SITUATION OF ADOLESCENTS IN JHARKHAND

TOPLINE FINDINGS FROM A STATE-WIDE SURVEY

10to19
DASRA ADOLESCENTS COLLABORATIVE
dasra

TABLE OF CONTENTS

1

PREFACE

There is no longer novelty in the declaration that the promise of India's full socio-economic potential rests on the shoulders of the nation's young people. Despite this understanding, adolescents in India continue to face steep roadblocks in making a successful transition to adulthood. In 2015, nearly 27% of young women aged 20-24 were child brides[1] and 54% of girls and 48% of boys aged 18-19 had not completed class 10[2]. Dasra firmly believes that the course of India's developmental trajectory will be charted by a collective effort to improve these outcomes for the 253 million adolescents living in the country and ensure that they are healthy, safe, educated and empowered.

It is this fundamental belief that underlines Dasra's work through the 10to19: Dasra Adolescents Collaborative. 10to19 is a high-impact platform that brings together non-profits, funders, technical organizations and the government to improve outcomes that are key to sustained adolescent empowerment. Specifically, we are focusing on:

- Delaying age at marriage
- Delaying age of first pregnancy/ birth
- Completing secondary education
- Increasing agency and self-efficacy

In order to achieve these outcomes, the Collaborative is employing a geography-specific approach that prioritizes the delivery of intensive, comprehensive program interventions in selected blocks across a single state, the first of which is Jharkhand.

The challenges faced by adolescents in the state are reflective of what adolescents across the nation grapple with. Further, government data from NFHS and U-DISE[3] reveal the heightened vulnerabilities of adolescents in the state: 38% of women aged 15-24 in Jharkhand were married before 18, as compared to the national average of 27%; and 22% of girls in Jharkhand did not transition from primary to secondary school as compared to 11% of girls nationally. At the same time, Jharkhand is also ripe with potential for change, given the government's openness to working with civil society partners, and its commitment to the implementation of key adolescent policies. This combination of adolescent vulnerability and government commitment encouraged Dasra to choose Jharkhand as the first state for the Collaborative's state-focused approach.

Prior to the commencement of program implementation in the communities, Dasra undertook a baseline survey to assess the situation of adolescents in the state. This report presents topline findings of this study, and will be followed by a full report detailing the findings described here, in the

1. International Institute for Population Sciences and ICF. 2017. National Family Health Survey, India (NFHS–4), 2015-2016. Mumbai: IIPS.
2. Office of the Registrar General and Census Commissioner, India. C-8 Educational Level by Age and Sex for Population 7 and above—2011. New Delhi: Office of the Registrar General and Census Commissioner, India

coming months. The evaluation stems from a need to create robust data and evidence on what works in the adolescent health and wellbeing sector in India, which can be used to inform governments and civil society practitioners alike in identifying and scaling effective programs for young people.

Following the completion of the baseline survey, the Collaborative has begun implementing programs in the state through 4 implementing partners – Aangan Trust, Centre for Catalyzing Change (C3), Child in Need Institute (CINI), and Quest Alliance. Each of these organizations have demonstrated their expertise in operating programs that have had a meaningful effect on the lives of adolescents. Under the aegis of the 10to19 Collaborative, they will also innovate on their existing models to address the multiple facets of an adolescent's life. Over the lifetime of the project, these four organizations aim to collectively reach over half a million adolescents across 6 districts in the state.

These partner organizations will each deliver their interventions through multiple pathways, including health, education, child protection and agency building, in order to affect one or more key outcomes listed above. Aangan Trust, working in Pakur, aims to strengthen community and systemic understanding of child protection to ensure schools and communities are safe for adolescents and to build self-efficacy in adolescents to enable them to make critical life decisions. C3 is delivering its programs in Gumla and Lohardaga through an in-school adolescent health program and is strengthening the implementation of the Rasthriya Kishor Swasthya Karyakram (RKSK), India's flagship scheme for adolescent health, at community level. CINI is working in the districts of Saraikela Kharsawan and Simdega also to strengthen the implementation of the RKSK, as well as enhance local child protection systems. And in Deogarh, Quest Alliance is working to ensure that students are engaged through joyful learning environments, so as to decrease the rate of drop out, and is mainstreaming out-of-school adolescents back into formal channels of education.

The findings of this report are a strong reinforcement of both the gravity of work yet to be done to equip adolescents to successfully enter adulthood, as well as the untapped promise of young people in the state. As these four interventions begin to take shape in the communities they serve, we will continue to measure the changes in the lives of adolescents. Through this process, we hope to build a robust body of evidence that we will share with the broader community of stakeholders to emphasize the urgent need to prioritize adolescent health and wellbeing.

3. The National Family Health Survey is a nationwide study conducted to assess key health outcomes. The District Information System for Education (U-DISE) is a study to assess the state of the education system at the district, state and national level.

2

ACKNOWLEDGMENTS

"Situation of Adolescents in Jharkhand: Topline Findings from a State-wide Survey" has benefitted greatly from the contributions of many. We would like to extend our gratitude to the Department of Health and Family Welfare, Government of Jharkhand, for extending their support to this study and would specifically like to thank Smt. Nidhi Khare, former Principal Secretary, Department of Health and Family Welfare, Shri. Kripa Nand Jha, Mission, Director, Jharkhand National Health Mission and Smt Jaya Prasad, Deputy Director, PCPNDT & ARSH Cell, Jharkhand National Health Mission.

We would like to thank members of our Technical Advisory Committee (TAC), namely, Dr. Rajib Acharya, Dr. Shiva Halli, Dr. Purushottam Kulkarni, Dr. Tarun Kumar Roy, Dr. K G Santhya and Dr. Wilima Wadhwa, for their guidance on the overall design of the study. Dr. Tarun Kumar Roy and Dr. Laxmikant Dwivedi of the International Institute of Population Sciences (IIPS) kindly took on the responsibility of designing the survey, and we are immensely grateful to them for their meticulous sampling plan and overall guidance. We are immensely grateful also to Dr KG Santhya and colleagues at the Population Council, New Delhi, for generously sharing with us the UDAYA study instruments, most of which was used in our survey; and, along with Ms. Shilpi Rampal for helping us overcome challenges during analysis. Our partner organizations- Aangan Trust, Centre for Catalyzing Change (C3), Child in Need Institute (CINI) and Quest Alliance – contributed valuable insights to the design of the study and study questionnaires, and provided support through the study; their contributions are gratefully acknowledged.

We would also like to record our appreciation for the 10to19: Dasra Adolescents Collaborative's funding partners- USAID, Kiawah Trust, The Children's Investment Fund Foundation (CIFF), The David and Lucille Packard Foundation, Tata Trusts, Bank of America Merrill Lynch and VIP Industries. We are grateful for their support and encouragement as we embark on this ambitious project.

We would like to acknowledge Sigma Research and Advisory for overseeing the implementation of the survey, and to our field team of 48 interviewers, and field coordinators, Arshi Fatima, Bhaskar Mishra, Ram Shankar, Ruchi Sharma and Preeti Verma for undertaking the survey with skill, sensitivity and dedication, eliciting information on difficult topics, in a difficult terrain.

Finally, we express our gratitude to the more than 15,000 adolescents of Jharkhand who welcomed us into their communities, and shared so many details of their life with us. We hope that the findings from this study provide valuable insights to inform the programs of our partner organizations and influence the design and content of programs that will meet the multiple needs of adolescents and support them in making a successful transition to adulthood.

3 INTRODUCTION

According to India's 2011 census, 365 million people in the country – nearly a third (30.1%) of the population – are young people aged 10–24, 253 million are adolescents aged 10-19, and 232 million are youth aged 15-24 (Office of the Registrar General and Census Commissioner, India, 2015). Whether India achieves the Sustainable Development Goals, attains its population stabilization objectives and realises the advantage of its demographic dividend will depend on the nation's investment in its young people. And as noted in the Lancet Commission's report on Adolescent Health and Development, investments made in adolescent wellbeing today yield triple dividends – in terms of adolescent health and wellbeing today, the health, skills and wellbeing of this cohort of adolescents in adulthood, and the health and wellbeing of the children they will have in the future (Patton et al., 2016).

There are encouraging signals that reflect India's recognition of the vulnerabilities faced by young people and its commitment to promoting their development needs and protecting their rights. Numerous policies and programmes reflect this commitment, several of which have been relatively recently initiated including the Rashtriya Kishor Swasthya Karyakram (RKSK) programme to promote adolescents' health, programming to ensure secondary school attendance and completion, the Scheme for Adolescent Girls (SAG) programme (previously known as the SABLA programme) and the Beti Bachao Beti Padhao programme to redress discrimination against girls, and the National Skill Development Mission to develop young people's skills and prepare them for productive employment.

Compared to earlier generations, the situation of young people in India has undoubtedly improved: they are healthier and better educated, and gender disparities in child mortality, school enrolment and educational attainment have narrowed. Yet secondary school completion remains far from universal and learning outcomes are limited, preparation for livelihoods eludes many, and too few girls make the transition from school to productive employment. Few adolescents make informed life choices or hold egalitarian notions of masculinity and femininity. Young women are constrained from exercising agency, marriage and childbearing are initiated prematurely, and many young people's health, including in the sexual and reproductive health arena, tend to be compromised. Questions remain, moreover, about whether the investments India has made are indeed informed by evidence and likely to be effective in empowering adolescents and

enabling their successful transition into adulthood.

Drawing on the Population Council's framework for healthy adolescent transitions (Santhya et al., 2017), this review measures the quality of transitions to adulthood in terms of multiple dimensions of young people's lives. Key markers of a successful transition to adulthood are described in Figure 1.

Figure 1: Key markers of a successful transition to adulthood

Also evident are the interlinkages between many of the attributes of a successful transition to adulthood: for example, between educational attainment and delayed marriage or skilled employment and between delayed marriage and delayed childbearing. Clearly affecting one dimension of adolescent life has both direct and indirect synergies with others.

Achievement of these dimensions of a successful transition to adulthood depend on a host of individual level factors, such as, for example, adolescents' knowledge of the world around them, about health promoting practices, about money and savings, or about their own rights and entitlements; their attitudes about gender roles and citizenship; their social networks and sources of social support; and the extent to which they participate in day-to-day decisions affecting their lives, have freedom of movement, exercise voice and self-efficacy, have future aspirations, or have access to and control over savings and money. These are the attributes of adolescent life that likely affect the extent to which the markers of a successful transition to adulthood will be achieved, and are the immediate aim of most programmes. While individual level factors are important, also important are the influences of parents and families and the nature of socialisation of and investments in sons and daughters, community norms and the persistence of patriarchal norms and practices, system level factors and adolescents' access to health, education and other facilities. These factors play a powerful role in facilitating or obstructing a successful transition to adulthood. So do, more generally, the media environment and macro-level laws and policies (Santhya et al., 2017).

Although a number of programmes have been implemented in India that aim to address the health and development needs of the young and promote successful transitions from adolescence to adulthood, few have been soundly evaluated. Thus, while there is considerable evidence of promising practices, evidence on what works and what does not work, and what can be delivered at scale to promote a successful transition from adolescence to adulthood is limited in India.

The 10to19 Collaborative, initiated by Dasra, addresses the needs and rights of the young. Through partners Aangan Trust, Centre for Catalysing Change (C3), Child in Need Institute (CINI) and Quest Alliance, Dasra is supporting the implementation of a multi-pronged three-year intervention programme for adolescents in various districts

of the state of Jharkhand, namely Deogarh, Gumla, Lohardaga, Pakur, Saraikela Kharsawan and Simdega. These interventions are delivered at scale, either at district or sub-district levels, and their individual aims are one or more of the following: to ensure the achievement of at least a secondary school education (completion of Class 10); the exercise of agency in life choices; delays in marriage and childbearing, and the exercise of informed choice in marriage planning, and/or experience of a safe, informed and consensual entry into sexual life. In the shorter term, the aim is also to enhance adolescent awareness of entitlements and health promoting practices, develop egalitarian gender role attitudes and reinforce attitudes about delaying marriage and childbearing, keep adolescents in school and improve learning outcomes and develop career aspirations and preparedness for livelihoods.

The 10to19 Collaborative is committed to deriving evidence-based lessons from these interventions, and in this endeavour, is conducting an evaluation that will measure the effect of these programmes on adolescent life and transitions to adulthood. The evaluation entails a baseline assessment that describes the situation of adolescents in Jharkhand as a whole, that is, in intervention and non-intervention districts, prior to the implementation of these partner programmes, and a similar investigation at the conclusion of the programmes that will allow us to measure change in adolescents' situation that may have resulted from these interventions.

This research programme brief presents preliminary topline findings from the baseline survey of the situation of boys and girls aged 10-21 in the state, focusing on each of the central domains of adolescents' lives. We present findings for Jharkhand state as a whole, and where possible, draw rough comparisons with findings from other state-representative surveys. These include the National Family Health Survey conducted across the state in 2015-16 (IIPS, 2017) and the state-wide survey of adolescents aged 10-19, conducted in neighbouring Bihar (Santhya et al., 2017). In order to draw inferences over time among older adolescents, we also present findings of an earlier state-wide survey of youth (15-24) in Jharkhand, conducted in 2006, although we note that the age-group addressed was somewhat older in the earlier study (IIPS and Population Council, 2009).

A WORD ABOUT THE EVALUATION AND THE BASELINE SURVEY

Dasra proposes to evaluate the effectiveness and acceptability of the interventions implemented by partner organisations in achieving one or more of these objectives. In order to accomplish this evaluation, we use a quasi-experimental study design, including surveys conducted prior to the initiation of the intervention (baseline) and also at its conclusion (endline), in intervention sites, that is, the six districts in which the intervention will be conducted, and a socio-demographically similar set of comparison sites drawn from the remaining 18 districts of the state, selected in such a way that together they are similar to intervention villages. This design will enable us to assess not only whether changes have been experienced over the course of the intervention, but also whether the changes observed in the intervention arm were significantly different from the changes observed in similar settings from non-intervention districts (the comparison arm). We will thus be able to assess the extent to which the change in the intervention arm is attributable to the 10to19 Collaborative's interventions.

Overall, the survey provides a fairly representative profile of the situation of adolescents in the state. The baseline survey was conducted during 2018 among girls and boys from age 10 up to age 21. Five groups of adolescents were interviewed: younger boys and girls aged 10-14, older unmarried boys and girls aged 15-21, and married girls aged 15-21 (since marriage before age 21 is rare among boys, we restricted the boys' sample to the unmarried). We have extended our operational definition of adolescents to include those aged 20-21, so as to allow for an exploration of effects, at endline, on all those eligible for participation in the interventions in the three years between the baseline and endline investigations, who may have aged out of adolescence (ages 10-19) by the time of the endline survey.

In all, 325 villages and urban wards were selected for interview. In

order to create a sampling frame for the cross-sectional surveys, we undertook a complete mapping and household listing exercise in each selected village or urban ward, and a list of roughly 500 households was generated for each selected village/ward or cluster of villages/wards. One half of these consecutively-listed households was randomly designated for interviews with girls, and the other for interviews with boys. Within each selected household, interviews were conducted with the household head or adult member, as well as, if resident, adolescents in our age group. Only one adolescent in any category (10-14, 15-21 in the case of boys, and 10-14, 15-21 unmarried and 15-21 married in the case of girls) was selected for interview from each household.

Five questionnaires were used in the study, that drew extensively from those used in the Population Council's UDAYA study (Santhya et al., 2017), modified with inputs from partner organisations. These questionnaires included a household questionnaire, administered in each selected household; and four individual questionnaires for each of the age groups, respectively — boys aged 10-14, boys aged 15-21, girls aged 10-14, and unmarried and married girls aged 15-21.

A total of 41,859 households were identified for interview, and from these, the head of the household or any other adult was first interviewed. A total of 41,398 households were selected for interview and interviews were successfully completed with 41,394 or 99 % of selected households. From these households, we interviewed a total of 15,963 boys and girls aged 10-21, and more specifically, 3,473 boys aged 10-14, 3,150 (unmarried)boys aged 15-21, 4,104 girls aged 10-14, 3,237 unmarried girls aged 15-21 and 1,999 married girls aged 15-21.

4

SOCIO-DEMOGRAPHIC PROFILE OF HOUSEHOLDS

Despite the fact that it has some of the richest mineral deposits in the world, Jharkhand remains a poorly developed state. Indeed, 19 of Jharkhand's 24 districts are included in NITI Aayog's aspirational districts, namely, those lagging in the areas of health and nutrition, education, agriculture and water resources, financial inclusion and skill development, and basic infrastructure (NITI Aayog, 2018). The state contained a population of 33 million in 2011 (Office of the Registrar General and Census Commissioner, India, nd.). Table 1 presents a brief socio-demographic profile of surveyed households, and findings suggest that most adolescents in Jharkhand grow up in rural, poor and poorly educated households.

Overall, 28 % of households in which interviews were conducted were in urban areas, reflecting a modest increase from the 24 % recorded in the 2011 census (Office of the Registrar General and Census Commissioner, India. nd.).

On average, each household contained 4.6 members. Religion and caste distributions suggest that the majority of households were Hindu (72%), and belonged to scheduled tribes or other backward castes (27% and 47%, respectively).

Household heads were poorly educated: two in five (41%) had no education, and just 15 % had completed 11 or more years of education.

Living conditions and household economic status were largely poor, although on many indicators, the situation had improved over the last decade (see, for example, IIPS and Population Council, 2009). Two in five (41%) households lived in kachcha structures (constructed with mud, thatch or other poor quality materials), three-quarters had electricity (76%), and access to piped water or a hand-pump for drinking water was reported by just four in five (79%). Other amenities were available to far fewer: only 38 % had their own toilet, while half (50%) had no facility at all, and just one-quarter (27%) reported LPG as their main type of cooking fuel. While almost all households (91%) owned a mobile phone, fewer owned such assets as an electric fan (64%), a television (41%), a scooter or motor cycle (34%) or a computer or laptop (5%).

4. We acknowledge that UDAYA questionnaires were informed by survey instruments used for other studies as well: the Youth Study (IIPS and Population Council, 2010), a study of adolescents in Rajasthan (Jejeebhoy and Acharya, 2014), a study of younger and older adolescents in Madhya Pradesh and Uttar Pradesh (Santhya et al., 2013), NFHS-4 (IIPS and ICF, 2017), and those developed by ASER (Annual Status of Education Report) to assess general knowledge, basic literacy and

Table 1: Socio-demographic profile

Percent distribution (or means) of all surveyed households, Jharkhand, 2018	All Households
Rural-urban residence	
Households in urban areas (%)	27.5
Mean household size	4.6
Religion of the household head (%)	
Hindu	71.5
Muslim	14.2
Christian	3.9
Other (Sarna, other)	10.4
Caste/tribe of household head (%)	
Scheduled caste	13.2
Scheduled tribe	26.7
OBC	47.3
General	12.8
Education level of head of household (%)	
None	40.5
1-7	18.6
8-10	25.7
11 and above	15.1
Type of house (%)	
Kachcha	40.8
Semi pucca	26.9
Pucca	32.4
Amenities (%)	
Source of lighting: electricity	76.2
Source of drinking water: own or public piped water or hand pump	78.9
Toilet facility: Own (pour) toilet	38.1
Toilet facility: None	49.6
Main type of cooking fuel: LPG	26.9
Ownership of assets (%)	
Mobile phone	90.8
Electric fan	64.0
Television	41.3
Motorcycle or scooter	34.0
Computer or laptop	5.2
NUMBER OF HOUSEHOLDS	**41,394**

Note: All Ns are unweighted; however, all indicators have been weighted using normalised weights for the total population. As such, drawing numbers based on the %ages in the tables is not advisable.

numeracy skills (ASER Centre, 2019), the Patient Health Questionnaire (PHQ-9) to assess the mental health condition of adolescents (Kroenke, Spitzer, and Williams, 2001), and the Gender Equitable Men (GEM) scale (Pulerwitz and Barker, 2008).

The survey covered

41,394

Total Households

6,623

Boys 10-21

9,340

Girls 10-21

41%

Household heads with no education

28%

Households in Urban areas

50%

Households with no toilet facility

91%

Households with a mobile phone

41%

Households with a television

41%

Kachcha Homes

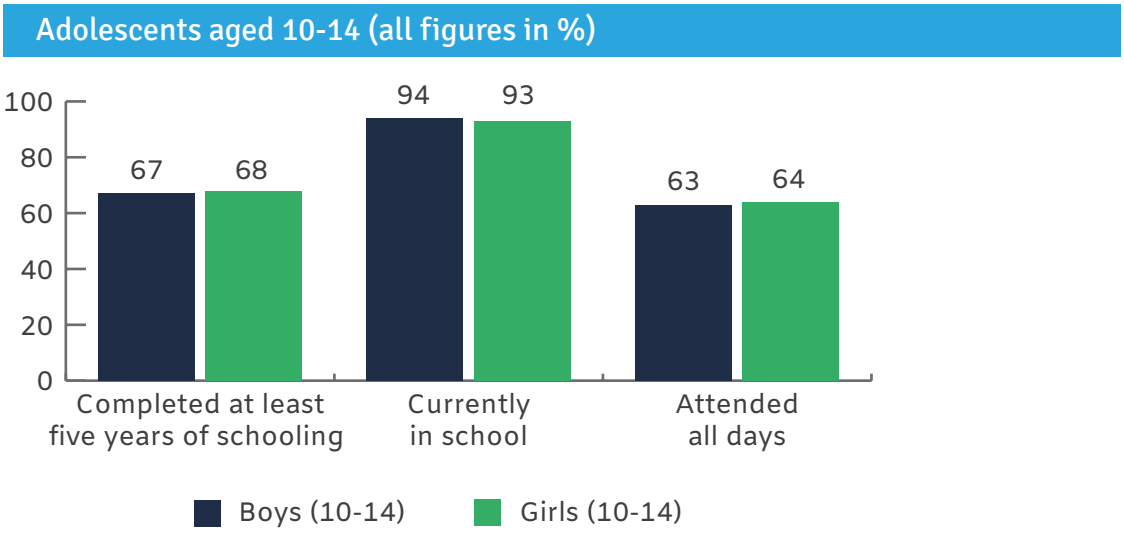
This section summarises the situation of adolescents in Jharkhand, in terms of education, transition to work, media exposure, exercise of agency, knowledge of health promoting behaviours, entry into sexual life before marriage, marriage and childbearing, and other dimensions of health, including mental health and substance misuse.

5.1 EDUCATION

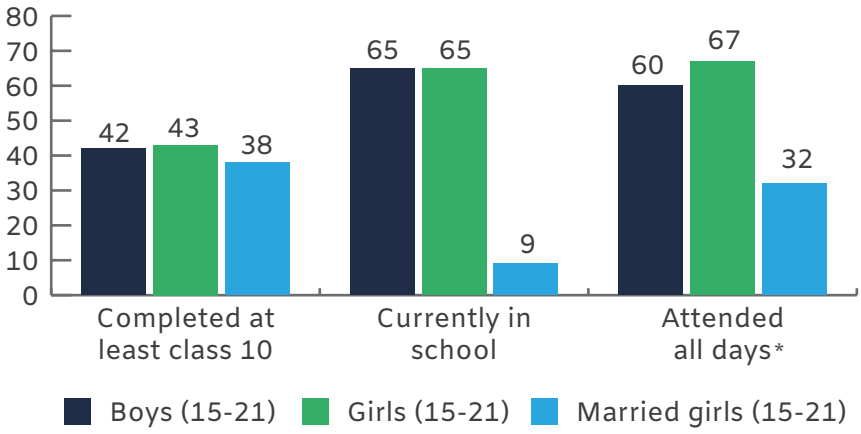
One of the key markers of a successful transition to adulthood is the completion of at least a secondary school education with appropriate learning outcomes. Our findings suggest that adolescents in Jharkhand are far from achieving this marker. Gender disparities were negligible with regard to enrolment and attendance, but quite wide with regard to learning outcomes. Married girls were far less likely than their unmarried counterparts to have attained educational milestones, to have acquired literacy and numeracy skills and display general knowledge.

Reach: Almost all adolescents had ever gone to school and gender differences were narrow. School enrolment was 96-99 % among boys aged 10-14, boys aged 15-21, girls

Figure 2: Educational attainment, current schooling status, and regularity of attendance



Adolescents aged 15-21 (all figures in %)



Note: *Among those currently attending school

aged 10-14 and unmarried girls aged 15-21. It was far lower - 88 % - among married older girls (Table 2 and Figure 2).

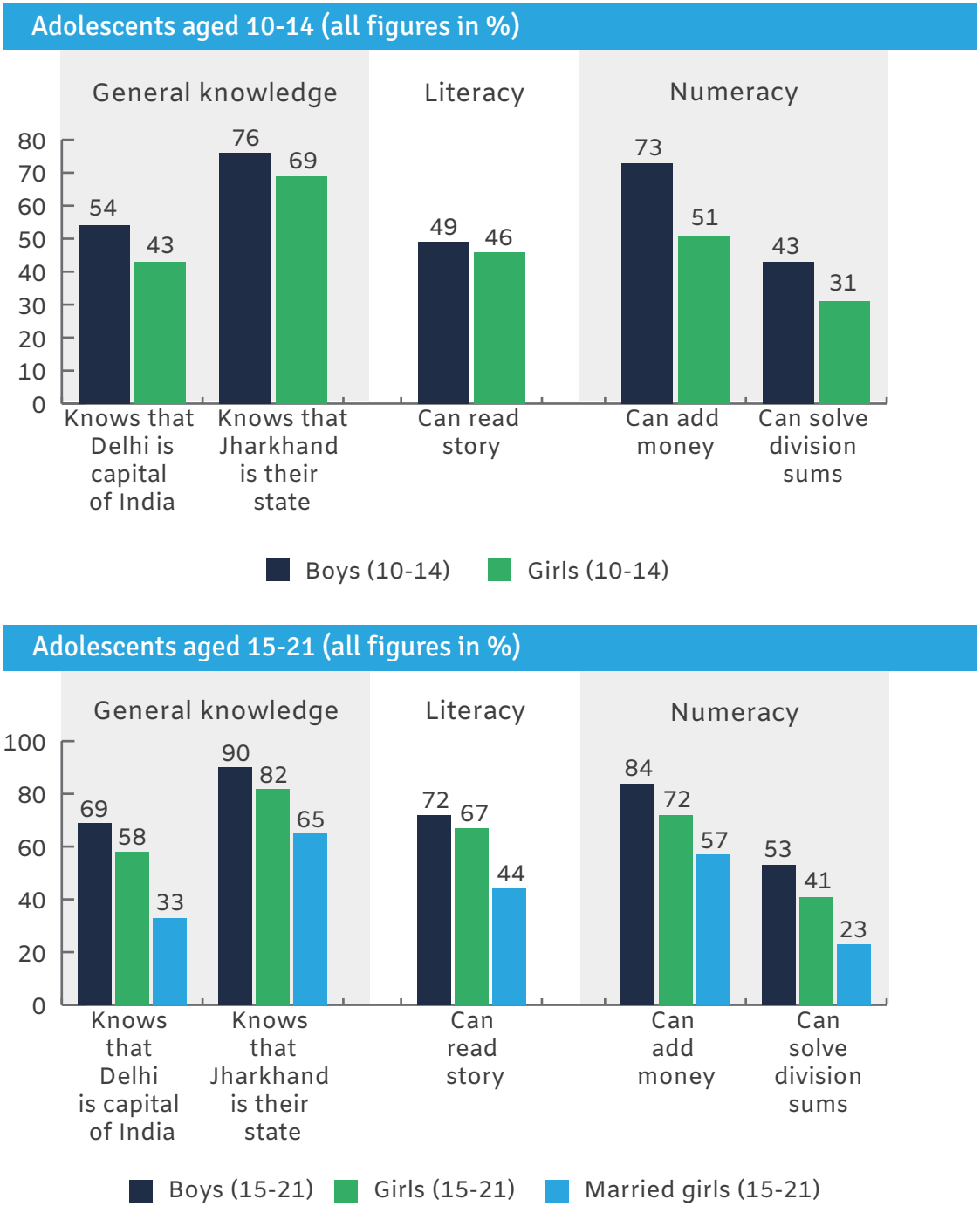
But enrolment does not imply school continuation or age-appropriate completion of each year of schooling. The median number of years of education among adolescents was five years for younger boys, six years for younger girls, nine years for older boys and unmarried girls, and eight years for married girls. Of those aged 10-14, just two-thirds (67%) of girls and boys had completed at least Class 5. Among those aged 15-21, secondary school completion (at least Class 10) was reported by just 42-43 % of boys and unmarried girls, compared with slightly fewer married girls (38%).

Almost all adolescents aged 10-14 were enrolled in school at the time of the survey (93-94%). In comparison, far fewer boys and unmarried girls aged 15-21 (65%), and just nine % of married girls aged 15-21 were enrolled in a school or college at the time of the interview. Current enrolment in school did not, however, imply that students attended school or college regularly. For example, in the week preceding the interview, among those enrolled in school or college, 63-64 % of younger adolescents, and 60-67 % of boys and unmarried girls aged 15-21 had attended school or college every day that it was in session. Far fewer married girls had attended school regularly (32%). Key reasons include domestic responsibilities, responsibilities on the family farm or business, lack of interest in school, health reasons, family celebrations and so on.

Learning outcomes

In order to assess general knowledge, basic literacy and basic numeracy, we used tools developed and used by ASER (ASER Centre, 2019). In order to assess general knowledge, respondents were asked

Figure 3: Learning outcomes: General knowledge, literacy and numeracy



what the capital of India is, and the name of the state in which they resided. Knowledge was far from universal. Gender differences, and marital status differences among girls 15-21 were wide. Among those aged 10-14, 54 % of boys, compared to 43 % of girls identified Delhi as the capital of India; as did 69 % of boys aged 15-21, compared to 58 % of unmarried girls aged 15-21. Married girls fared worst, with just one in three aware that Delhi is the capital of India. While more respondents knew correctly the name of the state in which they resided, this knowledge was not universal, and gender and marital status differences persisted (Table 2 and Figure 3).

Literacy was graded at five levels: ability to read a story (Class 2 level), a paragraph (Class 1 level), just words, just letters, and not even letters. Respondents were grouped according to the highest level at which they performed. Findings show that literacy outcomes were poor. The gender differences observed above had narrowed considerably, but married girls aged 15-21 continued to fare worse than any other group. Half or fewer adolescents aged 10-14 (46-49%), and slightly fewer married girls aged 15-21 (44%) could read the Class-2 level story fluently, compared to 72 % of boys and 67 % of girls aged 15-21.While fewer than 10 % of girls and boys aged 10-14 were unable to even identify a letter, as many as 22 % of married girls could not do so (Table 2 and Figure 3).

Numeracy was assessed, as in the case of literacy, at five levels: based on their ability to complete a three-digit division sum, a two-digit subtraction sum with carry over, just identify two-digit numbers, just identify single digit numbers, and not even single digit numbers. Again, the respondent was graded at the highest level at which he/she performed. In addition, we asked three questions relating to practical day-to-day calculations: whether the respondent could add money (Rs. 5+ Rs. 20 + Rs. 100 + Rs. 2000), could add up a set of weights (in grams and kilograms) and do comparison shopping (understand the difference between prices for the same set of books offered by two shops) (Table 2 and Figure 3).

Solving a 3-digit division sum proved difficult for all five groups, but gender and marital status differentials were evident. For example, among 10-14 year olds, just 43 % of boys and 31 % of girls could correctly solve the division sums, compared to 53 % and 41 %, respectively, of boys and unmarried girls aged 15-21, and just 23 % of married girls. At the other extreme, while three % could not even recognise a single digit number among all unmarried respondents, the %age was as high as 15 among married girls aged 15-21.

Adolescents' ability to answer other numeracy questions correctly was also limited, although gender differences, and, among older girls, marital status differences remained

68%

GIRLS 10-14

have completed 5 years of education

43%

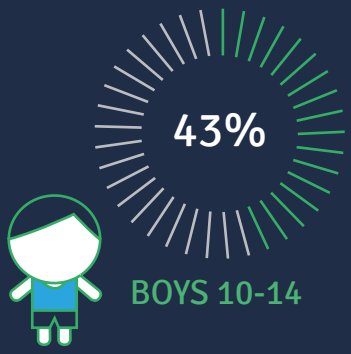
UNMARRIED GIRLS 15-21

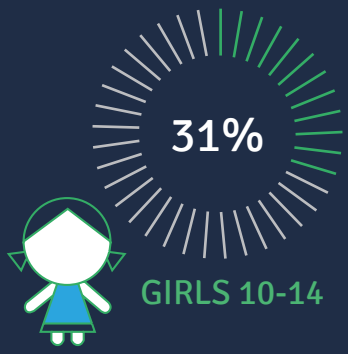
have completed class 10

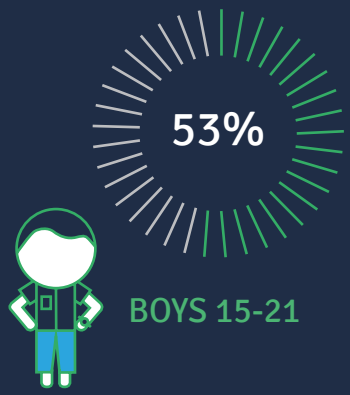
38%

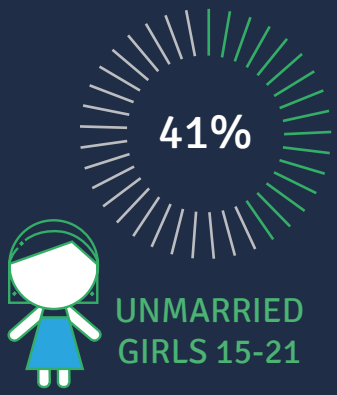
MARRIED GIRLS 15-21

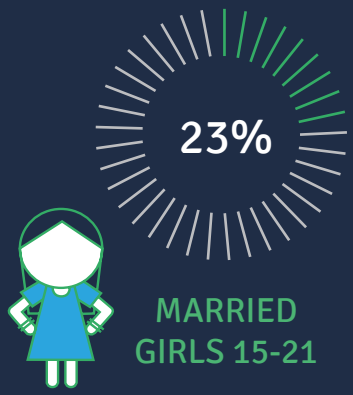
have completed class 10











Can solve a 3-digit division sum

Table 2: Educational attainment of boys and girls aged 10-21, Jharkhand 2018

	Boys (10-14)	Boys (15-21)	Girls (10-14)	Unmar-ried girls (15-21)	Married girls (15-21)
	%	%	%	%	%
Completed years of schooling (%)					
No schooling	0.9	1.7	2.1	3.5	12.2
1-4 years	32.5	2.5	30.5	2.3	7.1
5-7 years	53.5	12.1	55.4	10.8	15.9
8-9 years	13.2	41.9	12.0	40.0	27.3
10-11 years	0.0	23.9	0.1	25.6	19.0
12+ years	0.0	17.9	0.0	17.8	18.6
Median years of education	5	9	6	9	8
Currently attending school (%)	93.7	64.6	93.1	65.3	9.1
Total	**3,473**	**3,150**	**4,104**	**3,237**	**1,999**
Regularity of school attendance (%)					
Attended all days	62.9	60.1	64.2	67.3	31.7
Missed day	10.2	3.6	9.7	4.2	0.1
Missed a few days	21.3	16.4	18.2	15.3	0.7
Missed all days	5.7	20.0	7.8	13.2	67.4
Total who were currently attending school	**3,218**	**1,916**	**3,756**	**1,929**	**139**
General knowledge (%)					
Knows the capital of India is Delhi	53.9	68.6	43.3	57.5	32.5
Knows the state of residence is Jharkhand	75.9	90.1	68.7	82.3	64.6

	Boys (10-14)	Boys (15-21)	Girls (10-14)	Unmar-ried girls (15-21)	Married girls (15-21)
	%	%	%	%	%
Literacy (%)					
Can read story	49.1	71.7	46.4	67.3	44.0
Can read para only but not story	17.2	9.0	15.4	11.0	10.9
Can read words only but not para or story	9.8	5.2	9.6	5.1	8.3
Can only read letters	17.4	8.7	19.4	9.6	14.9
Cannot read anything	6.5	5.4	9.2	7.1	21.8
Numeracy (%)					
Can solve division	42.5	52.9	30.5	41.4	22.7
Can solve subtraction	21.1	16.1	19.9	18.9	13.6
Can recognise double digit number	26.7	25.9	25.5	26.6	34.1
Can recognise single digit number	8.0	3.1	19.6	8.6	15.0
Cannot solve/recognise any of the above	1.7	2.0	4.5	4.6	14.6
Can add Rs. 5+20+100+2000	72.7	84.2	50.9	71.7	56.9
Can add weights (2 kg)	41.3	67.2	18.7	40.9	25.8
Can do comparison shopping	48.9	59.3	37.9	49.5	26.4
Total	3,473	3,150	4,104	3,237	1,999

Notes: All Ns are unweighted; however, all indicators have been weighted using normalised weights for the total population. As such, drawing numbers based on the percentages in the tables is not advisable.

evident. While 73 % of boys aged 10-14 could count money accurately, this percentage fell to 51 % among girls aged 10-14. Differences among older adolescents were also evident with more boys than girls, and more unmarried than married girls, able to count money accurately (84% of boys, 72% of unmarried girls, 57% of married girls). Also disturbing were the facts that not all adolescents understood weights in kilograms, or could compare prices of identical goods offered by two hypothetical shops.

5.2 TRANSITION TO WORK

The transition into economic activity takes place for many during adolescence, and for many, it is premature, seasonal and in unskilled occupations. We asked respondents to report whether they had ever engaged in unpaid work on the family farm, tending family livestock or in the family business, and whether they had done so in the 12 months preceding the interview. We also inquired about whether they had ever engaged in remunerated work, done so in the 12 months preceding the interview and whether that work was for the major part of the year (Table 3).

Findings show that large proportions of adolescents had been engaged in unpaid work at some point in their life: 66 % of boys aged 10-14 and 83 % of boys aged 15-21, compared to fewer girls –50 % of those aged 10-14, 54 % of unmarried girls aged 15-21 and 67 % of married girls aged 15-21. Large proportions had engaged, moreover, in wage work: 12 % of younger boys, 48 % of older boys, 19 % of younger girls, and 39-41 % of unmarried and married older girls.

Economic activity in the 12 months preceding the interview mirrors lifetime economic activity profiles for all groups except married girls. Indeed, far fewer married girls reported working in the 12 months preceding the interview than over the course of their life: 53 % (down from 67%) had engaged in unpaid work, and 26 % (down from 41%) had engaged in paid work, perhaps because newlywed girls are engaged in housework responsibilities and childbearing, and may be restricted to the home. Wage work, usually agricultural or unskilled, was largely seasonal. Wage work for the major part of the year preceding the interview (6 months or more) was reported by one % of boys and girls aged 10-14, 4-6 % of married and unmarried girls aged 15-21, and 16 % of boys aged 15-21.

In India, wage work for those aged less than 14 is prohibited. Despite this, we find that child labour is prevalent in Jharkhand. Of those

aged 10-13, 10 % of boys and 17 % of girls had ever worked for wages. Gender differences in economic activity are wide and inconsistent as evident from Table 3. More boys than girls in each age group were engaged in unpaid work on the family farm or business or in tending family livestock. Wage work profiles show that this pattern persisted among

Table 2: Economic Activity Status of Boys and Girls Aged 10-21, Jharkhand 2018

	Boys (10-14)	Boys (15-21)	Girls (10-14)	Unmarried girls(15-21)	Married girls (15-21)
	%	%	%	%	%
Engaged in unpaid work on the family farm or business or tending family livestock					
Ever	66.0	83.3	49.6	54.2	66.9
In the 12 months preceding the interview	62.8	80.5	46.6	50.8	53.3
Engaged in wage work					
Ever	12.1	47.9	19.0	39.0	40.8
In the 12 months preceding the interview	7.9	43.8	15.7	34.1	25.6
Worked at least 6 months in the 12 months preceding the interview	1.1	15.8	0.9	6.1	4.4
Total	3,473	3,150	4,104	3,237	1,999
Child labour among those aged 10-13					
Ever worked for wages	9.5		16.7		
Number aged 10-13	2,870		3,336		
Current activity status					
Not in school, not in a training programme and not working for wages (NEET)	10.1	37.9	4.1	16.7	64.7
TOTAL	3,473	3,150	4,104	3,237	1,999

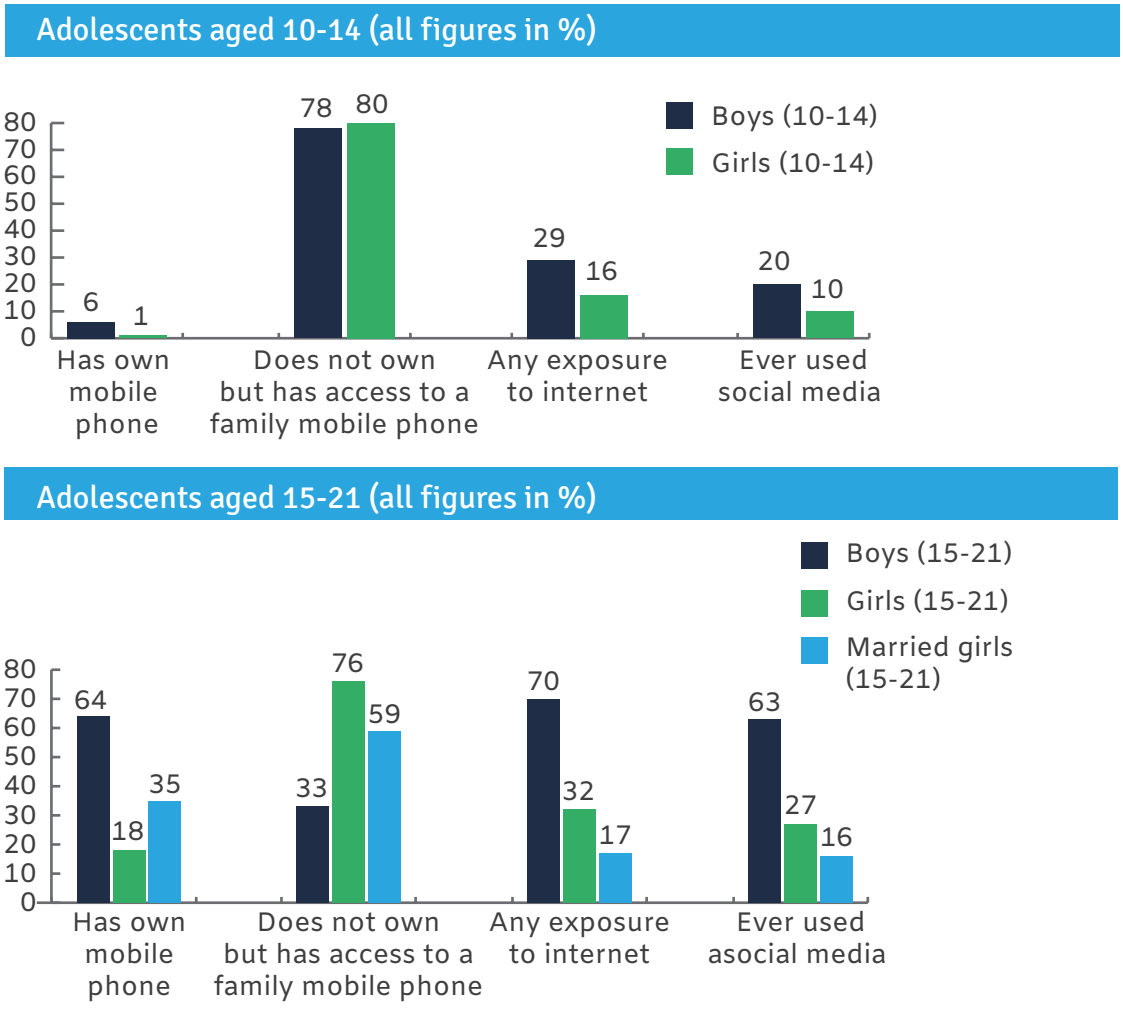
Notes: All Ns are unweighted; however, all indicators have been weighted using normalised weights for the total population. As such, drawing numbers based on the percentages in the tables is not advisable.

those aged 15-21 with regard to both any wage work and wage work for the major part (6 months or more) of the year preceding the interview. Among younger respondents, more girls than boys had ever worked for wages and had done so in the year preceding the interview, and child labour was more likely to have been experienced by girls than boys.

Many adolescents are neither in school or college nor engaged in remunerated work nor undergoing a training programme. These adolescents are likely engaged in unpaid labour on the family farm or business or tending household livestock, or, among married girls, taking care of children.

Findings show that four % of adolescents aged 10-14 are not in education, work or training, rising considerably to ten % of boys and 17 % of unmarried girls aged 15-21, and to 65 % among married

Figure 4: Media Exposure



girls, highlighting the extreme vulnerability of this group.

5.3 MEDIA EXPOSURE

In order to assess adolescents' exposure to the media, we asked a series of questions about whether and how frequently they watched television, read newspapers and magazines, listened to the radio, and watched movies, and asked older adolescents about their exposure to pornographic films. We also inquired about their access to the internet and to social media including Whatsapp, Facebook, Twitter, Wechat and so on. In this report, we present findings on exposure to television, films, internet and social media (Table 4 and Figure 4).

Findings confirm that exposure to the media is widespread, but gender disparities, and in the case of 15-21-year-old girls, marital status disparities are evident (Table 4). For example, more than nine in ten boys (91-93%), compared to somewhat fewer girls – 83-86 % of 10-14 year olds and unmarried 15-21 year olds, and 72 % of married girls—were exposed to TV. Regular exposure to TV, that is, at least once a week, was reported by 68-74 % of all groups except married girls aged 15-21, among whom fewer than half (48%) so reported.

While large proportions of adolescents were exposed to films, boys were more likely than girls to report watching films frequently, and while girls watched films largely on television or mobile phones, boys also did so at theatres and on computers (not shown in table). Moreover, almost half (45%) of older boys reported that they had watched pornographic films; while fewer girls had done so, now more married than unmarried girls reported doing so (39% versus 10%).

Mobile phone penetration is extensive among the young, with percentage owning or able to access a family member's mobile phone ranging from 81 % to 97 %. Age-wise, older adolescents were more likely than their younger counterparts to own a mobile phone (64% versus 6% among boys; 18-35% versus 1% among girls). Boys were more likely than girls to own a phone. Two thirds (64%) of older boys owned their own mobile phone, compared to just one in six (18%) unmarried girls aged 15-21 and one in three married girls (35%). Among younger adolescents, ownership was limited, but even so, slightly more boys than girls owned a phone (6% versus 1%). Marital status differences among girls aged 15-21 were also evident, with more married than unmarried girls owning their own phone (35% versus 18%).

Internet access had increased hugely since 2006 (IIPS and Population

Council, 2009), although access remained gendered and, for girls aged 15-21, differed by marital status. For example, among boys, internet use was reported by 29 % of those aged 10-14 and 70 % of those aged 15-21; in contrast, in 2006, just 12 % of unmarried males aged 15-24 had accessed the internet. Likewise, among girls, 16 % of those aged 10-14, 32 % of the unmarried aged 15-21 and 17 % of the married aged 15-21 reported internet access; in contrast, percentages of married and

Table 4: Exposure to various media, boys and girls aged 10-21, Jharkhand 2018

	Boys (10-14)	Boys (15-21)	Girls (10-14)	Unmarried girls(15-21)	Married girls (15-21)
	%	%	%	%	%
Television					
Any exposure	90.5	92.7	83.0	85.5	72.2
Regular exposure: almost every day/once a week	74.1	72.3	68.0	70.0	47.6
Film					
Any exposure	93.6	97.9	85.7	90.2	82.9
Regular exposure: at least once a month	79.1	83.9	64.1	70.0	56.1
Any exposure to blue films		44.5		10.1	38.5
Mobile phone					
Has own mobile phone	5.6	64.0	0.8	17.7	34.9
Does not own but has access to a family mobile phone	77.8	32.9	80.2	75.6	58.7
Internet and social media					
Internet: any exposure	28.9	70.2	15.5	32.1	16.5
Internet: at least once a week	16.3	53.8	8.3	21.1	9.2
Internet: daily	6.2	38.0	2.9	12.1	6.4
Social media including Whatsapp, Facebook, Wechat, Twitter etc					
Ever use	19.5	63.2	10.1	27.0	15.8
Regular use (daily or weekly)	10.9	50.6	6.1	19.3	10.2
TOTAL	3,473	3,150	4,104	3,237	1,999

Notes: All Ns are unweighted; however, all indicators have been weighted using normalised weights for the total population. As such, drawing numbers based on the percentages in the tables is not advisable.

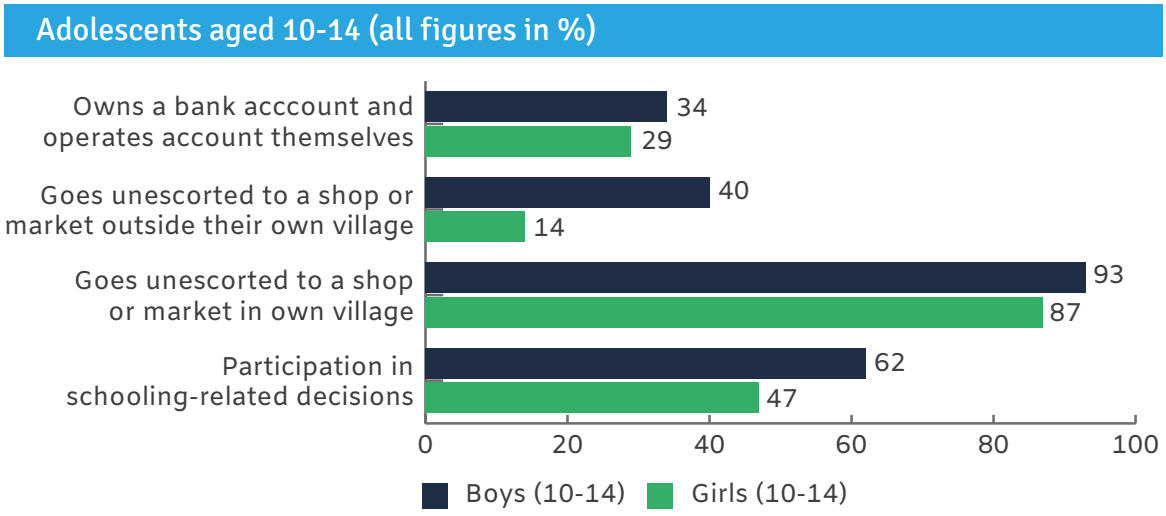
unmarried females aged 15-24 who reported internet access in 2006 were just eight and two, respectively. Findings show however that internet access was infrequent, except among older boys. Indeed, daily use was reported by 38 % of older boys, and just 3-12 % of the remaining four groups, and use at least once a week was reported by 54 % of older boys and eight % to 21 % among the remaining four groups.

Access to social media, largely Whatsapp, displayed a similar pattern. More than three in five boys aged 15-21 (63%) had accessed social media, compared to one in five younger boys (20%). Fewer girls had accessed social media at each age: ten % of those aged 10-14, 27 % of unmarried girls aged 15-21 and 16 % of married girls aged 15-21. Again, regular use of vsocial media was rare, except among boys aged 15-21 among whom half (51%) reported daily or weekly use; among other groups, daily or weekly use ranged from six % among girls aged 10-14 to 19 % among unmarried girls aged 15-21.

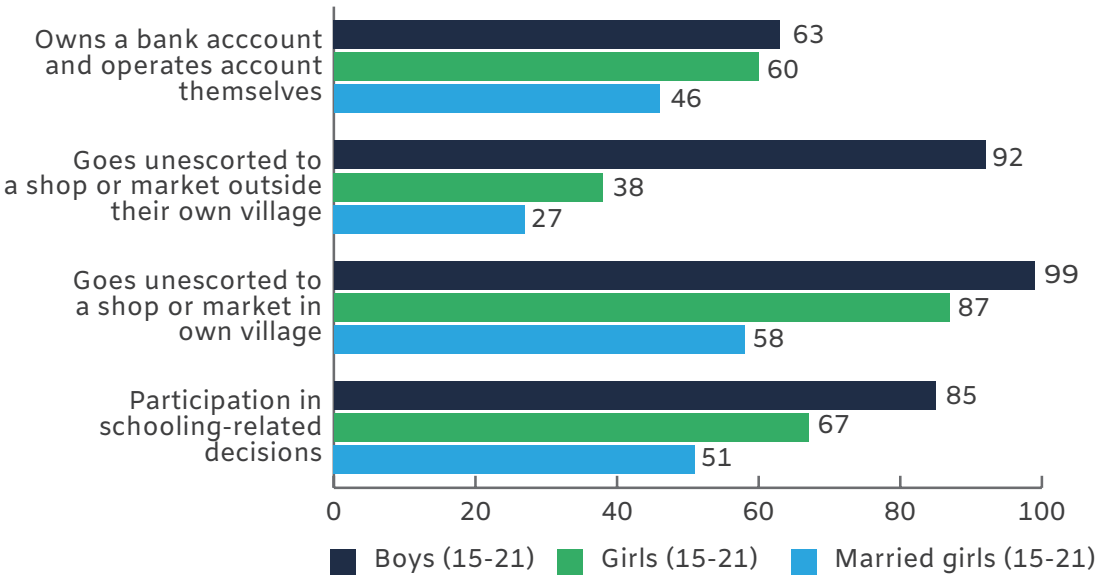
5.4 AGENCY

We measured agency via a range of questions reflecting adolescents' decision-making authority about matters affecting their life, their freedom of movement, their access to and control over money, and their self-efficacy (Table 5 and Figure 5). In this report, we present selected indicators of agency, including whether the respondent would or did participate in decisions about their own education, on the purchase of goods (age 15-21), and about the timing of marriage and selection of spouse; whether he or she is free to go unescorted to a shop or market inside and outside his/her own village, and to a programme that takes

Figure 5: Adolescent agency: decision making, freedom of movement and control over money



Adolescents aged 15-21 (all figures in %)



place inside his/her own village unescorted; whether she or he has a bank account and whether she or he operates the bank account independently; and whether he or she expresses opinions freely to elders in the family and is comfortable confronting someone who has said or done something wrong (the latter was asked only to older adolescents).

Findings suggest that agency is limited, and as expected, hugely gendered. Gender differences were wide with regard to freedom of movement, control over economic resources, and some decision-making indicators. Married girls were particularly constrained on all four dimensions of agency about which we probed.

Age, gender and marital status differences in decision-making are apparent. In response to a question about who made or would make decisions on their education (whether or not to enrol, attend or continue, and/or how much education they should pursue), 62 % of boys and 45 % of girls aged 10-14 reported that they do or did participate in school related decisions. Among those aged 15-21, 85 % of boys, 67 % of unmarried girls and 51 % of married girls so reported. Moreover, 34 % of boys aged 10-14, and 51 % of boys aged

15-21, compared to far fewer girls, namely, 23 % of those aged 10-14 and 37 % of unmarried girls aged 15-21 believed that they would be able to participate in marriage-related decisions. Just 28 % of married girls aged 15-21 reported that they had participated actively in marriage-related decisions. Among those aged 15-21, 40 % of boys, 31 % of unmarried girls, and 44 % of married girls participate in decisions on the purchase of household goods.

Freedom of movement was constrained for many girls, especially the married, but not for boys. Almost all boys aged 15-21 went unescorted to all three locations about which we probed, so too most adolescent boys and girls aged 10-14 and unmarried girls aged 15-21 were permitted to go unescorted to a shop or market or to visit a friend in their own village or urban area (87-93%); in contrast, just 58 % of married girls were allowed to do so. Freedom to attend a programme within the village or urban area of residence unescorted, was reported by two-thirds of boys aged 10-14 (67%), compared to considerably fewer girls – 35 % of girls aged 10-14, 48 % of unmarried girls aged 15-21 and 35 % of married girls aged 15-21. Freedom to visit villages and urban areas outside their own was far more restricted. While 40 % of boys aged 10-14 reported freedom to visit a friend or shop/market in a neighbouring village or urban area unescorted, far fewer girls aged 10-14 (14%), unmarried girls aged 15-21 (38%) and married girls aged 15-21 (27%) were permitted this freedom.

Access to and control over resources was also limited. Between 69 % and 75 % of boys and girls aged 10-14, and boys and unmarried girls aged 15-21 owned a bank account, compared to 61 % of married girls aged 15-21. While three in five boys and unmarried girls aged 15-21 (60-63%) owned an account and operated it independently, fewer boys and girls aged 10-14 (29-34%) and married girls (46%) did so.

Self-efficacy was also limited among older adolescents, and gender differences were muted. Just 31-33 % of boys and unmarried girls aged 10-14 and 15-21 reported that they would express their opinion freely to family elders and 44-49 % of those aged 15-21 reported they were able to confront a person who has wronged them. In contrast, far fewer married girls expressed self-efficacy (22% and 29%, respectively).

Believe they will be able to participate in marriage related decisions

34%

BOYS 10-14

51%

BOYS 15-21

28%

MARRIED GIRLS 15-21

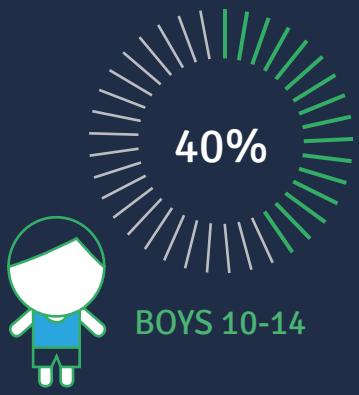
Had participated in marriage related decisions

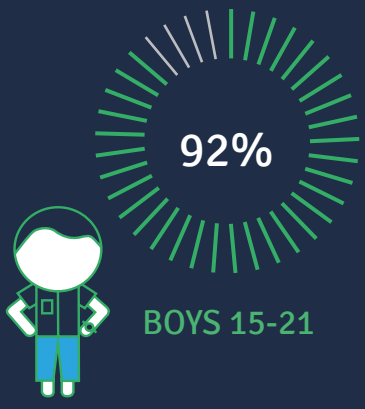
23%

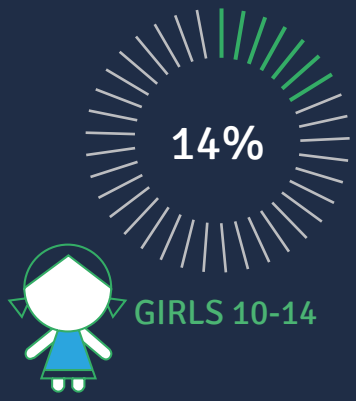
GIRLS 10-14

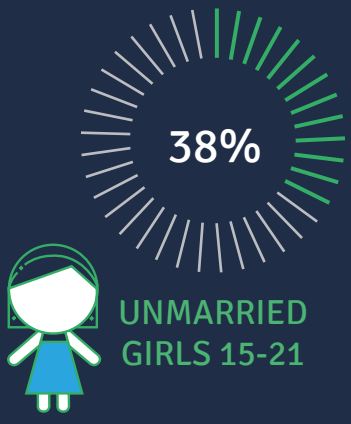
37%

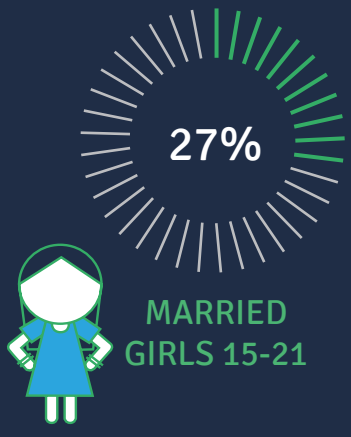
UNMARRIED GIRLS 15-21











Go unescorted to a shop outside their own village

Table 5: Agency: decision-making, freedom of movement, access to and control over money, and self-efficacy of boys and girls aged 10-21, Jharkhand 2018

	Boys (10-14)	Boys (15-21)	Girls (10-14)	Unmarried girls(15-21)	Married girls (15-21)
	%	%	%	%	%
Decision making					
Participation in schooling-related decisions	62.0	84.6	46.9	66.5	51.2
Will participate/did participate in marriage-related decisions	33.5	51.1	23.3	36.7	28.1
Participates in decisions on household purchases (15-21)		40.1		30.7	43.5
Freedom of movement					
Goes unescorted to a shop or market in own village	92.7	99.3	86.9	86.6	58.0
Goes unescorted to a programme event in own village	66.5	94.3	35.2	47.8	34.6
Goes unescorted to a shop or market outside their own village	40.0	92.3	13.6	38.1	26.6
Access to and control over resources					
Owns a bank account	68.5	74.9	71.2	73.3	60.9
Owns and operates account themselves	34.0	62.7	28.8	60.1	45.7
Self-efficacy					
Expresses opinion freely to family elders	30.1	30.5	31.6	33.1	21.8
Comfortable confronting a person who has said or done something wrong		48.7		43.4	28.5
TOTAL	3,473	3,150	4,104	3,237	1,999

Notes: All Ns are unweighted; however, all indicators have been weighted using normalised weights for the total population. As such, drawing numbers based on the percentages in the tables is not advisable.

5.5 AWARENESS ABOUT PREGNANCY AND CONTRACEPTION

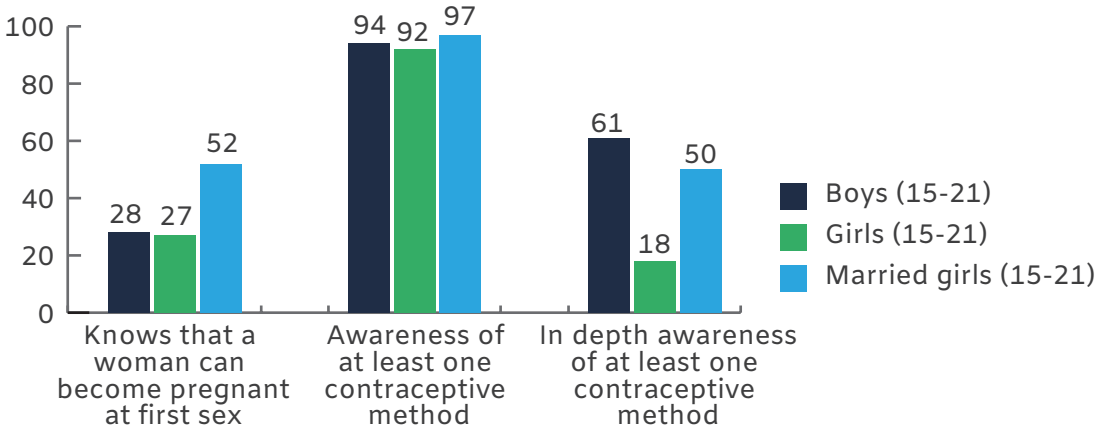
The survey explored adolescents' awareness of various sexual and reproductive health matters, including those related to pregnancy, contraception, HIV/AIDS and pregnancy related and newborn care. In this section, we focus on their awareness about how pregnancy occurs, their general awareness about various contraceptive methods, and their more in-depth knowledge about the use of at least one contraceptive method. Questions were age-appropriate. Neither questions on pregnancy nor on contraception were posed to adolescents aged 10-12 year olds, and questions on contraception were not posed to 13-14 year olds as well (Table 6).

Findings confirm that awareness of pregnancy is limited (Table 6). Just 8-11 % of adolescents aged 13-14 and 27-28 % of boys and unmarried girls aged 15-21 were aware, for example, that a woman can become pregnant at first sex. Knowledge that a woman can become pregnant at first sex was far from universal even among married girls, among whom just half (52%) reported awareness (Figure 6). Similarly, of girls aged 15-21, just 4 % of the unmarried and 18 % of the married knew that a woman is most likely to become pregnant if she engages in sexual relations midway through her menstrual cycle. These findings highlight that many young people enter marriage or pre-marital sexual relations unaware of the risk of unintended pregnancy that they face.

In order to assess awareness of contraceptive methods, and particularly those of most relevance to the young, we asked adolescents aged 15-21 whether they had ever heard of oral contraceptive pills, emergency contraception, condoms and IUDs (Figure 6). We also asked them if they had heard of any other methods (unspecified) and if so, which ones. We also probed their specific knowledge of each method. For example, we asked how often oral pills are to be consumed (daily or weekly), within how many hours of unprotected sexual relations emergency contraception must be consumed (72 hours), how many times one (male) condom can be used (once), and where the IUD is placed (uterus).

Findings suggest that most adolescents had heard about at least

Figure 6: Awareness of pregnancy and contraception, adolescents aged 15-21



one method of contraception (92-97%), Boys were most likely to have heard of condoms, with more than nine in ten boys (91%) reporting so; just half reported that they had heard about oral contraceptive pills (52%) and female sterilisation (49%), and even fewer had heard about other methods. Among girls, in contrast, three-quarters (75%) had heard about female sterilisation, a method quite inappropriate for this age group, two-thirds had heard about oral contraceptive pills (66%), half had heard about condoms (50%), and far fewer had heard about other methods. Notably, few adolescents had heard about emergency contraception, a method that is appropriate for young people (22% of boys, 14% of married and unmarried girls).

In-depth knowledge of even one method was far from universal, especially among girls. For example, 61 % of boys, compared with 52 % of married girls and just 19 % of unmarried girls had heard about and had in-depth knowledge about the use of at least one of the four methods about which we probed -- oral contraceptive pills, emergency contraception, condoms and the IUD. More specifically, just three in five boys (60%), fewer than half of married girls (45%), and just one in seven unmarried girls (14%) had heard about condoms and knew that one male condom may be used just once. Very few knew that oral contraceptive pills must be consumed daily or weekly, ranging from six % of boys and unmarried girls, to 15 % among married girls. Knowledge about the correct use of emergency contraception (2-3%), and the placement of the IUD (2-8%)

Table 6: Awareness of sexual and reproductive health matters, boys and girls aged 10-21, Jharkhand 2018

	Boys (13-14)	Boys (15-21)	Girls (13-14)	Unmarried girls(15-21)	Married girls (15-21)
	%	%	%	%	%
Pregnancy related knowledge					
Knows that a woman can become pregnant at first sex	7.7	28.3	11.4	27.0	51.9
Knows that a woman is most likely to become pregnant if she engages in sexual relations midway during her cycle				4.4	18.4
Awareness of contraceptive methods: Has heard about the following contraceptives:					
Oral pills		51.6		66.3	78.4
Emergency contraception		22.2		14.0	14.4
Condoms		91.3		50.4	73.5
IUCD		13.9		23.7	45.9
Female sterilisation*		49.2		75.4	87.2
Traditional methods (withdrawal, safe period)*		2.6		1.4	7.5
Other methods (female condom, male sterilisation, implant, vaginal tablets, injections)*		14.2		16.3	24.0
Any of the above		94.4		91.6	97.1
Indepth awareness of selected methods					
Oral pills		6.0		5.7	15.3
Emergency contraception		3.4		2.1	1.5
Condoms		60.2		14.0	45.2
IUCD		5.2		2.4	8.3
Indepth awareness of at least one of the above		60.9		18.5	51.8
TOTAL	1,289	3,150	1,631	3,237	1,999

Notes: All Ns are unweighted; however, all indicators have been weighted using normalised weights for the total population. As such, drawing numbers based on the percentages in the tables is not advisable.
*spontaneous responses: in response to question "what other methods have you hear about?"

5.6 ENTRY INTO SEXUAL LIFE BEFORE MARRIAGE (AGES 15-21): PRE-MARITAL ROMANTIC AND SEXUAL RELATIONSHIPS

In order to assess pre-marital sexual experiences, we asked all 15-21 year olds about whether they had formed a romantic opposite sex partnership, and whether they had engaged in sexual relations with their romantic partner (Table 7). We also probed sexual relations in other situations: being forced by someone, engaging in casual sex, or, for boys, forcing a girl to engage in sexual relations, having relations with a sex worker or engaging in relations with a married woman. Despite the rapport created by our interviewers, we recognised that some adolescents would not disclose sexual relations in a face-to-face interview, hence, at the end of the interview, all respondents were asked to report in an anonymous format about whether they had ever engaged in sexual relations (unmarried), or sexual relations prior to marriage (married), a methodology employed in other studies of adolescents and youth as well (IIPS and Population Council, 2010; Santhya et al., 2017). Each respondent was given a card and was asked to tick or cross a box to denote whether or not they had ever had pre-marital sex and place the card in an envelope, seal it and return it to the interviewer. The respondent was told that the envelope would only be opened by supervisory staff in the project office, and that only the project office staff would be able to link their responses with other information provided in the questionnaire.

Findings suggest that although social mixing between unmarried boys and girls is restricted, boys and girls do get opportunities to form romantic partnerships and engage in pre-marital sexual relationships. Our findings show that 33 % of boys, 25 % of unmarried girls and 32 % of married girls had a romantic partner. Among those who had a (pre-marital) romantic partner, one-third of boys and married girls (31-35%) and one sixth of unmarried girls (18%) had engaged in sexual relations with their partner.

Aside from romantic partnerships described above, we also probed, among all adolescents aged 15-21, experiences of pre-marital sex with other partners, including

casual partners, and in situations characterised by force and exchange of gifts or favours. Boys were also probed about pre-marital sex with sex workers and married women, and married girls about whether they had engaged in pre-marital sex with their husband. Table 7 reports findings on the prevalence of pre-marital sexual experiences, irrespective of whether such experiences took place within romantic or other partnerships among all adolescents aged 15-21 in the sample.

Face-to-face interviews with all respondents, irrespective of whether they had a romantic partner, show that 12 % of boys, 5 % of unmarried girls and 10 % of married girls had pre-marital sexual experience with a romantic partner. Among boys, 2 % admitted that they had forced a girl, including their girlfriend, to engage in sexual relations, and just two boys (0%) reported that they had ever been forced to engage in sexual relations. Few boys reported other sexual encounters, such as casual sex, exchange sex, sex worker relations or relations with a married woman (0-1% each),

Among girls, in contrast, 3 % of unmarried girls and 5 % of married girls reported that someone, including their boyfriend, had forced them to engage in sexual relations at least once. 7 % of married girls reported engaging in sex with their husband prior to marriage. Casual and exchange sex were rarely reported.

The opportunity to report pre-marital sexual relations anonymously did indeed enable several who hesitated to do so face-to-face to report an experience. Including these, findings show that overall, 18 % of boys, 9 % of unmarried girls, and 16 % of married girls reported the experience of pre-marital sex.

While not quite comparable, a look at findings from the earlier study in Jharkhand of youth aged 15-24, suggests that pre-marital sex may have increased since 2006 in Jharkhand. The Youth in India survey, using the same methodology, observed that 12 % of unmarried boys and young men, and 7 % each of unmarried and married girls and young women had experienced pre-marital sexual relations (IIPS and Population Council, 2009), implying a considerable increase over the decade preceding the current study. A comparison of our findings with those of the UDAYA study in neighbouring Bihar in 2015-16, again using the same methodology, suggests that pre-marital sexual relations (14% of boys and 6% of married and unmarried girls, Santhya et al., 2017) were reported by fewer boys and girls in Bihar than Jharkhand.

Table 7: Pre-marital romantic and sexual relations, boys and girls aged 15-21, Jharkhand 2018

	Boys (15-21)	Unmarried girls(15-21)	Married girls (15-21)
	%	%	%
Romantic relations			
Ever had an opposite sex romantic partner	33.3	25.0	32.1
Number	**3,150**	**3,237**	**1,999**
Ever had sex with an opposite sex romantic partner	35.3	17.8	31.0
Number who reported an opposite sex romantic partner	**1,083**	**842**	**670**
Pre-marital sexual relations[1]			
Engaged in sex with a romantic partner	11.7	4.5	9.9
Ever forced a girl (including girlfriend) to have sex	2.0	--	--
Ever been forced (for girls, includes by boyfriend) to have sex	0.0	2.7	5.2
Engaged in sexual relations for marks, gifts, promotion	0.3	0.1	0.0
Engaged in casual sex	1.3	0.2	0.3
Experienced sex with husband before marriage	--	--	7.1
Engaged in relations with a sex worker	0.2	--	--
Engaged in relations with a married woman	1.0	--	--
Any premarital sex (face to face)	11.7	4.5	9.9
Any premarital sex (sealed envelope)	15.6	7.7	12.5
Any premarital sex	17.6	8.5	15.5
Number	**3,150**	**3,237**	**1,999**

Notes: All Ns are unweighted; however, all indicators have been weighted using normalised weights for the total population. As such, drawing numbers based on the percentages in the tables is not advisable.
1 we note that percentages reported in each category may overlap, as some respondents may have reported sexual relations in more than one category (for example, forced and romantic, romantic and with husband before marriage).

5.7 ENTRY INTO MARRIED LIFE

Child marriage persists in Jharkhand, although the NFHS has shown a huge decline in percentages of girls aged 20-24 who married below age 18, from 63 % in 2005-06 to 37.9 in 2015-16 (IIPS, 2017). Our findings suggest a slight further decline in child marriage, but highlight that child marriage is still widespread: as many as 33 % of 18–21-year-old girls were married before age 18, and 4 % of girls aged 15-21 were married before age 15. Among girls 15-21 who were already married, median age at marriage was 16, and among those whose gauna had been performed and were cohabiting with their husband, median age at cohabitation was 17.

Table 8: Child marriage, girls aged 15-21, Jharkhand, 2018

Age at marriage	Total
	%
Married by age 15	4.3
Number of married and unmarried girls aged 15-21	**5,236**
Married by age 18	33.4
Number of married and unmarried girls aged 18-21	**2,804**
Median age at marriage	16
Number of married girls aged 15-21	**1,999**
Median age at cohabitation	17
Number of married girls aged 15-21 who had started cohabiting with husband	**1,991**

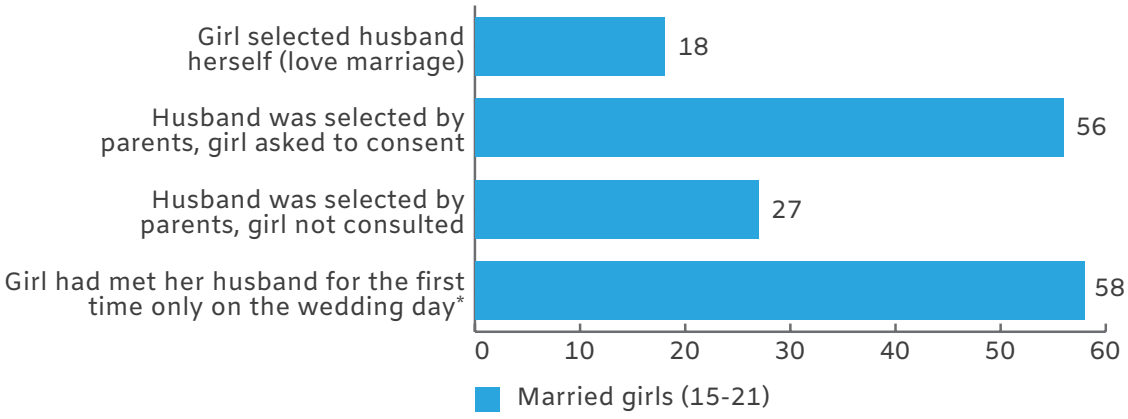
Notes: All Ns are unweighted; however, all indicators have been weighted using normalised weights for the total population. As such, drawing numbers based on the percentages in the tables is not advisable.

5.8 MARRIAGE PRACTICES AND VIOLENCE IN MARRIED LIFE

We also probed married girls about their involvement in marriage related decisions, and the extent to which they were acquainted with their husband prior to the wedding day (Table 9). Findings suggest that large proportions of girls continue to marry a man selected by their parents. Overall, 18 % of girls reported that they had selected their own husband, an increase from 8 % reported by 15-24-year-old married girls in 2006 (IIPS and Population Council, 2009). At the other extreme, 27 % reported that their parents had decided on the match without seeking their consent, a decline from 41 % in 2006, and another 56 % reported that their parents had decided on the match but had asked for their consent (compared to 51% in 2006). The extent to which consent was informed is however questionable. Few married girls who had an arranged marriage reported pre-marital acquaintance with their husband. Just 37 % had a chance to meet their husband privately even once before the wedding, and 58 % met their husband for the first time at the wedding. (Figure 7)

Findings confirm that notwithstanding the Dowry Prohibition Act (Government of India, 1961), the practice of dowry remains widespread in the state. In some segments of the population, it is bride-price and not dowry that characterises marriage transactions. Findings show that almost three in four married girls (74%) reported that their family had paid a dowry, and 9 % reported that their

Figure 7: Marriage practices, married girls aged 15-21



Note: *Whose husband was selected by parents with or without their consent

family had received a bride-price. That dowry remains a strongly held practice is evident from a comparison of our 2018 findings with the 70 % of married young women aged 15-24 who reported, in 2006, that their marriage transactions had included a dowry (IIPS and Population Council, 2009).

Married life was characterised by physical and sexual violence for many (Table 9). In order to assess the prevalence of marital violence, we probed about girls' experience of a variety of violent actions, ranging

Table 9: Marriage practices and married life of girls aged 15-21, Jharkhand, 2018

	Total
	%
Engagement in marriage related decisions	
Marriage type	
Girl selected husband herself (love marriage)	17.9
Husband was selected by parents, girl asked to consent	55.6
Husband was selected by parents, girl not consulted	26.5
Number of married girls aged 15-21	**1,999**
Pre-marital acquaintance with husband	
Girl had a chance to meet or talk to her husband alone prior to marriage	36.9
Girl had met her husband for the first time only on the wedding day	57.8
Number of married girls aged 15-21 whose husband was selected by parents	**1,593**
Dowry and bride-price	
Bride price paid	8.9
Dowry paid	74.1
Number of married girls aged 15-21	**1,999**
Marital violence	
Experienced physical violence	30.7
Experienced sexual violence	40.7
Number of cohabiting married girls[1] aged 15-21	**1,991**

Notes: All Ns are unweighted; however, all indicators have been weighted using normalised weights for the total population. As such, drawing numbers based on the percentages in the tables is not advisable.
1 girls whose gauna had been performed and who were residing with their marital family

4%

GIRLS 15-21
Were married before 15

33%

GIRLS 15-21
Were married before 18

58%

MARRIED GIRLS 15-21

Met their husband for the first time on wedding day

74%

Familes of married girls 15-21 paid dowry

9%

Families of married girls 15-21 received bride-price

41%

Married girls 15-21 experienced forced sex/ sexual violence by their husband

12%

Girls 18-21
Gave birth before 18

69%

Married girls 15-21
Had experienced atleast one pregnancy

49%

Married girls 15-21
Had unmet need for contraception

from slapping to beating to choking, perpetrated by their husband, using questions posed in previous surveys (IIPS, 2017; Santhya et al., 2017; IIPS and Population Council, 2009). We also probed whether girls had ever been forced by their husband to engage in sexual relations. Over the course of their married life, 31 % of girls had experienced one or more forms of physical violence, and 41 % had experienced forced sex or sexual violence perpetrated by their husband, confirming that the practice begins early in marriage.

Considerable proportions of all girls (married and unmarried) gave birth in adolescence, and many did so as children (Table 10). While childbearing before age 15 was rare, with fewer than 1 % so experiencing, as many as 12 % of all girls aged 18-21 had given birth before age 18, and almost two in five (39%) of those aged 20-21 had given birth in adolescence, that is, before they were 20.

Pregnancy and childbearing follow close on the heels of marriage (Table 11). Overall, more than two-thirds (69%) of married girls had experienced at least one pregnancy, with 8 % reporting they were pregnant for the first time at the time of the interview. More than half -- 56 % -- reported one or more children ever born, and 13 % reported two or more live births. In addition, foetal mortality was experienced by many: 18 % reported a stillbirth, spontaneous miscarriage or induced abortion, compared to about as many reported by 15-24 year olds in 2006 (15%, IIPS and Population Council, 2009).

Table 10: Age at first birth, girls aged 15-21, Jharkhand, 2018

	Total
	%
Age at first birth	
Below age 15	0.7
Number of girls aged 15-21	**5,193**
Below age 18	11.5
Number of girls aged 18-21	**2,804**
Below age 20	38.5
Number of girls aged 20-21	**1,226**

Notes: All Ns are unweighted; however, all indicators have been weighted using normalised weights for the total population. As such, drawing numbers based on the percentages in the tables is not advisable.

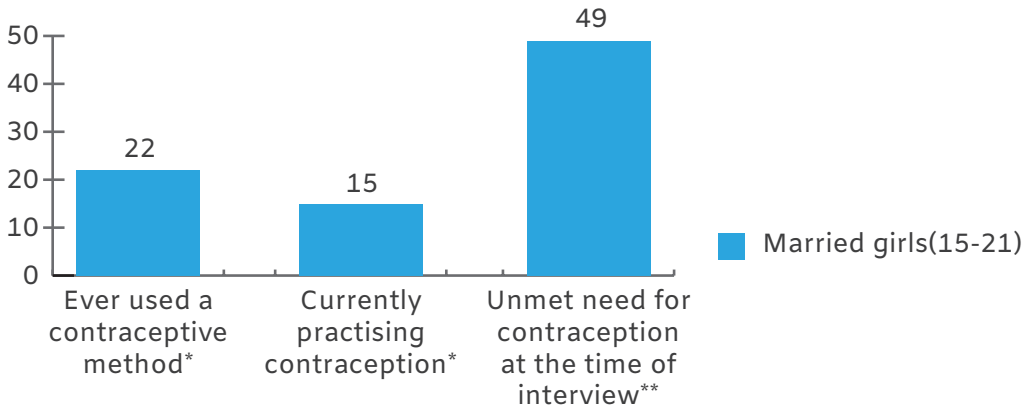
Table 11: Marriage practices and married life of girls aged 15-21, Jharkhand, 2018

	Total
	%
Pregnancy and childbearing	
Never been pregnant	31.2
Currently pregnant for the first time	8.1
Ever pregnant but no live birth	5.0
Had one or more live births	55.7
1	42.6
2	11.3
3-4	1.8
Number of cohabiting married girls[1] aged 15-21	**1,991**
At least one pregnancy loss	18.4
Number of cohabiting married girls[1] aged 15-21 who had ever been pregnant	**1,203**

Notes: All Ns are unweighted; however, all indicators have been weighted using normalised weights for the total population. As such, drawing numbers based on the percentages in the tables is not advisable.
1. girls whose gauna had been performed and who were residing with their marital family

Contraceptive practice was limited (Table 12 and Figure 8). Just 22% of girls who had experienced gauna and were cohabiting with their husband had ever practised contraception and just 15 % were doing so at the time of the interview. Percentages are almost identical to those reported by 15-24-year-old married girls in the state a decade previously (24% and 17%, respectively, IIPS and Population Council, 2009). Large proportions of married girls (those not pregnant at the time of the interview) – almost half (49%) – had an unmet need for contraception, that is, they were not using any method of contraception although they did not want to have any more children or wanted to delay their next pregnancy by at least two years.

Figure 8: Contraceptive practices, married girls aged 15-21



Note: *Of cohabiting married girls aged 15-21=1,991; **Of cohabiting married girls aged 15-21, not currently pregnant=1,663

We asked married girls to recall how long they had wanted to wait after marriage before having their first birth. One-third (34%) had wanted to have their first birth as soon as possible after marriage, that is, within the first year or a year following marriage, and one in six (17%) had not thought about it at all. However, almost half (49%) of married girls had wanted to wait at least two years to have their first birth. Despite this large proportion, just 13 % of married girls had practised contraception to delay their first pregnancy.

Table 12: Contraceptive practices of married girls aged 15-21, Jharkhand, 2018

	Total %
Lifetime and current contraception	
Ever used a contraceptive method	21.8
Number of cohabiting married girls[1] aged 15-21	**1,991**
Currently practising contraception	15.4
Number of cohabiting married girls[1] aged 15-21, not currently pregnant	**1,663**
Unmet need for contraception at the time of the interview	48.7
Number of cohabiting married girls[1] aged 15-21	**1,991**

	Total %
Preferred timing of first birth	
Within the first year or a year after marriage	34.2
Two or more years after marriage	48.8
Had not thought about the timing of first birth[2]	**17.0**
Number of cohabiting married girls[1] aged 15-21	1991
Contraception prior to the first pregnancy	
Used a method to delay first birth	12.7
Number of cohabiting married girls[1] aged 15-21	**1,991**

Notes: All Ns are unweighted; however, all indicators have been weighted using normalised weights for the total population. As such, drawing numbers based on the percentages in the tables is not advisable.
1 girls whose gauna had been performed and who were residing with their marital family
2 or wanted no children

5.9 OTHER KEY ADOLESCENT HEALTH CONCERNS

Aside from sexual and reproductive health concerns, other key health concerns of adolescents, as articulated in the RKSK programme, include symptoms of mental ill-health, as well as substance misuse, experience of violence, lack of exercise (fore-runner of non-communicable diseases) and malnutrition. In this section, we explore girls' access to menstrual hygiene products, and assess symptoms of mental ill-health and suicidal ideation, and substance misuse. We also explore the extent to which adolescents are aware of the presence of Accredited Social Health Activists (ASHAs) and Anganwadi workers (AWWs) in their settings, and have obtained information or services from these frontline workers (Table 13).

We asked girls who had started menstruating about what they used during menstruation. Findings (Table 13) show that among those who had started menstruating, 57 % of 10-14 year olds, 55 % of unmarried 15-21 year olds and 44 % of married 15-21

year olds reported that they used only sanitary napkins, and another 27-33 % reported that they used sanitary napkins sometimes, and used cloth if sanitary napkins were not available. Free distribution of sanitary napkin to girls in school and in communities through frontline workers has been implemented as part of the Government's adolescent health strategy, and it appears that many girls have been able to access these products through these channels.

In order to assess the mental health of adolescents, we administered the Patient Health Questionnaire (PHQ). The PHQ is a screening tool that assesses symptoms of depression in the two weeks preceding the interview. It comprises nine questions, and respondents were asked to report how frequently they had experienced each symptom (e.g. trouble falling asleep, concentrating, etc.). Answers were classified into various categories, depending on whether they had experienced the symptom nearly every day in the previous two weeks, for one week or so, for less than one week and not at all, with scores ranging from 3 to 0, respectively. Scores were summed, and an index created that ranged from 0 to 27, with scores of up to 5, 10, 15 and 20 or more representing mild, moderate, moderately severe and severe symptoms of depression, respectively. Table 13 presents the percentage of adolescents who reported moderate to severe depression. Findings show that symptoms of depression in the two weeks preceding the interview were reported by hardly any (0.1-0.3) boys and girls aged 10-14 and boys aged 15-21. Somewhat more older girls however displayed symptoms suggestive of moderate to severe depression: 3 % of unmarried girls aged 15-21 and 5 % of married girls. Levels and patterns by and large resemble what was reported among adolescents aged 10-19 in Bihar in 2015-16 (0-1% among boys and girls aged 10-14, 5% and 7% among unmarried and married girls aged 15-19, Santhya et al., 2017).

We also asked adolescents aged 13 and above whether they had seriously thought about committing suicide in the 12 months preceding the interview. Findings show that none of the boys age 13-14 and 1 % of girls aged 13-14 and boys aged 15-21 had contemplated suicide.

Percentages increased to 3% and 6% among unmarried and married girls aged 15-21 (corresponding percentages in Bihar were 0-2% among boys and girls aged 13-14 and boys aged 15-19; 3% and 7% of unmarried and married girls aged 15-19, Santhya et al., 2017).

In order to assess substance misuse, we asked adolescents whether they smoked or consumed tobacco products, consumed alcohol or consumed drugs. Findings show that very few adolescents of any group consumed drugs. Tobacco and alcohol consumption was reported by about one quarter of boys aged 15-21, and fewer than 5% of the remaining four groups. A rough comparison with the Youth in India survey in Jharkhand in 2006 (IIPS and Population Council, 2009) suggests that tobacco consumption among boys aged 15-21 in 2018 was somewhat lower than percentages of unmarried young men aged 15-24 so reporting in 2006 (27% versus 35%); however, somewhat more boys aged 15-21 in 2018 than unmarried young men aged 15-24 in 2006 reported alcohol consumption (23% versus 17%). Percentages reported by unmarried and girls aged 15-24 in 2006 largely resembled those reported by 15-21 year olds in 2018.

Table 13 also describes the extent of interaction that adolescents had with frontline workers. Almost all adolescents (95-99%) had heard about AWWs who served their village or community. ASHAs were not as universally known: while more than nine out of ten girls aged 15-21 had heard about ASHAs (92-94%), fewer adolescents from other groups had done so: 80 % and 62 % of girls and boys aged 10-14, respectively, and 76 % of boys aged 15-21. Far fewer reported accessing information, counselling or services from these frontline workers in the year preceding the interview. Very few boys had received information, counselling or services from either of these frontline workers (7-14%). While more girls had done so, percentages varied from 22-26 % among 10-14 year olds and unmarried 15-21 year olds, to more than three in five (62%) among married girls (Figure 9).

Figure 9: Access to frontline health workers, adolescents aged 15-21

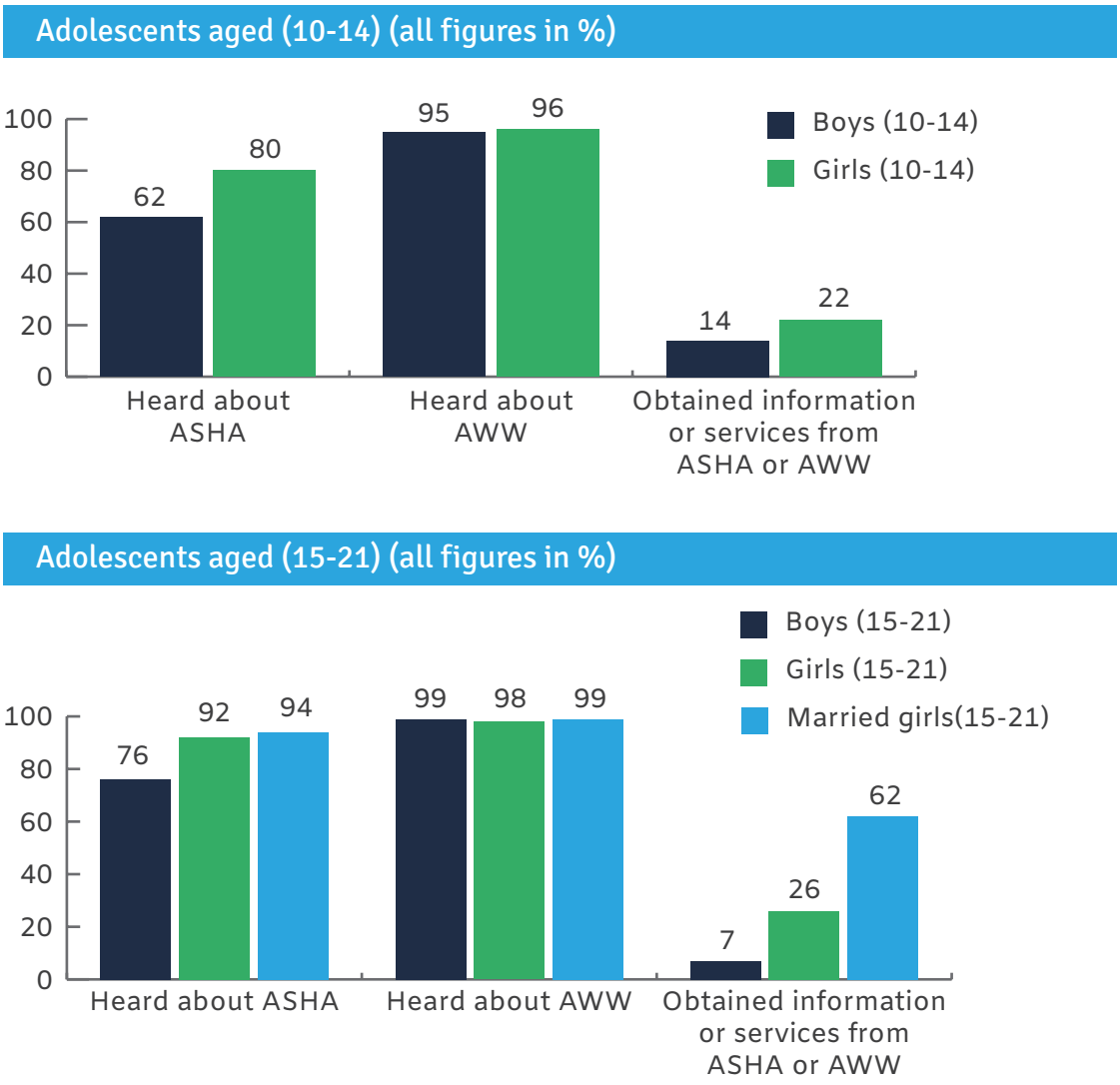


Table 13: Dimensions of adolescent ill-health: Menstrual hygiene, symptoms of depression and substance misuse and access to frontline workers, boys and girls aged 10-21, Jharkhand 2018

	Boys (10-14)	Boys (15-21)	Girls (10-14)	Unmarried girls(15-21)	Married girls (15-21)
	%	%	%	%	%
Menstrual hygiene					
Only sanitary pads			56.5	55.1	44.2
Cloth as well as sanitary pads			27.0	30.6	33.3
Number of girls who had started menstruating			**1,645**	**3,210**	**1,996**
Symptoms of mental ill-health					
Symptoms suggestive of moderate to severe depression (last two weeks)	0.2	0.3	0.1	2.7	4.6
Contemplated suicide in the year preceding the interview (year preceding interview)[1]	0.0	1.3	1.2	2.8	5.9
Substance misuse					
Consumes tobacco products	3.1	27.1	1.0	0.8	1.9
Consumes alcohol	2.0	23.4	2.4	3.9	4.1
Consumes drugs	0.0	1.9	0.2	0.2	0.1
Access to frontline workers					
Heard about ASHA	61.6	75.6	79.8	91.7	94.3
Heard about AWW	95.3	99.3	95.5	98.0	98.9
Obtained information or services from ASHA	6.3	4.1	11.7	13.9	47.0
Obtained information or services from AWW	8.3	4.1	12.1	17.0	53.8
Obtained information or services from ASHA or AWW	14.2	7.4	21.8	25.5	62.2
TOTAL	**3,473**	**3,150**	**4,104**	**3,237**	**1,999**

Notes: All Ns are unweighted; however, all indicators have been weighted using normalised weights for the total population. As such, drawing numbers based on the percentages in the tables is not advisable.
1 Suicidal ideation question was asked only to adolescents aged 13-14, that is, 1289 boys and 1631 girls

6 SUMMARY AND RECOMMENDATIONS

This profile of the situation of adolescents in Jharkhand has suggested that a successful transition to adulthood eludes many adolescents in the state. This section summarises our key findings and recommends areas in need of programme attention to enhance the achievement of all of the markers of a successful transition to adulthood.

More attention to school continuation and good learning outcomes

Although school enrolment was nearly universal, attainment of educational milestones varied. Indeed, even among adolescents in ages 10–14, just two in three had completed Class 5, and just two in five adolescents aged 15-21 had completed a secondary school education (Class 10). Premature school discontinuation, irregular attendance of those in school, and poor learning outcomes threaten adolescents' achievement of basic skills for adulthood. For example, just two thirds of boys and unmarried girls, and one in ten married girls aged 15-21 were enrolled in school or college at the time of the interview, and of those enrolled, just two in three boys and girls, and one in three married girls had attended school regularly in the week preceding the interview. Learning outcomes were compromised too and gender disparities were pronounced. General knowledge was poor – just 54 % of boys versus 43 % of girls in the ages 10-14, and 69 % of boys versus 58 % and 33 % of unmarried and married girls aged 15-21, respectively, and 33 % of married girls aged 15-21 knew that Delhi is the capital of India. Numeracy skills, likewise, were compromised for many and gender differences, and among girls, differences by marital status, were apparent. Percentages who could solve a division sum ranged from 43 to 31 among 10-14 year olds, 53 to 41 among 15-21-year-old unmarried adolescents, and down to 23 % among married girls. While literacy skills were limited among all groups, gender differences were muted (46-49% among younger adolescents, 67-72% among older boys and unmarried girls), but were particularly limited (44%) among married girls.

These findings call for attention to keeping adolescents in school and improving learning outcomes. Efforts must be made at household and school level to investigate and address reasons for school dropout and irregular attendance, such as, for example, competing domestic and work related responsibilities of adolescents, poor quality schooling, long distances and lack of transportation facilities to secondary school, adolescents'

lack of interest in school, and lack of parental encouragement for schooling. Programmes must also recognise that many adolescents may be first-generation students whose family environment may not be able to provide them the level of academic support that better off students may expect. Given the particularly compromised situation of married girls, opportunities must be made available to enable these girls to return to school, or at least to gain numeracy and literacy skills. Overall, successful programmes implemented in various settings have included the provision of supplementary coaching to help students to overcome academic problems, conditional cash transfers that incentivise school attendance, scholarships and vouchers, strong parent-teacher communication and school management committees (Jejeebhoy, 2017; Santhya et al., 2016).

Supporting the school-to-work transition

Making an age-appropriate transition to work eludes many adolescents in Jharkhand. Too many adolescents had initiated wage work in childhood, and even below the legally permissible age, and at the same time, many were neither engaged in wage work nor schooling nor attending a livelihood skill building programme.

For example, child labour (wage work before age 14) was reported by 10 % of boys and 17 % of girls aged 10-13. Between half and four-fifths of adolescents had been engaged in unpaid work on the family farm or business or tending family livestock in the 12 months preceding the interview. Considerable proportions of adolescents had been engaged in wage work in the 12 months preceding the interview – 8 % and 16 % of boys and girls aged 10-14, respectively, 44 %, 34 % and 26 %, respectively, of boys, unmarried girls aged 15-21 and married girls in these ages, although few had worked for six months or more (1% of younger adolescents, 4-6% of older girls, and 16% of older boys). Too many older adolescents were not in school, not in a training programme and not working at the time of the interview (10% of boys, 17% of unmarried girls, and 65% of married girls).

Efforts must be made to dissuade premature entry into the workforce among the young, including enhancing community level awareness of child labour laws and enforcing these laws. At the same time, programmes are needed that provide alternatives to wage work, such as, for example, conditional cash transfers and unconditional grants by way of scholarships and free books and uniforms that may encourage parents to emphasise schooling over earning. Although

many older adolescents are working, most are engaged in seasonal employment for less than half the year. Programmes must ensure a sound school-to-work transition, and the success of such a transition depends hugely on the success of the school system in ensuring secondary school completion with appropriate learning outcomes, as well as on the extent of support to older adolescents, especially girls, to acquire a marketable livelihood skill and mentorship in accessing placement thereafter. Girls are in particular need of support, both in accessing training opportunities and in overcoming barriers to apprenticeship or employment opportunities.

Building agency, egalitarian gender role attitudes, and life skills among girls and also boys

Much needs to be done in order to ensure that all girls and boys exercise agency in their everyday lives. Findings have stressed the limited agency of girls, and the wide gender disparities in many indicators of agency, but also highlight that on some indicators, boys too did not exercise agency in their everyday lives.

Far more boys than girls in each age group participated or would participate in decisions pertaining to their lives – for example, 62% versus 47 % of younger boys and girls, and 85 %, 67 % and 51 % of older boys, unmarried and married girls, respectively, participated in decisions about schooling. Freedom of movement was far more likely to be exercised among boys than girls – while 40 % of younger boys were free to go unescorted to a shop or market outside their village, just 14% of younger girls were, and while 92 % of older boys expressed such freedom, it was exercised by just 38% and 27 % of unmarried and married girls. Gender differences in control over money, and display of self-efficacy and voice were mild, but now the disadvantage experienced by married girls compared to their unmarried counterparts remained stark. Large proportions of married girls display powerlessness, as suggested in the 31 % and 41 % who had experienced physical and sexual violence, respectively.

All of these findings argue for gender transformative life skills education for adolescents in and out of school. These programmes serve to promote adolescents' communication and negotiation skills, encourage them to break down gender stereotypes and adopt new notions of masculinity and femininity, enable them to exercise voice in demanding rights and entitlements, and emphasise an abhorrence of violence against

women and girls in any form. For girls, whose limited mobility constrains their ability to form strong peer networks, programmes that offer girls the time and safe space in which to strengthen support systems are essential. A number of programmes exist at state and national levels, including the Nehru Yuvak Kendra Sangathan's (NYKS) focus on building the leadership skills of the young, and the Scheme for Adolescent Girls (SAG) programme (previously known as the SABLA programme), intended to empower girls. Many programmes have, moreover, been piloted and tested in India by nongovernmental organisations, and their experiences may provide valuable lessons for replication and scale-up (see Jejeebhoy, 2017 for a synthesis).

Equipping adolescents with information and skills to enable a safe entry into sexual life

Findings have also documented the poor understanding of adolescents with regard to matters relating to pregnancy and contraception. Even married girls remain uninformed about key matters that can have a protective effect on their sexual and reproductive health. For example, even among 15-21 year olds, just over one quarter of the unmarried, and half of married girls know that a woman can become pregnant at first sex, just 61 % of boys, 50 % of married girls and 18 % of unmarried girls have heard of and know the mechanics of use of at least one contraceptive method appropriate for this age group, and just 4 % and 18 % of unmarried and married older girls know that a woman is most likely to become pregnant midway during her cycle. At the same time, findings show that 45 % of older boys learn about sexual matters from pornographic films, not always an accurate source of information.

These findings reinforce the importance of providing comprehensive sexuality education to adolescents both in and out of school. Comprehensive sexuality education emphasises the development of knowledge as well as dimensions of human rights, skills to make informed decisions, critical thinking and a sense of self efficacy. For those out of school, gender transformative life skills education discussed above provide a good opportunity to inculcate this education, and for those in school, available Adolescence Education Programmes, implemented in several states including Jharkhand, provide an opportunity for imparting age-appropriate exposure to information on sexual and reproductive health and rights from an early age, together with the skills necessary to ensure safe and respectful relationships, and

encourage adolescents to speak out and take action if they experience violence or sexual harassment in any form.

Ensuring that premarital sexual relations, if undertaken, are safe and wanted

Pre-marital entry into sexual life were reported by 18 % of boys, 16 % of married girls, and 9 % of unmarried girls. While the vast majority of those reporting, premarital sexual relations had engaged in relations within a romantic partnership, for many, irrespective of the partner, relations were forced. We have seen that awareness about pregnancy and contraception was limited, and hence it is likely that many adolescents had initiated sexual activities uninformed, many may not have used a condom or other form of contraception during their sexual encounters, and thereby risk infection and unintended pregnancy. Pre-marital sexual relations are increasingly a reality in the state, and it is important that comprehensive sexuality education and gender transformative life skills education discussed above incorporates messaging that enables adolescents to ensure that their relations are informed, safe and wanted, that develops their skills in negotiating safe sex, and in communicating with their partners on sexual and reproductive health matters. Access to contraception and HIV-related counselling and services in non-threatening ways, and to contraceptive supplies for the unmarried must be promoted, through the Rashtriya Kishor Swasthya Karyakram (RKSK) and other delivery mechanisms.

Delaying marriage, and ensuring girls' engagement in marriage related decisions

Jharkhand has experienced a considerable decline in child marriage over the past decade, from 63 % of girls aged 20-24 who were married in 2005-06 (IIPS and ICF, 2017) to 38 % in 2015-16 (IIPS, 2017), and further to 33 % of those aged 18-21 in our survey in 2018. Even so, one in three girls marries in childhood. In addition, very few girls were familiar with their husband before marriage (36%) and most had met their husband for the first time at their wedding (58%). Dowry continues to be the norm with almost three in four girls reporting dowry. Much needs to be done to ensure that child marriage is eliminated and that young people enter into marriage with free and full consent.
Initiatives to delay marriage are

needed at adolescent, parent, community and system levels. At adolescent level, gender transformative life skills education must incorporate messaging about child marriage and dowry laws, about the health and other benefits of delaying marriage, about the need for informed decision making in the choice of spouse and so on. Parents and communities must likewise be sensitised about the health and other benefits of delaying girls' marriage and premature childbearing, while at the same time, be informed about the penalties they may incur for arranging or being complicit in an underage marriage. Parents must moreover be sensitised about the right of their children to participate in marriage-related decisions and the need to permit their daughters and sons to become acquainted with their prospective spouses prior to the wedding day. At system level, the authorities must be sensitised about the breadth of the law, and committed to take action to prevent child marriage on the one hand, and prosecute those who violate the law on the other. Finally, efforts to eliminate child marriage must provide girls alternatives to child marriage, by way of schooling, livelihood training and employment opportunities before marriage, and ensuring that obstacles girls may face at family and community levels to take advantage of these opportunities are overcome.

Preventing adolescent pregnancy

Pregnancy and childbearing follow closely on the heels of marriage. Indeed, 12 % of all girls aged 18-21 had a live birth before they were 18 and almost two in five of those aged 20-21 had a live birth in adolescence (before age 20). Among the married, 69 % had ever been pregnant, and 56 % already had one or more live births. Many married girls – 13 % – had already experienced multiple live births, and pregnancy loss had been experienced by one in six.

Contraception was rarely practiced. Just 22 % of married girls had practised contraception at any point in their married life, and just 15 % were doing so at the time of the interview. Although at the time of marriage, almost half had wanted to postpone their first birth by two or more years, only 13 % had practised contraception to do so. Overall, at the time of the interview, half of all married girls had an unmet need for contraception, that is, they wished to postpone their next pregnancy but were not using a contraceptive method to do so.

Programmes often assume that married girls face none of the system level constraints to accessing services that their sexually active unmarried counterparts face, but this assumption overlooks the

different challenges that married girls face. They enter marriage uninformed about contraception, the health risks of an early pregnancy and measures that must be taken to ensure a safe pregnancy and delivery. They lack the freedom of movement to access a health facility for information or services. Frontline workers assume that married girls wish to become pregnant as early as possible and do not therefore reach out to them with contraceptive counselling and supplies. The health system must be sensitised to recognise these constraints, and pay particular attention to the birth spacing and pregnancy-related needs of married girls.

Meeting other health needs

Menstrual hygiene, mental health and substance misuse are other health concerns of adolescents, and these have been recognised in the national adolescent health programme (RKSK). Our findings show that large proportions of girls have ever used sanitary napkins, but just 55-57 % of the unmarried and 44 % of the married use them regularly. Although the use of sanitary pads appears to have become widespread in Jharkhand, reflecting perhaps the RKSK's menstrual hygiene outreach activities, it is notable that many girls (27-33%) use these pads only when stocks of free supplies are available, or when resources are available to purchase them; measures must be taken to ensure a continuous supply of free sanitary pads.

Symptoms of mental disorders were displayed by few boys of both age groups, and girls aged 10-14 (0.1-0.3%), however 3 % of unmarried girls aged 15-21, and 5 % of married girls displayed symptoms of moderate to severe depressive disorders during the two weeks prior to the interview. While not a single boy aged 10-14 had contemplated suicide, suicidal ideation was reported by 1 % of older boys and girls aged 10-14, 3 % and 6 % of unmarried and married girls aged 15-21, respectively. Substance misuse was reported largely by boys aged 15-21 (just 0-4% of those from other groups reported any substance use) and ranged from 2% who reported the consumption of drugs to 23 % who reported alcohol consumption and 27 % who reported tobacco consumption). Measures are needed at school and community level that help identify, counsel or refer adolescents displaying symptoms of depression, and that deter boys from substance abuse.

More generally, adolescents have limited access to the frontline workers who serve their communities. While most

adolescents had heard about accredited social health activists (ASHAs, 62-76% of boys; 80-94% of girls) and anganwadi workers (AWWs, 95-99%), just 7–14 % of boys, 22-26 % of girls aged 10-14 and unmarried girls aged 15-21, and 62 % of married girls aged 15-21 had received health-related information or services from these workers. As mentioned earlier, it is imperative that frontline workers are trained and sensitised to address the unique concerns of married and unmarried adolescents in non-threatening and non-judgemental ways, to overcome hesitation about providing information or services to boys, or counsel and provide services on sexual matters to the unmarried, and to dispel misconceptions that married girls have no need for contraception. Their responsibilities must extend to providing information, supplies and referrals for adolescents, and linking adolescents with services to which they are entitled.

Addressing the particular disadvantages experienced by married girls

Findings have highlighted that of all adolescent groups, married girls are the most disadvantaged and vulnerable. They are less likely to be in school and have far worse learning outcomes than any other group, including younger adolescents. They are far more likely than other groups to be engaged in housework, that is, neither working nor in school nor engaged in a livelihood skills programme. Compared to adolescents of their age, they have less exposure to the internet or to social media, their freedom of movement is far more restricted, and fewer of them express self-efficacy or control money. Within marriage, many face violence perpetrated by their husband, and many have an unmet need for contraception.

What is needed are gender transformative life skills education, adapted from those discussed earlier, that focus specifically on reaching the newly married. These programmes must be tailored for married girls and must aim to break their social isolation, expand their support networks, build their numeracy and literacy skills as well as their communication and negotiation skills, promote gender egalitarian attitudes, encourage access to livelihood training opportunities, enable them to make informed reproductive health choices, and inform them of their rights, including their options in case of marital violence. Where possible, husbands must also be reached with counselling, information, and peaceful conflict resolution skills.

Exploring the use of the media in informing adolescents and developing egalitarian gender role attitudes

Large proportions of adolescents were exposed to television, and considerable proportions had access to mobile phones (81-97%). Exposure to the internet and social media was gendered with more boys than girls in each age group reporting use of the internet (29% versus 16% of younger adolescents; 70% versus 32% and 17% among older boys, unmarried girls and married girls) and of social media (20% versus 10% of younger adolescents; 63% versus 27% and 16% among older boys, unmarried girls and married girls). Likewise, more boys than girls owned their own mobile phone (6% versus 1% of younger adolescents; 64% versus 18% and 35% among older boys, unmarried and married girls) as opposed to occasionally accessing a family member's phone.

These findings suggest that the media can play an important role in exposing adolescents to the world around them, to health-promoting practices, and to new notions of masculinity and femininity. However, different approaches may be needed for each group. While television has a universal appeal among both boys and girls, it may remain the only medium through which to reach girls. In contrast, it is boys who access information transmitted through mobile phones, the internet and social media. Given the rapid pace of change, efforts are required to track the reach of existing and new media, devise programmes and messages that recognise gender discrepancies in access, reach boys and girls through media they are most likely to use, and evaluate the retention of these messages.

Findings provided in this report provide a broad picture of adolescents in Jharkhand as drawn from topline findings of our baseline survey. Much more data are available that will allow us to probe other dimensions of adolescent life as well as the factors that have facilitated or impeded the transition to adulthood in the state. Findings provide implementing partners a glimpse into the kind of programmes that should be implemented in the state to arrive at positive outcomes for adolescents, and will serve as a benchmark through which to measure changes in adolescent life that results from partner programmes and other programmes over the next few years.

7

REFERENCES

ASER Centre. 2019. **Annual Status of Education Report (Rural) 2018, Provisional**. New Delhi: ASER Centre.

Government of India. 1961. The Dowry Prohibition Act, 1961, (Act No. 28 of 1961). New Delhi: Government of India.

International Institute for Population Sciences (IIPS) and Population Council. 2009. **Youth in India: Situation and Needs, 2006–2007, Jharkhand.** Mumbai: IIPS.

International Institute for Population Sciences (IIPS) and Population Council. 2010. **Youth in India: Situation and Needs, 2006–2007.** Mumbai: IIPS.

International Institute for Population Sciences and ICF. 2017. **National Family Health Survey, India (NFHS–4), 2015-2016.** Mumbai: IIPS.

International Institute for Population Sciences. 2017. **National Family Health Survey - 4 2015 -16**, State Fact Sheet, Jharkhand. Mumbai: IIPS.

Jejeebhoy, S. J. and R. Acharya. 2014. **Adolescents in Rajasthan 2012: Changing Situation and Needs.** New Delhi: Population Council.

Jejeebhoy, S. 2017. **Supporting Transitions from adolescence to Adulthood: Evidence-informed leads for investment.** New Delhi: The Bill and Melinda Gates Foundation.

Kroenke, K., R. L. Spitzer, and J. B. Williams. 2001. "The PHQ-9: Validity of a brief depression severity measure." **Journal of General Internal Medicine** 16(9): 606–13.

NITI Aayog, 2018. **Aspirational Districts: Unlocking Potential.** New Delhi: NITI Aayog.

Office of the Registrar General and Census Commissioner, India. 2015. **Adolescent and youth population**. New Delhi: Office of the Registrar General and Census Commissioner, Government of India. Accessed on 20 August 2017 at http://www.censusindia.gov.in/2011census/PCA_AY_2011_Revised.xlsx.

Office of the Registrar General and Census Commissioner, India. nd. **State Census 2011.** New Delhi: Office of the Registrar General and Census Commissioner, Government of India. Accessed on 1 February, 2019 at https://www.census2011.co.in/census/state/jharkhand.html.

Patton George C, S. M. Sawyer, J. S. Santelli, D. A. Ross et al., 2016. "Our future: A Lancet commission on adolescent health and wellbeing." **The Lancet** 387(10036): 2423–2478.

Pulerwitz, Julie and Gary Barker, 2008. "Measuring attitudes toward gender norms among young men in Brazil: Development and psychometric evaluation of the GEM scale," **Men and Masculinities** 10(3): 322–38.

Santhya, K. G., A. J. Francis Zavier, P. Patel and N. Shah. 2016. **Engaging parents to promote girls' transition to secondary education: Evidence from a cluster randomised trial in Rural Gujarat, India.** New Delhi: Population Council.

Santhya, K. G., R. Acharya, N. Pandey et al. 2017. **Understanding the lives of adolescents and young adults(UDAYA) in Bihar, India.** New Delhi: Population Council.

10to19

DASRA ADOLESCENTS COLLABORATIVE

dasra

www.dasra.org

company/dasra

info@dasra.org

@dasra

/dasra

Registered as Impact Foundation (India),
80G, AAATI1422J, FCRA 083781025, CIN No.:
U91110MH2001NPL130603

Address: F1, 1st Floor, Opposite G5A, Laxmi Woollen Mills Estate, Shakti Mills Lane, Off Dr. E. Moses Road, Jacob Circle, Mahalaxmi (West), Mumbai 400011, Maharashtra

Ph: 022 6120 0400. | Website: www.dasra.org
Email: info@dasra.org