

Community Experiences with Project RISHTA: A Youth Empowerment Program to Delay Marriage In Jharkhand, India

Background

Formal marriage or informal union of a girl before age 18 years¹ (i.e., early marriage) is associated with greater social vulnerabilities for girls, such as lesser education and poverty, as well as increased health risks for both mothers and children in South Asia.²⁻⁴ Earlier childbearing and low birth spacing (<2 years between births) as a consequence of non-use of contraception have been implicated as key reasons for poorer health outcomes for women marrying as minors as well as their children. The largest number of women married as minors, one-third of this population globally, is in India.⁵ According to most recent estimates, 47% of Indian women aged 20-24 years old were married by the age of 18, and 18% were married by the age of 15.⁶ At current population levels, this burden translates to approximately 1.75 million births per year to married, adolescent mothers.^{7,8}

Growing programmatic efforts, particularly over the past decade, have been undertaken to reduce and eventually eliminate early marriage and thus avoid its adverse health impacts, both globally and in India.⁹ Much of this work has come in the form of prevention interventions; evaluations suggest that the most effective means of preventing child marriage is by incentivizing girls' education via cash transfer programs.⁹⁻¹¹ Though less rigorously evaluated, community-based interventions inclusive of sexual and reproductive health (SRH) education, empowerment counseling and life skills development for girls show promise.¹⁰ Such approaches are more commonly undertaken than are cash transfers, as cash transfers focus on a single outcome (e.g., school retention) and multiple interconnected outcomes (e.g., delayed marriage, improved contraceptive use, and girls' self-efficacy) are often the goal of development efforts. There is a lack of programming focused on prospective husbands. More research is needed for community-based programs that have maintained long-term, successful operation, to better understand participants' experiences and perceived program impact.



Training peer educators at Youth Resource Center in Bitapur



Project RISHTA SRH informational pamphlet

This research report provides insight into girls' and their decision-makers' experiences with Project RISHTA, a community-based youth-led program to reduce early marriage in rural areas of Jharkhand, India. The eastern Indian state of Jharkhand has a population just under 33 million, the majority of whom (76%) live in rural areas.¹² Most young women (63.2% of 20-24 years olds) marry as minors; more than one in eight women report an unmet need for family planning, and fewer than one-third (31%) of married women use any modern method of contraception.⁸ RISHTA trains peer educators to counsel youth on child marriage prevention, SRH education, and youth development opportunities. This program builds on the evidence base supporting SRH education for youth and, though it does not provide cash transfers, includes youth empowerment efforts to support school retention and vocational skills building. The program targeted both boys and girls using coeducational groups, and engaged trusted adults to support programmatic messaging. The intervention, supported by Tata Steel Rural Development Society and the David and Lucile Packard Foundation, has been ongoing since 2001 and is implemented in 32 villages in Jharkhand, India.

Methods

In 2014, fifty-four in-depth qualitative interviews were conducted in Jharkhand with girls between the ages of 13 and 24 years who were known to have had exposure to Project RISHTA and either a) married prior to age 18 ("married as a minor") or b) was able to cancel their marriage as a minor or postpone it to their majority age ("cancelled/postponed marriage as a minor"). Twenty-five girls from each group were selected by program staff, and asked to identify up to three people who are/were influential in their marital decision-making ("decision-makers") to participate in the study. In total, 60 decision-makers were interviewed. After a data quality review, final analyses included 49 girls (25 married as minors, 24 cancelled/postponed marriage as a minor) and 52 decision makers (25 for girls married as minors, 27 for girls who cancelled/postponed marriage as a minor). Ethical approval for study design and data collection was provided by Public Health International. Ethical approval for this analysis was provided by the University of California San Diego.



Students in Project RISHTA school health program

Interviews assessed knowledge, attitudes, and perceptions of child marriage and adolescent birth; the marriage decision-making process; and program activities, their experiences with them, and their perceived impact. De-identified, translated interviews were analyzed by trained research staff, using latent content analysis to code and organize data into domains and subthemes. This report details the qualitative results from participants' description of program activities, their positive and negative experiences with the program, and perceived program effects. Questions asked of participants regarding their impressions of Project RISHTA and ways it worked to prevent child marriage and improve youth development included the following:

1. Can you describe what role Project RISHTA played in how people in your village think about early marriage?
2. Can you tell me three words that would come to your mind if you were asked to describe RISHTA activities regarding girls' attitudes toward gender equality, early marriage and their perceived role in deciding when to marry?
3. Next, can you tell me three qualities that come to your mind about RISHTA activities in general?
4. How do you think [your/the girl's] participation in RISHTA activities affected your relationships with [your/her] parents?
5. Can you describe the role that RISHTA activities affected [your/the girl's] relationships with [your/their] parents?
6. What can families, local leaders and you do to prevent early marriage and first birth among adolescent girls? What would help them? What would make it difficult? What role does Project RISHTA have to play? What about the role of the larger community? What can the community do? What would help? What would make it difficult?
7. What was your experience with Project RISHTA? Did these RISHTA activities help you to cancel/postpone your marriage? How?
8. What do you know about existing laws about early marriage?



Youth Resource Center education session

Results

RISHTA Program Content and Strategies

Breadth of Focus and Creative Engagement with Youth and Community. Participants recognized and valued the broad range of content and activities included in the program, and reflected positively on the efforts to engage parents and other decision-makers. The training classes were described as both informative and fun, with the use of art and dramatization being particularly valued elements.

"In project RISHTA I learned about personal hygiene, family planning and attended various vocational training classes like sewing, jewelry making agarbatti making etc. I thoroughly enjoyed these classes. I also participated in nuked natak (street play). Before project RISHTA I knew very little about all these things." [Girl able to cancel/postpone marriage, Hindu, age 18, India, ID: W38_m_]

Outreach to the broader community was highlighted as a perceived priority, and including community-level change in understanding girls' value.

"Yes.....group meetings were organized for decision making where all related people were called like parents etc. Information regarding right age of marriage, its benefits was provided. Supported by activities like nuked natak, dance, sports, quiz." [Girl able to cancel/postpone marriage, Hindu, age 21, India, ID: W33_m_r]



Training of peer educators at Youth Resource Center in Dudhi

"RISHTA played a crucial role. She changed the social understanding in the village. People now understand that there is more to a girl's life than just marriage. RISHTA got the boys and girls together, which is a very rare phenomenon in Muslim community. But once, they started coming together for functions, quizzes, trainings, residential trainings, everyone came in terms to the changing nature of village community." [Male decision-maker for girl able to cancel/postpone marriage, Peer-educator, Hindu, age 23, India, ID: W31_i2_d]

Emphasis on Sexual and Reproductive Health. Participants described key messages they learned from SRH curriculum, elements of which included hygiene and menstruation, contraception and STI prevention.

"I can say RISHTA is a very good project. It tells young girls about health and hygiene, specially during menses. It also informs them about sex education, contraception, STDs and all. RISHTA is fun combined with knowledge. It makes you informed and knowledgeable." [Girl married <18, Sarna, age 20, India, ID: W15_m_s]

"In RISHTA we use to have role plays, discussions, reading materials were provided to us. Regular sessions were held. Didi use to tell us how to take care of our health, hygiene etc. They told us about the health issues the child has if the mother is very young. It's risky both for child as well as mother." [Girl able to



Training of peer educators at Youth Resource Center in Lakhipose

Health Impact of Early Marriage. Information on the effects of child marriage on both girls who marry young, and on the children they may bear was noted as being included in Project RISHTA lessons.

"Moreover all the information related to general health, changes in body when one grows up, menses, maintaining hygiene during menses menstruation), right age of marriage and bearing child, family planning etc. was given to us by Rishta project." [Girl able to cancel/postpone marriage, Hindu, age 18, India, ID: W50_m_r]



Students in Project RISHTA school health program



Project RISHTA SRH informational pamphlet

Importance of Girl Empowerment to Make Choice. Participants highlighted themes of gender equity and empowerment as key components of the program curriculum.

“In trainings it was told that there should be gender equality with respect to studies, food, and clothing. We also told the girls about sanitation during periods, full information on adolescence, RTI,STI, HIV/AIDS, Project Rishta is a good thing, it is like a guiding light, supportive, it helps in decision making, helps in expanding others knowledge” [Female decision-maker for girl able to cancel/postpone marriage, Sister Sarna, age 31, India, ID: W46_i1_p]

Perceived Program Effects of RISHTA

Gender Equity and Empowerment. The most commonly described benefit of the program related to girls’ continued education and advancement. This was reported by both the girls and their decision-makers, including parents.

They brought me here in 9th class. When I went to the school I realized i was the only girl in the school from this village. I was really scared, and all boys used to stare at me. But I was determined to study. Then in 10th class I joined RISHTA. My life changed after that; later I also became (a RISHTA) peer educator. Then I started taking tuitions and teaching elderly under “proun shiksha abhiyaan”. [Girl able to cancel/postpone marriage, Muslim, age 20, India, ID: W31_m_s]

“Asha (pseudonym) wanted to study. She had joined RISHTA, so she was more aware and confident. She was not willing to marry at that age. Her paternal uncle (the main decision maker of family) and elder brother also rejected the proposal. Yes RISHTA has a role to play as Asha and her brother were part of project RISHTA.” [Female decision-maker for girl able to cancel/postpone marriage, Mother, Sarna, age 45, India, ID: W33_i1_s]

Improved voice for girls was also noted, with both girls and their families speaking of how the girls were better able to articulate their choices and share them with their parents.

“It become stronger, I explained lot of things to my mother and appreciated my father for standing beside me and supporting me for delaying my marriage until 18 years.” [Girl able to cancel/postpone marriage, Sarna, age 20, India, ID: W28_m_r]

“It was all because of Rishta project, had not my chachi (paternal aunt) be Rishta worker it would have been impossible to postpone my marriage.” [Girl able to cancel/postpone marriage, Hindu, age 18, India, ID: W50_m_r]

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Girls' improved capacity to build support from family allies was noted as a means to help them influence their primary decision-maker on early marriage, who was typically the father.

"When my mother and sister discussed with my father and told him about my thoughts he agreed. Yes, it was the influence of all the information I had received from Rishta without which may be I might have agreed for the marriage.....can't say what would have happened." [Girl able to cancel/postpone marriage, Hindu, age 18, India, ID: W35_m_r]

Improved confidence was identified as a major contributor to help girls be able to use their voices.

"Project RISHTA has given me a lot of confidence. Now I know what is right and what is wrong for me. I can take decisions related to my health and family planning issues." [Girl able to cancel/postpone marriage, Sarna, age 23, India, ID: W26_m_s]

"The sessions taken by Priya (pseudonym) made me more aware. Project Rishta gave me the confidence to speak up to my family. To my father who took the final decision (on my marriage)." [Girl able to cancel/postpone marriage, Hindu, age 18, India, ID: W30_p]

Parents responded to the confidence and voice.

"She acquired knowledge on very important issues of life such as hygiene, education and health. I think this changed her. She became very confident. She openly talks with us, which we appreciate. She learnt about family planning and told about it to her own sister-in-law. We are proud of her. She can openly talk about menstruation and tell her problems to her family." [Male decision-maker for girl able to cancel/postpone marriage, Father, Hindu, age 48, India, ID: W50_i1_d]

Social and Health Benefits. Some participants became trainers and were able to articulate the social and health messaging learned regarding consequences of early marriage, for both girls who marry as minors and the children they may bear.

"If a girl has early marriage and child then she cannot complete her education. She is not mature enough to handle her household, marriage, and children. Also it requires some time to adjust in a marriage before having a child. In some cases the mother and child both die. Also it leads to an illiterate society and large families. I came to know about all this



Project RISHTA youth resource center visit

RISHTA in 2009 as a health worker." [Female decision-maker for girl able to cancel/postpone marriage, Sister, Sarna, age 31, India, ID: W46_i1_p]

Potential vocational skills developed as part of the program were also noted, in particular sewing and embroidery.

"It's good as they educate us about menses, hygiene, gender equality, education, right age for marriage and first child, pregnancy, contraceptives and trained us for sewing, embroidery, drawing, etc." [Girl married <18, Sarna, age 18, India, ID: W24_m_r]



Teacher orientation for Project RISHTA school health program

Recommendations for Continuation of RISHTA

Support for Program Continuation was Strong. Most feedback was favorable from participants and decision-makers. Girls who had cancelled/postponed their marriage as minors were particularly positive about the program, feeling it was instrumental in their altering their situation as minor poised for marriage. They also valued the fun and interactive peer-driven format.

“Project Rishta is very good. It gives us all the information we might need. It gives us a chance to learn, to stay, share, laugh and enjoy with friends, and to do something. Nuked natak, games are very interesting to watch and participate in. It also free us from all sought of fear.” [Girl able to cancel/postpone marriage, Hindu, age 18, India, ID: W50_m_r]

“I am highly satisfied. This project has changed my life. I also became the 1st peer educated in the village. Now I help girls around to see life from different perspective. I guide them to study more, take care of themselves and contribute to family income and become independent.” [Girl able to cancel/postpone marriage, Muslim, age 20, India, ID: W31_m_s]

Girls Marrying as Minors and Community Leaders Were Less Satisfied. Some girls who married as minors described the program as inadequate and meetings as too infrequent. Community resistance was also noted as a compromising barrier to RISHTA, and issue reported by girls who did and did not marry as minors.

“No I was not satisfied with the information. Meetings were held only once in a month. More meetings should have been organized.” [Girl married <18, religion unknown, age unknown, India, ID: W7_m_s]

“Initially all used to say that, ‘It is a shameless initiative and all involved are also shameless. They just teach about mating, physical relations, and HIV, which is altogether shameful information. It will spoil all our children, so one should not attend.’... Some were even quite violent. The coordinator even called a meeting and it was very difficult for him to make the people understand. [Girl married <18, Santalli, age 21, India, ID: W16_m_r]

“Initially the villagers against project RISHTA they used to say, “How can the girls sit with boys and talk about such things.” For them it was really bad and they felt it was spoiling the youth of the village. They were of the view that childbirth and marriages normally happen and nature is the best educator. So there is no need of such kind of project. So they never supported project RISHTA. [Girl able to cancel/postpone marriage, Sarna, age 19, India, ID: W45_m_s]



Project RISHTA youth resource center activities

Recommendations for Future RISHTA Implementation

Recommendations Focused on Broader Reach. This was accomplished by increasing engagement with families and parents, and by utilizing established community gatherings to spread awareness and messaging.

“RISHTA should regularly convince and sensitize the families- there are at least five 'melas' conducted each month. These 'melas' should be targeted to spread the knowledge on critical issues.” [Male decision-maker for girl married <18, Husband, Sarna, age 26, India, ID: W5_I-1_d]

“RISHTA should prepare a separate module for parents because it is they who make final decision.” [Male decision-maker for girl able to cancel/postpone marriage, Health worker, Hindu, age 26, India, ID: W34_I-1_d]

Recommendations to Expand Program in More Geographic Areas and In Schools. Support for girls post marriage was also raised by a few married girls.

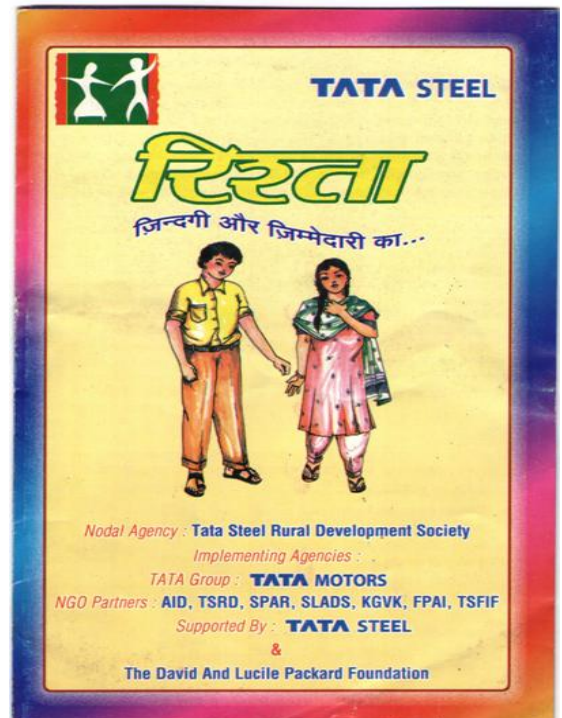
“There are many places where project RISHTA have not approached, so it should take measures to reach those areas. And it should carry on continuous efforts.” [Girl able to cancel/postpone marriage, Hindu, age 18, India, ID: W41_m_r]

“The programs like RISHTA should be part of school curriculum. It should be made mandatory. It will give confidence to girls, to raise their voice against such ills in society.” [Male decision-maker for girl able to cancel/postpone marriage, Father, Sarna, age 44, India, ID: W26_i2_s]

“Projects like RISHTA can play a strong role in bringing awareness among youngsters, it should be made compulsory in school. People who are mad like us still may not listen but at least some will follow them. I believe such sessions should be held post marriage also.” [Girl married <18, Sarna, age 17, India, ID: W4_m_s]



Art from Project RISHTA youth resource center activity



TATA Steel Project RISHTA Flier

Conclusion

Overall, youth participants and their decision-makers described the RISHTA program as dynamic and engaging, fully covering the content areas of focus: SRH education for youth, early marriage prevention counseling with an emphasis on harmful effects of the practice, and youth and gender empowerment efforts including efforts to support school retention and vocational opportunity. The program's use of arts and other entertaining activities was highlighted and indicated as a reason both youth and adults enjoyed participation. Efforts to engage parents and the broader community were noted by both youth and decision-makers. An aspect of the program not focused upon in participants' or decision-makers' content descriptions was program support for girls' development in terms of confidence, communication skills, and engagement of allies to help support their voice and choice. These elements of psychological empowerment of girls was in fact the most commonly described positive impact of girls' participation in RISHTA. Current effective models of intervention to delay marriage often rely solely on incentives and do not include psychological empowerment of girls or long-term, engaging, community-based efforts.⁹ While participant preference may not directly translate into program impact (evaluation of which is outside the scope of this study), community preferences and perceptions of impact can help sustain programming in a community and should be considered in future work in this area.

Although Project RISHTA was generally well-received, there is greater need to understand negative perceptions of the program for the few reporting them. For girls who married as minors, and for some others (mainly decision-makers), inadequate intensity of program and high community resistance to program were noted as key reasons they found RISHTA unsuccessful. Contexts of greater community resistance, particularly when families may be less amenable to change, may require more intensive efforts than those offered by RISHTA. In such circumstances, more multilevel approaches may be needed to support change in communities and individual girls. To that end, participants' and decision-makers' recommendations for RISHTA centered on broader engagements, inclusive of more intensive contacts with families and communities and connections to schools; health and legal sectors may be additional connections RISHTA would benefit by making or enhancing. Final recommendations are based not on what participants said, but rather what was not said. While educational support and vocational skill building were recognized by participants of the program, education-to-vocation efforts were not. Helping ensure that girls not only develop a perception of choice to pursue vocation but also have actual choice by facilitated employment or other economic opportunity is needed, particularly for older girls



Project RISHTA youth resource center activities



Project RISHTA field training for peer educators

Implications

While this report provides important insight into the strengths of RISHTA as a means of delaying marriage in Jharkhand, as well as opportunities to strengthen the model, the analysis of data presented must be considered in light of certain limitations. The participants selected for the project were those available and willing, which may bias the findings to more favorable responses to the program. The study is not an evaluation of impact and should not be viewed as such; it instead provides insight into participant perceptions of the program. Finally, RISHTA is an active program, evolving and improving. These findings are based on the program prior to 2014, and hence may not be fully reflective of its form today. Nonetheless, the nature of the program (e.g., youth led, community-based, group interaction) has not changed and likely will benefit from this analysis. Overall, the findings from this work suggest:

- RISHTA is a promising and engaging model to promote delayed marriage and SRH in adolescents in rural Jharkhand, strengthened by an emphasis on girls' psychological empowerment, but may benefit from:
 - A. Connecting more with community and parents, particularly in more resistant contexts.
 - B. Integrating the work with other sectors (education, health, legal) working on delayed marriage and SRH.
 - C. Building in more education-to-vocation efforts for girls to support their empowerment.



Informational display at Project RISHTA youth resource center

References

1. United Nations Children's Fund. *Ending Child Marriage: Progress and prospects*. New York: UNICEF;2014.
2. Loaiza E, Wong SS. *Marrying Too Young: End Child Marriage*. New York: United Nations Population Fund;2012.
3. Raj A, Saggurti N, Balaiah D, Silverman JG. Prevalence of child marriage and its effect on fertility and fertility-control outcomes of young women in India: a cross-sectional, observational study. *The Lancet*. 2009;373(9678):1883-1889.
4. Raj A. When the mother is a child: the impact of child marriage on the health and human rights of girls. *Archives of disease in childhood*. 2010;95(11):931-935.
5. UNICEF. *Ending Child Marriage: Progress and prospects*. New York: United Nations Children's Fund;2014.
6. UNICEF. UNICEF Data: Monitoring the situation of children and women. June 2016; <http://data.unicef.org/index-2.html>. Accessed August 29, 2016.
7. United Nations, Department of Economic and Social Affairs, Population Division. *World Population Prospects: The 2015 Revision*. 2015.
8. International Institute for Population Sciences, Macro International. *National Family Health Survey (NFHS-3), 2005–06: India*. Mumbai, India2007.
9. Kalamar AM, Lee-Rife S, Hindin MJ. Interventions to Prevent Child Marriage Among Young People in Low- and Middle-Income Countries: A Systematic Review of the Published and Gray Literature. *The Journal of adolescent health : official publication of the Society for Adolescent Medicine*. 2016;59(3 Suppl):S16-21.
10. Lee-Rife S, Malhotra A, Warner A, Glinski AM. What works to prevent child marriage: a review of the evidence. *Studies in family planning*. 2012;43(4):287-303.
11. Hindin MJ, Kalamar AM, Thompson TA, Upadhyay UD. Interventions to Prevent Unintended and Repeat Pregnancy Among Young People in Low- and Middle-Income Countries: A Systematic Review of the Published and Gray Literature. *The Journal of adolescent health : official publication of the Society for Adolescent Medicine*. 2016;59(3 Suppl):S8-s15.
12. Census Population 2015 [India]. Jharkhand Population Census data 2011. 2011; <http://www.census2011.co.in/census/state/jharkhand.html>. Accessed January 2016.

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