from school-based incentives for those in school, and from parents for school supplies and other sundries. Differences were observed, however, in terms of how girls and boys spent their money. Mothers and fathers maintained that girls who earned wages usually handed over their wages to their parents for household expenses or to make small purchases for their daughter. In some groups, parents suggested that girls' savings were used by parents in times of difficulty. For example:

R: They only have the money that we give them to spend for their monthly expenses; whenever we require money or ask for money, they give it to us.

[Mothers,  
Uttar Pradesh, Group 3]

R: Sometimes a girl may get work and earn something; her parents take that money from her to buy clothes, etc., for her or pay for food.

[Fathers,  
Uttar Pradesh, Group 2]

R: Girls who go out for wage labour bring money home and give it to their parents who spend it on household requirements.

[Mothers,  
Madhya Pradesh, Group 1]

R: For example, even if their “guardians” [parents] have given them some money, girls spend less and definitely save some money. They spend it in case of need, but boys hardly save any money. The money saved by girls is utilised at home, or to purchase or make something for them. There are household needs, like clothes, etc., which they purchase. Many girls use the money to purchase notebooks and other study materials.

[Fathers,  
Madhya Pradesh, Group 1]

In contrast, boys had both more opportunities to earn money and more control over the money they received from wages or other sources, and largely spent this money rather than saved it. For example:

R: Boys have more opportunities to work than girls. Girls cannot earn money from anywhere. They may be able to earn by doing stitching or knitting.

[Mothers,  
Madhya Pradesh, Group 1]

R: They (boys) purchase clothes; some even use it to get alcohol or drugs. They waste their money.

[Fathers,  
Uttar Pradesh, Group 3]

In all but one FGD [mothers, Uttar Pradesh, Group 1] with mothers and fathers, parents underscored the fact that few girls and boys in their village owned a savings account in a bank or post office. Parents reiterated that in poor households there were no opportunities for girls to save, let alone hold bank accounts. In many FGDs, comments such as the following were made:

R: They don't have any savings account too, neither in the bank nor in the post office. Neither boys nor girls have any savings account.

[Fathers,  
Madhya Pradesh, Group 2]

Adolescents studying in high schools benefited from a conditional cash transfer scheme that requires students to open an account; money is deposited into their account through the scheme, but conditions are applied with regard to the use of the money. However, parents pointed out that since many adolescents, mainly girls, discontinue education by Class 7, they are unable to benefit from this scheme.

R: Only a few children have a savings account because when they are in school they get money from the school [a scholarship]; this money is deposited directly into their savings account. In such accounts, they can't make any transactions; the account is specifically for school purposes.

[Fathers,  
Uttar Pradesh, Group 2]

By and large, then, mothers and fathers reported that girls and, to a lesser extent, boys, had few opportunities to access money or to save it in a post office or bank. Among those who had access to money, girls were far more likely than boys to hand over their money to their parents for household expenses, although parents affirmed that both girls and boys spent their money on themselves as well.

## Friendship networks

Both mothers and fathers acknowledged that although girls and boys both have friends, in comparison with boys, girls have a much smaller network of friends—restricted largely to those residing in their lane or their schoolmates. Parents recognised the smaller worlds of girls than of boys, and suggested that boys were, as a result, exposed to many more peers. For example, parents described the greater domestic responsibilities of girls compared with boys, and the greater freedom of movement of boys compared with girls as factors underlying their differently-sized peer networks:

R: Girls have fewer friends; because they stay at home, they are unable to make friends. Boys roam around everywhere and make friends wherever they go; girls make friends only within the village. Boys don't do household work so they go to study and play with friends; hence, the boy also gets more time to spend with his friends.

[Mothers,  
Madhya Pradesh, Group 2]

R: Both have friends. Boys have more friends because they play and roam outside. They go everywhere; girls don't have the freedom to do so. Boys spend their time mostly with their friends. If boys are called by their friends, they go at once. What fear do boys have? But girls fear that their parents will scold them [if they go out]; so, girls have fewer friends.

[Mothers,  
Uttar Pradesh, Group 1]

R: I think that boys have more friends because they have so many places to roam; thus, they have contacts with many boys. Maybe, they meet around 50 boys in a day. Girls are unable to meet even 15 friends; they don't have freedom to go out of their house, and if they go to school, they go along with two to four friends whom they meet on the way to school.

[Fathers,  
Uttar Pradesh, Group 1]

R: Boys have the freedom to go out; thus, they are able to make more friends, whereas girls have to stay at home only; at most, they can go to school. They can only meet friends on the way to school; hence, girls have fewer friends.

[Fathers,  
Madhya Pradesh, Group 1]

Parents recognised, moreover, that girls faced many more time constraints and had much less leisure time than did boys, and thus spent a lot less time with their friends than did boys. Whereas girls typically met their friends either in school or on the way to and from school, boys met their friends, in addition, outside the home and during their leisure hours. For example:

*R: Girls have two to three friends. They meet when they are in school and come home together. They don't meet after coming home. It is better to study than to spend time with friends. Boys and girls may have equal numbers of friends, but boys spend more time with their friends, girls spend time with their friends only in school.*

[Mothers,  
Uttar Pradesh, Group 3]

*R: Girls who go to school have friends—those [girls] who study with them; they meet them when they go to school. Boys have friends outside, but they don't come to our house.*

[Mothers,  
Madhya Pradesh, Group 1]

Even among girls, parents acknowledged that the peer networks of married girls were far smaller than those of unmarried girls. Given village exogamy and the extreme social isolation of newly married girls, married girls have few friends in their marital homes. For example:

*R: The unmarried have more friends because a married girl goes to her in-laws' house leaving her friends behind. At her in-laws' place, she can't go anywhere.*

[Mothers,  
Madhya Pradesh, Group 2]

*R: Married girls have left their friends behind in their parents' village. These friends are hardly going to come to her in-laws' home.*

[Mothers,  
Uttar Pradesh, Group 3]

*R: Married girls have fewer friends because when they come to their in-laws' home after marriage, their relations with their friends break down. But those who are unmarried continue to live with their parents and keep their friends. The newly married daughter-in-law doesn't have much freedom to go out of the house, so how can she make new friends? There is the purdah system too; moreover, girls have to stay at home and only do housework.*

[Fathers,  
Uttar Pradesh, Group 1]

*R: Unmarried girls have more friends because they are the daughters of the household and can go everywhere in the village. Married girls [daughters-*

*in-law] have come newly into the village and hence, have fewer friends.*

[Fathers,  
Madhya Pradesh, Group 1]

Notwithstanding the limited peer networks of girls and their limited opportunities to interact with their peers, parents in several FGDs acknowledged the importance of peer networks for girls. For example:

*R: Girls should have friends to talk to, go to school and study with and discuss their problems with.*

[Mothers,  
Madhya Pradesh, Group 2]

*R: If girls are tied up and kept at home, they will lose their mental balance. If a girl spends just ten minutes with her friends, she will feel good.*

[Fathers,  
Uttar Pradesh, Group 3]

*R: It is very important that they [girls] should have friends and spend time with each other. They cannot stay at home only; they should meet their friends so that they also enjoy some freedom. If they have problems, they can tell their friends about them.*

[Fathers,  
Uttar Pradesh, Group 2]

## Safety of villages for girls and boys

In most FGDs, parents appeared reluctant to acknowledge directly that their village was unsafe for girls, but most acknowledged that although no unpleasant incidents had taken place, girls feared venturing outside their home alone, particularly at night. On balance, mothers were more likely to fear for their daughters' safety during the day as well as at night than were fathers. Mothers expressed their concerns thus:

*R: Every place is safe and can be unsafe too during the day. Girls should not go to each other's house. They cannot go alone to the fields; only if someone goes along with them are they safe. The girl is growing up. No one knows who is hiding somewhere and could do anything to the girl. At night, they are not safe anywhere; if they have to go somewhere, they should be accompanied by an adult.*

[Mothers,  
Uttar Pradesh, Group 3]

*R: There are places like fields, grounds, the city, the market; all of these are unsafe for girls. If they go to the forest, there could be thieves and loafers who tease girls, and if they go to the town, loafers*

will stop them on the road and tease them. So we don't allow our girls to go out of the house at night or during the day.

[Mothers,  
Madhya Pradesh, Group 2]

Many fathers argued, for example, that girls were safe everywhere in the village during the day, but not at night. Lack of safety at night was explained by a variety of factors: the lack of electricity in many villages, the fear of harassment or abuse, and the fear of ghosts and wild animals. Some parents indicated that girls were unsafe at night because of possible abuse from boys. For example:

*R: At night, people [parents] impose restrictions on them saying that one should not go out of the house at night because of wicked boys [loitering outside]. No, no such [nasty] incident has taken place but we fear that something wrong [unpleasant] may happen. But, if a girl were to go out at night, something bad would definitely happen to her.*

[Fathers,  
Uttar Pradesh, Group 3]

Boys, in contrast, were rarely considered unsafe (although some parents acknowledged that even boys were afraid of ghosts and wild animals):

*R: There is no place that is unsafe for boys. They can go anywhere.*

[Mothers,  
Uttar Pradesh, Group 3]

*R: Boys are completely safe. What fear can they have? They roam around wherever they wish during the day as well as at night. What would they feel afraid of?*

[Fathers,  
Madhya Pradesh, Group 2]

If girls felt unsafe or experienced teasing or other forms of harassment, parents, in general, were confident that they would come to them for help. A number of additional sources of support were described, such as other family members and friends. For example:

*R: When girls feel unsafe, they can talk to their friends and tell them their problem, and request them to call their mother or brother. They can ask for help at home, or tell their neighbours.*

[Mothers,  
Uttar Pradesh, Group 3]

*R: If girls feel unsafe somewhere, they can talk to their friends, to their sister-in-law, to their aunt, to their elder sister; they can also talk to their mother.*

[Mothers,  
Madhya Pradesh, Group 1]

*R: First of all, she will tell her parents, and then her brother. She may tell these things to her mother who will then tell her father.*

[Fathers,  
Uttar Pradesh, Group 1]

*R: They don't talk to anyone other than their parents when they have such a problem.*

[Fathers,  
Uttar Pradesh, Group 3]

In some instances, parents mentioned that girls, along with their parents, could seek help from a health care provider, the police, the Sarpanch or other elected officials. For example:

*R: Girls can go to their mothers. They can go to the head of the panchayat, and they can also go with their parents to the police station if any loafer teases them in the street.*

[Mothers,  
Madhya Pradesh, Group 2]

*R: In such a situation, first of all, she will go to her mother and when her father comes to know about this, he will go to the boy's parents with two to four people and complain about their son. He will say, "Your son is troubling my daughter," and ask them to explain to their son not to do so again. If the matter gets resolved through dialogue, it's fine; otherwise, her father will lodge a complaint at the police station and get help from there.*

[Fathers,  
Madhya Pradesh, Group 2]

## Perceptions about the vulnerability of adolescent girls and boys to HIV and women's SRH rights

Just as parents were unwilling to acknowledge directly that their village could be unsafe for girls, many parents also denied that adolescents engaged in premarital sex or were at risk of HIV.

### Perceptions about premarital sex among adolescents

In most villages, parents were reluctant to admit that adolescent girls or boys in their communities engaged in premarital sex or were at risk of HIV. For example:

*R: I have not heard about it [premarital sex/HIV]. It does not happen here.*

[Mothers,  
Madhya Pradesh, Group 2]

*R: It may happen somewhere outside, but this disease has never been heard of in our village.*



Such relations do not happen among the boys and girls of this village. The unmarried girl is pure; she doesn't have any such disease.

[Mothers,  
Uttar Pradesh, Group 3]

R: Not until now; nothing of the sort [HIV among girls] has come to our knowledge. We have never seen any such case in our village. The girls in our village don't do any wrong things so how can this disease be found in them? No wrong relations happen; neither girls nor boys do it [premarital sex].

[Fathers,  
Uttar Pradesh, Group 1]

However, parents did admit that in exceptional cases, premarital relations did take place, albeit among a minority of adolescents:

R: There is a problem; girls don't value being a girl, they don't know their limits; there is disease among the boys and girls in our village. They have sexual relations and the disease spreads.

[Mothers,  
Madhya Pradesh, Group 2]

R: Yes, it [premarital sex] happens; it happens everywhere and not just in this village.

[Mothers,  
Uttar Pradesh, Group 1]

R: I will not say 100 percent [engage in premarital sex], but I would say it happens with a few and it is like this everywhere.

[Fathers,  
Uttar Pradesh, Group 3]

In a few FGDs with mothers and fathers, participants attributed premarital sex to the inability of poor parents to marry their daughters at an appropriately young age:

R: Relations are made before marriage. When there are boys and girls "above age" [unmarried and above the marriageable age] in the village, they start having relations with each other.

[Mothers,  
Madhya Pradesh, Group 2]

R: If boys and girls do wrong things, the disease will spread. Most people in our village are poor, and because of poverty they are unable to marry their young daughters at the right time. In such a situation, girls tend to meet boys and then do wrong things; thus, disease spreads among them.

[Fathers,  
Uttar Pradesh, Group 2]

## Perceptions about action likely to be taken by adolescents experiencing symptoms of infection

Parents agreed that children would feel shy and embarrassed to inform their parents if they have any symptoms of infection:

R: Sometimes boys and girls, because of shyness, don't get treated for these infections. They do not know how to tell anyone about their disease and worry what other people will think of them. They think that they will lose their reputation if they tell anyone about it; so, they hide their disease and don't get it treated. Boys do this, and perhaps, girls too might be doing so.

[Fathers,  
Madhya Pradesh, Group 2]

Others maintained that boys, in particular, would rather resolve the problem with the help of their friends than their parents:

R: Boys tell their friends about these things [genital infections], and their friends help them get treatment without informing their parents.

[Fathers,  
Madhya Pradesh, Group 2]

Some others suggested that girls, and even boys whose symptoms persist, would most likely inform their mother or father, or someone else in the family. For example:

R: If a boy or girl is suffering from any problem in their private parts, they would tell their parents or in-laws. Of course, they would tell their parents. [Says sarcastically] If not their parents, [do you expect them to] tell the village people?

[Mothers,  
Uttar Pradesh, Group 1]

R: Yes; they tell their mother. Those who don't tell their mother, tell their sister-in-law or a friend and ask them to tell their mother.

[Mothers,  
Madhya Pradesh, Group 1]

Parents suggested that once informed, they would support their children in obtaining treatment from public or private sector facilities. Both parents would accompany a daughter who has a problem while the father alone would accompany a son with a problem:

R: When parents come to know [their daughter's problem], they get her treatment done. They take the girl to the doctor, the nurse, etc., for treatment.

[Mothers,  
Madhya Pradesh, Group 1]

While poor quality of care at these facilities was not perceived as an obstacle to care-seeking, parents did note that quality of care was poor. For instance:

*R: We are poor people, and when we go to the doctor they admit us and keep us lying there [on the examination table]. Whenever they get time, they come, examine us, and give us medicine. If they don't have time, the patient just continues to lie there.*

[Mothers,  
Madhya Pradesh, Group 2]

*R: Doctors behave properly with those who have money because money speaks there.*

[Fathers,  
Uttar Pradesh, Group 3]

Parents acknowledged that it was easier for boys to get counselling or treatment than it was for girls. Likewise, it was easier for adults to get health services than it was for adolescents. For example:

*R: It is much easier for boys to get information about sexual and reproductive matters. It is much easier for adults than young people. There should be a hospital and doctor, a nurse should come, and facilities should be provided for girls and boys.*

[Mothers,  
Madhya Pradesh, Group 2]

*R: Girls who face problems don't go for help to a doctor or nurse, because they fear that the people in the waiting room will not think well of them. So, girls prefer to go to quacks.*

[Mothers,  
Uttar Pradesh, Group 1]

Teachers and health care providers were rarely seen as sources of support for adolescents who had experienced symptoms of infection or harassment. In a few FGDs, parents suggested that ASHAs and anganwadi workers on home visits were sometimes approached by girls, but girls themselves did not take the initiative to seek them out.

[Fathers,  
Uttar Pradesh, Group 1]

## Parent-child communication

Parent-child communication was clearly limited, albeit in different ways, depending on the sex of the parent and the child.

### Father-daughter communication

Father-daughter communication was described as particularly limited. There appear to be strict rules regarding this communication, namely, "Nothing useless is discussed," nothing outside of the everyday and the essential. For example:

*R: Fathers talk to their daughters about studies and what work they wish to do; otherwise, they don't talk.*

[Mothers,  
Uttar Pradesh, Group 1]

*R: We talk about studies; we also talk about household work, preparing food nicely, cleaning the house nicely, studying properly; we only talk about these things. We don't talk about health; girls don't talk with their father regarding their internal problems.*

[Fathers,  
Uttar Pradesh, Group 1]

*R: There are some issues which girls don't discuss with their fathers; for example, marriage. She will discuss such topics with her mother or sister-in-law but not with her father. A girl shares other things like eating, giving or taking anything, studies, etc., with her father.*

[Fathers,  
Madhya Pradesh, Group 1]

## Mother-daughter communication

Although communication between mothers and daughters was more frequent than that between fathers and daughters, it also focused largely on day-to-day needs on the one hand, and the dos and don'ts of feminine behaviour on the other. For example:

*R: The mother trains her daughter to prepare food, because someday she will have to go to someone else's [her husband's] house and they [parents] should not get to hear bad comments about her. A mother also discusses studies with her daughter.*

[Fathers,  
Uttar Pradesh, Group 2]

*R: A daughter will go to someone else's house some day. So, we should teach her how to behave; if we don't, she will not be able to manage there.*

[Mothers,  
Madhya Pradesh, Group 2]

Both mothers and fathers agreed that girls were more likely to discuss "internal" problems with their mother than with their father. Even so, as described by mothers, many girls preferred to talk to their peers and sisters or sisters-in-law. For example:

*R: Young girls in the village do not talk with their mothers about the physical changes during adolescence; they only talk about their work. Such matters are discussed only with their friends, or sister-in-law, or an aunt.*

[Fathers,  
Uttar Pradesh, Group 3]

R: They [girls] know that they have to go to their in-laws' house after marriage. So, her mother, sister-in-law or some other relative tells the girl that she must remain veiled (ghunghat) in her marital home. They also tell her how she should behave, and how and to whom she should speak. Yes, they [girls] are also told about physical relations and contraception. A friend, or sister-in-law, or a neighbour tells them what happens and how. They say that they prefer to talk to their friends about these matters. We too don't want the mother and daughter to talk about these things; here, girls don't do this.

[Mothers,  
Uttar Pradesh, Group 1]

Moreover, the FGDs suggest that the nature of communication on sensitive matters, when it occurs between mothers and daughters, was relatively superficial. Thus, the discussion of menstruation was restricted to its mechanics; for example, using the cloth pad, or appropriate behaviour for a girl, or conveying pregnancy-related experiences, rather than the significance of menstruation in terms of physical development or pregnancy-related facts. For example:

R: We don't talk much to our daughters. If she needs cloth, she asks for it. Or, she just tells me about her stomach cramps and I give her some medicine for it.

[Mothers,  
Madhya Pradesh, Group 1]

R: When the [girl] is menstruating and complains of pain, we give her medicine and tell her to use a clean cloth pad.

[Mothers,  
Uttar Pradesh, Group 3]

R: The daughter-in-law tells her mother-in-law if there is a problem; the mother-in-law tells everything to her daughter-in-law; for example, 'Our child was born in so many days,' or 'This happened to me.'

[Mothers,  
Uttar Pradesh, Group 1]

Mothers appeared to attribute the lack of communication with daughters largely to girls' hesitation and shyness about discussing these matters with their mother or mother-in-law, and their preference for discussing them with a friend, a sister or a sister-in-law. Indeed, some mothers reported that married daughters were too shy to even inform their mother that they were pregnant. For example:

R: Yes, they feel shy and it is our duty to ask why so many days have elapsed (since the last period).

[Mothers,  
Uttar Pradesh, Group 3]

R: No, they don't talk about menstruation, as they feel shy. Mothers don't explain anything. Friends

talk to each other, but girls feel shy to talk to their mother. Thus, neither does the daughter tell her mother, nor does the mother give information to her daughter.

[Mothers,  
Uttar Pradesh, Group 1]

R: They feel shy to talk about contraception or problems of reproductive body parts. The girl also feels shy; thus, she can't tell her mother.

[Mothers,  
Madhya Pradesh, Group 2]

## Parent-son communication

Communication between parents and sons, particularly mothers and sons, was extremely limited. Mothers reported thus:

R: Information on contraception cannot be provided to boys but it can be given to girls. We can't tell our sons but we can tell the daughter-in-law.

[Mothers,  
Uttar Pradesh, Group 3]

Fathers also indicated that parents would not talk to their sons about growing up and sexual matters:

R: No, they [parents] don't talk to their sons about these things.

[Fathers,  
Uttar Pradesh, Group 3]

## Awareness of mothers and fathers about SRH and HIV

Awareness about sexual and reproductive health matters, including pregnancy, contraception and HIV was limited among both mothers and fathers, and several misconceptions were expressed. Many suggested that although awareness was limited, mothers knew more about pregnancy than fathers because they had experienced it, and fathers knew more than mothers about HIV because they were more exposed to HIV-related messages.

## Awareness about pregnancy and contraception

Narratives focused on parental awareness of pregnancy- and contraception-related matters, but parents rarely discussed what they knew about these matters, and rarely mentioned their sources of information about pregnancy or contraception.

R: We don't have information about contraception because we have not been exposed to such information.

[Mothers,  
Madhya Pradesh, Group 1]

For the most part, mothers and fathers implied that the knowledge they had gained about pregnancy was a product of their experiences rather than exposure to information, and that, as a result, they were better informed than fathers. For example:

*R: Fathers don't know, but 100 percent of mothers know. Women know much more than men because they [men] have nothing to do with all these things. Men just take you to the doctor in case the condition is serious.*

[Mothers,  
Uttar Pradesh, Group 3]

*R: Adult women have all the information because they have passed through everything in life and have experience.*

[Fathers,  
Uttar Pradesh, Group 1]

*R: When mothers don't know much about physical changes, how would fathers know anything? Fathers here just know how to have [sexual] relations and nothing else. For example, they don't know about contraceptives, they just have relations and the women get pregnant.*

[Mothers,  
Madhya Pradesh, Group 2]

## HIV-related awareness

Awareness of HIV among both mothers and fathers appeared to be limited. Mothers, in particular, acknowledged their limited awareness; some suggested that it was not necessary to be informed about HIV since it was not prevalent in their villages. Typical responses from mothers were:

*R: No one has information about that disease because that disease has not occurred to anyone here.*

[Mothers,  
Uttar Pradesh, Group 3]

*R: No, we have not heard of HIV/AIDS.*

[Mothers,  
Madhya Pradesh, Group 1]

*R: Only a few people know. We people don't know much.*

[Mothers,  
Uttar Pradesh, Group 1]

Misconceptions were evident among mothers. For example:

*R: Mothers don't have information about this [HIV], but there is a treatment for every disease.*

[Mothers,  
Uttar Pradesh, Group 3]

*R: If someone uses dirty cloth [cloth pad to absorb menstrual blood], infection occurs; if we use a*

*clean cloth pad, how can we get any disease? Problems in the uterus occur due to using dirty cloth.*

[Mothers,  
Uttar Pradesh, Group 3]

Fathers appeared to be somewhat more aware than mothers, but even they acknowledged that their knowledge was not comprehensive. Several fathers described such transmission routes as unsafe sex (usually couched as "bad behaviour") or infected needles, and most considered themselves to be better informed than women in their village. For example:

*R: Fathers don't have information on all topics. Some people who are educated may have information and know that AIDS spreads through injections and by doing wrong things.*

[Fathers,  
Uttar Pradesh, Group 1]

*R: Yes, of course; fathers have information regarding sexual and reproductive health issues. They have complete information regarding these issues. They know everything about what happens and how.*

[Fathers,  
Madhya Pradesh, Group 2]

*R: People listen to messages on the radio and on television, but they don't know what this disease is. None of the women in our village know about this disease.*

[Fathers,  
Uttar Pradesh, Group 1]

## Parental attitudes about informing adolescents about sexual and reproductive health matters

Attitudes about whether, when and by whom girls and boys should be informed about sexual and reproductive health matters differed considerably even within FGDs.

### Not necessary until after marriage for girls

Some parents believed that girls should not be informed about these matters at all, and that they would get to know once married. For example:

*R: When they start having children, they will have the information. They should be told after marriage.*

[Mothers,  
Madhya Pradesh, Group 1]

In several FGDs, mothers maintained that while girls should not be informed about sexual and reproductive health matters, it was necessary to inform boys, perhaps because they perceived that boys were more likely to engage in premarital relations. For example:

- I: *Should unmarried girls get information about contraception, condoms, or HIV/AIDS?*
- R: *No, it [giving such Information] does not happen here, information should not be given to them.*
- I: *And to married girls?*
- R: *If a girl gets married, she gets to know on her own.*
- I: *And unmarried boys?*
- R: *Yes, they should be given information because if they don't have information, they will suffer from disease; if they have information, they won't.*
- I: *And married boys?*
- R: *Yes, to them too.*

[Mothers,  
Uttar Pradesh, Group 1]

### Adolescents get to know on their own

Several parents suggested that girls and especially boys obtained this information on their own and that there was no need for parents or others to provide them this information. For example, some parents suggested that the more educated parents in their village expose their children to books that provide information on sexual and reproductive health and/or HIV/AIDS. Many parents suggested that girls and boys obtained information from their friends and from the media, notably television, as well as through other family members, including older sisters, sisters-in-law and aunts. Moreover, already-married friends would inform an about-to-be-married girl about what to expect of married life, pregnancy and contraception. As a result of all these nonformal sources of information, many parents believed that girls and boys were sufficiently well-informed. For example:

- R: *Today's girls are educated and they understand everything.*

[Mothers,  
Madhya Pradesh, Group 1]

- R: *Boys and girls provide this information to each other. Boys come to know from their friends, and girls too [get information] from their friends; otherwise, they learn these things by watching television.*

[Fathers,  
Madhya Pradesh, Group 2]

### Need for programmes: When, what and by whom?

In many FGDs, parents who agreed that adolescents should be informed about sexual and reproductive health matters differed with regard to the age at which such information should be conveyed. Appropriate ages spanned the entire range of ages, from 10–19. In general, the appropriate age for girls appeared to be older than that for boys.

Parents who favoured the provision of information to girls and boys typically suggested a wide range of topics on which information should be provided. For example:

- R: *Information on pregnancy, contraceptives, condoms, and HIV/AIDS should be provided. They should be given "good" information so that they understand.*

[Mothers,  
Madhya Pradesh, Group 2]

- R: *Both boys and girls should be provided information. Otherwise, how will they know what is there in their body or what is happening to them?*

[Mothers,  
Uttar Pradesh, Group 1]

- R: *According to me, all kinds of information should be provided, like HIV/AIDS, contraception and the physical changes that occur in adolescence.*

[Fathers,  
Uttar Pradesh, Group 3]

- R: *All these things should be told to boys and also to girls so that both can avoid choosing the wrong path.*

[Fathers,  
Madhya Pradesh, Group 2]

Many parents favoured the provision of sexual and reproductive health information to girls and boys, but believed that while they were unable to convey such information directly to their adolescent children, they would welcome its provision by the school or outside experts ("people like you"). For example:

- R: *Parents can provide the information, or else, the anganwadi worker, the ASHA, the nurse, or the doctor can tell boys. The anganwadi worker is from our village; thus, our daughters will understand her.*

[Mothers,  
Madhya Pradesh, Group 2]

- R: *People like you [interviewer] should give it [SRH Information].*

[Mothers,  
Madhya Pradesh, Group 1]

- R: *The social life of the village is such that it would be better if parents don't provide information on these topics to their children. Nevertheless, children should get this information from other sources.*

[Fathers,  
Uttar Pradesh, Group 3]

- R: *Once an issue was raised about giving this information to children, and we decided that this*



*type of information should be given in school. This is a village, and the people here think that it is beyond them to provide this kind of information. Girls should get this information from women. The woman can be any educated woman, either from the village or from outside. Girls should get this information before marriage, otherwise they will not come to know about it. Boys should get this information from men.*

[Fathers,  
Uttar Pradesh, Group 1]

*R: How a child takes birth, when it happens, how a child is conceived—information regarding these things should be given to girls by parents and people like you [interviewer]; fathers can give such information to boys. People like you can also tell boys and girls about contraceptives, you can tell them what types of contraceptives are available, and how they can be used. Who can explain better than you?*

[Fathers,  
Madhya Pradesh, Group 2]

### **Acceptability of HIV testing of adolescents**

With regard to the availability of HIV testing facilities, mothers and fathers in all the 12 FGDs indicated that no such facilities were available in their village; in many FGDs, fathers suggested that testing facilities were available at the district or block headquarters. Notwithstanding their awareness of facilities for testing, parents agreed that young people hardly ever underwent HIV testing.

What was particularly notable is that in almost every FGD, mothers and fathers agreed that it is important for adolescents to undergo HIV testing. We advise caution in interpreting this finding, given the evidence presented above about the limited awareness of fathers and particularly mothers about HIV and routes of transmission. In FGDs, parents expressed themselves as follows:

*R: Everyone should get it [HIV test] done; what is inside a person, who knows?*

[Mothers,  
Uttar Pradesh, Group 3]

*R: Girls and boys should get the HIV/AIDS test done.*

[Mothers,  
Madhya Pradesh, Group 2]

*R: Yes, they should get a check-up done because only then will we know whether they are suffering from the disease. We look well from our outer appearance but one comes to know from the check-up what is happening inside the body.*

[Fathers,  
Uttar Pradesh, Group 3]

*R: According to us, they should get their tests done. Girls as well as boys should get their HIV test done. Only on examination, will we come to know whether they have this problem. No one will know without an examination; therefore, they should get the test done.*

[Fathers,  
Uttar Pradesh, Group 1]

In order to understand the perspectives of critical adults in the community on the vulnerability of adolescent girls and boys to HIV, a total of 12 FGDs (three per study district) were held with critical adults in the community who served as young people's gatekeepers. These gatekeepers included elected officials (members of Panchayati Raj Institutions), teachers, auxiliary nurse midwives (ANMs) and ASHAs, and anganwadi workers. The FGDs sought to explore, among these key community-level gatekeepers, perceptions about the challenges faced by adolescent girls and boys. Many of the issues explored with these critical adults resembled those explored with parents, namely, available opportunities for girls and boys, and safety issues.

In this chapter, we focus on two broad issues. These include gatekeeper perceptions about (a) the key challenges faced by adolescents, as well as such specific issues as savings and access to financial products, and safety of and support for adolescents; and (b) sexual and reproductive matters and the need for SRH- or HIV-related awareness-building.

### Perceptions about the key challenges faced by adolescent girls and boys

#### *Main problems faced by girls and boys in the village*

Community members, by and large, discussed the twin problems of poverty and lack of infrastructure in their villages and argued that they affected all aspects of young people's life, including their health, nutrition, education and work opportunities. More specifically, they articulated problems that inhibited girls and boys from making a successful transition to adulthood. For girls, such challenges focused around schooling: few villages contained a high school, and hence girls usually discontinued their education after primary school or middle school rather than travel to distant villages to pursue their education; the multiple domestic responsibilities that fell on girls limited the time they had for schooling and studying; school quality was poor in public schools; parents feared that their adolescent daughters may risk bringing disrepute to the family if they mixed with or were teased by boys, and so on. For example:

*R: In the (government) primary school to which girls go, the level of education is very poor, teachers are unable to teach, and the entire time that they [girls] spend in school is wasted in the mid-day meal activities. Students in the 4th and 5th classes are unable to write even their own names. Children who go to private schools are fine, but those who go to government schools don't know anything.*

[Critical adults in the community, Uttar Pradesh, Group 4]

*R: In some households, they don't allow girls to study further even if the girls wish to. The girls cry and plead with their parents, but they don't let them study. There is no provision for education in the village after Class 8 and parents don't wish to send them to a school outside their village.*

[Critical adults in the community, Uttar Pradesh, Group 2]

*R: There is no separate school for girls, and the government school is not good. The government school is only up to Class 8.*

[Critical adults in the community, Madhya Pradesh, Group 1]

*R: Parents don't let girls study even if the child wishes to study. When people hear that boys tease girls on the way, like pulling their hair or belts, parents tell their girls not to go to school.*

[Critical adults in the community, Madhya Pradesh, Group 4]

The second challenge discussed in many FGDs was the paucity of employment opportunities for adolescents, a challenge that was largely, but not exclusively, perceived as one facing boys. For example:

*R: There is no place in our village from where boys who are searching for a job can get help. There are places outside the village; but boys who used to go there have stopped going now because they do not have the time to go there again and again.*

[Critical adults in the community, Uttar Pradesh, Group 3]

R: *There are no opportunities here. The NREGS benefits are not for those under age 18 but for adults aged 18–60.*

[Critical adults in the community,  
Uttar Pradesh, Group 2]

## Access to financial products

Critical adults in the community echoed the perspectives of parents with regard to adolescents' access to money and ability to save. They noted that agricultural labour fetches about Rs. 60-70 per day and work is available for roughly ten days at a time. These wages are hardly sufficient for fulfilling basic household needs and in the circumstances, both adults and adolescents perceived that it is impossible to save money. Nevertheless, they noted differences in patterns of spending; while girls typically gave the majority of their earnings to their parents to run the household, boys were more likely to use most of their earnings on themselves:

R: *Girls spend the money they earn on their family; so, not much money is left for them to do anything else. If they get some employment, they will be able to save money in the post office or open an account in a bank.*

[Critical adults in the community,  
Uttar Pradesh, Group 2]

R: *Girls spend the money they earn to reduce the financial burden on their parents; their money is mainly spent on food. Some also spend money to meet their own needs; some use it for purchasing clothes. Boys spend money on gutka.*

[Critical adults in the community,  
Madhya Pradesh, Group 4]

Girls, as a result, were unlikely to have any savings or hold a bank or post office savings account. For example:

R: *Girls give their money to their parents. Their parents spend the money. The money is spent on food. They give [most of] the money to their parents, and use the rest for themselves, for clothes, etc. Because they are poor, parents take money from their daughters to purchase household things. They [girls] don't get much money, don't have a bank account.*

[Critical adults in the community,  
Madhya Pradesh, Group 4]

R: *Boys do [have a savings account], but girls don't. Girls don't have money to save, so how can they open an account?*

[Critical adults in the community,  
Madhya Pradesh, Group 1]

In several FGDs, critical adults in the community noted that school-going adolescents, notably those in high school, were issued bank accounts in which deposits were made when certain milestones were crossed. In several FGDs, they

suggested that these bank accounts were more likely to be issued to boys than girls because more boys attended high school than girls. They also noted that the money deposited in these accounts could not be used at will. For example:

R: *Few young people have bank accounts. Those who have such accounts, hold accounts linked to educational incentives and scholarships, and the amounts deposited are not available for young people to use as they wish.*

[Critical adults in the community,  
Uttar Pradesh, Group 3]

## Safety of girls and boys

Critical adults in the community did not, by and large, perceive their villages to be unsafe for girls or boys. Our village is completely safe" was often asserted; yet, participants in several FGDs, acknowledged the lack of safety at night. For example:

R: *There is fear everywhere outside the house at night; there is fear of being assaulted or kidnapped. Everyone is afraid of losing respect and so no girl will go out of the house after sunset.*

[Critical adults in the community,  
Uttar Pradesh, Group 2]

Others suggested that their village was safe for girls even at night, but it was the fear of being molested that inhibited girls from going out at night.

R: *They are not unsafe, but they [girls] don't go out at night. There is no such problem but they feel scared to go out alone in case someone teases or molests them.*

[Critical adults in the community,  
Madhya Pradesh, Group 1]

Participants in one FGD were, however, very explicit; critical adults in the community described the growing interaction between girls and boys on the one hand, and the widespread teasing and molestation of girls on the other. They suggested that fears for the safety of girls were responsible even for child marriage:

R: *The government says that a girl should be married when she is 18 but they don't realise that boys are not good. Therefore, we marry our girls at age 16 or 17 in order to save our family's honour. All of us are considering marrying our daughters at age 16 or 17.*

[Critical adults in the community,  
Madhya Pradesh, Group 4]

Yet, if a problem arose, they suggested a variety of options for girls—in all cases, they agreed that the girl would first inform her parents, and with their support, approach the boy's family directly, or seek a solution through the Sarpanch, the police, or even the court:

*R: Generally, nothing like that happens here; in case it does, they [girls] tell people at home—their family members, and friends. Later, the girl goes to the Pradhan [village head] or to the police station and if she doesn't get a solution there, she goes to court.*

[Critical adults in the community,  
Uttar Pradesh, Group 3]

*R: If any such problem arises, then the person responsible for it is punished so severely that he won't forget it for the next ten years of his life, and such a problem will never occur again.*

[Critical adults in the community,  
Uttar Pradesh, Group 4]

*R: First of all, she will tell people at home [about it] and her family members will talk to the person who has harassed the girl. Later, they will complain to the head of the village, and if that doesn't work, they will go to the police station.*

[Critical adults in the community,  
Madhya Pradesh, Group 1]

*R: If such a problem arises, they [girls] inform their parents, brothers and sisters, or go to the police station.*

[Critical adults in the community,  
Madhya Pradesh, Group 5]

## Support for girls and boys

Critical adults in the community were also asked about their interaction with girls and boys facing problems. For the most part, they reported that girls rarely approached elected officials of the village, and usually, only approached teachers or health care providers for school and health-related matters, respectively. In general, they were rarely approached for other problems (for example, if parents were arranging the marriage of an underage girl, or a girl seeking career guidance). However, they affirmed that, if approached, they would support such adolescents:

*R: We listen to their problems and give them suitable solutions. If there is a health-related issue, I take them to the health centre.*

[Critical adults in the community,  
Uttar Pradesh, Group 3]

*R: We try to solve the problem, if possible; if not, we show them the right way, that is, tell them about the health centre or a place where their problem can be solved. Girls are afraid of their parents; they feel that if they say anything their parents will scold them. There is some shyness too.*

[Critical adults in the community,  
Uttar Pradesh, Group 2]

*R: If a girl has a problem regarding her studies, she tells the teacher. If there is a health-related problem, she goes to the anganwadi worker or the ASHA. We listen to them and solve their problems. If they come with a health-related problem, we get them treated. Sometimes, they also come to discuss employment opportunities, like a girl who has completed Class 12 will ask where she can get a job, and we advise her. Girls don't generally go to the village Sarpanch; a few boys may go to him, but with their parents.*

[Critical adults in the community,  
Madhya Pradesh, Group 1]

*R: Regarding studies, girls mostly contact the teacher. They are not able to open up to health care providers for their health-related problems because they feel shy; so they can neither talk to the teacher nor to the health care provider. If they do talk, however, we give them the right advice.*

[Critical adults in the community,  
Madhya Pradesh, Group 4]

In a few instances, critical adults in the community acknowledged that female teachers and health care providers could play a mentoring role:

*R: If there are female teachers, girls tell them their problems; they also tell the female health worker.*

[Critical adults in the community,  
Madhya Pradesh, Group 5]

## Perceptions about adolescents' vulnerability to HIV, and need for SRH- or HIV-related awareness-building

As in the case of parents, critical adults in the community hesitated to suggest that premarital sex existed in their village or that adolescent girls and boys in their village may be at risk of HIV. However, from a few FGDs, it was clear that opportunities for the development of friendships between girls and boys were increasingly available. For example:

*R: When she has time, she will go to her friend's house to talk about which boy her friend met and what he said to her. These are things that they will not speak about at home. Nowadays, mobile phones are available and boys contact girls on their mobiles. Girls like this, but sometimes boys trouble girls.*

[Critical adults in the community,  
Madhya Pradesh, Group 4]

Moreover, in several FGDs, critical adults in the community suggested that both premarital and unsafe sex, and alcohol and drug misuse, were not unknown among adolescents in the study villages. For example:

*R: It [premarital sex] is a problem for unmarried girls and unmarried boys too. It happens due to boys taking intoxicants, especially during the Holi festival.*

[Critical adults in the community,  
Uttar Pradesh, Group 2]

*R: If a girl is not married and has a menstrual problem, people spread rumours that she may be pregnant and has gone to the hospital in (the District Headquarter) for consultation, that the girl is carrying a child of 2–3 months and the mother has taken her to (the District Headquarter) for an abortion.*

[Critical adults in the community,  
Madhya Pradesh, Group 4]

*R: 10–15 percent of boys use these things [alcohol and drugs], 2–4 percent of girls chew tobacco or gutka.*

[Critical adults in the community,  
Madhya Pradesh, Group 1]

In one FGD, health workers acknowledged that they made efforts to inform girls about the dangers of premarital sex and the risks of acquiring HIV, but even the few girls who attended their programmes laughed and did not listen to them:

*R: When girls come to us, we tell them a little, like not to have contact with more than one partner because there are many kinds of diseases; but, they don't listen to us. All girls do not come to the centre, only a few do. They just make fun and don't listen to us.*

[Critical adults in the community,  
Madhya Pradesh, Group 4]

Most critical adults in the community were aware of HIV/AIDS and reported exposure to HIV-related messages conveyed via government programmes, the television, the radio and newspapers. It is notable that in all the FGDs, community gatekeepers agreed that girls and boys should be provided information on risky sex and HIV/AIDS, condoms and contraception. For example:

*R: It is a must [that boys and girls have information about HIV/AIDS]. This information will be very helpful.*

[Critical adults in the community,  
Uttar Pradesh, Group 4]

*R: Yes, of course. Girls should have information [on HIV/AIDS, pregnancy, and contraception], because if they know, they can tell others and help prevent the disease.*

[Critical adults in the community,  
Madhya Pradesh, Group 1]

Opinions differed about who should provide this information to adolescents. Many suggested that parents, the teacher, or the ASHA or ANM were appropriate. However, in many FGDs, critical adults in the community suggested that knowledgeable persons from outside the village and formal programmes, including those delivered in a camp setting, may be the most appropriate means of conveying this information. Varying views were expressed, as follows:

*R: If it [HIV/AIDS information] is provided by females to other females, it will be done best.*

[Critical adults in the community,  
Uttar Pradesh, Group 2]

*R: If the teacher provides information, it could have a wrong effect. Only a health worker can provide this information. There should be a female health worker to inform girls, and a male health worker to inform boys.*

[Critical adults in the community,  
Madhya Pradesh, Group 4]

*R: Someone who knows about these things should provide this information; they can get information from schools or from people like you [interviewer], people from the health department, anganwadi workers, ASHAs or teachers. Information can be provided by organising programmes too.*

[Critical adults in the community,  
Madhya Pradesh, Group 1]

Differing views were also expressed about the appropriate age at which such education should be provided. Although critical adults in the community agreed that girls should be provided this information prior to marriage, some were ambivalent. For example:

*R: It is good if it is given before marriage; it is okay if it is given after marriage too.*

[Critical adults in the community,  
Uttar Pradesh, Group 4]

Among others, the ideal age at which adolescents should obtain this kind of information appeared to be somewhat older for girls than for boys. For example, it ranged from age 12 to ages 18–20 for girls, and from “anytime after age 10,” to “age 16” for boys.



## CHAPTER 7 SUMMARY AND CONCLUSIONS

This chapter summarises the major findings of the baseline assessment.

### **Adolescent girls and boys have limited assets that enable them to reduce HIV vulnerability**

Findings presented in this report highlight that adolescent girls and boys in the study settings are not typically endowed with assets that can prevent conditions that are precursors of HIV, as summarised below.

### *Social isolation characterises the lives of many adolescent girls*

Social isolation characterised the lives of many adolescent girls in the study settings. Specifically, although both adolescent girls and boys had some same-sex friends, the peer networks among girls were smaller than those among boys, and girls interacted with their friends less frequently than boys. Moreover, trusted mentors with whom girls could discuss personal problems were largely restricted to family members, and even so, the extent to which girls had indeed been able to discuss personal matters with a family member was uncertain. Girls' access to nonfamily, trusted mentors was considerably more limited than boys'. Finally, membership in any organised group was nonexistent among girls (and boys). Further, married adolescent girls were far more socially isolated than their unmarried counterparts, a finding reinforced by FGDs with parents of adolescent girls and boys.

### *Few adolescent girls exercise agency in their lives*

Few adolescent girls exercised agency in their lives. Between one-third and two-fifths of older (15–19-year-old) adolescent girls had the main say in decisions on personal matters, compared with one-half of unmarried boys and almost all husbands of adolescent girls. No more than one-fifth of adolescent girls were allowed to visit selected locations unescorted. What is striking is that the freedom of movement enjoyed by younger adolescent boys was greater than that enjoyed by older adolescent girls, married or unmarried. Not surprisingly, younger adolescent girls exercised even less agency than their older counterparts.

### *Adherence to gender unequal norms is evident even among young adolescents*

Gender role attitudes remained unequal even among young adolescents in these settings. For example, both girls and boys, those aged 13–14 and 15–19, as well as those married and unmarried, unanimously believed that girls were better in performing household chores, traditional skills-oriented economic activities and agricultural activities that do not require hard labour, while boys were better in performing economic activities that involved hard labour as well as modern skills. When probed individually too (as compared with FGDs), only a small proportion of adolescent girls and boys, regardless of their age, displayed adherence to gender egalitarian norms. Findings also show that boys adhered to gender unequal norms more than girls, perhaps reflective of their greater interest in perpetuating gendered socialisation experiences at home and in the wider community. Finally, married adolescents adhered to gender unequal norms more than the unmarried, suggesting that married adolescents were more likely, by virtue of their early marriage, to come from as well as to have married into a traditional family background, and thereby, more likely to have gendered socialisation experiences while growing up that continue to colour their gender role attitudes.

These findings are not surprising given that socialisation practices at home remained gender unequal. Most participants reported that parents differentiated between daughters and sons. Compared with sons, daughters were given less freedom to move around in the village or outside, were expected to do more household chores and were given less food. In the areas of schooling and access to money, findings present a mixed picture: while some participants reported that parents did not differentiate between daughters and sons, others indicated that parents favoured their sons more than their daughters when investing in schooling and giving money to their children.

### *Adolescent girls and boys remain largely uninformed about sexual and reproductive matters*

Findings underline the limited awareness of sexual and reproductive matters among adolescent girls and boys. For

example, young adolescents unanimously reported that adolescents of their age were not informed about the physical changes that occur during adolescence. Awareness of sex and pregnancy matters among older adolescents, likewise, was limited. The fact that a woman can get pregnant at first sex was known to limited proportions of adolescent girls and boys (19% and 22% of girls and boys aged 13–14, respectively; and 53% and 60% of girls and boys aged 15–19 and husbands of girls, respectively). Awareness of contraceptives was more widespread than awareness of sex and pregnancy matters; even so, it was far from universal. Awareness of HIV/AIDS was also limited among adolescents in the study settings, particularly among girls: one-quarter (27%) of girls and three-quarters (75%) of boys reported that they had heard of HIV/AIDS. However, what they knew about HIV/AIDS was far from comprehensive.

### *Most adolescent girls have some savings, but only a few own an account in a post office or bank*

Most adolescent girls and boys had access to some amount of money, although the source of money differed. Parents remained the major source of money for young adolescent girls and boys, and in the case of adolescent girls, scholarships from school. The sources of money mentioned by older adolescents, in comparison, were, largely, earnings from work and, to some extent, money given by parents; married adolescent girls relied mainly on their husbands for money. The findings that scholarships as a source of money were reported mostly by younger than older adolescents may reflect the fact that since many adolescents, mainly girls, discontinue education by Class 7, older girls did not benefit from scholarship schemes and hence did not recognise them as a potential source of money.

The tendency to save was widespread among adolescent girls, but not so among adolescent boys. Even so, fewer girls than boys owned a savings account in a post office or bank; for example, 38–42 percent of 15–19-year-old boys and 15–26 percent of 15–19-year-old girls who had participated in the FGDs reported that they had a savings account. Participants attributed this to the greater tendency of boys to work because their mobility is not restricted like that of girls, and the fact that parents generally favoured sons over daughters.

### *Livelihood opportunities for adolescent girls and boys are restricted to unskilled labour*

Engaging in economic activities was common among adolescent girls and boys in the study settings. Even so, participation in economic activities was more common among older than younger adolescents and out-of-school than in-school adolescents. Livelihood opportunities for adolescent girls and boys in both study settings were restricted to unskilled labour. Opportunities for job placements were almost nonexistent, and both adolescent girls and boys relied on informal networks to find employment. We note, however,

that adolescent boys and young men did mention government-sponsored employment-generation schemes such as the National Rural Employment Guarantee Scheme; surprisingly, not a single adolescent girl mentioned the scheme,

### *Adolescent girls and boys are interested in acquiring a vocational skill, but opportunities to do so are limited*

Almost all girls and boys expressed an interest in acquiring vocational skills. The skills that appealed to them differed between girls and boys and between the married and unmarried. Most girls expressed an interest in acquiring skills such as tailoring, handicrafts and providing beauty parlour services; a few evinced interest in painting and computer training. While tailoring and handicrafts were the favourite of both married and unmarried girls, the unmarried showed an interest in other skills as well including computer training, painting and providing beauty parlour services. Opportunities for acquiring vocational skills training, however, were limited for both girls and boys. Participants in the FGDs unanimously reported that there were no training facilities inside the village. While several such facilities were available outside their village, participation of adolescents in these training programmes appeared to be limited mainly because of distance, and sometimes due to lack of money.

### *Adolescent girls lack safe and social spaces to network with their peers*

Even though adolescent girls met their friends in a variety of places, it appeared that girls' access to safe, social spaces outside their home and school to interact with their friends regularly was limited. Adolescent girls typically met their friends at each other's home or at school. Venues outside the home and school were less frequently mentioned; moreover, the venues thus cited were locations that girls visited during the course of their daily chores—near the water tap, hand pump or pond where they would go to fetch water and wash their clothes; fields where they would go to collect fodder or cut crops; the shop or market where they would go to buy groceries; and places of worship. In contrast, while boys also reported meeting their peers in similar locations, they also identified places that were exclusively social, such as, for example, the playground or a garden, or a youth club, locations rarely mentioned by girls.

### *Adolescent girls and boys are at risk of HIV in different ways*

Findings highlight that adolescent girls and boys were at risk of HIV in different ways, as described below.

### *A sizeable number of adolescent boys engage in sex before or outside marriage*

In the 12 months preceding the interview, a sizeable number of unmarried boys had engaged in premarital sex (12 out

of 45) and married boys had engaged in extramarital sex (9 out of 42). Of these, four unmarried boys and one married boy reported multiple partnerships. In contrast, just one unmarried girl and not a single married girl reported having engaged in premarital and extramarital sex, respectively. FGDs suggested, moreover, that adolescent girls who had engaged in premarital sexual relationships typically had sex with their boyfriends, although sex with extended family members was also cited. Likewise, adolescent boys who had engaged in premarital sexual relationships typically had sex with their girlfriends; sexual relationships with adult women in the neighbourhood and sex workers were also mentioned, although less frequently.

### *Condom use is limited*

Ever use of condoms in sexual relationships including within marital relationships was limited. Of the 13 unmarried adolescents who had engaged in premarital sex, six (one girl and five boys) reported that they had ever used condoms. Of the married, seven out of 38 girls and 17 out of 42 boys reported that they had ever used condoms in relations with their spouse or extramarital sexual partner in the last 12 months. FGDs revealed that one of the major barriers to condom use among adolescents was the lack of easy access to condoms, particularly for the unmarried. Although condoms were available in general stores and medical stores in their village, unmarried adolescents did not feel comfortable about procuring condoms from these stores as they were worried about breach of confidentiality. Adolescents' discomfort in approaching providers, lack of awareness of condoms, a lack of recognition of the risks they face, deliberate intentions to ruin the reputation of a female (make a girl pregnant), and the unplanned and surreptitious nature of premarital and extramarital sexual encounters also compromise the ability of adolescents to use condoms.

### *Sexual coercion characterises premarital sexual experience for many girls*

Coercive sexual experience in the 12 months preceding the survey was also reported: five of the 12 unmarried boys who had engaged in premarital sex reported that they had forced at least one of their partners to engage in sex. Of the married, four girls and 10 boys reported that they had experienced or perpetrated, respectively, forced sex in the last 12 months.

### *Substance misuse exists among adolescent boys*

Participants in most FGDs conducted with unmarried and married adolescents aged 15–19 reported that sizeable numbers of adolescent boys of their age did use tobacco products. Use of tobacco products was reported among girls as well. Consumption of alcohol was also widely reported among boys, but rarely among girls. Finally, participants acknowledged that some adolescent boys took drugs as well.

### *Access to health facilities providing information on sexual and reproductive matters, condoms, and treatment for sexual health problems is limited*

Findings highlight adolescents' limited access to facilities providing information pertaining to sexual and reproductive matters. For girls aged 13–14, the potential sources of such information were their family members and the anganwadi centre, and for boys, their friends. The leading potential sources of information on sexual and reproductive matters for older adolescent girls were health care providers, teachers, family members and friends; for older adolescent boys, such sources largely included friends and health care providers both inside and outside the village. Even though the participants listed a number of potential sources of information, they discussed several constraints in obtaining information on sexual and reproductive matters. Some observed that friends and family members were not always correctly informed, others indicated that health care providers did not furnish comprehensive information and yet others stated that these providers did not give any information at all. Moreover, adolescents reported shyness in approaching health care providers based in the village for information as the providers knew them and their families. Girls, additionally, were constrained because of restrictions on their mobility and lack of time.

Although there were several facilities in the public and private sectors that supplied condoms, including anganwadi centres, health centres, hospitals and medical shops, both adolescent girls and boys, in effect, had limited access to condoms. While both unmarried and married adolescents faced constraints in accessing condoms, unmarried adolescents were more constrained than the married. As mentioned earlier, boys, for example, reported that medical shops were not readily available in all the villages; sometimes, shopkeepers asked embarrassing questions and refused to sell condoms to them; they felt shy to approach even medical stores; they lacked awareness of the risks of unprotected sex, and some of them lacked money to buy condoms. Adolescent girls were more likely than boys to experience difficulties in obtaining condoms: medical stores are often run by male shopkeepers, thus making it embarrassing for girls to approach them; shopkeepers may not supply condoms to unmarried girls; girls felt shy to approach even health care providers in hospitals for condoms; they lacked information on contraceptives, including condoms and unprotected sex and they were often, not allowed to go out.

Adolescents' access to facilities for seeking treatment for sexual health problems was also limited. Many reported that no facilities were available in the village and they often had to go outside the village to obtain treatment. They also indicated that the quality of services was poor in public sector facilities. Some others noted that some adolescents were embarrassed to seek treatment for sexual health problems, some lacked money to seek treatment, and many

others lacked information about sexual health problems. Besides, girls were unable to go to a health facility on their own and therefore sought treatment only if their parents escorted them. Moreover, they found it difficult to seek treatment in a facility that did not have a female health care provider. Finally, participants observed that no facilities for HIV testing were available within their villages and suggested that they would have to go to hospitals located at block or district headquarters for HIV testing.

### *Treatment-seeking for sexual health problems is limited*

Findings show that a sizeable number of older adolescent girls and boys had experienced symptoms suggestive of genital infections in the three months preceding the interview; one in seven unmarried girls and one in three married girls, as well as one in four unmarried boys and one in three married boys so reported. Many adolescents who had experienced such symptoms had not sought any treatment. Further, not a single adolescent had undergone an HIV test.

### *A supportive and safe environment is, by and large, lacking for many adolescent girls*

The study indicates that a supportive and safe environment was, by and large, lacking for many adolescent girls, as summarised below.

### *Parent-child communication on sensitive topics, including sexual and reproductive matters is limited*

Narratives of FGDs with adolescents show that parent-child communication on sensitive topics, including sexual and reproductive matters, was limited. Moreover, such communication differed by the topic and sex of the parent as well as the child. For example, most girls, regardless of their age, reported that mothers usually discussed the physical changes that occur during adolescence with their adolescent daughters, while most boys reported that such communication did not take place between parents (father or mother) and adolescent sons. However, girls also reported that such communication by mothers was largely restricted to the do's and don'ts relating to behaviour during adolescence. Communication between parents and adolescent daughters and sons on boy-girl relationships was nonexistent. Likewise, communication on marriage was limited. In the few cases where such communication did occur, it was confined to seeking children's approval of the spouse chosen for them.

### *Brothers typically support girls in accessing health services*

Findings suggest a supportive relationship between brothers and sisters; participants unanimously indicated that brothers helped their sisters in accessing health services. Typically, they escorted their sisters to the health facility or brought

medicines; some participants reported that their brothers gave them money to seek treatment. However, participants held mixed views about whether girls and their brothers shared health-related information. Participants in a number of FGDs across all age groups reported that brothers and sisters did not share any health-related information though participants in some FGDs reported that brothers and sisters did share information on common illnesses, nutritious food and general hygiene. Notably, none of the participants indicated that brothers and sisters discussed sexual and reproductive health problems.

### *Husband-wife relationship is supportive yet characterised by violence for many girls*

Most participants reported that young couples discussed sexual and reproductive matters, including contraceptive use and timing of first pregnancy. They also indicated that husbands helped their wives in accessing health services, escorting their wives to the health facility or bringing medicines for them. Despite these generally positive observations about husband-wife relationships, participants acknowledged the prevalence of physical violence perpetrated by husbands among adolescent couples.

### *The environment in villages is far from safe for girls*

The extent to which girls were perceived to be safe in their villages varied according to the time of the day and the situation in which they found themselves. Specifically, several places were considered safe for girls during the day, but most of these places were considered unsafe at night. Among locations reported to be safe for girls in their village during the day were the home (own as well as a friend's home), school, temple, fields, water sources (near the hand pump, near the pond and riverbank) and marketplaces. However, none of these places, except the girls' own homes, were considered safe for girls at night. What made these specific locations safe for girls during the day was largely the presence of people around them, including family members, friends and peers, teachers, priests and the general public. The underlying concerns that made girls feel unsafe in these situations and places differed somewhat between younger and older adolescents. Younger adolescents reported that girls were unsafe because they could experience physical and sexual harassment perpetrated by boys, wild animals could attack them, drunken men loitering around could harass them, accidents could happen and unnatural elements (for example, a ghost) could attack them. Older adolescents reported that girls were unsafe because they could be harassed sexually.

Participants in several FGDs acknowledged that adolescent girls in their villages experienced some form of harassment. The forms of harassment mentioned by very young adolescents (10–12-year-olds) mainly included noncontact forms of harassment while those listed by 13–14-year-olds and 15–19-year-olds were similar and included verbal, physical, and sexual harassment. Notably, participants in several FGDs



talked about different forms of sexual harassment—making sexual gestures, passing lewd comments, unwanted touching, pulling girls' clothes, attempting to have sex or having coerced sex. Findings suggest that family members were the leading source of support and mechanism for addressing this issue. Girls' sources of support and mechanisms outside the family for redressing their lack of safety or experiences of harassment included friends, the police, the village head and the community, more generally.

### *Parents do recognise the limited assets of adolescent girls*

Focus group discussions with parents/parents-in-law suggest that parents did recognise that the assets of adolescent girls were far more limited than those of adolescent boys. They described the life of girls as far more restricted to the home than that of boys, and girls in general as having far less of a voice in their own life than boys. The typical day of a girl comprised school (if she was school-going), housework, work on the family farm or tending the family's livestock and, in some cases, wage work. In contrast, boys also spent time at school and on their studies, but were described as having far more leisure time than girls, spending time outside the home with their friends. Both mothers and fathers reiterated the limited decision-making authority of girls, and contrasted this with the greater decision-making role of boys from an early age. Parents unanimously pointed out that while girls were confined to the home, their brothers were free to move around inside and outside the village at will. Parents noted that in the context of poverty and lack of employment opportunities that prevailed in their villages, girls in particular had very limited access to money and little opportunity to save money. In contrast, they reported that boys had both more opportunities to earn money and more control over the money they received from wages or other sources, and largely spent this money rather than saved it. Parents underscored the fact that few girls and boys in their villages owned a savings account in a bank or post office.

Both mothers and fathers acknowledged that although girls and boys both had friends, girls had a much smaller network of friends than did boys. Parents recognised, moreover, that girls faced many more time constraints and had much less leisure time than did boys, and thus spent a lot less time with their friends compared with boys.

Most parents acknowledged that although no unpleasant incidents had taken place, girls feared venturing outside their home alone, particularly at night. On balance, mothers were more likely to fear for girls' safety during daytime and night-time than were fathers.

### *Parents are aware that adolescent girls and boys are at risk of HIV*

Although parents were reluctant to admit that adolescent girls or boys in their communities engaged in premarital sex or were at risk for HIV, parents did admit that in exceptional cases, premarital relations did take place, albeit among a minority of adolescents.

Parents agreed that children would feel shy and embarrassed about informing their parents if they experienced symptoms of infection. Boys, in particular, would rather resolve the problem with the help of their friends than their parents. Girls, and even boys whose symptoms persist, would most likely inform their mother or father, or someone else in the family. Parents suggested that once informed, parents would support their children in getting treatment from public or private sector facilities. Parents acknowledged that it was easier for boys to get counselling or treatment than it was for girls, and for adults to get health services than adolescents.

Parents also acknowledged that parent-child communication was clearly limited, albeit in different ways, depending on the sex of the parent and of the child. As suggested in FGDs with adolescents, father-daughter communication on sexual and reproductive matters was described as particularly limited. Although communication between mothers and daughters was more frequent than that between fathers and daughters, it also focused largely on day-to-day needs on the one hand, and the dos and don'ts about feminine behaviour on the other. Moreover, FGDs suggest that the nature of communication on sensitive matters, where it occurs, between mothers and daughters was relatively superficial. Mothers attributed the lack of communication with daughters largely to girls' hesitation and shyness about discussing these matters with their mother or mother-in-law and their preference for discussing these matters with a friend, a sister or a sister-in-law. Communication between parents and sons, particularly mothers and sons, was extremely limited.



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