



UNFPA Teen Club Project

Baseline study conducted by Restless Development

in the states of

Madhya Pradesh, Orissa and Rajasthan

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Executive Summary

Background to the Teens' Clubs and Objective of Study

The *Nehru Yuva Kendra Sangathan* (NYKS) supported Teens' Clubs are implemented by the United Nations Population Fund (UNFPA) in partnership with the Ministry of Youth Affairs and Sports (MOYAS) in 64 districts across 31 states in India. They aim to provide adolescents with a space to discuss their concerns and create an enabling environment and youth friendly communities

The objectives of this study are to:

- (i) Understand how the Teens' Clubs have been implemented thus far and the challenges arising;
- (ii) Investigate the Knowledge, Attitudes and Practices of adolescents in the target areas; and
- (iii) Gain insights into the Activities and Aspirations of young people in the target areas and their current points of access for information on Health and Progress.

Methodology

The baseline study involved sampling three districts (namely Udaipur, Jhabua and Ganjam) and administering the following three components, each of which relate to one of the aforementioned objectives:

- Objective 1: Interviews with District Project Officers (DPOs) and Adolescent Peer Volunteers (APVs)
- Objective 2: Knowledge Attitude Practice (KAP) Survey with adolescent boys and girls
- Objective 3: Focus Group Discussion (FGDs) with adolescent boys and girls and parents

1 DPO and 2 APVs were interviewed in each state. 20 boys and 20 girls were selected to survey in each of the states and 1 FGD each was conducted with boys, girls, mothers and fathers in each state

Main findings

Implementation of the Teens' Clubs project thus far and challenges

- All DPOs and APVs interviewed have received an orientation training for their roles
- There were some clarifications needed in reporting vis-à-vis the Work plan and Monthly reporting format

- The format of organising clubs was found to be a huge challenge in villages where houses were far away from each other.

KAP of Adolescents in the Target Areas

- 66% of the mothers were illiterate , compared to only 37% of fathers, showing a huge gap between the literacy levels of the parents.
- In all states, when a young person had a disagreement with their parents, the most common action by both the young person and their parents was to listen and discuss the issue.
- There was a general lack of awareness on the changes for boys and girls during puberty, with many “don't knows’ and ‘no responses’
- Half fo the young people from Madhya Pradesh stated that, menstruating females must not be allowed to go to holy places.
- In Madhya Pradesh, ‘Continuous itching of the stomach’ was considered as a sign of women being pregnant by nearly half (48%) of the respondents
- More than half of respondents across all the three states did not believe in gender stereotyping
- A huge percentage of young people did not have adequate knowledge about Wet Dreams in all the three states
- Young people in all three states displayed positive responses in terms of taking actions against a friend secretly smoking
- 48% of young people failed to identify sexual abuse
- Less than one tenth (8%) of the young people in MP said that they would decide themselves about their education
- More than 50% of young people believed that domestic violence depends upon the class of the family
- More than 50% of young people depend on their parents to decide on their marriage
- Only 4% felt that a man can never beat his wife.
- 50% of the young people said that friends influence a person into engaging in substance abuse

Activities and Aspirations of Young People and points of access for information on Health and Progress

- It was believed by mothers that in gaining information about health and progress, there was a danger that adolescents could get the wrong information
- The restricted mobility of girls especially after puberty was mentioned as a major I impediment for them to break out of their routine and explore other activities which interest them
 - A push towards computers as an extra-curricular activity was widespread in all the states among the young people and parents too

Conclusion and Recommendations

The UNFPA Teens Club project is a very thoughtful intervention working with the youth of this country, especially in rural villages, where exposure to information related to Adolescent health is limited.

During the study, we found that there was huge misinformation about aspects of adolescent health and young people showed a lot of inhibition in expressing themselves and their needs. This study presents facts and figures to substantiate these findings.

The study also involved discussions with the implementers of this intervention. These brought to the fore some of the inherent challenges in the design of the intervention, as well as external aspects like lack of an institutional setting for gathering children out of school.

The Teens' Club lies at a crucial meeting point of both these challenges. Therefore its role is vital for the young people who regularly come to it. Meanwhile, the committed force of Adolescent Peer Volunteers on the ground have been provided with an exposure they would have never had had without the project,

However, with minor tweaking, the full potential of the project could well be achieved.

Suggestions to improve its functioning are as follows:

Implementation

Increasing networking with NGOs and government departments would definitely increase the profile of the teen clubs

Working around students' availabilities better and creating connections with dropouts through their siblings who are still in school would be an interesting strategy.

Increased material provisions, tea, snacks, sports equipments also would be an added incentive for the club members. Some APVs suggested reducing the number of villages down from 30 so that they can have more time to visit their TCs

Focus Areas for Intervention

The findings of the KAP study and FGDs pinpoint several core areas of focus for the intervention.

Chief among them is the lack of knowledge among young people regarding their own growth and development particularly during their important stage of adolescence. With information obtained from equally un-informed peers there seems to be a tendency to believe myths and misconceptions as truth, which has also come out of the study. Hence, as well as providing correct information, the programme should also concentrate on denying the myths and misconceptions.

Traditional attitudes towards domestic violence associated with rural communities have also seeped into young minds. These need to be worked upon.

While attitude towards HIV has been generally positive, there are knowledge issues to be addressed.

Empowering young people to take their own decisions about education and other important life choices is another area where work is needed.

As regards Aspirations, computers have been quoted often by young and old alike as an important extra-curricular activity. These could be used as a 'crowd puller' for the clubs, especially where attendance levels are dwindling.

Parents have generally been supportive of their children's aspirations and also expressed willingness to listen to their children. This is an ideal platform to create an enabling environment for the children to exercise their rights and realise their full potential, and should be harnessed as such.

List of abbreviations

APV	Adolescent Peer Volunteer
BPL	Below Poverty Line
DPO	District Project Officer
DYC	District Youth Coordinator
KAP	Knowledge Attitude Practice
MOYAS	Ministry of Youth Affairs and Sports
MP	Madhya Pradesh
NGO	Non Government Organisations
NYKS	Nehru Yuva Kendra Sangathan
TC	Teen Club
UNFPA	United Nations Population Fund
YP	Young People

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Introduction to the Teen Clubs

Nehru Yuva Kendra Sangathan (NYKS) supported Teen Clubs, implemented by the United Nations Population Fund (UNFPA) in partnership with the Ministry of Youth Affairs and Sports (MOYAS) are an ongoing intervention in 64 districts across 31 states in India. Some states have had operational Teen Clubs (TCs) since 2007, while others have started as late as June 2011. The primary aim of these clubs is to provide adolescents with a space to discuss their concerns and create an enabling environment and youth friendly communities.

Restless Development was contracted by UNFPA to conduct a baseline study of this project in the districts of Udaipur, Jhabua and Ganjam, which belong to the states of Rajasthan, Madhya Pradesh and Orissa respectively.

One of the major challenges faced by adolescents in the project areas has been their inability to access reliable information about their growth and issues surrounding their period of adolescence. These areas form the crux of informal talk among adolescent peers who are equally uninformed, so a lot of myths and misconceptions abound. This project aims to provide reliable information on adolescent health, along with essential life skills, for young people to navigate their adolescence more effectively.

The project is primarily targeted at out-of-school youth, who are often left out of the reach of the development programmes, despite being the group most in need of information that can help prevent them from risky behavior.

Objectives of the Study

The objectives of this study are three-fold, as follows:

- (i) Understand how the Teen Clubs have been implemented thus far and the challenges arising;
- (ii) Investigate the Knowledge, Attitudes and Practices of adolescents in the target areas; and
- (iii) Gain insights into the Activities and Aspirations of young people in the target areas and their current points of access for information on Health and Progress.

Methodology

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- Objective 3: Focus Group Discussion (FGDs) with adolescent boys and girls and parents

1 DPO and 2 APVs were interviewed in each state. 20 boys and 20 girls were selected to survey in each of the states and 1 FGD each was conducted with boys, girls, mothers and fathers in each state

Findings

The findings are presented according to the study objectives, as follows:

- Sections 1 and 2 present findings from Interviews with the DPOs and APVs related to Objective 1 (i.e. understanding the implementation of the project thus far and challenges arising)
- Section 3 presents the findings from the Knowledge, Attitude Practice survey. Firstly, characteristics of the sample are presented, then respondents' KAP in relation to experiences during puberty (3.2), who they discuss issues with (3.3), disagreements with parents (3.4), physical changes during puberty (3.5), with a more in-depth look at physical attraction and growth (3.6), menstruation (3.7) and Wet Dreams (3.8), before moving onto signs of pregnancy (3.9), conceptions about gender (3.10), attitudes towards marriage (3.11), domestic violence (3.12), sexual abuse (3.13), relationships (3.14), decisions about education (3.15), HIV and AIDS (3.16) and finally substance abuse (3.17).
- Sections 4 and 5 present findings from the FGDs related to Objective 3 (i.e. gaining an insight into the Activities and Aspirations of young people and their current points of access for information on Health and Progress), starting with those from FGDs conducted with Mothers (Section 4), followed by those conducted with Fathers (Section 5).
- Sections 6 and 7 present findings from the FGDs related to Objective 3 (i.e. gaining an insight into the Activities and Aspirations of young people and their current points of access for information on Health and Progress), starting with those from FGDs conducted with Adolescent boys (Section 6), followed by those conducted with adolescent girls (Section 7).

1. Status of the District Project Officers (DPOs)

1.1 Orientation to the job:

All the DPOs have undergone initial training for their current role, conducted by UNFPA. As regards their performance management, all the DPOs had their job description and work plans in place, including monthly meetings with their line managers (District Youth Coordinators or DYCs), during which they submitted monthly reports about the project. Some DPOs also reported meeting their DYCs more than once a month, to specifically to discuss the programme. They also said that feedback is usually given after reports are handed in. DPOs suggested that training on Career development and Livelihoods would improve their effectiveness.

1.2 Involvement of the community

Involvement of the community was felt to be mixed. In Orissa, it was reported that the community gave both moral and financial support in many places, but in other places the community was found to be

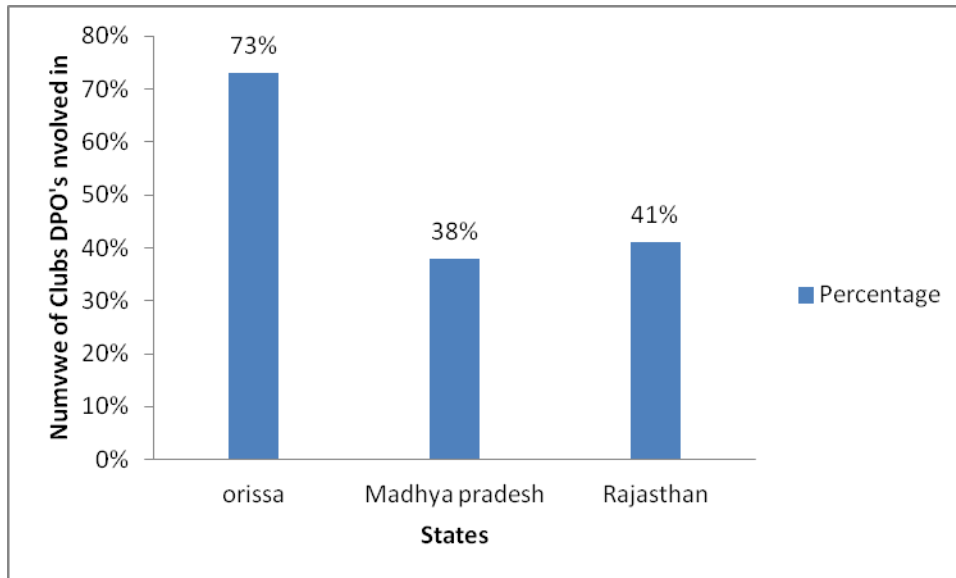
detrimental to the clubs. Madhya Pradesh (MP) had not started any community level activities and so the respondents couldn't comment on this aspect. DPOs have been contacted by the community for help with networking for TCs, Below Poverty Line (BPL) cards, and help with pensions. DPOs in Orissa and Rajasthan have also successfully networked with Non Government Organisations (NGOs) and government agencies. These networks have been used to find schemes/programmes to provide linkages for skill building and education to peer educators and TC members.

1.3 Formation of Teen' Clubs

Orissa has the highest number of Teen Clubs formed, with 150, followed by MP with 49 and Rajasthan with 40.

Figure 1

Involvement of the DPO in the formation of Teen Clubs according to States



The DPO of Orissa reported that more than 85% of his clubs were functional. The DPO of Orissa was involved in 73% of his clubs, while those of Rajasthan and MP were involved in 38% and 41% of the clubs respectively. Furthermore, the DPO of Orissa has visited 93% of his clubs, while those of Rajasthan and MP have visited 63% and 67% respectively. Lack of time was the usual response given for not being able to visit all the TCs.

1.4 Functioning of the Teen Clubs

Orissa and Rajasthan have received financial assistance of Rs.200 per TC, on the basis of reimbursement upon presentation of receipts from their NYK offices. MP has received only 'sports goods' so far.

Accounts are maintained by Adolescent Peer Volunteers (APVs) except in the case of MP, where the TC president does this job.

1.5 Challenges faced and suggestions

The DPOs suggested that the communities' reluctance to not let girls go out of their homes to any public gatherings was a primary challenge. In MP, alcoholism of the local residents was also cited by the DPO as a hindrance for common gatherings of girls. Moreover, the DPOs felt that children are enrolled in schools but miss classes due to various reasons, so technically they do not fall under the purview of 'out-of-school' youth. In MP, the geographical area being a tribal belt, houses are located far away from each other and so assembling young people in a common place was cited as a challenge.

Some of the suggestions to overcome these were: increasing networking with NGOs and government departments, working around students' availabilities better and creating connections with dropouts through their siblings who are still in school

2. Status of APVs

2.1 Orientation to the job

All APVs have undergone training by UNFPA. Only one APV from Rajasthan had not completed training, and this was because he was a new recruit.

Upon recruitment, job descriptions were distributed to most APVs. Both Orissa APVs were up to date with their work plans, handing them in monthly. Rajasthani APVs were given work plans every 10 days, except for one, who was on a monthly schedule. Madhya Pradesh APVs were confused about the difference between work plans and DPO reports - only one of them had a monthly work plan. All APVs submitted monthly reports to their DPO; however, not all APVs were given a specific format to follow.

Effectiveness was generally thought to be enhanced by further training. Across the states, 75% felt further training on 'Understanding self', 'Leadership', 'Livelihoods', and 'Health' would allow them to better carry out their responsibilities. Further training on 'Drugs', 'Careers' and 'Establishing and management of TCs' was thought to be beneficial by 63%. Specifically, Orissa volunteers felt that further training in 'Leadership' and 'Livelihoods and entrepreneurship' would help them do their job better. The Madhya Pradesh APVs had varying needs: subjects requested for further training included 'Gender', 'Growing up healthy', 'Establishing and maintaining TCs', and 'Drug and substance abuse'.

Figure 2

Topics for Further Training



2.2 Involvement of the community

Involvement of the community varied according to how long TCs had been established in the area. In Orissa and Rajasthan, communities were involved in the TCs through youth clubs, but in Madhya Pradesh the local community was 'hesitant'. One APV suggested that this hesitance was due to cultural resistance to conversations around adolescent health issues. Only one APV had been approached by a community member for assistance. Those who had not been approached suggested that the TCs had not yet been active enough for them to build a rapport with the community. As for suggestions for further involvement of the community, many APVs suggested meetings with various groups, including parents and elders.

2.3 Formation of Teen Clubs

Some APVs has one TC for every village, but not all. Of the 373 villages in the states covered in this report, there were 138 TCs formed altogether, which means that 37% of villages had a club. All APVs were involved in the formation of all the current TCs in their block. The APVs reported 96% of clubs to be functional.

2.4 Functioning of the Teen Clubs

Most APVs reported offering "education" and "information" to their TCs. The only APV to refer to material support was from Orissa and referred to 200 rupees being given to each TC. In terms of further support, one APV from Orissa has conducted training with their TCs, but all other respondents have reported that training is planned for the future. In Orissa, activities organised by TCs include competitions, work camps, and sports. In Rajasthan activities included *Baldivas* (Children's Day) and World AIDS day. In Madhya Pradesh, APVs reported planning for health awareness events and a sports activity. APVs have visited their TCs on a regular basis in 86% of cases. The remaining 14% have not yet been visited as their APV is newly recruited and has not yet had the chance.

2.5 Challenges faced and suggestions

Challenges faced are similar throughout the three states. The APVs' biggest and most frequently occurring challenges were finding the time to run the activities (not restricted to newer recruits), either their own time, or that of the adolescents involved in the TCs. They also found that mobilising girls was difficult and that there was a general "lack of knowledge; lack of education; lack of awareness" in regard to the TC. Material challenges were also an issue, with most APVs citing lack of ability to provide tea and snacks and sports equipment as challenges faced.

Suggestions to overcome these challenges include increased material provisions, tea, snacks, sports equipments but there are also logistical suggestions. Some APVs suggest reducing the number of villages down from 30 so that they can have more time to visit their TCs.

3. Findings from the survey of Adolescent Boys and Girls

3.1 Characteristics of the Sample

The sample consisted of 123 young people aged 10 to 26 from the states of Madhya Pradesh, Orissa and Rajasthan. This total of 123 comprised 59 males and 64 females. Table 1 provides more details of the gender breakdown by state:

Table 1

Gender by State			
	Gender		
State	Male	Female	TOTAL
Madhya Pradesh	20	20	40
Row %	50	50	100
Orissa	20	23	43
Row %	46.5	53.5	100
Rajasthan	19	21	40
Row %	47.5	52.5	100
TOTAL	59	64	123
%	48	52	100

The majority of young people in Madhya Pradesh and Rajasthan and Orissa reported being Hindu, as demonstrated by the breakdown of religion by state in Table 2.

Table 2

Religion by State					
	RELIGION				
State	Christian	Muslim	Hindu	No Religion	TOTAL
Madhya Pradesh	1	2	36	1	40
Row %	2.5	5	90	2.5	100
Orissa	0	0	43	0	43
Row %	0	0	100	0	100
Rajasthan	0	0	40	0	40
Row %	0	0	100	0	100
TOTAL	35	2	85	1	123
%	28	2	69	1	100

Most young people in Madhya Pradesh reported being from Scheduled Tribe, whilst in Orissa most reported being from Other Backward Caste, and in Rajasthan, most reported being of General Caste, as demonstrated by Table 3.

Table 3

Caste by State					
	CASTE				
State	Scheduled Caste	Scheduled Tribe	Other Backward Caste	General Caste	TOTAL
Madhya Pradesh	6	30	2	1	40
Row %	15	75	5	2.5	100
Orissa	11	0	19	13	43
Row %	25.6	0	44.2	30.2	100
Rajasthan	6	0	12	20	40
Row %	15	0	30	50	100
TOTAL	23	30	33	34	123

%	19	24	27	28	100
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Boys were more likely than girls to have studied beyond the 8th standard (boys 30%, girls 22%). However, girls in the sample tended to be younger than the boys. The majority of girls were in the 10-14 age groups (61%), whilst the majority of boys were in the 15-19 age groups (61%). Therefore this data should not be interpreted as showing education inequality between males and females.

Table 4

Education by State							
EDUCATION							
State	Illiterate	Studied To 5th Standard	Studied to 8th Standard	Studied to 10th Standard	Studied to 12th Standard	Graduate	TOTAL
Madhya Pradesh	2	16	19	2	1	0	40
Row %	5	40	47.5	5	2.5	0	100
Orissa	0	0	16	11	16	0	43
Row %	0	0	37.2	25.6	37.2	0	100
Rajasthan	0	3	14	18	1	3	39
Row %	0	7.7	35.9	46.2	2.6	7.7	100
TOTAL	2	19	49	31	18	3	122

Table 5

Education by Gender							
Education							
Gender	Illiterate	Studied To 5th Standard	Studied to 8th Standard	Studied to 10th Standard	Studied to 12th Standard	Graduate	Total
1	1	11	17	14	14	2	59
Row %	2	19	29	24	24	3	100
2	1	8	32	17	4	1	63
Row %	2	13	51	27	6	2	100

TOTAL	2	19	49	31	18	3	122
Row %	2	16	40	25	15	3	100

Table 5.1

Age Group by Gender					
AGE GROUP					
Gender	10-14	15-19	20+	No Response	TOTAL
1	15	36	3	5	59
Row %	25	61	5	9	100
2	39	22	2	1	64
Row %	61	34	3	2	100
TOTAL	54	58	5	6	123
Row %	44	47	4	5	100

Table 6

Father's Education by State									
FATHER'S EDUCATION									
State	Illiterate	Studied To 5th Standard	Studied to 8th Standard	Studied to 10th Standard	Studied to 12th Standard	Graduate	Post Graduate	Don't Know	TOTAL
Madhya Pradesh	22	10	3	2	1	0	0	1	39
Row %	56.4	25.6	7.7	5.1	2.6	0	0	2.6	100
Orissa	13	13	8	7	0	2	0	0	43
Row %	30.2	30.2	18.6	16.3	0	4.7	0	0	100
Rajasthan	2	6	16	6	4	2	2	2	40
Row %	5	15	40	15	10	5	5	5	100
TOTAL	37	29	27	15	5	4	2	3	122

3.2 Experiences During Adolescence

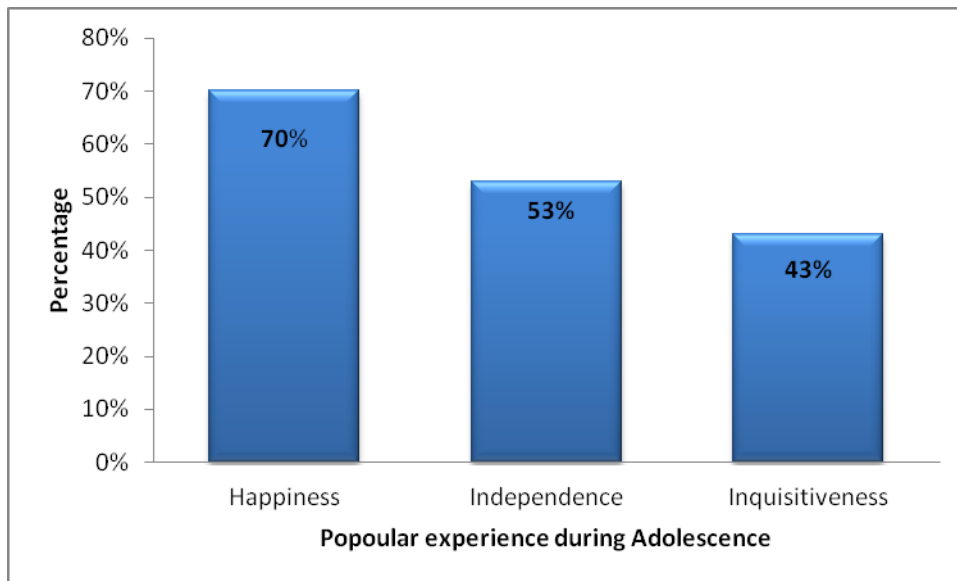
Adolescence is a period of life that includes variety of experiences and changes. When asked about their experiences of adolescence, young people's responses varied, with , 'Inquisitiveness' and 'Happiness' being the most commonly cited. 'Seeking independence' and 'Over restrictions' were also popular responses.

Interestingly, the experiences during puberty reported differed by state, as follows:

In Madhya Pradesh the most common experiences reported were Happiness (70%), Seeking Independence (53%), and inquisitiveness (43%).

Figure 3

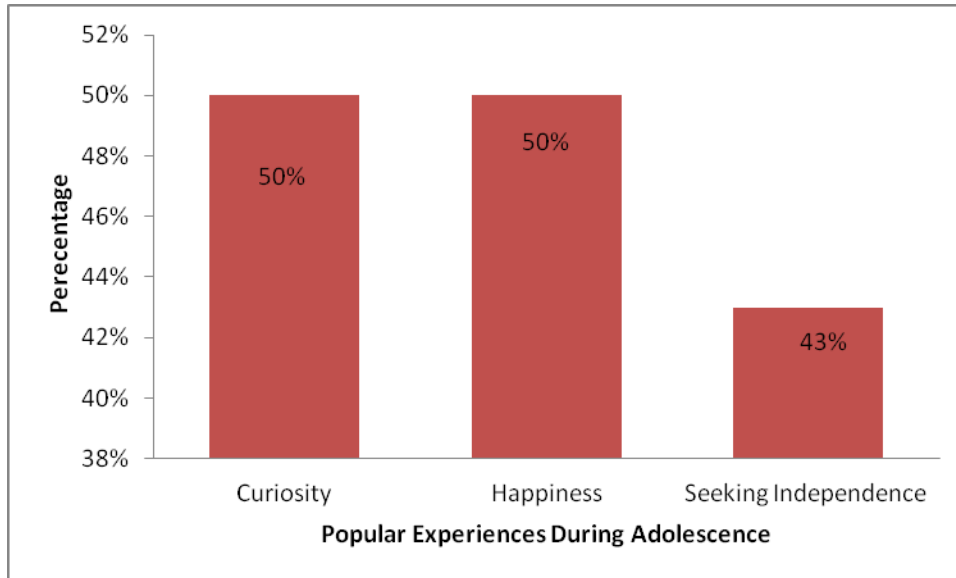
Popular Experiences During Adolescence in Madhya Pradesh



In Rajasthan the most common experiences reported were Curiosity (50%), Happiness (50%), and Seeking Independence (43%).

Figure 4

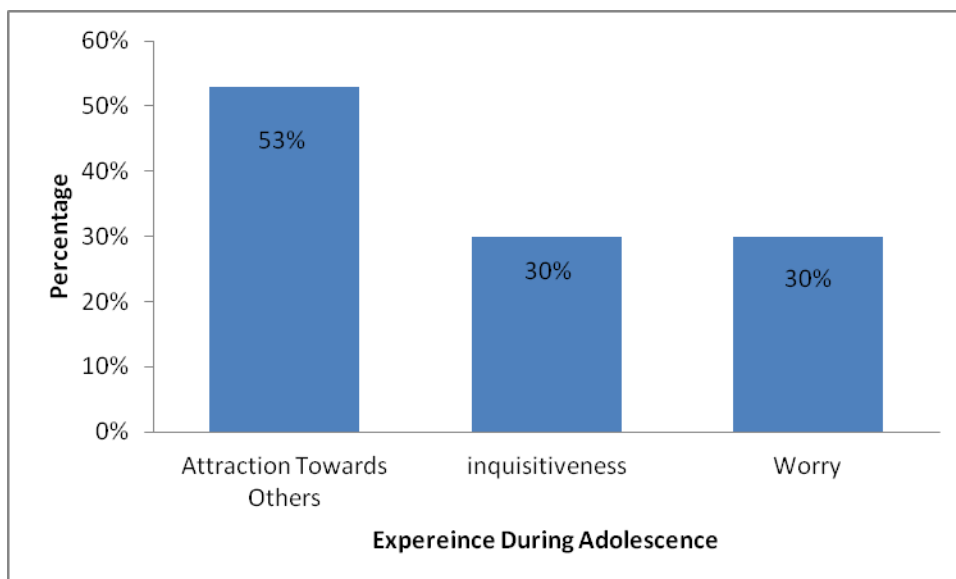
Popular Experiences During Adolescence in Rajasthan



In Orissa the most common experiences reported were Attraction towards Others (53%), inquisitiveness (30%), and Worry (30%).

Figure 5

Popular Experiences During Adolescence Orissa



3.3 Whom Issues are discussed with

Young people were asked who they discussed various issues with. When considering the findings below, it is important to note that the data from Madhya Pradesh should be treated with caution due to high non-response. Different issues were discussed with different people. Friends and siblings were the most popular choice to talk to for most issues, including interests, romance, friendships, TV and consumers products, as shown by Figure.

In Rajasthan and Orissa, friends and siblings were also the most common people chosen to talk to about school, whereas in Madhya Pradesh, school was discussed with mothers more.

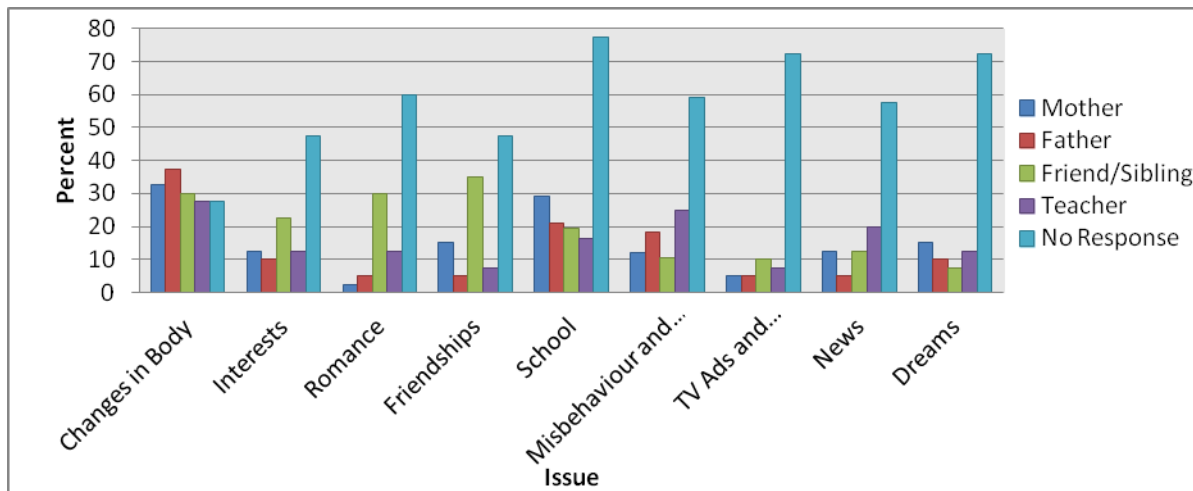
Mothers were also chosen by most young people to talk to about body changes. However, in Madhya Pradesh fathers were also consulted about body changes.

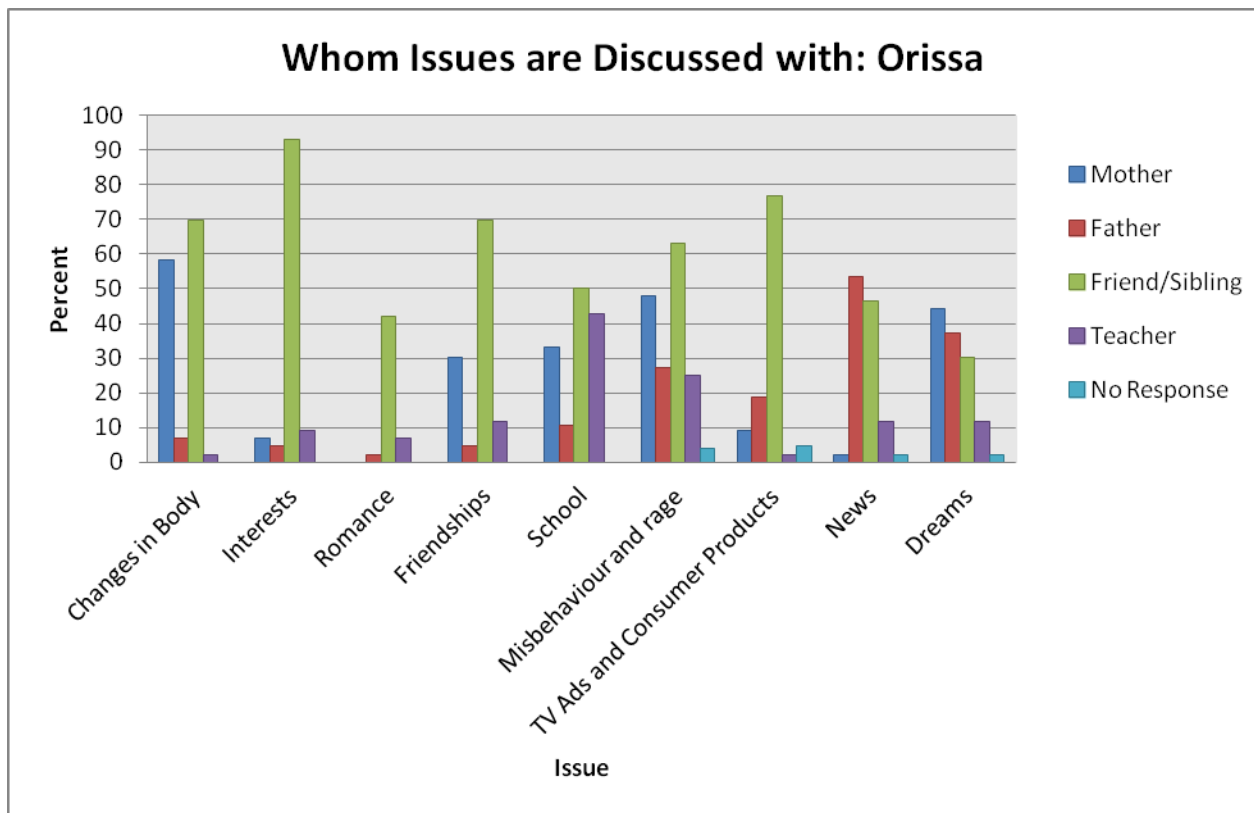
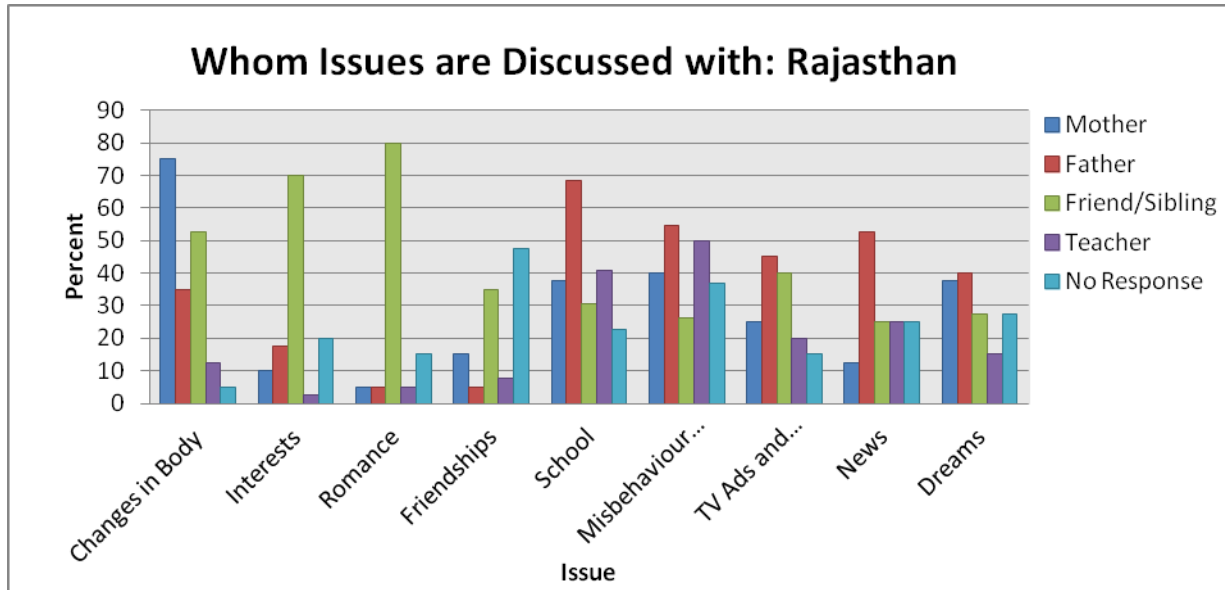
In Rajasthan and Orissa, fathers were a popular choice to discuss news with, whilst mothers and fathers were also both popular choices to discuss dreams with.

Rage and misbehaviour was discussed with mothers and fathers, as well as teachers in all states.

Figure 6

Whom Issues are Discussed with: Madhya Pradesh, Rajasthan and Orissa





3.4

Disagreements with Parents

As shown by Tables 16 and 17 below, in all states, when a young person had a disagreement with their parents, the most common action reported to be taken by both the young person and their parents was to listen and discuss the issue. This gives a fertile ground for working with the parents when dealing about adolescent issues.

Table 7

Reaction to Parents When Disagree					
	Reaction				
State	Yell and Fight	Listen and Discuss	Don't Mind Them	Stop Talking	Accept There are Different Opinions
Madhya Pradesh	10	21	7	9	11
%	25	53	18	23	28
Rajasthan	15	30	7	8	14
%	38	75	18	20	35
Orissa	6	23	7	6	18
%	14	53	16	14	42
TOTAL	31	74	21	23	43
%	25	61	17	19	35

Table 8

Parents' Reaction When Disagree					
	Reaction				
State	Yell and Fight	Listen and Discuss	Don't Mind You	Stop Talking	Punish You
Madhya Pradesh	10	13	7	14	3
%	25	33	18	35	8
Rajasthan	17	19	2	5	10
%	43	48	5	13	25
Orissa	12	18	3	2	14
%	28	42	7	5	33
TOTAL	39	50	12	21	27
%	32	41	10	17	22

3.5 Physical Changes occurring during Adolescence

Different Physical Changes occur in the body during the Adolescence stage. Survey respondents were asked whether they were aware of these changes. The results are shown below in Figures 7, 8, 9. It can be seen that 'don't know', or 'wrong' were common responses, whilst many of those surveyed did not answer the question. Only 42% of those surveyed knew that menstruation occurs in girls, whilst the state-level figures for MP and Rajasthan were well below the average, at 27.5% and 17.5% respectively.

Figure 7

Knowledge about Physical Changes in Madhya Pradesh

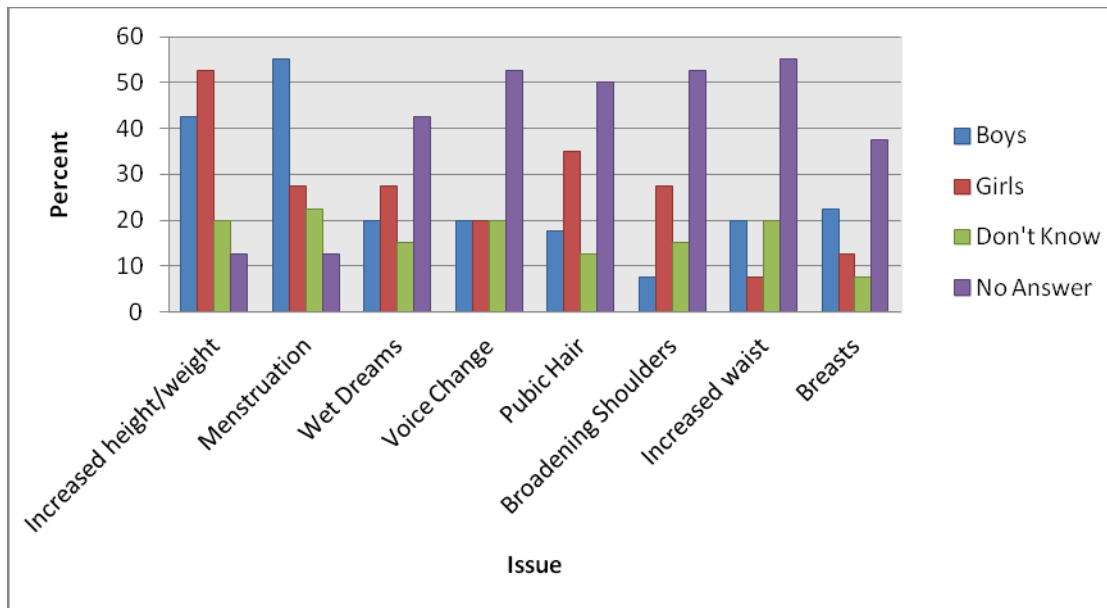


Figure 8
 Knowledge about Physical Changes in Rajasthan

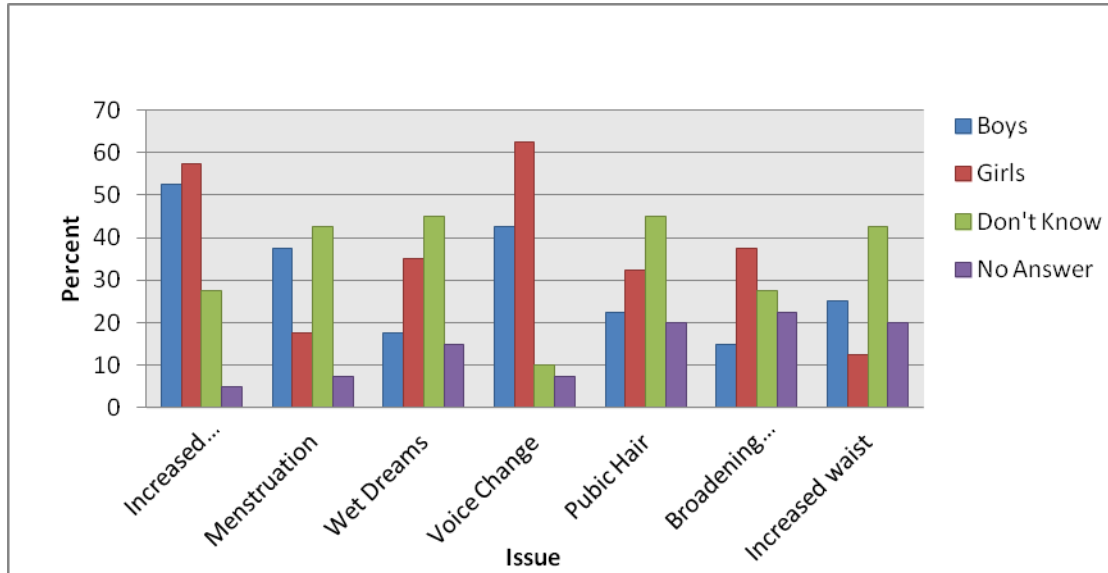
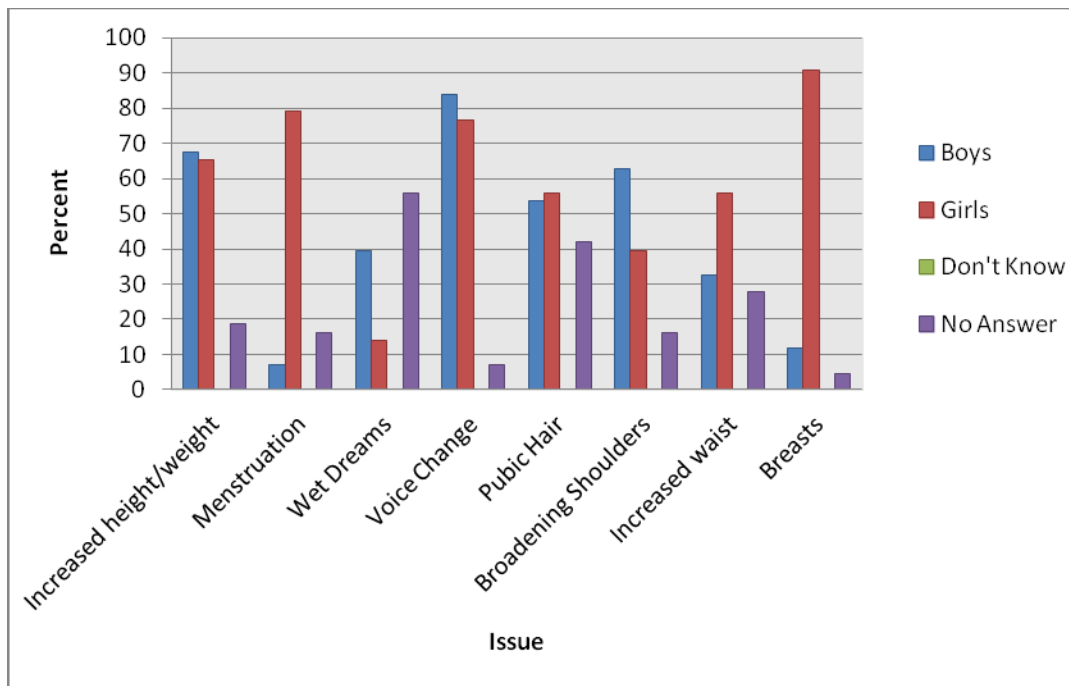


Figure 9
 Knowledge About Physical Changes in Orissa



3.6 Physical Attraction and Growth

With the growth that takes place during puberty, there is a change in young people’s emotional and physical characteristics. Among these, physical attraction is a key feature. Young people were asked whether such feelings were ‘normal’.

From Table 9 below, it can be seen that half of the respondents (50%) have reported physical attraction to be a normal thing associated with growth, whilst 25% did not know whether physical attraction is associated with growth or not.

Table 9

Physical Attraction Associated With maturity				
Response				
State	Yes, It is Normal	Only a Few People Experience It	Most People Only Experience it After Marriage	Don't Know
Madhya Pradesh	23	9	5	6
Row %	58	23	13	15
Rajasthan	20	7	3	10
%	50	18	8	25
Orissa	18	5	5	15
%	42	12	12	35
TOTAL	61	21	13	31
%	50	17	11	25

3.7 Menstruation

Menstruation is an important process that girls undergo with the onset of puberty during their adolescence. The survey investigated the level of knowledge young people have regarding menstruation, with the results presented in Table 10

As can be seen, out of the total responses from the three states, the most common statements agreed with by respondents were “Normal Process for Adolescent girls and mature females” (59%) and “ During menstruation females must not be forced to stay alone” (54%). However, over half of young people from Madhya Pradesh also said that females must not be allowed to go to holy places during menstruation.

Table 10

Statements About Menstruation Agreed With						
	Statement					
State	Normal Process for Adolescent Girls and Mature Females	During Menstruation Females Must Continue With Day-to-Day Activities	During Menstruation Females Must Be Allowed To Go To Holy Places	During Menstruation Females Must Not Touch Pickle	During Menstruation Females Must Not Be Forced To Stay Alone	Don't Know
Madhya Pradesh	21	24	20	4	30	2
%	53	60	50	10	75	5
Rajasthan	17	12	4	9	21	2
%	43	30	10	23	53	5
Orissa	28	1	6	9	21	9
%	65	2	14	21	49	21
TOTAL	66	37	30	22	72	13
%	54	30	25	18	59	11

Table 11

What Rani Should Do						
Action						
State	Use Old Cloths and Follow Family Tradition	Use Clean and Washed Cloths	Take Information From A.N.M Maids and AASHA Maids	Inspire Mum and Aunt to Stay Clean and Continue Activities	Menstruation Is a Normal Process and Rani Should Continue Day-to-day Activities	Don't Know
Madhya Pradesh	11	30	24	25	4	0
%	28	75	60	63	10	0
Rajasthan	11	16	28	10	16	2
%	28	40	70	25	40	5
Orissa	14	33	27	17	5	0
%	33	77	63	40	12	0
TOTAL	36	79	79	52	25	2
%	30	65	65	43	20	2

3.8 Knowledge about Wet Dreams

Wet Dreams are a normal process occurring in males with the onset of puberty. Respondents' knowledge levels regarding this process were assessed, with the results presented in Table 12 below.

It can be observed that just over one third (39 %) of the respondents from the three states had considered a wet dream to be 'getting excited', while nearly half (47%) of the respondent didn't know what Wet Dreams were. Hence it can be interpreted that a huge number of young people across the three states did not have adequate knowledge about Wet Dreams.

Table 12

What Is A Wet Dream?						
Response						
State	Discharge of Semen Due to Sexual Excitement	Discharge of Puss From Private Parts	Discharge of Semen in Natural Way During Sleep	Getting Excited	Don't Know	No Answer
Madhya Pradesh	13	20	9	19	7	3
%	33	50	23	48	18	8
Rajasthan	9	3	2	11	8	12
%	23	8	5	28	20	30
Orissa	0	1	6	18	4	23
%	0	2	14	42	9	53
TOTAL	22	24	17	48	19	38
%	18	20	14	39	16	31

3.9 Signs of Pregnancy

Pregnancy is an important process in the life cycle of women. To find out the extent of misconception surrounding pregnancy amongst young people, young people were asked to identify the signs of a woman being pregnant. The findings are presented in Table 13.

It can be seen that, though overall nearly half (42%) of the respondents responded with the correct answer “menstruation does not occur”, there were also an equal number of wrong responses. Madhya Pradesh was the state in which the largest number of wrong answers were reported; indeed only (9) correct answers were given, out of a total of 40 respondents. It is also observed that, in the state of Madhya Pradesh, ‘continuous itching of the stomach’ was considered as a sign of a woman being pregnant by nearly half (48%) of the respondents.

Table 13

Signs of a Woman Being Pregnant					
Signs					
State	Hips Have Feeling of Growth	Decrease in Weight	Menstruation Does Not Occur	Continuous Itching In Stomach	No Answer
Madhya Pradesh	8	5	9	19	2
%	20	13	23	48	5
Rajasthan	4	2	17	8	9
%	10	5	43	20	23
Orissa	2	0	25	1	11
%	5	0	58	2	26
TOTAL	14	7	51	28	22
%	11	6	42	23	18

3.10 Conceptions about Gender

Adolescence is a period of change and development. When puberty sets in, adolescent girls and boys experience a range of changes to their bodies, emotions and behaviour. While some changes are biological and scientific in nature, others are based on people's beliefs. Young people were presented with a series of statements and asked whether they were based on science or belief. The results are presented in Figure 9, 10,11.

It can be observed that most young people believe that "Girls having difficulty with maths, Boys having technical knowledge, Girls being emotional in nature and Men being able to control their emotions" are scientific in nature, while "Crack of voices of Boys with age, Females giving birth to baby, faster maturation of girls and menstruation starting at Puberty" were considered to be based on people's belief. Finally, the statement regarding women being more hospitable was considered to be equally scientific and based on belief. These findings clearly demonstrate that education on the biological aspects of sex versus gender perceptions is needed.

Figure 10

Conceptions about Gender: Madhya Pradesh

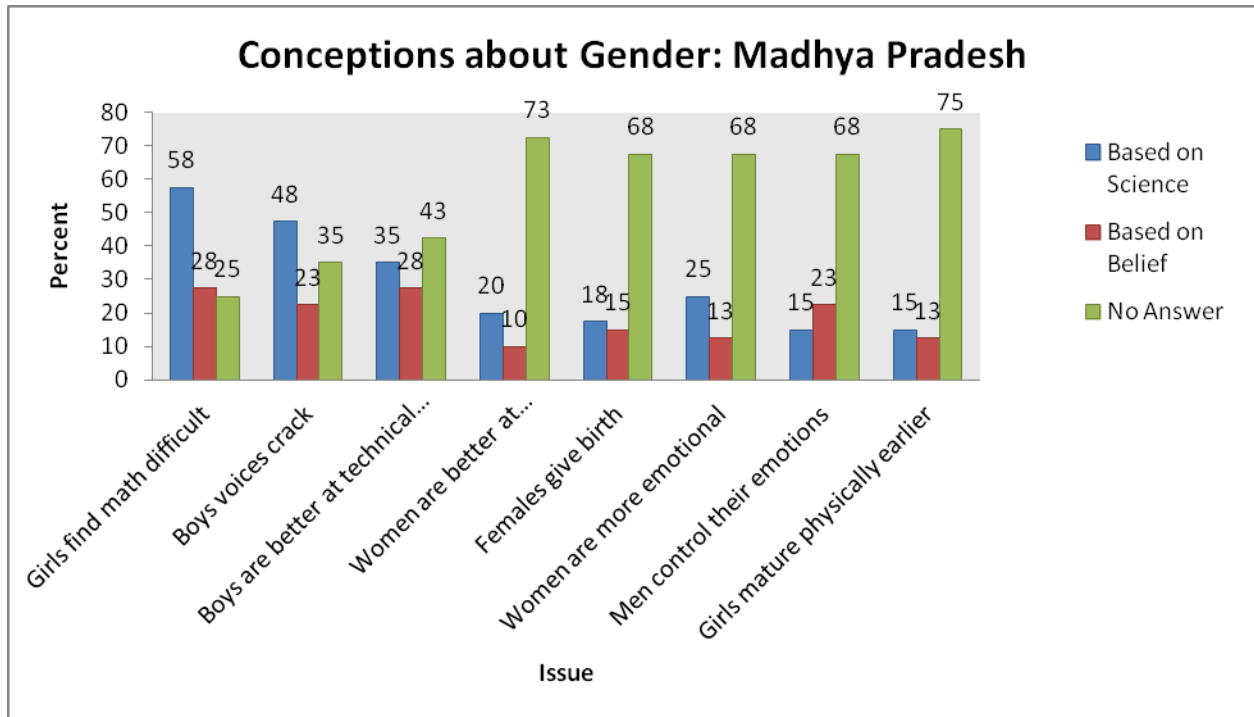


Figure 11

Conception about Gender in Rajasthan

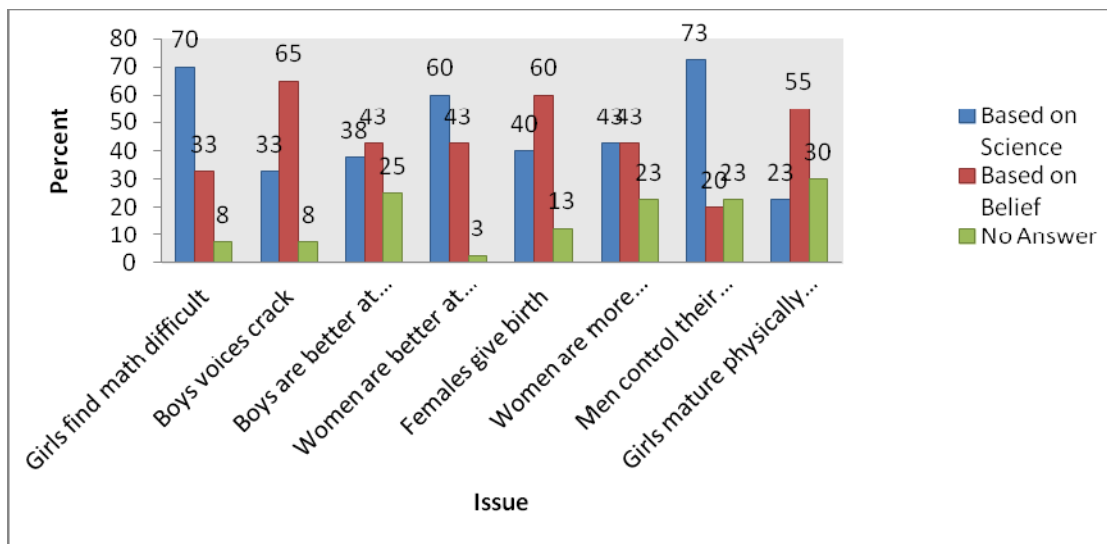
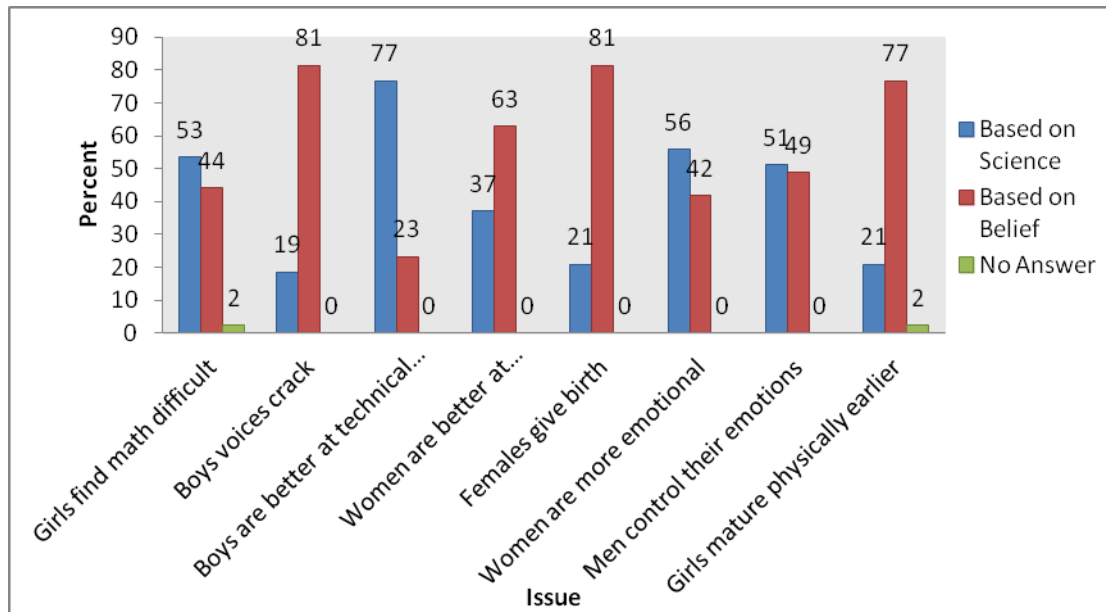


Figure 12

Conceptions about Gender in Orissa



With the onset of adolescence, individuals take on different roles and responsibilities. Often, gender stereotyping is observed during this stage, with one group associated with a specific kind of work or behaviour. Young people were given a case study of a boy called Rajan, who likes helping out with domestic chores at home, but hides this from his friends as he is afraid they will tease him, and asked which statements they agreed with out of a list provided. Table 14 shows the results.

Unlike for the previous question, here the results were much more positive. As can be seen from Table 31 below, the statement most commonly agreed with (60%) was that telling his friends would have a good impact on them, followed by the statement that Rajan should be proud of doing domestic work and not hide it with (47%). It can hence be interpreted that more than half of respondent from all the three states did not believe in gender stereotyping.

Table 14

Statements About Rajan Agreed With					
Statement					
State	Rajan Should Stop Doing Domestic Work	Rajan is Doing the Right Thing By Hiding This From His Friends	Telling His Friends Would Have a Good Impact on Them	Rajan Should Be Proud of Doing Domestic Work and Not Hide It	No Answer
Madhya Pradesh	10	15	23	29	0
%	25	38	58	73	0
Rajasthan	6	7	25	27	1
%	15	18	63	68	3
Orissa	2	0	25	1	0
%	5	0	58	2	0
TOTAL	18	22	73	57	1
%	15	18	60	47	1

3.11 Attitude towards Marriage

Marriage is one of the important parts in the life cycle of a human being. Different cultures and society have different conceptions about marriage and attitude towards it. Parents play a major role in marriage in India. Often parents make decisions on behalf of young people that they themselves do not agree with. Young people were asked what they would do if their parents wanted them to marry against their wishes.

From Table 15 it can be seen that responses varied, but suggested that young people are assertive in this area, with popular responses being taking help from other family members, asking friends for suggestions, convincing the parents to one's own wishes and refusing the marriage.

Table 15

What Would Do If Parents Wanted Them To Marry Against Wish						
Action						
State	Accept Their Decision	Convince Them To Understand My Wishes	Ask Help From Other Family Members	Ask Friends for Suggestions	Refuse the Marriage	No Answer
Madhya Pradesh	3	10	21	25	24	1
%	8	25	53	63	60	3
Rajasthan	8	21	21	14	10	1
%	20	53	53	35	25	3
Orissa	10	17	11	13	2	5
%	23	40	26	30	5	12
TOTAL	21	48	53	52	36	7
%	17	39	43	43	30	6

To further assess young people's attitudes towards marriage, respondents were presented with a case study of Nasreen, an 18 year old who is good at her studies, and whose parents want her to study, but who face pressure from society to marry her off at a young age. Respondents were asked what Nasreen's parents should do in this situation,

The results, presented in Table 16 below, show that three quarters of respondents from all the three states expressed that the parents should talk to their relatives and those in society to explain their view that 18 is not an appropriate age for their daughter to be married, whilst society that more than half (53%) of the respondents of Madhya Pradesh had said that the girl should not study further. Hence it can be interpreted that though there is a positive attitude about marriage in the three states, still more work is needed to be done to eradicate the regulations about marriage in some of the states.

Table 16

What Nasreen's Parents Should Do					
Actions					
State	Nasreen Should Not Study Further	Accept the Rules of Society	Get Nasreen Married	Explain to Relatives and Society that this is an Age to Study Not Get Married	No Answer
Madhya Pradesh	21	11	2	29	0
%	53	28	5	73	0
Rajasthan	7	12	5	28	3
%	18	30	13	70	8
Orissa	2	6	1	35	1
%	5	14	2	81	2
TOTAL	30	29	8	92	4
%	25	24	7	75	3

3.12 Domestic Violence

To ascertain young people's attitudes towards domestic violence, respondents were asked in what situations they considered it was right for a man to beat his wife. Young people across different states reported different opinions, as presented in Table 17. Some notable responses include 43% and 40% of young people in MP saying that a man can beat his wife if she wears dresses to induce others' attraction and if she keeps giving birth to girls respectively. Overall, only 4% of respondents felt that a man can never beat his wife.

Table 17

Situations Considered Right for Man to Beat Wife								
Response							Never	No Answer
State	If She Argues with Him or Family	If She Wears Dresses to Induce Others' Attraction	If She is Unfaithful	If She Doesn't Cook Properly	If She Spends Money Without Permission	If She Keeps Giving Birth to Girls		
Madhya Pradesh	6	17	6	2	1	16	4	7
Row %	15	43	15	5	3	40	10	18
Rajasthan	9	1	4	0	1	0	1	24
%	23	3	10	0	3	0	3	60
Orissa	7	8	6	1	8	4	0	18
%	16	19	14	2	19	9	0	42
TOTAL	22	26	16	3	10	20	5	49
%	18	21	13	2	8	16	4	40

Another question on domestic violence asked respondents whether they felt domestic violence is most common in rich, middle class or poor families. It can be seen from the table below that domestic violence is considered to be seen mostly in poor families by more than half (57%) of the respondents from all the three states, although more than half of young people in Orissa (58%) believe that domestic violence is present in all the above categories of family.

Table 18

Domestic Violence Is Seen Most In...					
Response					
State	Poor Families	Middle Class Families	Rich Families	All of the Above	No Answer
Madhya Pradesh	30	8	4	6	0
%	75	20	10	15	0
Rajasthan	20	7	4	12	3
%	50	18	10	30	8
Orissa	7	9	9	25	0
%	16	21	21	58	0
TOTAL	57	24	17	43	3
%	47	20	14	35	2

3.13 Sexual Abuse

Sexual violence can be present in different forms and practiced by different people at different levels. It is important that one identifies these levels and take adequate action against them. Respondents were presented with the following case study:

Mohit is 10 years old. His Uncle often comes to stay with him, and brings with him lots of toffees and biscuits. He also often stresses the fact that he would sleep in Mohit's room. Sometimes he touches Mohit in a manner which Mohit dislikes. His guardians have observed that Mohit has become too silent. According to you which of the statements is true?

The findings, presented in Table 19 below, show that just over half of respondents (58%) considered that the boy's parents should try to understand the reason for his silence, while a little less than half of them had said that the boy has misunderstood his uncle's loving behaviour and that the boy should be left alone with his uncles (43% and 47% respectively). Hence it can be said that young people across the three states do not have adequate knowledge about sexual abuse.

Table 19

Which Statement Is Correct About Mohit and His Uncle?						
Statement						
State	Mohit Has Misunderstood His Uncle's Loving Behaviour	Mohit's Uncle Wants to Sexually Exploit Him	Mohit's Parents Should Try to Understand the Reason for His Silence	Mohit's Guardian Should Stay Silent	Mohit's Parents Should Leave Him Alone With His Uncle	No Answer
Madhya Pradesh	23	6	27	7	28	0
%	58	15	68	18	70	0
Rajasthan	10	9	23	8	12	2
%	25	23	58	20	30	5
Orissa	20	1	21	10	17	0
%	47	2	49	23	40	0
TOTAL	53	16	71	25	57	2
%	43	13	58	20	47	2

3.14 Relationships

Adolescence is also the stage of life where young people are involved in different kinds of relationships and have to make important choices. Young people were presented with a case study of a girl called Sharda and his male friend Vishal, who expresses interest in becoming her boyfriend in a letter, but she is not interested in him in this way, and asked what Sharda should do in this situation.

From Table X below, it can be seen that nearly three quarters (74%) of respondents across all the three states stated that the girl should suggest to the boy they should remain friends, whilst a little over half (53%) thought she should explain to the boy that she has no interest in becoming his girlfriend. This is a positive finding, showing respondents believe in supportive and assertive behavior on the part of the girl.

Table 20

What Should Sharda Do?						
Response						
State	Explain to Vishal She Doesn't Want to Be His Girlfriend	Stop Talking to Vishal	Complain About the Letter to Her Guardians	Suggest they Remain Friends	Agree With the Letter Out of Fear	No Answer
Madhya Pradesh	22	4	7	28	5	1
%	55	10	18	70	13	3
Rajasthan	21	10	15	23	3	1
%	53	25	38	58	8	3
Orissa	22	2	4	39	0	0
%	51	5	9	91	0	0
TOTAL	65	16	26	90	8	2
%	53	13	21	74	7	2

Adolescence is also an age full of curiosity and experimentation. Respondents were asked what they would do if they found out a friend was secretly smoking. The results, presented in Tabel 21, show that a little more than half of the respondents said that they would stop talking to friend and tell the parents of the friend (57% and 54% respectively). Disregarding the situation and keeping quiet and Stop Talking and Staying with the Friend were less common responses. It can hence be interpreted that young people in all three states expressed positive attitudes in terms of taking actions against a friend secretly smoking.

Table 21

Actions To Friend Secretly Smoking						
Action						
State	Try To Talk To Friend	Stop Talking and Staying with Friend	Disregard it and Keep Quiet	Tell a Senior and Trustworthy Person	Tell Parents of Friend	No Answer
Madhya Pradesh	29	9	7	20	24	0
%	73	23	18	50	60	0
Rajasthan	22	18	7	13	23	1
%	55	45	18	33	58	3
Orissa	19	4	0	14	19	0
%	44	9	0	33	44	0
TOTAL	70	31	14	47	66	1
%	57	25	11	39	54	1

3.15 Decisions about Education

Education is an important part in the career of an individual and it plays a very important role in the development of a person. Young people were asked who they felt should make decisions about their education. The results, presented in Table 22 below, show that approximately half of respondents believed their fathers and mothers should make these decisions (47% and 53% respectively) Meanwhile, in Madhya Pradesh, less than one tenth (8%) of young people said that they would decide themselves about their education, while Rajasthan and Orissa have nearly half of the respondents citing themselves as decision makers regarding their education.

Table 22

Who Should Decide About Your Education?						
Who						
State	Yourself	Father	Mother	Partner/In-Laws	Don't Know	No Answer
Madhya Pradesh	3	27	28	5	0	1
%	8	68	70	13	0	3
Rajasthan	20	18	12	7	0	4
%	50	45	30	18	0	10
Orissa	19	20	17	6	2	2
%	44	47	40	14	5	5
TOTAL	42	65	57	18	2	7
%	34	53	47	15	2	6

3.16 HIV and AIDS

It is vital that young people have adequate knowledge about HIV and AIDS, particularly as adolescence is a time in which they are potentially starting to experiment in the kinds of risky behaviours that lead to the contracting of HIV. As such, respondents were asked a series of questions testing their knowledge of HIV and AIDS.

Firstly, there were asked to explain the difference between HIV and AIDS. As can be seen from the results, presented in Table 23 below, young people in all the three states do not clearly understand the difference between HIV and AIDS.

Table 23

Difference Between HIV and AIDS						
Response						
State	They Are The Same	HIV is a Virus, AIDS is a Condition	HIV is a Symptom, AIDS is a Virus	Different Kinds of Diseases	Don't Know	No Answer
Madhya Pradesh	8	22	20	23	7	0
%	20	55	50	58	18	0
Rajasthan	8	11	2	7	4	8
%	20	28	5	18	10	20
Orissa	5	25	6	7	3	0
%	12	58	14	16	7	0
TOTAL	21	58	28	37	14	8
%	17	48	23	30	11	7

HIV is transmitted in different ways and it is important that young people have correct information about the different means by which it can be transmitted. From Table 24 below, it can be seen that more than half (60%) of the young people from all three states identified “Having sex without condom with infected person” to be a mode of transmission. The other modes of transmission (namely transmission from HIV-infected mother to child, unsafe blood transfusion and use of unsterilized contaminated syringes) were reported by less than half of the respondents. This shows that young people do not have adequate knowledge of transmission mechanisms.

Table 24

Ways HIV Is Transmitted									
	Response								
State	Sex without Condom With Infected Person	Mosquito Bite	HIV Infected Mother to Child	Having Meals from Same Vessel as Infected Person	Using Same Toilet as Infected Person	Through HIV Infected Blood Transfusion	Using HIV Contaminated Syringes	Hugging Infected Person	Kissing Infected Person
Madhya Pradesh	21	8	22	11	4	20	20	2	2
%	53	20	55	28	10	50	50	5	5
Rajasthan	19	5	12	10	7	13	16	4	6
%	48	13	30	25	18	33	40	10	15
Orissa	33	3	16	2	1	15	18	1	3
%	77	7	37	5	2	35	42	2	7
TOTAL	73	16	50	23	12	48	54	7	11
%	60	13	41	19	10	39	44	6	9

Attitudes towards the rights of people with HIV were measured using a vignette about Roshan, a man who has tested positive to HIV and whose company decides to allow him to continue with his work. Respondents were asked whether he should disclose his HIV status to his colleagues, whether he should continue to work, and what his children’s school should do in this situation.

The results, shown in Table 25 to 27 below, show that the spread of young people who agreed and disagreed with Roshan disclosing his HIV status was reasonably even. Some young people also chose more than one response to this question, which indicates young people were perhaps in doubt about whether Roshan should disclose or not.

The majority of young people felt that Roshan should continue to work (71%). The reasons given for this opinion was “it is his right” (53%) and “he is not a risk to others (33%). Most young people also felt that Roshan’s children’s school should continue the children’s education (56%) and/or arrange an awareness program (46%). To a certain extent these are positive findings, but the figures, especially regarding his children’s education, are still worrying low.

Table 25

Should Roshan Disclose his HIV Status?	
	Response

State	Fully Disagree	Somewhat Disagree	Agree	Somewhat Agree	Fully Agree	No Answer
Madhya Pradesh	8	21	6	20	11	0
%	20	53	15	50	28	0
Rajasthan	5	13	7	3	12	0
%	13	33	18	8	30	0
Orissa	6	3	16	6	13	1
%	14	7	37	14	30	2
TOTAL	19	37	29	29	36	1
%	15	30	24	24	29	1

Table 26

Should Roshan Continue to Work?			
Response			
State	No, He is a Risk to Others' Health	Yes, it is His Right	Yes, He is not a Risk to Others' Health
Madhya Pradesh	8	28	8
%	20	70	20
Rajasthan	14	19	21
%	35	48	53
Orissa	14	18	11
%	33	42	26
TOTAL	36	65	40
%	29	53	33

Table 27

What Should the Officials at Roshan's Children's School Do?

Response						
State	Dismiss Roshan's Children From School	Continue Children's Education	Make Arrangements for Children to Sit Separately	Arrange Awareness Program	Nothing	No Answer
Madhya Pradesh	6	22	12	23	2	0
%	15	55	30	58	5	0
Rajasthan	3	20	13	13	6	2
%	8	50	33	33	15	5
Orissa	3	27	2	21	0	0
%	7	63	5	49	0	0
TOTAL	12	69	27	57	8	2
%	10	56	22	46	7	2

3.17 Substance abuse

Young people were asked about whether they had tried a range of intoxicating substances. The results are presented in Figures 12,13,14

Generally, young people across all states reported never having tried the following intoxicating substances: alcohol, tobacco, charas, bhang, gutkha/panmassala, cigarette/biddi, cough medicine without prescription, or inhaler/whitener. More young people in Madhya Pradesh reported having tried intoxicating substances than in other states. In Madhya Pradesh, 42.5% of young people reported having tried alcohol at least once, 33.5% cough medicine without a prescription, 25% tobacco, 20% charas, and 15% bhang. In Rajasthan, the most commonly tried substance was bhang (22%). Youth in Orissa were least likely to report trying intoxicating substances, with bhang and gutkha/panmassala being the only substances reported and only two people reporting having tried each.

Figure 13

Percentage of Substance Tried Vs Types of Substances in Madhya Pradesh

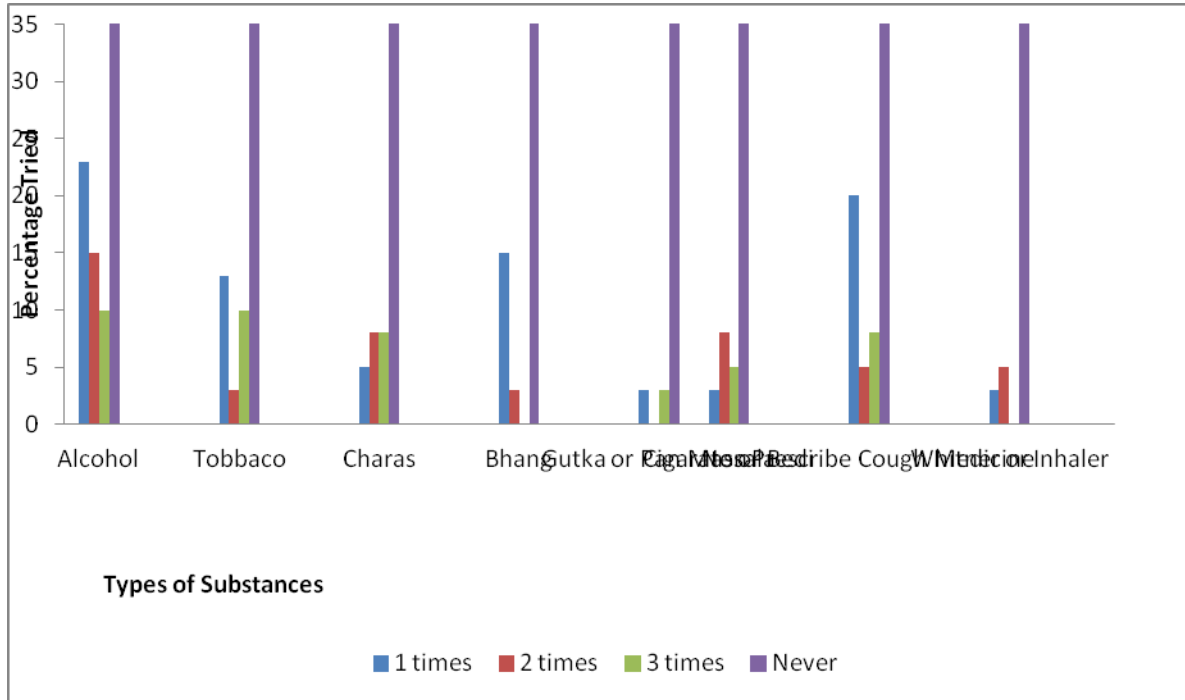


Figure 14

Percentage of Substance Tried Vs Types of Substances in Rajasthan

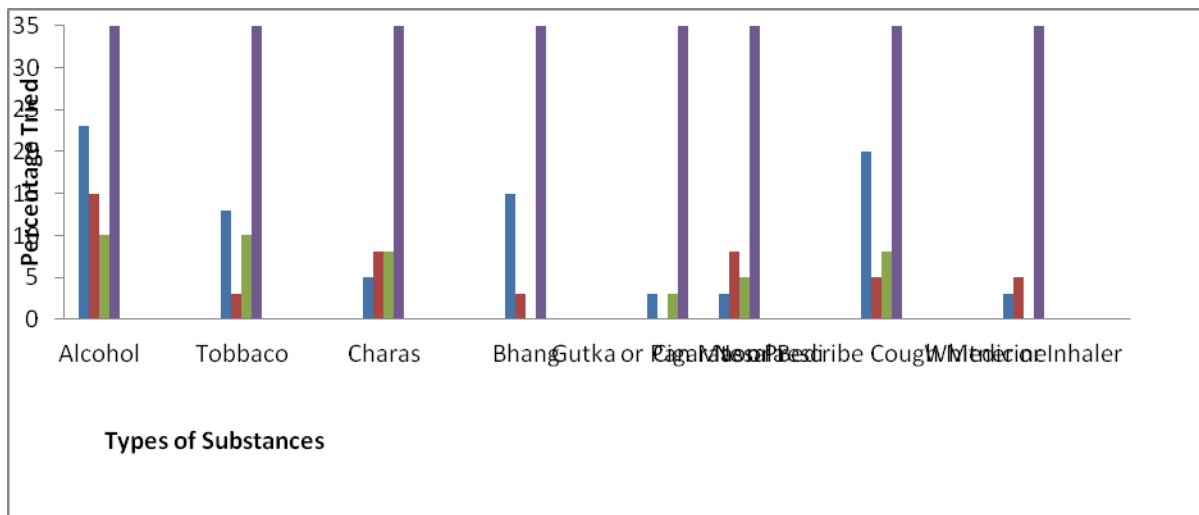
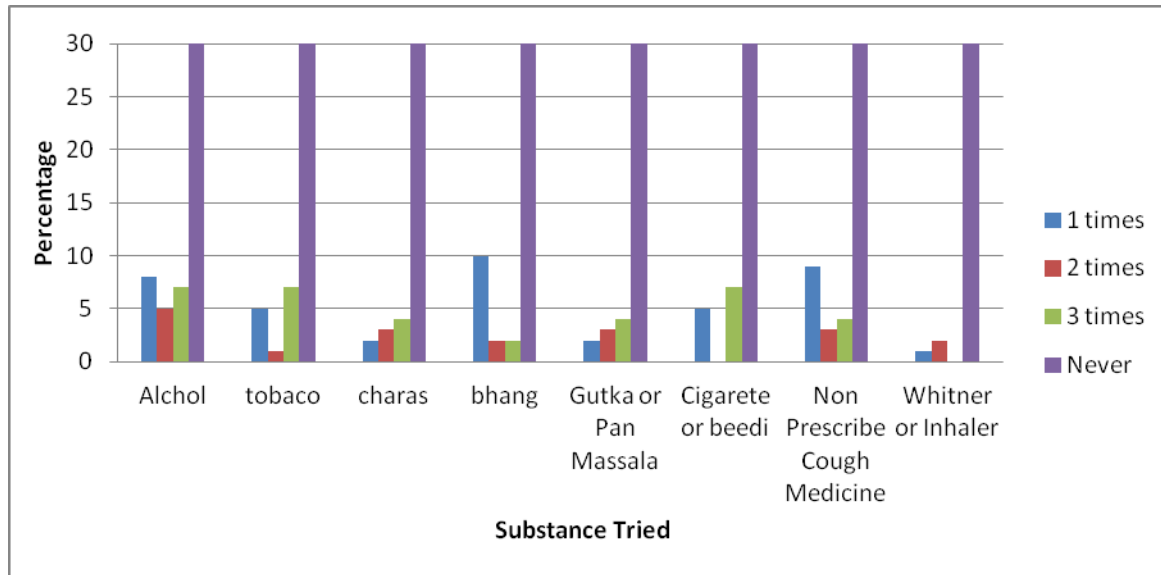


Figure 15

Percentage of Substance Tried Vs Types of Substances in all three States



Respondents were also asked about influences towards substance abuse. As shown in Table 28, in Rajasthan and Orissa, friends were the most reported influence towards substance abuse on young people. Meanwhile, friends were also a commonly reported influence in Madhya Pradesh, but family and known persons were equally as commonly reported there. In Rajasthan electronic media was also commonly reported as an influence.

Table 28

Influences Towards Substance Abuse						
	Influence					
State	Print Media	Electronic Media	Friends	Family	Known Persons	No Answer
Madhya Pradesh	10	9	18	18	19	3
%	25	23	45	45	48	8
Rajasthan	8	17	19	7	13	2
%	20	43	48	18	33	5
Orissa	6	12	24	2	6	7
%	14	28	56	5	14	16
TOTAL	24	38	61	27	38	12
%	20	31	50	22	31	10

4. Focus Group Discussions with Mothers in Orissa, Rajasthan and Madhya Pradesh

4.1 Activities and Aspirations

Rajasthani mothers say their children spend their days doing leisure activities including playing, watching TV and eating. This contrasts with the Madhya Pradesh mothers, who say their children both work and go to school, but also play and chatter.

When asked what they wished their children to do in the future, Rajasthani mothers focussed on career trajectories, speaking of the importance of study and good jobs. This contrasted with the responses from the Madhya Pradesh mothers, which more closely focussed on the family home and child's potential role for work in that area.

Mothers across the states were in agreement as to the value of alternative daily activities for their children, encouraging the children to help at home and improve their operations of the family. Mothers in Rajasthan also mentioned the need for girls to work independently.

Rajasthani mothers considered obstacles to achieving their hopes for their children to be lack of educational resources, or quality ones. Meanwhile, Madhya Pradesh mothers thought that their hopes for their children could be achieved if they stayed home and got married; however they also recognised that marriage carries new issues. Mothers of Orissa feared that something wrong would happen to girls if they ventured out.

Both states thought utilising the community around them would help in dealing with difficulties youth faced. Rajasthani mothers suggested more tangible measures such as spending money and sending youth to school, while MP thought that mothers and fathers could be supportive and helpful.

The two states agreed that adolescents should be provided with educational and personal support and that this would help them in terms of both their careers and through early married life.

Mothers across the states suggested that government resources, schools and various villagers could be helpful in addressing individual youths' issues. Mothers in Rajasthan also suggested self help, but did not specify what that meant exactly.

Mothers in Rajasthan saw their roles in helping youth as being more material and suggested that they could spend money, send their children to work or help them study at home to help solve their problems. Mothers in MP were more vague with their suggestions, but saw their role as that of providing emotional support and health information.

4.2 Health and Progress

Mothers voiced the opinion that in gaining information about health and progress there was a danger that adolescents could get the wrong information. In addition to this, it was suggested that they might feel shy about asking. Mothers from Orissa, felt that their children do not come to them with doubts as they consider they are illiterate.

In line with responses related to Activities and Aspirations, Rajasthani mothers suggested more institutional points of help as the best way for adolescents to access health and progress information, including schools and health centres. MP mothers chose more informal means, such as mothers, female friends and *bhagats* (religious heads)

5. Focus Group Discussions with Fathers in Orissa, Rajasthan and Madhya Pradesh

5.1 Activities and aspirations

Rajasthani fathers reported that their children spend their days playing cricket and helping with farming and taking care of animals. Again, as in the mothers group, the Madhya Pradesh fathers mentioned their children going to school and studying where the other state did not.

Rajasthani fathers suggested that instead of these activities, it would be better for them to be learning about computers, which supports the mothers' suggestion of the importance of a career and job. Similarly, Madhya Pradesh fathers suggestions focussed on jobs around the home including mechanics and farming, although they agreed with their Rajasthai counterparts on the importance of computer classes and typing classes, but only for the educated. Fathers from Orissa also suggested mobile repairing and informer for Government Information Centre, along with other trades identified by fathers of MP and Rajasthan.

Fathers' reasons for these alternate activities across the states were very income oriented; fathers in the states thought that the alternate activities they had suggested for their children would result in "self employment, development, money to give dowries" and generally an increased income.

In Rajasthan, fathers thought there was a lack of government support to help their children achieve the ends their parents hoped for them. Meanwhile, in Madhya Pradesh, fathers thought that difficulties faced in terms of their children doing what was wanted (by their fathers) included monetary problems, lack of physical strength for labour and "societal atmosphere". Along with these fathers from Orissa also felt transportation and lack of self confidence as obstacles.

Fathers provided few suggestions as to how difficulties as mentioned above could be dealt with, except for proximity to family. Likewise, none of the fathers were keen to respond to the question of why adolescents should get help.

Again, fathers did not voice many suggestions as to where adolescents might find help, however Rajasthani fathers nominated family and public health centres.

Fathers in Rajasthan voiced more external solutions to help solve problems including contacting education and health centres. MP fathers' suggestions were closer to home and included helping children finish their studies, and support from the community.

5.2 Health and progress

Rajasthani fathers noted that adolescents may face obstacles when trying to get information about health and progress, such as official government health and educational institutions being difficult to access or under-resourced and unable to help them. MP fathers were unable to suggest any difficulties adolescents may face while gaining health knowledge.

Fathers in all the states suggested a range of sources as being the best route to informing adolescents about their health and progress. These included health professionals, government programmes and family members. Fathers from Orissa cited many governmental avenues including the NYK, Teen clubs and health centres.

6. Focus Groups with Adolescent Boys in Orissa, Madhya Pradesh and Rajasthan

6.1 Activities and Aspirations

Adolescent boys in both Madhya Pradesh and Rajasthan reported spending their main activities as school, studying, doing chores, and in some cases working on the farm. Boys in Rajasthan also mentioned more leisure activities and sports such as watching TV and playing cricket. Boys in Orissa also mentioned reading books from the community library.

When asked if they would like to do something else their answers tended to be around their education and career aspirations. Career aspirations for boys included teaching and working with computers. Reasons for such aspirations included making money as well to “reach ahead”. In Rajasthan boys talked about wanting to make their name in society for themselves and their family. In Orissa they were motivated enough to save the village environment.

Most difficulties in achieving these aspirations were related to lack of resources. This included lack of: money, facilities, teachers, classes. Some boys also talked about their family having other aspirations for them as being a difficulty. There was also mention of superstition about going out of the village which hampered boys in Orissa.

The most common way boys planned to face these problems was to discuss them with their parents and gain their parents’ help. In Rajasthan some boys also mentioned ways they can help themselves such as through studying and working to gain money. One boy in Rajasthan talked about utilising government policies, whilst another talked about advocating about the issues.

The type of help boys said should be given was mainly an increase in resources, including financial resources. Education was also mentioned as a type of help. According to the boys in both states this help should come from: parents and village elders/heads. In Rajasthan boys also thought help should come from NGOs and bank loans. Boys in Orissa wanted more information from NYK and linkages with government and private sector vocational centres. Boys in Madhya Pradesh did not discuss their role in dealing with the difficulties. However, boys in Rajasthan mentioned study and advocacy as their role. Boys in Orissa said that they would use educated parents to talk to uneducated parents so that they realised the importance of higher education.

6.2 Health and Progress Information

The major difficulties boys reported about talking about health and progress was feeling shy and not having access to health facilities or professionals. Also boys from Orissa said that parents have time only to strengthen their economic condition and so don’t spend time with their children on these issues. Boys said that good ways to provide information about health and progress was through health professionals, teachers, and educational materials such as books and TV.

7. Focus Groups with Adolescent Girls in Orissa, Madhya Pradesh and Rajasthan

7.1 Activities and Aspirations

Adolescent girls in both Madhya Pradesh and Rajasthan generally reported their main activities as doing chores. Some girls in Madhya Pradesh reported doing labour work, whilst some girls in Rajasthan reported studying and leisure activities such as watching TV.

Girls reported that they would rather be doing craft activities such as stitching. However, girls in Rajasthan also talked about their career aspirations such as wanting to be an air-hostess or a fashion designer or even learning computer (Orissa). The reasons for these aspirations differed for girls from different states. In Madhya Pradesh the girls talked about wanting meaning and importance. Whilst in Rajasthan the girls talked about career, self-confidence and interest.

In Madhya Pradesh the difficulties in achieving these aspirations were family wishes and lack of time due to having to work. In Rajasthan one girl also talked about lack of time due to having to work, however, more common difficulties were lack of resources such as facilities and teachers, as well as not being old enough to achieve the aspiration. Orissa also raised the important issue of reduced mobility for girls, especially after attaining puberty.

Girls said they would face the problem by raising awareness and trying to get help from people such as teachers and village heads. Only girls in Rajasthan discussed what type of help would be best, from whom it should come, and their role. They felt improved resources would help, as well as access to bank loans and changes in policies. Responses who could provide this help varied greatly: family, school, banks, health centres. Girls in Rajasthan saw their role as raising awareness and advocating for change. Girls in Orissa also said that they would make a collective of parents who support their initiatives and make them talk with those who do not agree to their aspirations.

7.2 Health and Progress Information

The main problem the girls reported about gaining information about health and progress were lack of health professions and facilities. Some girls also reported shyness as a problem.

Girls in both states though health professionals and family members were the best way to provide information about health and progress. Girls in Rajasthan also mentioned educational materials such as pamphlets and films.

Recommendations

Implementation

Increasing networking with NGOs and government departments would definitely increase the profile of the teen clubs

Working around students' availabilities better and creating connections with dropouts through their siblings who are still in school would be an interesting strategy.

Increased material provisions, tea, snacks, sports equipments also would be an added incentive for the club members. Some APVs suggested reducing the number of villages down from 30 so that they can have more time to visit their TCs

Focus Areas for Intervention

The findings of the KAP study and FGDs pinpoint several core areas of focus for the intervention.

Chief among them is the lack of knowledge among young people regarding their own growth and development particularly during their important stage of adolescence. With information obtained from equally un-informed peers there seems to be a tendency to believe myths and misconceptions as truth, which has also come out of the study. Hence, as well as providing correct information, the programme should also concentrate on denying the myths and misconceptions.

Traditional attitudes towards domestic violence associated with rural communities have also seeped into young minds. These need to be worked upon.

While attitude towards HIV has been generally positive, there are knowledge issues to be addressed.

Empowering young people to take their own decisions about education and other important life choices is another area where work is needed.

As regards Aspirations, computers have been quoted often by young and old alike as an important extra-curricular activity. These could be used as a 'crowd puller' for the clubs, especially where attendance levels are dwindling.

Parents have generally been supportive of their children's aspirations and also expressed willingness to listen to their children. This is an ideal platform to create an enabling environment for the children to exercise their rights and realise their full potential, and should be harnessed as such.

Conclusion

The UNFPA Teen Club project is a very thoughtful intervention working with the youth of this country, especially in rural villages, where exposure to information related to Adolescent health is limited.

During the study, we found that there was huge misinformation about aspects of adolescent health and young people showed a lot of inhibition in expressing themselves and their needs. This study presents facts and figures to substantiate these findings.

The study also involved discussions with the implementers of this intervention. These brought to the fore some of the inherent challenges in the design of the intervention, as well as external aspects like lack of an institutional setting for gathering children out of school.

The Teen Club lies at a crucial meeting point of both these challenges. Therefore its role is vital for the young people who regularly come to it. Meanwhile, the committed force of Adolescent Peer Volunteers on the ground have been provided with an exposure they would have never had had without the project,

However, with minor tweaking, the full potential of the project could well be achieved.

Appendices:

- Knowledge questionnaire for boys and girls



Baseline
questionnaire_Restle:

- Interview schedule with District Project Officers and Adolescent Peer Volunteers



FINAL Base line tools
- Questionnaire DPO

- Focus Group Discussion Guide with Parents



IIC -
FGDParentsDiscussion

- Focus Group Discussion Guide with Boys and girls



IIB- FGD Combined
BoysGirlsDiscussionPc