Milaan Girl Icon Program: Impact Evaluation Report

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Milaan
Building a movement of Girl Leaders

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Contents

Front Matter 5
Acknowledgements 5
Figures and Abbreviations 5
List of Figures 5
List of Abbreviations and Acronyms 5
I. Executive Summary 7
Introduction 7
Historical Context of the Milaan and Girl Icon Program 7
Girl Icon Program Overview 8
Impact Evaluation Overview 9
Evaluation Purpose and Objectives 9
Summary of Findings 10
II. Context and Operating Environment 12
Regional Context 12
Key Structural Vulnerabilities: 13
Economic Disparities and Financial Prioritization 13
Educational Disparities and Opportunities 14
Gender and Male-Dominant Cultural Norms: 16
Child Marriage: 16
Sexual Violence: 17
Menstrual Taboo and Sanitation Barriers 19
Youth Empowerment/Girlhood Studies Context 21
Conceptualizing Girlhood Studies in the Global South: 21
Youth Empowerment and Agency: 22
Intersectional Approaches in Girlhood Studies 22
Barriers to Youth Empowerment 23
Educational Systems and Youth Empowerment in the Global South: 24
III. Evaluation Design and Methodology 26
Survey Measures and FGD Instruments 27
Quantitative - Survey Measures: 27

Qualitative - FGD Instrument 30
Study Sample and Data Collection 30
Girl Icons: 31
Peer Members: 32
Data Analysis 32
Qualitative Analysis 32
Quantitative Analysis: 33
IV. Evaluation Results 34
Health Literacy 36
Physical Health & Nutrition 36
Mental Health 37
Sexual and Reproductive Health: 38
"There are more like me and we are not alone": Knowledge as Power 39
Education for Personal Growth 39
Education for Social Change 40
Agency and Self-Efficacy 40
Self-Efficacy to Challenge Gender Stereotypes 41
Self-Efficacy to Pursue Girls' Dreams: 42
Leading by Example: Ripple Effects through Community Advocacy 42
The Ripple Effects of Challenging Harmful Social Norms 44
The Ripple Effects of Promoting Girls' Education 44
The Ripple Effects of Preventing Child Marriage: 45
Gender-Based Violence and Gender Equity 46
Gender-Based Violence: 46
Gender Equity: Ongoing Challenges: 46
Gender Equity: Protective Factors: 49
V. Discussion 52
Empowering Systems Change 52
Engaging with Boys through Gender-Transformative Approach 53
Strengths and Limitations of the Project 54
Strengths: 54
Limitations: 55

VI. Conclusions and Recommendations 56
References 58
Appendices 71
Appendix A: GI Survey Questionnaire 71
Appendix B: Peer Survey Questionnaire 85
Appendix C: GI FGD Guide 95
Appendix D: FGD Codebook 100
Funding Acknowledgements 104

Front Matter

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Figures and Abbreviations

List of Figures:

Figure 1: Girl Icon Program - Intended Long-Term Impact.
Figure 2: Diversity of girls recruited for the Girl Icon program.
Figure 3: Evaluation Timeline.
Figure 4: Evaluation Outcomes for Girl Icons.
Figure 5: Evaluation Outcomes for Peers.
Figure 6: Frequency distribution of GIs based on vulnerability score.
Figure 7: Girl Icon Survey Respondent Demographics.
Figure 8: Peer Member Survey Respondent Demographics.
Figure 9: Qualitative Analysis Themes.
Figure 10: Girl Icons Mental Health Questionnaire Scores.
Figure 11: Descriptive results for Girl Icons self-report in three areas: 1) Autonomy and decision making; 2) Agency; 3) Confidence.
Figure 12: Girl Icons responses to leadership survey items.
Figure 13: Descriptive Statistics for Gender Role Attitudes.
Figure 14: Girl Icon responses to gender role questions.
Figure 15: Nested diagram of systems perpetuating child marriage and GBV.

List of Abbreviations and Acronyms:

FGD - Focus Group Discussion
GI - Girl Icon
MF - Milaan MP - Madhya Pradesh
OBC - Other Backward Classes

SAP - Social Action Project
SC - Scheduled Caste
ST - Scheduled Tribe
UP - Uttar Pradesh

I. Executive Summary

Introduction

Support is a verb. Supporting the voice, choice, and power of adolescent girls and young women in underserved communities requires an ongoing global commitment to large-scale investments in education, and in programs that bring tangible resources to under-resourced communities fighting to improve the life outcomes and potential of all girls and gender-expansive youth.

Those who have risen to the challenge and invested in actionable change through increased resources for education, transportation, housing, nutrition, technology, access to safety and healthcare at the Milaan have provided critical lifelines that now need supporting.

Supporting structural change in gender equity through infrastructure improvement and movement building in adolescent wellbeing and leadership has never been more important. With stakes so high, making effective evidence-based decisions for which programs to reinvest in requires access to rigorous monitoring and evaluation instruments that are often difficult to obtain with limited resources. Mission-focused service delivery priorities that move resources away from program evaluation also make it difficult to produce trauma-informed, state-of-the-field program evaluation research that center youth as participants and co-creators of knowledge about their own lives. Until now.

This report provides a comprehensive overview of the program impact evaluation findings of the Milaan's *Girl Icon* program by the Research Institute for Structural Change at Michigan State University. Carried out in 2024, the study was designed to evaluate impact across core programmatic areas in adolescent education, adolescent health, agency building, and leadership skills.

Historical Context of Milaan and Girl Icon Program:

Milaan is a social impact non-profit organization working to empower adolescent girls from socially and economically marginalized communities in India. Started in 2007, Milaan has worked with thousands of girls, enabling them with access to knowledge, skills, and social networks critical to exploring their full potential. The Girl Icon (GI) Program is the organization's signature educational, life skills, and leadership development program. It was conceived with the goal to shift gender-regressive social narratives into one that empowers girls to achieve their aspirations, hope, and equality.

Designed as a systems change intervention, the program supports adolescent girls to achieve four key outcomes: (1) complete secondary education, (2) prevent child marriage, (3) make informed decisions about their reproductive health, and (4) prevent gender-based violence (see **Figure 1**). The organization frequently collaborates with government agencies and community stakeholders to ensure the girls stay in school and prevent child marriage.

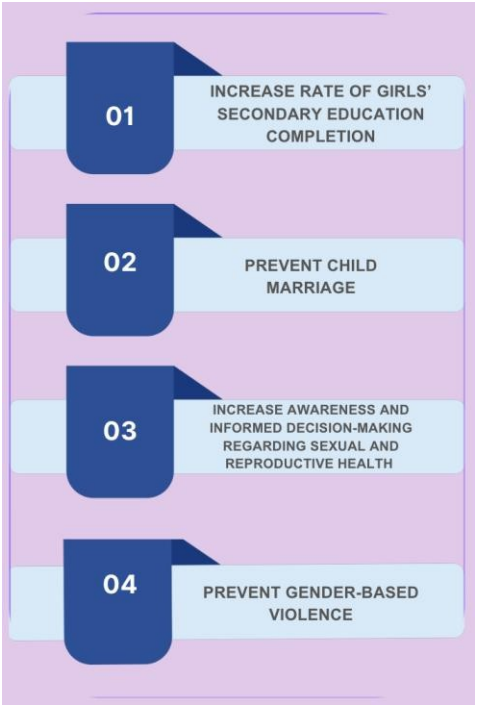


Figure 1. Girl Icon Program - Intended Long-Term Impact.

Girl Icon Program Overview:

The GI program aims to both transform the individual lives of the girls while also advancing a cultural shift in the community's perceptions towards gender equity through a combination of curriculum-based training, community engagement, leadership development, and role-model guidance. With the geographic focus on rural India, the program builds a network of diverse groups of girl leaders from vulnerable communities, as shown in **Figure 2**.

These local 'girl icons' organize peer groups for other girls in their communities, creating a safe space to learn, share, and advocate for their rights. During these peer meetings, the girls build their knowledge and skill base to identify barriers to

accessing and completing secondary education. During the course of the program, girls collectively identify one significant barrier to education specific to their communities, develop and implement an intervention to address the barrier. These interventions, also referred to as Social Action Projects (SAPs), are designed to raise awareness and advocate for gender equity through rallies, street plays, and workshops with support from key community stakeholders.

Since its inception, the GI program has had 5 cohorts, with over 2300 GI leaders, who have led and educated over 50,000 girls across 3 states in India – Uttar Pradesh, Madhya Pradesh, and Karnataka.

Note: The program's aim is to recruit at least 50% of GI candidates from vulnerable and marginalized communities of India (Uttar Pradesh, Madhya Pradesh, and Karnataka) in each Girl Icon cohort. These are as follows:

- Scheduled Caste (SC) and Scheduled Tribe (ST) = 20%
- Other Backward Classes = 10%
- Religious Minorities (Muslims, Sikhs, Christians, Jews, Buddhists, Jain and Zoroastrians [Parsis] as designated under Section 2(c) of the Indian National Commission for Minorities Act) = 10%
- Other vulnerable populations (child brides, dropouts, orphans) = 10%

Figure 2. Diversity of girls recruited for the Girl Icon program.

Impact Evaluation Overview

Evaluation Purpose and Objectives

The purpose of the evaluation was to determine whether the GI Program achieved its intended outcomes in adolescent education, adolescent health, agency building, and leadership skills. To perform the program evaluation, the research team adopted Guiding Principles (GP) and Evaluation Standards (ES) set through a collaborative and dialogic process.

ES were set in accordance with evidence-based measures of feasibility, propriety, accuracy, utility, and transparency. Principles of integrity, systematic inquiry, technical and cultural competency, honoring the dignity of Girl Icons, peers, and other stakeholders--as well as the ethos of contributing to the common good and the advancement of an equitable and just society--guided how ES were implemented throughout the evaluation process.

As a whole, the research team was guided by three three key principles (GP): *cultural competence, equity, and trauma-informed practice.* Additionally, integrity, systematic inquiry, technical competency, a commitment to honoring the dignity

and autonomy of GIs (including peer members, and all program partners), upholding the ethos of contributing to the common good, and advancing an equitable and just society were central to the program evaluation process.

Evaluation outcomes related to adolescent education, adolescent health, agency and autonomy, and leadership skills were determined during the start of the evaluation project (September and October 2023). Thus, evaluation outcomes were determined during the design phase of the evaluation based on the following: (a) a historical review of previous GI program evaluations (e.g., gaps and needs) and GI theory of change, (b) discussions with program stakeholders, including the program's community-based partners, and (c) scholarly review of evidence-based literature and recent advancements in trauma-informed, community-centered evaluation.

Summary of Findings

Our evaluation shows that the GI program is making positive headway in its mission to empower girls through education and leadership skills. Nearly 92% of GIs surveyed (507, 93% response rate) reported that they feel confident about their ability to lead—a core focus of the GI program. 95.6% reported feeling safe within the GI program itself, and over 75% reported that the program directly helped them pursue their education.

Thanks to the GI curriculum, GIs feel confident in their ability to make informed health choices, particularly in the areas of physical health and nutrition, mental health, and sexual & reproductive health. The program contributed to a greater sense of agency, self-efficacy, and self-confidence among all participants and equipped participants with the tools necessary to push back against gender discrimination. All participants emphasized that education is a fundamental right for girls and an essential tool for challenging harmful gender norms.

Through the program, GIs have developed the courage to challenge gender stereotypes and stigmas within their homes, particularly around issues like menstruation, clothing choices, and career ambitions. Across the board, participants demonstrated increased knowledge of what menstruation is, associated symptoms, when to seek medical care, and risks associated with early pregnancy. GIs have also developed a deeper understanding of gender-based violence (GBV) and how it can manifest physically, verbally, economically, emotionally, and sexually.

Across the board, participants expressed deep appreciation for the GI program and viewed it as a transformative experience that reshaped how they see themselves, their futures, and their roles within their families and communities. Family support emerged as one of the most significant protective factors in GIs' ability to pursue education and challenge traditional gender norms.

While a comprehensive evaluation of GI program Peer Members was beyond the scope of this evaluation, a ripple effect was observed among Peer Members surveyed (1,000, 83% response rate), with 66.7% reporting that the GI program enhanced their own self-efficacy, autonomy, and positive identity.

These findings, along with identified areas for improvement in Mental Health support and safety in public transit, are discussed in more detail in the Evaluation Results section of this report.

II. Context and Operating Environment

Regional Context

Girls in India face intersecting barriers in education and empowerment. Caste hierarchies, patriarchal norms, economic disparities, and the legal and political frameworks have historically marginalized women and girls. For instance, rural communities in India rely heavily on informal labor markets where women and girls, especially from communities seen as lower in the caste hierarchies, are overrepresented for unequal pay. Parental attitudes towards girls, deeply entrenched in constrained social norms, often view them as a burden on the household due to the legally outlawed but socially prevalent practices of dowry, the cultural norm that girls are primarily valued for bearing male children, and the tradition of them leaving their parental households after marriage to live with the spouses' families. Consequently, parents tend to perceive girls as a financial burden, while boys as valuable members of the household. These manifest in the forms of prioritizing boys' education and careers over those of girls; girls experiencing overburden of domestic work relative to boys; and girls facing early marriage and childbearing responsibilities. Moreover, since girls' sexuality is strongly associated with family honor, severe restrictions are often placed on girls' mobility, sexuality, and access to resources (Ramanaik et al., 2018). In fact, prevailing socio-cultural norms deeply rooted in patriarchal structures create and sustain systems that normalize, perpetuate, and justify violence against women and girls while simultaneously restricting their access to various spaces. Citing family honor and respectability as a response to these unsafe environments, these hierarchies are upheld, perpetuating the cycle of inequity. For instance, less mobility outside their homes, limited access to safe spaces for socializing and to form peer groups (that often serve as the pivotal support), and limited access to information and resources often negatively impact their access to and retention in schools. Programs built to respond to the relations that uphold and reinforce these hierarchies are poised to make lasting change in ways individual interventions are not.

To understand the context for specific programmatic interventions, it is worth considering some key structural vulnerabilities that girls face that serve as access barriers to education and related resources. These vulnerabilities exist at a structural level because the social and institutional systems that uphold these barriers, in interaction with each other, cannot necessarily be separated from one another.

For instance, caste hierarchy adds a layer of complexity and compounds the barriers girls face – Dalit communities (categorized by the Government of India as Scheduled Castes and Scheduled Tribes), especially women and girls, tend to be economically more marginalized than other groups (Mandal and Khatun, 2024; Teltumbde, 2020), and girls from these communities tend to experience higher rates of school dropouts (Churiyana, 2017), sexual violence (Hanchinamani, 2001), and lack of access to resources (Mondal and Karmakar, 2024; Dutta, Sinha and Parashar, 2018; Rai, 2016; Johns, 2012). Similarly, girls in Muslim communities tend to fall behind in education compared to girls from Hindu communities (Garg, Chowdhury and Sheikh, 2024; Goel and Husain, 2018; Siddiqui, 2013; Nuna, 2013). Thus, to talk about girls' access to education or lack thereof is to talk about the differential barriers created by intersecting identities. However, for the sake of clarity, the following section will look at prevailing gender norms that interact with other systems of oppression to create barriers to accessing education and retention in schools.

Key Structural Vulnerabilities:

Economic Disparities and Financial Prioritization:

Economic barriers play a critical role in shaping educational access for girls, especially in low-income households. Families facing financial hardship are more likely to invest in their sons' education while either pulling daughters out of school early or enrolling them in lower-quality institutions with fewer resources (Congdon and Lindskog, 2023; Kugler and Kumar, 2017; Azam and Kingdon, 2013; Bose, 2012; Pande and Malhotra, 2006). In fact, girls from economically disadvantaged households are less likely to complete secondary education compared to boys from similar backgrounds (Bose, 2012; Pande and Malhotra, 2006; Kingdon, 2002). Cost of education discourages many families from continuing their daughters' schooling and girls are expected to contribute to household income through domestic labor or informal work (Sahoo, 2016; Khan, 2012; Kambhampati and Rajan, 2008). Tuition, transportation, uniforms, and opportunity costs of lost wages remain prohibitive for many families from these marginalized groups (Bano and Dahiya, 2022; Ramanaik et al., 2018; Wu, Goldschmidt, Boscardin and Azam, 2007).

For many girls in Dalit, Adivasi, and Muslim communities, poverty is a primary barrier to education. For Dalit and Adivasi families engaged in subsistence labor, child labor often becomes a necessity, leading to higher dropout rates for girls. Dalit and Adivasi girls are more likely to be forced into child labor or caste-based occupations, such as manual scavenging or domestic servitude, due to economic pressures brought on by historical marginalization (Shokeen, 2023; Artis,

Doobay, and Lyons, 2003). Muslim communities in India face distinct and multifaceted barriers to education that differ from those experienced by Dalit, Adivasi, and other marginalized caste groups. For instance, while affirmative action policies such as Scheduled Caste (SC) and Scheduled Tribe (ST) reservation in education and employment exist for Dalit and Adivasi communities, Muslims (except for a small subset classified under the Other Backward Classes category) lack access to targeted state benefits in addition to political marginalization, systemic exclusion, and socio-economic deprivation, placing them at a further disadvantage (Gupta, 2015; Nuna, 2013). Studies indicate that Muslims have lower household incomes, fewer landholdings, and less access to credit than Dalit and Adivasis, leading to higher school dropout rates, particularly among adolescent boys who enter the labor force to support their families (Sengupta, and Rooj, 2018; Alam, 2013; Bhaumik and Chakrabarty, 2009).

Educational Disparities and Opportunities:

Caste intersects with labor exploitation in ways that further limit educational opportunities. Although India's Right to Education (RTE) Act passed in 2009 mandates free and compulsory education for children aged 6 to 14, its implementation remains uneven, particularly for historically marginalized communities. In fact, Dalit girls have some of the higher dropout rates in the country, as families prioritize survival over education (Nayak and Kumar, 2022; Sarkar, 2022; Kujur, 2019; Ramachandran and Naorem, 2013). Moreover, where access to education exists, girls from Dalit, Adivasi, and lower-caste communities face systemic barriers to accessing quality schooling due to social exclusion, teacher bias, and institutional neglect (Nayak, 2024; Kujur, 2019; Ramachandran and Naorem, 2013), discouraging girls from continuing their education. Schools in upper-caste dominated areas often refuse to admit Dalit students or subject them to segregationist practices such as separate seating arrangements and differential treatment by educators (Nayak, 2023; Meher, 2014; Neelakandan and Patil, 2012). Moreover, caste-based discrimination within schools manifests in other forms, such as exclusion from mid-day meals to overt teacher bias and corporal punishment, undermining learning outcomes (Pathania, et. al., 2023; Bailwal and Paul, 2021; Ramachandran and Naorem, 2013). Studies show that teachers in many rural and semi-urban schools hold prejudicial attitudes towards students from Dalit and Adivasi communities, treating them as intellectually inferior or undisciplined, leading to lower expectations, neglect, and verbal or physical abuse (Parashari, 2019; Bailwal and Paul, 2021; Human Rights Watch, 2014; Singh, 2013; Dhesi, 1998). These biases are particularly severe for girls, who experience these intersecting marginalizations due to both caste and gender norms.

Beyond classroom discrimination, structural inequities in school infrastructure and resource allocation further exacerbate disparities for Dalit and Adivasi girls. Schools in predominantly Dalit and Adivasi settlements are often underfunded, lacking proper sanitation facilities, drinking water, adequate teaching staff, and functional classrooms (Sarkar, 2022; Kujur, 2019; Nambissan, 1996). The absence of separate toilets for girls in many rural schools is a critical deterrent, especially after puberty, forcing many to drop out early (Sarkar, 2022; Singh, 2013; Goel and Husain, 2018; Ramachandran and Naorem, 2013). Moreover, the lack of female teachers in these regions further discourages parents from sending their daughters to school due to safety concerns and cultural taboos (Nivedita, 2024; Singh, 2013; Sundar, 2010a). Even when Dalit and Adivasi girls manage to complete primary education, they face continued barriers in accessing secondary and higher education, as caste-based hostilities intensify in elite institutions, manifesting in the forms of caste-based bullying, harassment and exclusion, leading to dropout rates and in extreme cases, student suicides (Bailwal and Paul, 2021; Singh, 2013; Dhesi, 1998). Addressing these entrenched inequalities requires comprehensive policy interventions that go beyond legal provisions and tackles deep-seated social and economic barriers.

Moreover, Muslim communities face distinct multifaceted barriers to education that differ from those experienced by Dalit, Adivasi and other marginalized groups. For instance, a critical difference in access to education is the political and policy neglect: Dalit and Adivasi communities can access caste-based reservation policies and targeted welfare programs, whereas Muslims lack parallel affirmative action policies despite being among some of the most socio-economically marginalized groups. Educational infrastructure and school access pose additional challenges for Muslim children. Much like in Dalit and Adivasi communities, government schools in Muslim-dominated neighborhoods are often underfunded, lack qualified teachers, and suffer from inadequate infrastructure, including poor sanitation and insufficient teachers. Moreover, Muslim children frequently report facing neglect and lower expectations from teachers, much like Dalit and Adivasi students, but also experience an additional layer of religious prejudice, where their identity is often stereotyped as backward or anti-national (Abidi, 2015; Sengupta and Rooj, 2018; Bano and Mishra, 2014). Additionally, lack of all-girls schools and female teachers in many Muslim-majority areas further discourages families from sending girls to secondary education, particularly in households that restrict co-educational environments (Amatullah, and Dixit, 2023; Yadav, Anand and Chatterjee, 2022; Sarkar, 2022).

Gender and Male-Dominant Cultural Norms:

In India, deeply ingrained patriarchal norms dictate the roles and responsibilities assigned to girls, often resulting in putting up systemic barriers to access to education. Traditional gender roles emphasize domestic responsibilities and early marriage (see section below), often limiting girls' ability to pursue formal education beyond the primary level (Nayar, 2011; Aikman and Rao, 2012; White, Ruther, Kahn and Dong, 2016). Families, regardless of rural/urban settings, frequently perceive education for girls as a lower priority compared to boys, as sons are expected to be financial providers while daughters are seen as temporary members of their natal households (Sekher and Hatti, 2010; Sekher and Hatti, 2007; Singh, 2005). Studies show that adolescent girls face heightened pressure to drop out of school to assist with household labor, childcare, and other domestic responsibilities (Yadav, 2023; Ramanaik et al., 2018; Das, 2010; Dodson and Dickert, 2004). These gendered expectations perpetuate an intergenerational cycle where women remain undereducated, reducing their ability to access skilled labor markets, and limiting their economic independence. Religious and cultural norms play a significant role in shaping gendered educational outcomes with regards gender segregation and early marriage practices. In some regions, particularly in northern India, girls are discouraged from continuing their education beyond primary school due to concerns over family honor, modesty, and safety (Pujar et al., 2024; Yadav, 2023; Yunus, 2021; Chanana, 2001). Restrictions on mobility in religiously conservative communities further limit girls' access to schools, particularly when educational institutions are located far from home and require long commutes.

Child Marriage:

Child marriage remains a significant barrier to gender equality and development in India, disproportionately affecting girls from economically disadvantaged and socially marginalized communities (a part of this was explored in the section above). Despite passing the Prohibition of Child Marriage Act in 2006, which sets the minimum legal age of marriage at 18 for girls, child marriage continued to be practiced. This practice is rooted deeply in patriarchal social structures, caste hierarchies, religious traditions, and economic vulnerabilities, perpetuating intergenerational cycles of poverty and gender-based inequality, as discussed above. Families in rural and low-income urban communities often view early marriage as a protective mechanism to preserve family honor, avoid the financial burden of dowry, and reduce economic strain, particularly in communities where girls are considered economic liabilities (Prakash et al., 2019; Mehra, et. al., 2018; Birchall, 2018). Studies show that early marriage leads to higher school dropout rates, with girls forced to leave education to assume domestic

responsibilities and childbearing at a young age (Mehra, et. al., 2018; Vandana, Simarjeet, and Manisha, 2017; Singh and Vennam, 2016; Goli, Rammohan and Singh, 2015). Moreover, adolescent brides face heightened risk of domestic violence, early pregnancy complications, and poor maternal and child health outcomes due to limited access to healthcare and reproductive autonomy (Naik et al., 2024; Arora, 2022; Biswas, 2021; Patra, 2016). Caste and religious affiliations further intersect with child marriage practices; for instance, girls from Dalit, Adivasi and certain Muslim communities face disproportionate risks due to entrenched social norms, and limited access to legal recourse. While government programs such as Beti Bachao, Beti Padhao, and conditional schemes like Kanyashree Prakalpa in West Bengal have aimed to curb child marriage by incentivizing education and delaying marriage, these initiatives do not address the structural inequities such as caste and religious hierarchies or legal systems set up to exacerbate these inequities; moreover, these initiatives also suffer from poor implementation and bureaucratic inefficiencies. Addressing child marriage in India requires multi-pronged interventions that go beyond legal prohibitions to include community-based awareness programs, access to secondary education for girls, economic empowerment initiatives, and stronger enforcement mechanisms against child marriage facilitators.

Sexual Violence:

The threat and experience of sexual violence remains a profoundly under-addressed structural barrier to girls' education in India, cutting across school environments, public spaces, and especially, the journey between home and school. The pervasive threat of sexual violence is often underexamined particularly for girls from Dalit, Adivasi, Muslim, and other socio-economically marginalized communities. Families often cite safety concerns as a primary reason for pulling girls out of school, especially around the age of puberty and beyond (Varghese, 2025; Ramachandran and Naorem, 2013; Kapoor, 2007). These concerns are not merely parental anxieties but are rooted in the structural realities of caste-and gender-based violence, family honor, state impunity, and the absence of protective infrastructures in both public and educational spaces.

The policy response to sexual violence in educational spaces remains woefully inadequate. White the Protection of Children from Sexual Offences (POCSO) Act and guidelines from the National Commission for Protection of Child Rights (NCPCR) mandate safeguards within schools, implementation, again, remains deeply uneven. Many schools, especially in rural and low-income areas, lack trained counselors, female staff, or committees to effectively process internal complaints. The emphasis on safety often manifests through moral policing

focusing on regulating girls' dress, behavior, and mobility instead of addressing the root causes of violence (Ramachandran and Naorem, 2013; Sundar, 2010b; Nambissan, 1996). In practice, survivor-centered reforms are lacking and the burden of protection falls on the girls themselves and parental anxieties pushing them out of education systems when safety cannot be guaranteed.

The impact of sexual violence on girls' education cannot be understood in isolation. It intersects with caste, class, religious identity, and geographical location to create layered vulnerabilities. These forms of violence disrupt educational trajectories, function as disciplinary tools that determine which girls get to access education and under what conditions. Girls from Dalit communities face heightened vulnerability to sexual violence due to the historical use of sexual assault as a tool of caste domination (Kumar, 2021; Bansode, 2021; Pandey and Mishra, 2021; Kapoor, 2007). Dominant-caste men continue to sexually target Dalit girls with near-complete impunity, especially in rural regions where local caste hierarchies remain deeply entrenched (Mangat and Gill, 2024; Pandey and Mishra, 2021; Kumar, 2021; Bansode, 2021). The journey to school, particular for girls from Dalit villages located on the periphery of dominant-caste areas, is often fraught with risk of verbal harassment, stalking, and sexual assault (Ibid). Inside school premises, Dalit girls often encounter sexual harassment by teachers, upper-caste students, or male staff, in the absence of effective complaint mechanisms or grievance redressal systems. These structural failures, combined with social stigma and fear of retribution often result in chronic underreporting and school dropout among Dalit adolescent girls.

For Adivasi girls, the risks associated with sexual violence are compounded by geographic isolation and political neglect. Many tribal regions suffer from chronic underdevelopment, militarization, and ineffective regulatory oversight, creating conditions where Adivasi girls are especially vulnerable to sexual exploitation and trafficking (Mandal and Khatun, 2024; Sharma, 2018; Goswami, 2017). Reports have documented instances of abuse within state-run residential schools and hostels such as ashram shalas, where a lack of monitoring and accountability allows for routine violations of girls' safety and dignity (Varghese, 2025; Bhoi, 2023; Jahan, 2015). In some regions, the presence of security forces under counterinsurgency operations further exacerbates these vulnerabilities, with little recourse or resources for survivors of violence perpetrated by state actors (Sharma, 2018; Pal, 2018; Khobragade, 2014). These risks, combined with poor infrastructure such as the lack of safe transportation, separate toilets or female staff significantly reduce retention rates for Adivasi girls, especially at the secondary level.

Muslim girls face a different yet equally entrenched set of challenges linked to religious identity. In many parts of the country, the rising climate of religious hostility has rendered Muslim girls more susceptible to public scrutiny, harassment, and restrictions on mobility. Concerns over honor, modesty, and exposure to hostile environments often lead families to limit girls' participation in co-educational settings or withdraw them from schools that lack religious or gender sensitivity (Mirza and Meetoo, 2013; Chakraborty, 2009).

These forms of violence are not limited to acts of assault or harassment. They are baked in the architecture of educational institutions resulting in a silence that surrounds the embodied experiences of girls. While the threat of sexual violence creates fear, restricts mobility, and justifies parental withdrawal of girls from school, everyday institutional neglect of girls' bodily needs reinforces their marginalization. Menstruation, though rarely acknowledged in formal policy discourse beyond hygiene campaigns, becomes a critical turning point in many girls' educational trajectories. As mentioned above, while family honor is an ever existing theme in a girl's life, it is around the age of puberty when it materializes in the form of restrictions. At this intersection, safety concerns meet silence around the body, and menstruation emerges as another mechanism through which patriarchal, casteist, and classist norms are inscribed into girls' educational future.

Menstrual Taboo and Sanitation Barriers:

Menstruation marks a pivotal juncture in the lives of many girls in India. Often the onset of menstruation becomes a point of intensifying surveillance, restriction, and institutional abandonment for girls, especially for those from Dalit, Adivasi, Muslim, and low-income backgrounds. Menstruation is often transformed into a source of shame, exclusion, and educational derailment, largely because of the lack of infrastructural care or policy attention. Menstruation is considered a taboo and thus, rendered invisible in the school environment, but used to justify girls' absence or exit from schools. Lack of health education on menstruation and reluctance to discuss menstruation, due to the taboo, also exacerbates the issue (McCarthy and Lahiri-Dutt, 2021; Tuli et al., 2019). Sanitation infrastructure in government schools continue to remain inadequate. Despite constitutional guarantees and flagship initiatives, the lack of easily accessible, clean, gender-segregated, and functional toilets continues to serve as a main driver of school dropout for adolescent girls (Sivakami et al., 2018; Nallari, 2015; O'Reilly, 2016; Chakraborty, 2009). In schools where toilets do exist, they are often unusable. Dalit and Adivasi girls, in particular, are overrepresented in under-resourced

schools where caste and class hierarchies map directly onto access to clean sanitation (Goel and Husain, 2018; Ramanaik et al., 2018; Ray and Datta, 2017; Bhagavatheeswaran et al., 2016). The lack of infrastructure thus communicates clearly who is imagined as a full participant in the educational system and who is not.

This denial of bodily dignity (and therefore, access to education) is closely tied to the narratives around menstruation itself. The stigma around menstruation compounds the material exclusions girls experience. Girls across caste and religious communities are routinely socialized to experience menstruation as impure, polluting, and secret. In many households, menstruating girls are subject to discriminatory restrictions that limit their movement, participation in school or even proximity to others. These restrictions reinforce caste, gender, and sexual discipline. For instance, Dalit girls, already hyper-visible as ‘impure’ bodies marked by caste, face amplified stigma around pollution and purity during menstruation, often being excluded from mid-day meals (Bhandari and Mishra, 2023; Sinha, 2019; Bonaker, 2019; Sabharwal et al., 2014). Muslim girls may encounter layered forms of control, where the intersection of menstrual taboo and modesty norms result in heightened policing of clothing, demeanor, and mobility. These practices collectively produce menstruation as a moment when girls’ bodies are rendered simultaneously hyper-visible and invisible, subject to discipline but denied acknowledgement or support.

The economic dimension of menstrual taboo and exclusion also has an impact on access to education. Lack of access, affordability, and the shame associated with accessing sanitary products means girls rely on unsafe materials (old cloth, ash, newspaper) putting them at a high risk of infection and discomfort (Cohn and Blumberg, 2020; Jeppe Ottsen, 2020; Kapur, 2016). When pads are available, schools often lack disposal mechanisms, forcing girls to carry used materials home or skip school altogether. The failure to institutionalize menstrual health as a right rather than a private burden reinforces the message that girls must manage their bodies quietly and invisibly, should they wish to remain in school.

Moreover, the absence of female teachers or trained health educators means that most girls navigate menstruation without guidance, support, or even accurate information. In male-dominated school environments, silence around menstruation means girls’ needs are neither seen nor centered in school planning. Emotional distress, fear of staining, teasing by male classmates, and internalized shame contribute to a learning environment in which girls are

alienated. For many, the cumulative effect of these indignities proves too heavy to bear. Menstruation is a politically charged site where caste, religion and class collude to discipline the bodies of poor and marginalized girls, pushing them out of school under the guise of propriety, cleanliness, or safety.

To understand how interventions in education, health, and empowerment are shaped, it is essential to locate them within the evolving field of *girlhood studies and youth empowerment discourses*. The following section reviews the critical literature that informs these conceptual frameworks, with particular attention to how gender, age, and agency are theorized in relation to development practice and policy in the Indian context.

Youth Empowerment/Girlhood Studies Context

Conceptualizing Girlhood Studies in the Global South:

Scholars of the Global South have, for long, argued that girlhood is not a monolith. Critiquing the Western paradigm that universalizes the experience of girlhood, they have argued that it is shaped by religion, race, class, gender, and geopolitical location. Scholars like Nancy Lesko (2012) and Claudia Mitchell et al. (2016) have emphasized the need to localize girlhood, focusing on the diverse social, political, and economic realities that frame girls' lives in non-Western contexts. The notion of "being a girl" is often mediated by global development agendas, familial expectations, and socio-political structures, which can both constrain and enable agency.

In the South Asian context, studies such as those by Sarada Balagopalan (2014) have shown how the figure of the "girl child" is central to many development narratives, often positioned as a symbol of both vulnerability and hope. These representations can be double-edged: while they draw attention to structural injustices, they may also depoliticize girlhood by focusing on individualized notions of empowerment. Balagopalan critiques how education policies frequently construct girls as passive recipients of aid rather than as political actors negotiating their complex worlds.

The conceptualization of girlhood in the Global South has evolved to recognize the diverse and complex experiences of girls across different cultural and socioeconomic contexts. Marissa Saraswati's (2021) thesis on Indonesian girlhood emphasizes the importance of understanding local narratives and the agency of girls within their specific cultural settings, challenging the monolithic portrayal of girlhood in global discourses. Similarly, Emily Bridger's (2021) work on African girlhood under apartheid highlights how political regimes and systemic oppression

have historically shaped the experiences of young girls, influencing their roles in resistance movements and societal change. These studies underscore the necessity of contextualizing girlhood within specific historical and cultural frameworks to fully grasp the nuances of girls' lives in the Global South.

Youth Empowerment and Agency:

Youth empowerment is frequently discussed in relation to education, participation, and leadership. However, empowerment is not merely the provision of resources or inclusion in existing structures—it involves challenging and transforming those structures. Critical youth studies scholars such as Edwards (2009), Dana Fusco (2012), Meloni, Vanthuyne, and Rousseau (2015), McLaughlin (2020), and Shotter (2021) have argued that youth agency must be understood relationally, situated within broader socio-economic and political constraints. In the Global South, youth—especially girls—often face structural barriers that limit their participation in civic and educational spaces. Yet, they also resist, subvert, and reimagine these spaces in ways that reflect profound resilience.

Empowerment in this context must account for material conditions: poverty, lack of access to healthcare, caste discrimination, gender-based violence, and rigid schooling systems. Research from India (Bhattacharya, 2017) shows how empowerment must be conceived not simply as voice or participation, but as the ability to navigate and transform institutions that marginalize. Programs that support peer networks, collective organizing, and socio-emotional learning have shown promise in building more grounded forms of youth empowerment.

Ile and Boadu's (2018) study on youth intervention programs in Ghana reveals that while initiatives exist to empower youth, their effectiveness is often limited by inadequate participation of young people in decision-making processes. This highlights the paradox where programs aimed at empowerment may inadvertently perpetuate disempowerment by excluding youth from meaningful engagement. In Nepal, Chakravarty et al. (2019) found that vocational training programs led to significant increases in non-farm employment and earnings among women participants, suggesting that skill development initiatives can be effective tools for youth empowerment when tailored to local contexts and needs.

Intersectional Approaches in Girlhood Studies:

Intersectionality, as theorized by Kimberlé Crenshaw (1989), is a vital framework in understanding girlhood in the Global South. Intersectional analyses reveal how multiple axes of oppression—such as caste, religion, gender, and geography—shape the lived realities of girls. For instance, Dalit girls in rural India experience

the schooling system differently than upper-caste girls in urban areas. Similarly, Muslim girls face distinct challenges due to the intersection of gendered Islamophobia and state neglect. Scholars (Yunus, 2021; Aruldoss and Nolas, 2019) have shown that ignoring these intersections risks flattening the experiences of marginalized girls.

Moreover, the intersection of age and gender creates what some scholars call "chrononormative" expectations—timelines that regulate when girls should study, marry, or bear children. Disrupting these normative life scripts is central to both understanding and fostering empowerment. Intersectional approaches also push back against the savior complex often embedded in development initiatives, advocating instead for models of solidarity and co-resistance.

Ayushi (2022) emphasizes how factors such as race, class, and cultural expectations intersect to shape the agency and self-discovery journeys of young girls. This approach allows for a more nuanced understanding of the challenges and resilience of girls facing compounded forms of discrimination. Additionally, Bessa (2019) applies postcolonial feminist theory to examine child marriage interventions, revealing how global discourses can sometimes oversimplify or misrepresent the agency of girls in the Global South and do not fully account for the local socio-cultural dynamics influencing girls' choices.

Barriers to Youth Empowerment:

Despite the growing discourse on empowerment, significant barriers remain. Structural inequalities—such as underfunded public education, gendered division of labor, early marriage, and lack of safe transportation—hinder girls' access to and retention in education. Social norms around honor, shame, and domestic responsibilities often curtail girls' mobility and aspirations. Additionally, state surveillance and punitive measures (e.g., biometric attendance systems) in schools can discipline rather than support marginalized girls.

Cultural and familial pressures also influence girls’ decisions around schooling, often in contradictory ways. Some families may support girls’ education but only insofar as it enhances marriage prospects. Others may invest in education but restrict participation in extracurricular activities or leadership roles. These ambivalences reflect broader tensions within development discourse: between liberal notions of freedom and community-based notions of duty, care, and belonging.

The empirical review of youth-employment programs in Ghana by Lambon-Quayefio et al. (2023) highlights challenges like program duplication, lack of coordination, and insufficient impact evaluations, which undermine the effectiveness of initiatives aimed at addressing youth unemployment. Thus, there is a need for transformative education that underscores the need for holistic approaches that go beyond academic instruction to include character development and leadership training. These frameworks must aim to equip youth with the skills and values necessary to navigate and challenge the systemic obstacles they face, fostering a more conducive environment for genuine empowerment.

Educational Systems and Youth Empowerment in the Global South:

Educational institutions are key sites of both empowerment and exclusion. Feminist scholars have long critiqued the ways in which schools reproduce hierarchies of gender, caste, and class (Ramachandran, 2004; Kalaramadam, 2016; Manjrekar, 2021; Upadhyaya, Kolås, and Connolly, 2024). However, schools also offer spaces where girls can build solidarities, encounter new ideas, and cultivate aspirations. The content, pedagogy, and structure of schooling thus significantly shape the possibilities for empowerment. For example, rights-based approaches to education that integrate gender-sensitive curricula, psychosocial support, and community engagement have been shown to improve outcomes for girls.

At the same time, market-driven reforms in education—such as privatization, standardization, and performance metrics—often exacerbate inequalities. These trends tend to exclude marginalized youth and limit the transformative potential of education. Scholars caution against over-reliance on schooling as a panacea, urging instead for a broader socio-political approach that includes healthcare, housing, and labor rights as integral to education (Harber and Mncube, 2011; Nambissan, 2014; Soudien, 2007; Tikly, 2004; Unterhalter, 2003; Aikman, 2000; Rugh, 2000)

In Ghana, the Local Enterprise and Skills Development Programme (LESDEP) aimed to empower youth through skills training and entrepreneurship. However, Ile and Boadu's (2018) evaluation of the program indicates that limited youth involvement in policy design and implementation processes can diminish the potential impact of such initiatives, emphasizing the importance of inclusive and participatory approaches in educational and empowerment programs. Initiatives in transformative education must advocate for curricula that not only impart knowledge but also foster innovative *leadership opportunities among youth*, aligning educational outcomes with the broader goals of societal development.

Programs that support positive youth-led development programming remain at the center of structural transformation in educational systems.

III. Evaluation Design and Methodology

The evaluation program began with cross-continental partnerships and meetings between the lead evaluator and GI program's community-based partners, i.e., program's beneficiaries (girl icons, peer members), GI staff, curriculum developers and implementers, and GI teachers. After engaging with all the representatives of the GI program's partners involved in program design and implementation, the evaluation team determined the assessment of the resource landscape and feasibility for program evaluation. A timeline for the project is demonstrated in **Figure 3.**

True partnership between academics, communities the program aimed to serve, and non-profit organization (Milaan) leaders and staff was central to selecting variables for impact assessment. At the forefront of the evaluation were the following principles: equity, and trauma-informed practice, integrity, systematic inquiry, technical and cultural competency, a commitment to honoring the dignity and autonomy of GIs (including peer members, and all program partners), upholding the ethos of contributing to the common good, and advancing an equitable and just society.

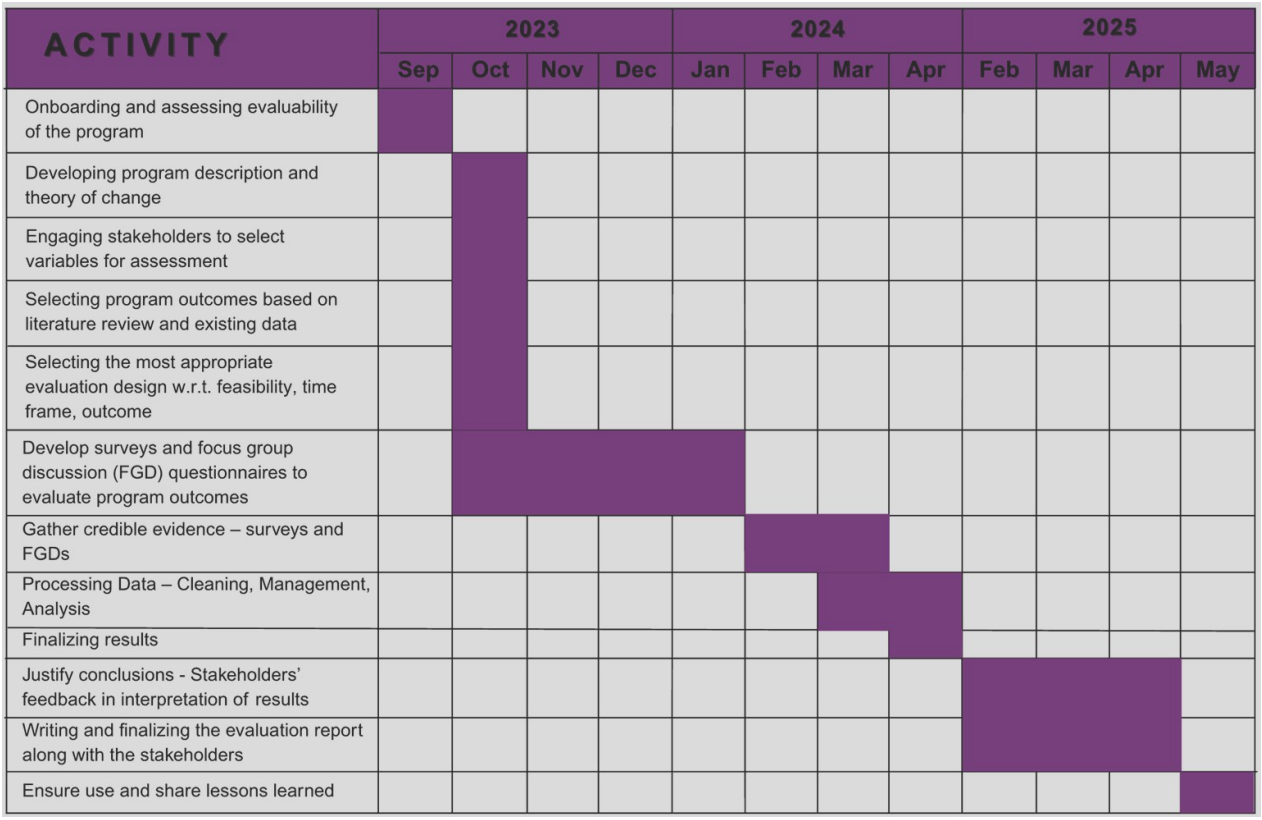


Figure 3. Evaluation Timeline.

Additionally, intermediate program outcomes were selected based on existing culture- and context-specific evidence-based literature and GI program's theory of change.Guided by Girl Icon program's theory of change, the evaluation team determined the evaluation outcomes to measure program's impacts on girl icons and peer members involved with the program. The evaluation outcomes were further refined following a collaborative effort and the most appropriate evaluation methods were selected based on feasibility, available resources, and time constraints. Please refer to **Figure 4** and **Figure 5** for a detailed list of the evaluation outcomes.

Survey Measures and FGD Instruments

The research team conducted a mixed-methods evaluation to gather both qualitative and quantitative data to measure the program's impact. Quantitative surveys and semi-structured qualitative focus group discussion (FGD) guides were developed, adapted, and implemented with community-based partners and informed by evidence-based literature to evaluate program outcomes. The GIs and the peer members graduated from the GI program in December 2023. All data was collected from participants in February and March 2024 after their completion of the GI program.

Quantitative - Survey Measures:

Based on the theory of change of the GI program, the lead evaluator developed the survey after consultations with the GI program team, community partners, and the program recipients. The development of the survey was informed by extensive landscape analyses on existing literature and evidence-based measurement tools used in Indian context. Thus, the quantitative survey instrument informed by the survey instruments used in other studies, such as the Understanding the Lives of Adolescents and Young Adults (UDAYA; Population Council; Santhya et al., 2017), Youth Study (IIPS and Population Council, 2010), the Indian Adolescent Health Questionnaire (IAHQ; Long et al., 2013), Annual Status of Education Report (ASER; ASER Centre, 2017), NFHS-5 (IIPS, 2020), and the Gender Roles Attitudes scale (Patel et al., 2021). These study instruments were piloted with a sample of GIs and peer members and their feedback was used to adapt the study instrument to increase the survey efficiency and applicability.

The instruments were developed in English, translated to Hindi, and back translated to English to ensure accuracy of the translation while also being

mindful of cultural terminology. The survey was administered via audio phone calls. During the pilot phase, the survey instrument for GIs consisted of two hundred and seventy-seven questions. This instrument was implemented with one hundred and nine GIs and it took approximately 50–90 minutes to respond to the survey. For the peer members, the pilot phase survey instrument consisted of two hundred and seven questions and one hundred and one peer members completed the survey. During the pilot phase, Hindi language and vocabulary for more technical words were also tested with both teachers and students to ensure comprehension of the survey questions.

The survey instrument was refined based on the concerns around native language, survey fatigue, and limited mental health care resources to support GIs. The final iteration of the instrument was administered to three hundred and sixty-six GIs and seven hundred and fifteen peer members. The final survey administered to GIs contained 108 questions about education, health (including validated scales such as PHQ-8 and GAD-7), safety, leadership, gender role attitudes, autonomy, and perceptions of the GI program (see Appendix A). The survey took approximately 30–40 minutes to complete. Sociodemographic questions included in the survey collected questions on age, religion, caste, education level, family income, state/neighborhood, and parents' occupation. **Figure 4** shows the evaluation outcomes for GIs. To assess peer members' experiences in the GI program, a 74-question survey was administered which explored the topics of education, health, autonomy, safety, gender, and perceptions of the GI program (see Appendix B). The survey took approximately 20–30 minutes to complete. **Figure 5** shows the evaluation outcomes for peer members.

Evaluation Outcomes for Girl Icons:

Outcomes Based on Critical Awareness and Knowledge Gain	
Health	Menstrual health management
	Sexual and reproductive health awareness
	Gain awareness of schemes and services for the health of girls and women
	Understand the importance of physical and mental wellbeing
Education & Vocation	Gain awareness of their right to education and understand its importance
	Understand the importance of personal and career goals and aspirations
	Gain elementary digital and financial literacy
Gender, Safety and Protection	Gain awareness of gender, gender norms, and gender- based discrimination
	Recognize violence against women and girls (VAWG)
	Gain awareness of laws and services for the protection and safety of girls and women
Exercise their agency	Adolescent girls have strong, positive individual identity and self- efficacy
	Perceived self-efficacy
	Consent on whether, when, and who they marry
	Decide on their education and career goals – complete secondary education
Build qualities of leadership	Learn to build relationships and teams
	Gain planning, execution, and decision-making skills
	Learn to negotiate, collaborate, and resolve conflict
	Learn to mobilize communities through collective action
	Gain communication skills
	Be role models in the community (especially for peer groups)
Socio-Demographics	Age
	Father's occupation
	State/neighborhood
	Education at the start of the program
	Religion
	Caste
	Family income

Figure 4. Evaluation outcomes for Girl Icons.

Evaluation Outcomes for Girl Peers:

Outcomes Based on Critical Awareness and Knowledge Gain	
Exercise their agency	Adolescent girls have strong, positive individual identity and self- efficacy
	Perceived self-efficacy
	Consent on whether, when, and who they marry
	Decide on their education and career goals – complete secondary education

Figure 5. Evaluation outcomes for Girl Peers.

PHQ-8 (Patient Health Questionnaire-8):
The PHQ-8 is a widely used and validated measure of depressive symptoms (Kroenke et al., 2009). Each of the eight items is scored on a 4-point scale ranging from 0 ("not at all") to 3 ("nearly every day"), resulting in a total score range of 0 to 24. The standard cut points for depression severity are 5 (mild), 10 (moderate), 15 (moderately severe), and 20 (severe).

GAD-7 (Generalized Anxiety Disorder-7):
The GAD-7 is a validated screening tool for generalized anxiety disorder (Spitzer et al., 2006). Each item is rated on the same 4-point scale as the PHQ-8, with a total score ranging from 0 to 21. Cutpoints of 5, 10, and 15 indicate mild, moderate, and severe anxiety, respectively. The GAD-7 is frequently used in both clinical and research contexts and has been shown to be reliable and sensitive to change.

Qualitative - FGD Instrument

The semi-structured FGD Instrument was developed in collaboration with GI community partners. The FGD instrument was developed in English, translated to Hindi, and back translated to English in collaboration with GI community partners to ensure accuracy of the translation while also being mindful of cultural terminology. The FGDs allowed GIs to share their detailed experiences in the GI program in ways that could not be captured through the quantitative survey alone. The FGD instrument included a total of sixty-nine questions (see Appendix C). The FGD instrument was designed over several Zoom meetings in partnership with alumni and staff of the GI program to assess participants' educational journey, health knowledge, self-efficacy, relationships, and leadership skill development since joining the GI program. It also explored various barriers and facilitators to gender equity.

Study Sample and Data Collection

A total of 1,716 GIs and 33,292 peer members constituted the cohort that graduated in December 2023. To select a random, diverse and inclusive sample representative of the entire population of GIs and peer members served by the GI program, a vulnerability score was created for both GIs and peer members based on their region (rural vs urban), education level, minority religion, caste, and annual household income. This vulnerability score ranged from 0 to 8, with 0 being least vulnerable and 8 being most vulnerable. The data was further

disaggregated based on state - district and age group (12-14 years and 15-19 years) within each of the eight groups with different vulnerability scores. Thus, the GI sample for the evaluation study was randomly selected by age, state, and vulnerability. For peer members, the sample was randomly selected based on age, state, vulnerability, as well as their GI mentors. Please refer to **Figure 6** for the frequency distribution of GIs in each of the eight groups based on their vulnerability score.

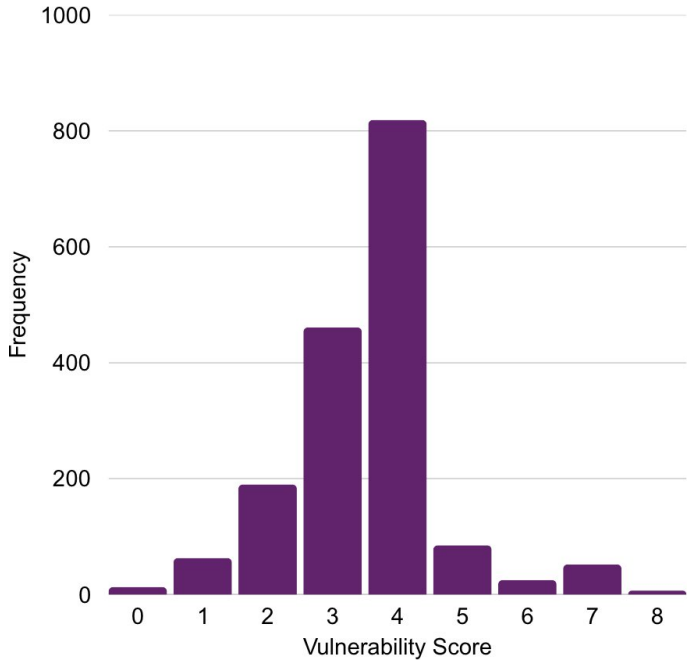


Figure 6. Frequency distribution of GIs based on vulnerability score.

Girl Icons:

A total of 507 GIs were selected through random sampling to participate in the evaluation: 266 from UP, 177 from MP, and 64 from Karnataka. Of those selected, 473 GIs completed the survey (93% response rate). In addition to the surveys, there were eight FGDs conducted with 56 GIs. Participants for the FGDs were stratified by region to ensure representation from participants in all three states.

The FGDs were facilitated by Meghana Rao, Senior Development professional and gender expert with more than two decades of experience in the social impact field. Prior to beginning each discussion, the facilitator assured participants that the FGDs were voluntary and anonymous, and participants gave their verbal consent to be interviewed.

A total of eight FGDs were conducted with 56 GIs in-person in UP, MP, and Karnataka. All FGDs were audio recorded with a recording device. The discussions were facilitated in Hindi and Kannada (native languages of GIs) with a translator present. The audio recordings were transcribed by an experienced research team in India. The translated transcripts were checked and cleaned to ensure accuracy. Audio recordings and cleaned transcripts were uploaded into password-protected Box folders. The FGDs took place between February-March 2024 and ranged from 2 to 2.5 hours in length.

Peer Members:

Among peer members, 1,000 individuals were randomly selected to participate: 579 from UP, 307 from MP, and 115 from Karnataka. Of those selected, 825 participants completed the survey (83% response rate).

Data Analysis

Qualitative Analysis:

All translated FGD audiotapes were uploaded to a secure Box server. The audiotapes were recorded in participants' native languages - Hindi and Kannada. The audiotapes were translated to English, and back translated to the native language by expert translators to ensure accuracy of the translation while also being mindful of cultural terminology. Transcripts were carefully reviewed, coded, aggregated, and synthesized. The codebook was initially informed by the FGD guide and evaluation questions. Once the audiotapes of the focus groups were transcribed, a third-party qualitative researcher and the lead evaluator met to develop a coding scheme. Using this coding scheme, each focus group transcript was coded separately by the third-party qualitative researcher and the lead evaluator. Differences in coding were resolved by a different member of the evaluation team.

The qualitative analysis of the FGD data included both deductive and inductive approaches. Several main codes were developed, such as gender, education, and health. Additional codes were also identified as they emerged from the transcript data, such as breaking barriers, domestic violence, and hardships at home.

Throughout this process, discrepancies in interpretations of codes and themes were identified and addressed through team discussions. Only comments made

across different focus groups or by consensus of a group of participants were included. Thus, not everything said in the interviews is included in this summary. After all transcripts were coded, summary reports of each primary level 1 code were compiled in an Excel spreadsheet which summarized findings for each theme. These summaries informed the preliminary qualitative FGD findings. A total of 85 codes were created based on the themes. Some of the primary level one codes included advocacy, breaking barriers, child marriage, communication skills, community support, violence, and social issues.

For the complete codebook, please refer to Appendix D. The qualitative results included in this report reflect multiple rounds of analysis and interpretation with the evaluation team members.

Quantitative Analysis:

The quantitative analysis was conducted with IBM SPSS Statistics Version 25 and Microsoft Excel. Univariate tests were performed to describe the study sample, check for violations of normality, record missing data, and evaluate the distribution of the variables.

The analysis was conducted to assess participants' experiences determined by evaluation outcomes and GI program's theory of change. These included the key variables related to health and wellbeing, experiences of witnessing violence against women, education and literacy, agency, autonomy, mobility, and leadership skills. These descriptive statistics outlined the overall distribution and central tendencies within the sample.

Additionally, bivariate analyses were conducted to explore potential relationships between selected variables. Pearson correlation coefficients were calculated to examine the associations between physical health, nutritional knowledge gained through the GI program, and exposure to health information within the program. These correlations provided insight into how different program components may be linked to participants' self-reported health outcomes.

IV. Evaluation Results

A total of 473 GIs and 825 peer members completed the evaluation surveys. GI respondents were predominantly from UP (53%), followed by MP (33%) and Karnataka (13%). Eight FGDs were conducted with 56 GIs from all three regions. The majority of GI participants resided in rural areas (76%) and identified as Hindu (90%). Most participants were between the ages of 16 and 19 (68%), and 93% were currently enrolled in school or college. Peer member survey respondents reflected a similar demographic profile. The full demographic profile of all participants can be found in **Figures 7** and **8.**

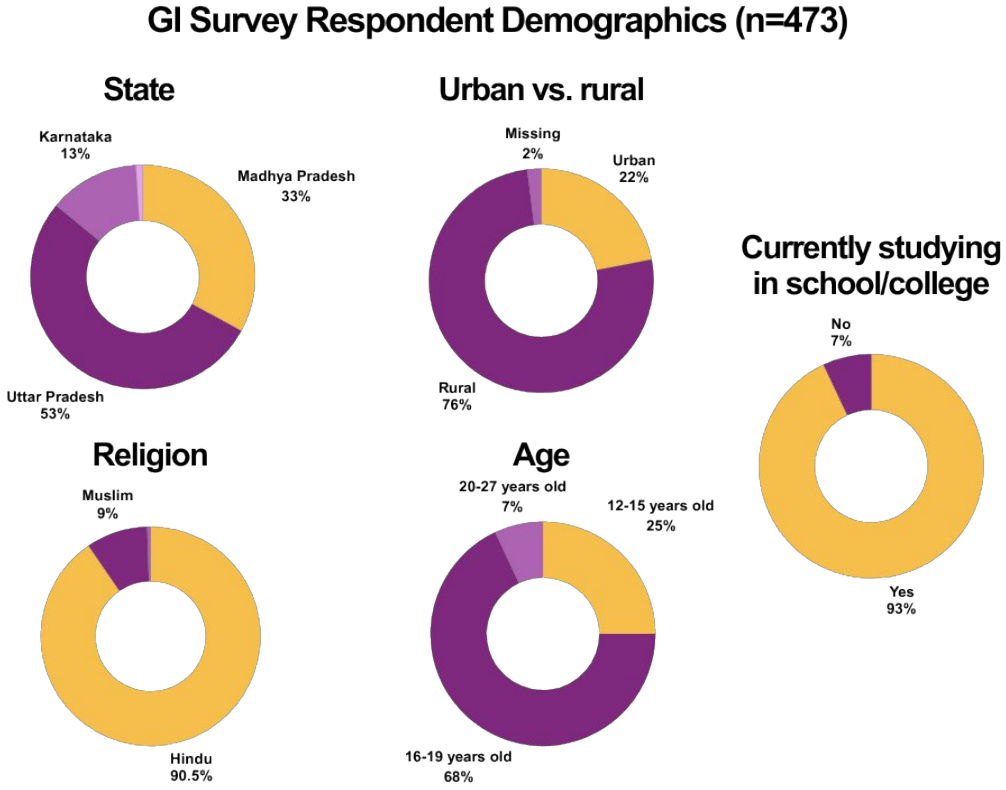


Figure 7. Girl Icon Survey Respondent Demographics.

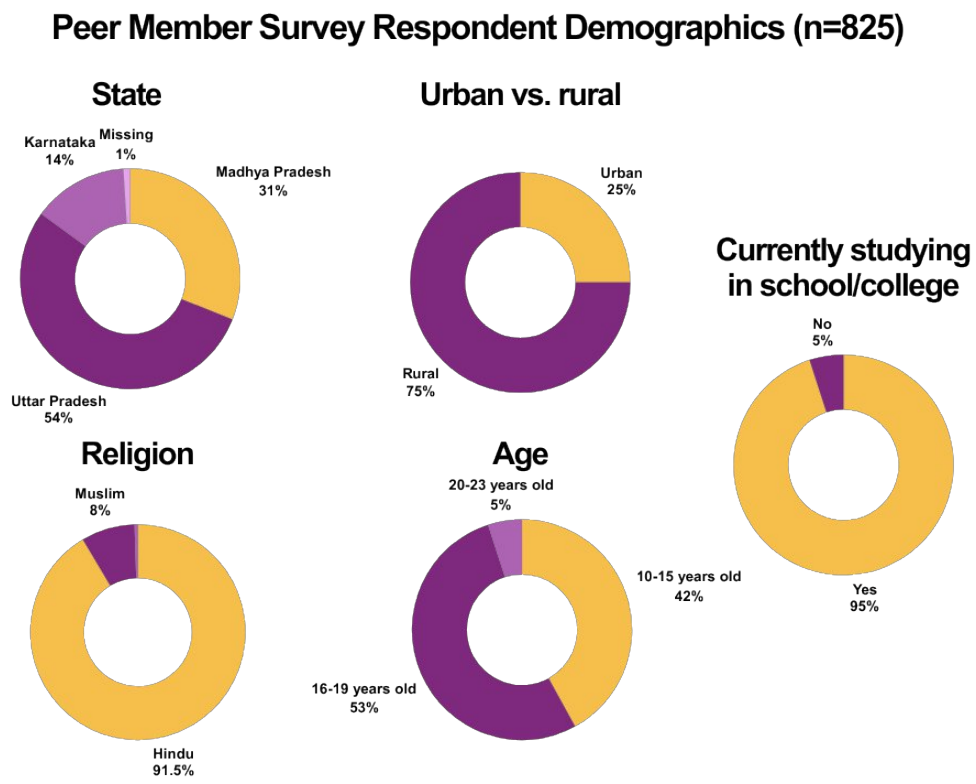


Figure 8. Peer Member Survey Respondent Demographics.

There were five broad thematic areas identified across the dataset: (1) health, (2) education, (3) agency and self-efficacy, (4) leadership, and (5) gender (Figure 8). Overall, within the domain of health, the GI program contributed to increased literacy related to physical health, nutrition, mental health, and sexual and reproductive health. In the area of education, knowledge was framed as a catalyst for personal development and social transformation. The theme of agency and self-efficacy captured participants' enhanced confidence and motivation to challenge restrictive gender norms and pursue individual aspirations. Findings related to leadership indicated that GIs played an influential role in shaping attitudes and behaviors within their communities, especially as it relates to promoting girls' education and addressing harmful social practices such as child marriage. The knowledge and skills gained by GIs generated ripple effects across their communities through their peer engagement and collective advocacy efforts. The thematic area of gender highlights experiences of the girls with gender-based violence (GBV) and other ongoing challenges related to gender equity. Despite these challenges, two protective factors were identified: strong familial support and participation in the GI program. Below we describe the results in detail for each of the five thematic domains.

Figure 9. Qualitative Analysis Themes

Health Literacy

The GI program has significantly improved participants' understanding of health and well-being. After completing the GI intervention/curriculum, GIs feel confident in their ability to make informed health choices, particularly in the areas of physical health and nutrition, mental health, and sexual & reproductive health.

Physical Health & Nutrition:

Many GIs have adopted healthier eating and exercise habits and now prefer homemade and nutritious foods. Here, healthier habits refer to GIs' increased knowledge and awareness of health and well-being promotion leading to conscious nutrition and exercise choices, for example reducing the intake of ultra-processed food, increasing the intake of leafy vegetables, developing an exercise routine. Of the GI participants, 44% self-reported that their physical health was either very good or excellent, as compared to 27% of peer members. For GIs, the nutritional knowledge gained at the GI program was positively correlated to the health information they received ($r = .286$, $p < .01$). Participants credit the GI program with teaching them about the benefits of a balanced diet and the role of nutrition and daily exercise in maintaining energy and overall wellbeing. One GI shared:

"Before the Milaan Foundation, my routine didn't involve eating vegetables…But when I joined the Milaan Foundation, I learned about which vitamins are in which fruits and how eating properly keeps our body healthy. I discovered the energy we get from food through the Milaan Foundation. Ma'am used to tell us which fruits contain which vitamins and what we should eat. During periods, you should eat more of certain foods. The body feels very weak. If you feel tired, then you should eat more."

Mental Health:

GIs have developed a **stronger understanding of the factors that positively and negatively influence their mental health**. Some participants described adopting healthy coping mechanisms, such as engaging in physical activity, meditation, and spending time with loved ones. Community and peer support emerged as especially valuable in promoting GIs' emotional well-being.

However, participants continue to face significant barriers to maintaining good mental health. Of the GI participants, 40.6% self-reported that their mental health was either very good or excellent, as compared to only 25% of peer members. The final scores of the PHQ-8 and GAD-7 questionnaires administered to GIs revealed that 45.3% of GIs scored positive for mild to severe depression and 30.2% scored positive for mild to severe anxiety, respectively. The breakdown of participants' PHQ-8 and GAD-7 scores are presented in **Figure 10.**

GI Mental Health Questionnaire Scores (n=473)

PHQ-8 SCORE RANGE	PERCENTAGE
0-4 (No Depression)	54.7%
5-9 (Mild Depression)	28%
10-14 (Moderate Depression)	11.9%
15-19 (Moderately Severe Depression)	4.8%
20-24 (Severe Depression)	0.6%

GAD-7 SCORE RANGE	PERCENTAGE
0-4 (No Anxiety)	69.8%
5-9 (Mild Anxiety)	21.4%
10-14 (Moderate Anxiety)	6.5%
15-21 (Severe Anxiety)	2.3%

Figure 10. Girl Icons Mental Health Questionnaire Scores.

Common stressors mentioned include domestic violence, family conflicts, gender-based violence (GBV), academic pressure, and gender discrimination within the household. Domestic violence in particular was highlighted as a major issue in many households, with some girls describing its negative effect on their ability to concentrate on their studies. Several participants expressed a need for more effective ways to manage their emotions and stress. While some have developed positive coping strategies, others continue to struggle with harmful coping mechanisms such as self-isolation or reacting with anger. In two instances, GIs shared their tendency to self-harm which requires professional mental health care and support resources. The development, availability, accessibility, and utilization of mental healthcare resources should be a priority both for the Milaan and the local government systems.

The emotional toll of constant criticism from family and other community members was a recurring theme. Two GIs shared the following sentiments that reflect this:

> *"If we make a mistake and parents keep torturing us repeatedly for it, that also affects our mental health."*
>
> *"For instance, if someone is weak in studies, telling them once is enough. Repeatedly pointing it out also affects their mental health."*

Sexual and Reproductive Health:

For many participants, the GI program was the first time they received comprehensive information about sexual and reproductive health. All GIs emphasized that reproductive health is important to them and expressed greater comfort discussing menstruation with friends and family members. Most of the GIs expressed greater confidence in speaking with their parents and/or teachers about their menstrual health and asking their queries around menstrual health without hesitation. One GI explained how her peers helped her overcome the fear she felt about menstruation:

> *"When my periods started, I got really scared. But the older girls told me there's nothing to be afraid of. It's natural and happens to everyone… Everything became clear about what happens and why it happens. Everything is physical, there's nothing to be ashamed of."*

Most GIs felt more confident purchasing menstrual products and are aware of local adolescent sexual health resources such as Anganwadi and ASHA workers. **Across the board, participants demonstrated increased knowledge of what menstruation is, associated symptoms, when to seek medical care, and risks associated with early pregnancy.**

"There are more like me and we are not alone": Knowledge as Power

GIs view education as a pathway to personal growth and a catalyst for social change. They see the transformative potential of higher education not only for themselves, but for their families and broader communities. **All participants emphasized that education is a fundamental right for girls and an essential tool for challenging harmful gender norms.** Many GIs believe that their pursuit of education has led to increased independence, respect, and trust from their families. This trust manifests as greater autonomy and familial support in pursuing their career goals. Many have chosen to pursue their education despite pressure from extended family and community members to discontinue their education and marry early. It is important to note that several GIs are first generation learners and college goers. Additionally, GIs have developed a deeper motivation to excel academically not only for themselves, but to fulfill their parents' dreams and break generational cycles of limited education and career opportunities within their families.

Education for Personal Growth

For many GIs, education is a path for personal growth and self-empowerment to pursue their academic and career goals. Education is not only about acquiring knowledge, but about fostering a greater sense of self-awareness, resilience, and a stronger sense of self-identity. Many GIs felt that the group meetings and extended community of GIs gave them greater confidence to be themselves in the struggle for the right to education and access to equal educational opportunities: "*There are more like me and we are not alone.*" The following GI shares:

> *"These days, many people say that girls can't do this, or girls can't do that. I need to give a strong response to those people. Also, when I study, it's for my future, to make myself aware so that I don't face any problems in the future."*

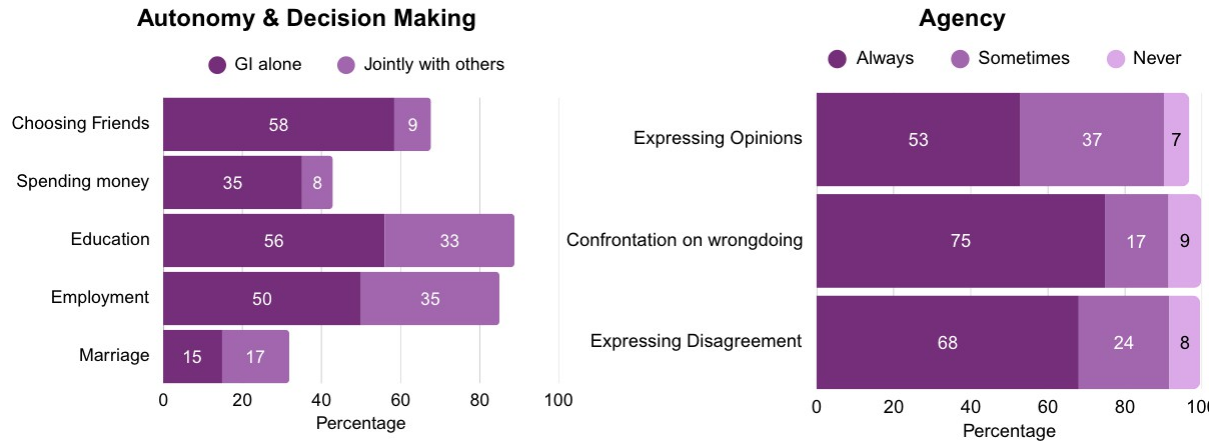
Education for Social Change

While all GIs agree that education is a right for everyone, they are aware that the right to education is still out of reach for many girls, especially in rural areas. GIs believe that education is closely tied to their ability to challenge social issues such as child marriage. Several GIs described how learning about their rights through the program helped them feel prepared to push back against societal pressures around child marriage. One GI shared:

> *"Education is also important because earlier, child marriages used to happen. Girls were prevented from getting an education. If they are educated now, they can fight for their rights. If child marriage is happening, they can stop it. They know what our laws are, what our rules are, how things will happen. So, they can oppose."*

Agency and Self-Efficacy

The GI program contributed to a greater sense of agency, self-efficacy, and self-confidence among all participants and equipped them with the tools necessary to push back against gender discrimination. As a result of the programming, GIs now see themselves as active decision makers in their own lives with the power to pursue their aspirations. **Figure 11** displays further the results of GIs regarding autonomy, agency, and confidence, including both independent decision-making and decision-making in conjunction with others. It is important to note that the ability of GIs to make important decisions, whether alone or with others, is a significant shift from exclusion in decision-making altogether and highlights a growing sense of autonomy.



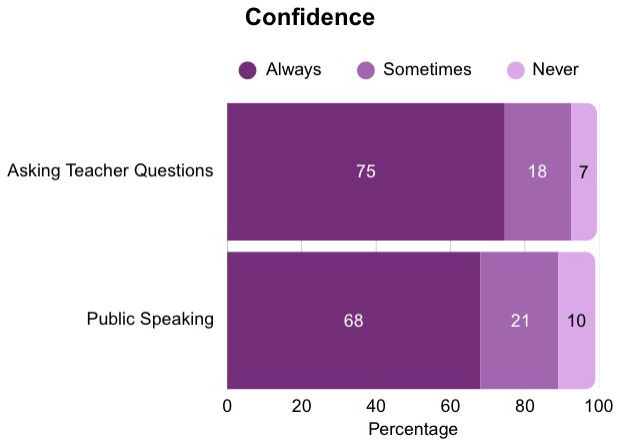


Figure 11. Descriptive results for Girl Icons self-report in three areas: 1) Autonomy and decision making; 2) Agency; 3) Confidence.

Self-Efficacy to Challenge Gender Stereotypes:

Through the program, **GIs have developed the courage to challenge gender stereotypes and stigmas within their homes**, particularly around issues like menstruation, clothing choices, and career ambitions. Several GIs shared that they recognize the biases and harms associated with societal gender norms. They no longer feel constrained by traditional gender norms and they feel empowered to speak up in everyday situations (such as, street sexual harassment while coming from or going to school) where they experience or witness gender discrimination. If pressured to marry early, they are confident in their ability to reach out to trusted family or community members, contact Milaan staff, or call the police if necessary. Many also reported feeling comfortable seeking support from teachers or the Milaan if their right to pursue education is threatened. One GI shared:

> *"[Milaan Foundation] told us how, being girls, we should face this society. We should stand up for the truth. They taught us about the gender-based inequalities that exist regarding boys and girls. And they explained to us how our goals should be…And they gave us a stage; now when we talk, whenever there is a crowd, we don't feel shy…And because of Milaan Foundation, wherever we go, we feel proud. We can communicate. Earlier, we used to think, 'No, we can't talk.' We can, but there wasn't confidence from within that we could. Milaan Foundation has given us that confidence."*

Self-Efficacy to Pursue Girls' Dreams:

GIs describe feeling self-reliant and capable of achieving their dreams, and many now see themselves as role models and changemakers in their communities. They reported an **increased ability to articulate themselves well, especially when standing up for their rights or navigating difficult conversations with family members.** For many GIs, this transformation was most apparent after their Social Action Projects, as one of them shares:

> *"After the GI program, my confidence has increased a lot because of it. I was a very introverted person. I mean, like how I'm speaking in front of you now, I couldn't do that before. I couldn't even express myself in front of a teacher. So, my confidence grew well, and it grew the most when I did the social action project. Many people came for that, and after seeing in people that they think 'They are doing good,' my confidence grew. Handling and coordinating with 200–250 people who came to watch really built my confidence. And because of that, my goals became clearer, and I can speak better now."*

While some GIs are still figuring out their long-term goals, they feel confident seeking guidance from teachers, mentors, and peers as they map out their career journeys. Many GIs have made informed choices about their education and future careers, and have a clear understanding of the next steps needed to pursue their aspirations. This is reflected in the following response from a GI:

> *"Before joining the Milaan Foundation, my journey was simply about finishing my studies. I thought I would complete my PUC and then pursue a degree. Whatever subjects were available in college, I would take them and study. That's all I had thought. There was no clarity of goals. When I joined the Milaan Foundation, the training started there. There was a session for us about our goals. . .They told us what we could achieve and what the next level was. If we finish PUC, the next level is a degree. In a degree, you choose subjects based on what you want to become. So, there we got clarity on subjects, and we could pursue what we wanted in the future."*

Leading by Example: Ripple Effects through Community Advocacy

Through the GI program, the participants have built a foundation of leadership that is rooted in a strong sense of collective responsibility. **Approximately 92% of GIs reported that they feel confident about their ability to lead,** as shown in **Figure 12,** with a detailed breakdown of survey items related to leadership.

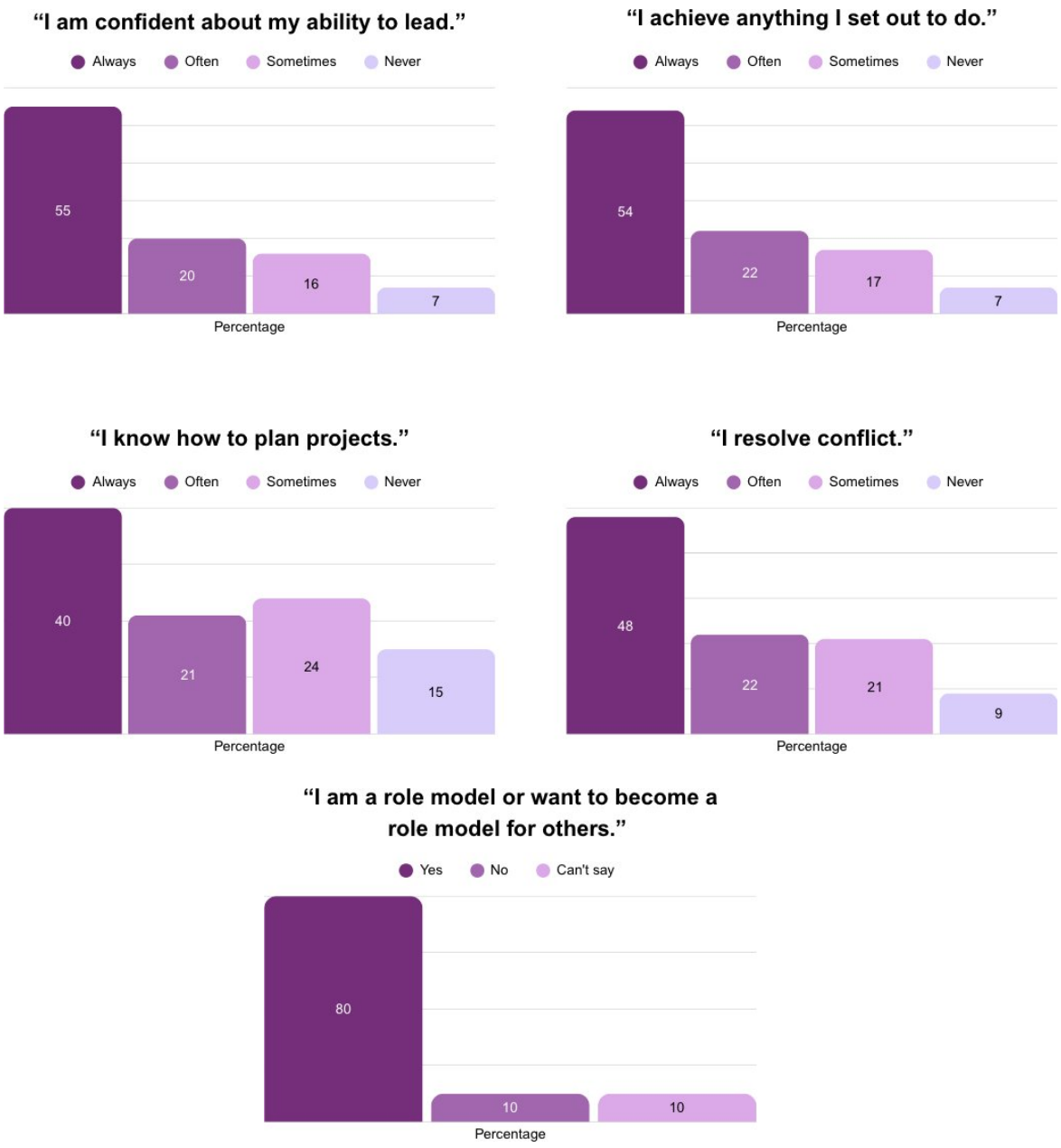


Figure 12. Girl Icons responses to leadership survey items.

GIs' leadership had **ripple effects** across their immediate and extended community. They have been equipped with the skills and confidence necessary to become powerful champions who advocate to challenge harmful social norms, promote girls' education, and prevent child marriages in their communities. The ripple effect from the interaction between the GIs and the peer members resulted in **66.7% of peer members reporting that the GI program enhanced their self-efficacy, autonomy, and positive identity**. The following quotes from two

peer members are examples of the positive interactions between GIs and their peers:

> *"[I] felt inspired by the dedication of my Girl Icon and our journey, where we spent time on the problem identification in our own society and discussions on the problem solutions."*
>
> *"No one till now asked about who belongs to which caste. I like the group concept of equality."*

The Ripple Effects of Challenging Harmful Social Norms:

GIs are increasingly seen as role models by their peers and community members alike. Participants have become more confident in their public speaking, conflict resolution, and teamwork skills. Through their SAPs, GIs have successfully organized community rallies, street plays, and awareness campaigns on issues such as menstrual health, importance of girl education, and women's rights.

Planning and execution of SAPs empowered GIs to put their leadership skills into practice. Their confidence in their leadership skills was further boosted when they received acknowledgement and appreciation of their village and community members. This, in turn, brings greater recognition about the capabilities and potential of the girls both from immediate and extended family members. This has contributed to a ripple effect of increased awareness and shifting attitudes around girls' rights in their local communities. One GI shared:

> *"Any function in the society, wherever there may be a large crowd, we go there and ask for about five minutes of their time and try to raise awareness. It may be in schools, it may be in institutions, we all go there and try to raise awareness as there are a lot of girls there. We must take more efforts in villages because if villages improve, then we can all go ahead as a society."*

The Ripple Effects of Promoting Girls' Education:

After watching GIs pursue education despite existing barriers, other girls in their villages felt inspired to return to school. Participants' influence extended beyond

their immediate social circles as they advocated for girls' education. Several GIs directly advocated for peers to continue their studies, join the program, and reassured hesitant parents. They also helped other girls navigate government schemes and apply for scholarships. One GI shared:

> *"The same thing happens where I live, ma'am. Muslim girls are not educated, but since I started going to school, seeing me, many girls in my neighborhood and village have started going too."*

The Ripple Effects of Preventing Child Marriage:

GIs have played a key role in preventing child marriages in their villages by speaking with girls' parents and encouraging alternative paths. Many participants shared stories of direct intervention in cases of child marriage in their communities. They expressed strong confidence in their ability to confront parents, contact the police, and/or involve other trusted adults on behalf of the victims. This pivotal role is captured in the following quotes from two GIs:

> *"There was a girl who was under 18, and her parents were getting her married. She used to act out a little, so I explained to her parents, 'You should educate her for now. She's not 18 yet. How can you get her married?' Now she is studying, and her parents have only gotten her engaged."*

> *"The change is in us like, now we can stop child marriages, raise our voices against them. Earlier, we used to think 'Why should we raise our voice? What will people say? What will their families say?' Now we can stop anyone's child marriage."*

Gender-Based Violence and Gender Equity

Gender-Based Violence:

GIs have developed a deeper understanding of gender-based violence (GBV) and how it can manifest physically, verbally, economically, emotionally, and sexually. When asked about their experiences with GBV, 51% of the GIs reported witnessing violence against women. As a result of the program, GIs reported that they are increasingly aware of how such violence can negatively impact both physical and mental health and they feel more confident and equipped to recognize, name, and challenge it. GIs understand the importance of reporting harassment, discrimination, or forced marriage, and feel comfortable calling helplines like 1090 and 1098 if needed. The program also helped them learn how to identify and respond to inappropriate or non-consensual touch. The knowledge and skills they gained through the GI program have helped them recognize their own strength and agency when faced with GBV. One GI shared:

> *"If discrimination, teasing, or any kind of harassment happened to me [before the GI program], I didn't know how to speak up about it. But when I came here, I learned to speak up, I learned about helpline numbers. So those powers within me came out on their own. That 'Yes, I have these powers within me.' The ones I couldn't recognize before, I've started recognizing them after attending the meetings."*

Several GIs shared their experiences of intervening in cases of domestic violence, 8% of the GIs reported not feeling safe at home and at school. A few described witnessing abuse in their own families and choosing to act either by standing up to the abusive adult or reaching out to trusted figures like the police, teachers, or other family members. One participant saw a child being harmed and informed her mother, who confronted the abuser. Others described challenging abusive behavior from their own fathers, or turning to school staff and other trusted adults in the community for help and support.

Gender Equity: Ongoing Challenges:

Despite the GI program's transformative impact, several barriers continue to slow the ripple effects or create countercurrents that undermine the progress of the program. These challenges are largely rooted in systemic gender inequality and structural limitations that hinder girls' ability to pursue education and social mobility.

Safety Concerns:

One important barrier to attending school consistently was safety and commuting concerns. Some concerns included unsafe roads, long distances, unreliable transportation, and frequent verbal and physical harassment on the way to school and at bus stops. For example, **approximately 1/3 of GIs reported not feeling safe in public transit**. In general, 1/5 of GIs reported not feeling safe in public spaces, such as their villages and communities. These safety concerns may inform why many families prohibit girls from leaving the village. One GI shared:

> *"There's a lot of distance, there are difficulties, a lot of harassment happens. Because of harassment, families say, 'Don't send girls to school.' This still happens in many places."*

Lack of Access to Information:

Many families also **lack access to reliable information about educational opportunities, scholarships, and government schemes.** This barrier is particularly relevant for families experiencing economic hardships, as they are unable to cover costs for education and reliable transportation and therefore become easily dissuaded from supporting their daughters' education, as shared by the following GI:

> *"Parents don't have enough information. They live in villages, are not educated, and other people tell them not to educate their children, saying it's all lies."*

Gender Discrimination at Home:

Many girls also spoke about being sent to under-resourced schools while their brothers were enrolled in better schools. This reflects a belief that investment in boys' education yields higher returns than investment in girls' education. One GI shared:

> *"Boys are sent to better schools. Because 'They are boys, they will stay here. Girls will go to their in-laws' house.' So, ma'am, girls are educated in worse schools. So, there's discrimination there too."*

Gender Discrimination in Society:

Another identified barrier was gender based discrimination and inequitable gender role attitudes, as reported in **Figures 13** and **14**. These inequities still remain and are perpetuated in the broader community. Many of the GIs expressed that their extended family members and people in their communities continue to perpetuate harmful gender stereotypes and period stigma. This results in parents and children still doubting their ability to change their circumstances and support their daughters in realizing their dreams. This highlights the **need for sustained community engagement** and wider program reach to ensure all girls can thrive in a supportive environment.

Gender Role Attitudes (11 items)	**N = 335** **Range 0 to 1** **0 = inequitable attitudes** **1 = equitable attitudes**	**Mean = 0.35, S.D.= 0.14**

Figure 13. Descriptive Statistics for Gender Role Attitudes.

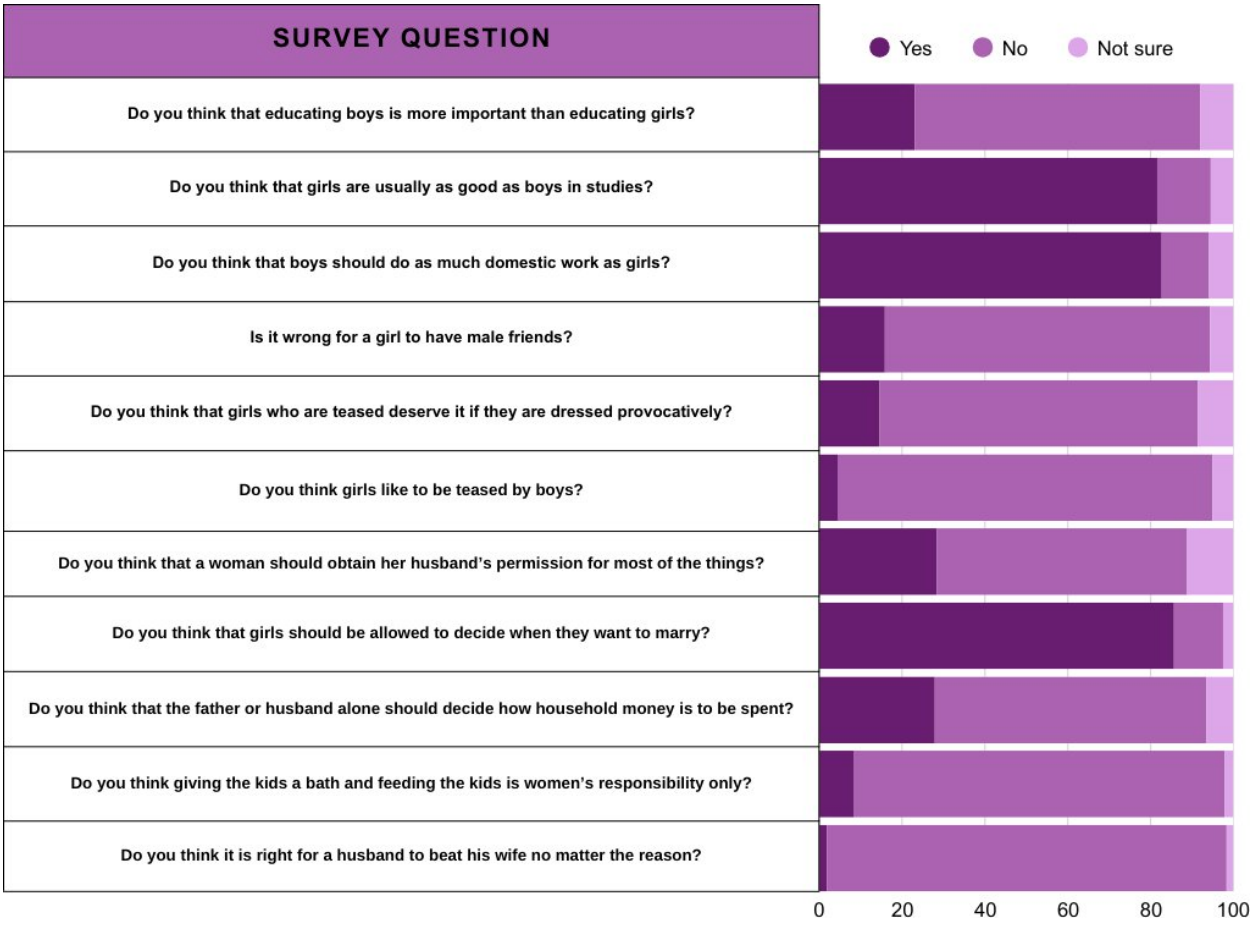


Figure 14. Girl Icon responses to gender role questions.

Gender Equity: Protective Factors:

Family Support:

Family support emerged as one of the most significant protective factors in GIs' ability to pursue education and challenge traditional gender norms. For many, familial support manifested as male relatives providing emotional and physical support during commutes to school and during instances of gender-based violence. While some girls still face resistance from extended relatives or community members, **the majority of GIs described that their immediate families became more supportive and encouraging after their participation in the GI program.** Each GI has had to engage with immediate or extended family members at some point in their journey during the program. Some of these discussions have taken place post some maturity in the program. Mostly these negotiations have been regarding higher education, fees for education, and freedom to use public spaces despite the fear of harassment and violence against girls and women in public space. Many parents see the GI program as a

source of guidance for their daughters, and their trust in Milaan has made them more open to supporting their daughters' aspirations. One GI shared:

> *"My family also changed when I came to Milaan Foundation. I used to have meetings, and after coming back from the meetings, I would talk, and they would listen too. Because of listening, their mindset also changed a bit. They also started helping me. They would tell me, 'Whenever you feel bad or if there's any mistake, let us know. We will improve. We won't treat you like that.'"*

GI Program's Role:

Additionally, **the GI program itself has become a protective factor in the girls' lives.** Being in community with like-minded peers has helped them manage stress, stay motivated, and resist harmful societal pressures. The sense of solidarity and belonging they feel with other GIs and peer members helps them sustain their self-confidence and continue pursuing their aspirations despite the barriers that exist.

Across the board, participants expressed deep appreciation for the GI program and viewed it as a transformative experience that reshaped how they see themselves, their futures, and their roles within their families and communities. The program served as a safe space for them, with **95.6% reporting feeling safe within the GI program and 75.5% reporting that the program directly helped them pursue their education.** One GI shared:

> *"We have been filled with courage due to Milaan foundation. If you want to do all of this, this is the way to go about it, is what we have been taught. We used to be scared to go out. Now in every training in Milaan, we are told that we have to be courageous, we should move ahead with courage and face everything. I have incorporated all of these into my life."*

Additionally, the program gave participants the courage to speak without fear; this newfound confidence has allowed them to assert themselves more freely, whether in family discussions, school matters, or community involvement. The GI program has been instrumental in helping participants develop increased self-confidence and belief in their abilities, which has translated into tangible changes

in their lives. They are now more willing to challenge harmful gender stereotypes, advocate for their rights, and support others in their communities.

To sustain the momentum that has been built, it is imperative to continue to deepen this programming and broaden its reach among community members.

V. Discussion

Empowering Systems Change

Systems that enable child marriage and gender-based violence rely on a number of interconnected threads, each of which can be targeted to create change. These interwoven threads include ideas about gender roles and domestic labor, social norms and expectations around educating girls and encouraging their professional aspirations, ideas about physical and sexual health as well as access to medicine and medical knowledge, and beliefs about the role of family in decision-making around marriage. As the results of this study indicate, these different components reinforce and strengthen a value system that can keep girls and women out of schools, jobs, clinics, and hidden from the public sphere. All of these practices link together to facilitate gender-based violence, as shown in **Figure 15**.

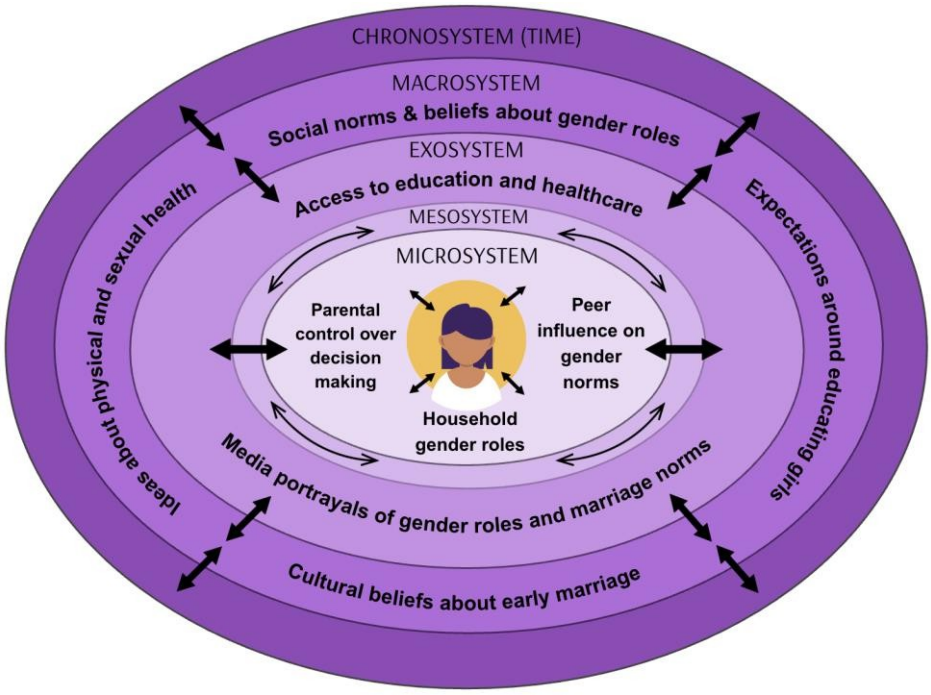


Figure 15. Nested diagram of systems perpetuating child marriage and GBV.

Thus, changing a system that enables gender-based violence requires numerous multi-faceted interventions that aim at reworking and reorienting each of these interconnected threads. One central strategy involves educating and empowering girls themselves about their ability to make their own choices and decisions even in the face of social and familial pressure. Enabling girls to recognize what constitutes gender-based violence and to understand that it is not okay and that

freedom from gender-based violence is a human right is a first step toward empowering girls to advocate for themselves and for each other.

Systematic change of gender-based violence requires multi-level evidence-based interventions. Patterns of behavior at the individual scale support and reinforce norms and patterns at a social-structural scale, which in turn influence the behaviors of individuals. Since these patterns reinforce one another through positive feedback loops, and what happens at the individual and interpersonal level can affect change at the structural scale, enabling girls to engage in agential action and to advocate for themselves should be understood as an important structural intervention.

Elements of empowering system change include building community connection, promoting communication and advocacy, and working to change norms and expectations surrounding appropriate age for marriage, the importance of agency and choice within marriage, understanding of gender roles and domestic labor, and the need for girls' education. Access to age-appropriate physical, mental, and sexual health care can also help to challenge the use of menstruation as justification for social exclusion and oppression of girls and women. Together these strategies can build the power to change and transform social practices at the level of the individual, the family, the community, and, ultimately, the social system.

Engaging with Boys through Gender-Transformative Approach

An expressed need that echoed throughout the GI program evaluation process - from initial meetings with the girls participating in the program to the final data analyses - was engaging with boys to transform their gender inequitable attitudes. Due to the gender inequitable norms held by boys and men in their lives and in their communities, girls reported experiencing discrimination at home, harassment on streets, gender based violence in public spaces, and the associated mental health challenges and barriers to educational and healthcare opportunities. Indeed, prior studies have demonstrated that 28% to 51% of boys aged 15 to 19 years hold gender inequitable norms in India (Ahankari et al., 2023; Patel et al., 2021; Miller et al., 2013). Adherence to gender-inequality and rigid masculine social norms are associated with poor physical and behavioral health outcomes for communities (Heise et al., 2019). Any effort at girl empowerment without engaging boys and men to transform gender roles and promote more gender-equitable relationships will not be sustainable.

Engaging boys and men in anti-gender-based violence strategies is key to preventing gender-based violence and promoting public health and safety. A gender transformative approach (Casey et al., 2016) explicitly addresses the underlying causes of gender inequality. It is a guiding philosophy which should be considered for any intervention or program development. Gender transformative approaches have been purported as best practices for engaging boys and men in promoting gender equality. Gender transformative approach operates through three domains of men's engagement– (i) initial outreach to boys and men, (ii) attitude and behavior change interventions, (iii) sustained social action. These three domains involve – (a) critical examination of gender-related norms and expectations related to masculinity and socialized gender-roles and (b) efforts towards increasing gender-equitable attitudes and behaviors.

Additionally, prior research shows that adolescence is a critical development phase to modify attitudes and beliefs, and adolescent boys are more likely to be involved in efforts to challenge their gender-inequitable attitudes than older males (Gupta & Santhya, 2019) Yet, existing programs face challenges in initial recruitment and engagement of males in these efforts.

Milaan, through its impressive network of collaborators could spearhead engaging adolescent boys through gender transformative approach. Such program development should start with initial outreach efforts to engage boys and men is not conceptualized well through a gender-transformative lens. MF can use its existing database, pre-established community collaborations, village leaders and community-led organizations in its efforts to engage with boys and recruit participants for an intervention/program focused on adolescent boys to achieve a gender-equitable community.

Strengths and Limitations of the Project

Strengths:

A primary strength of this evaluation was its community-partnered approach. From development to implementation, the evaluation was conducted in collaboration with the GI program's community-based partners who helped identify evaluation outcomes and relevant variables and refined the evaluation tools to be aligned with evidence-based literature and local context. Community partners worked alongside the research team to ensure that the surveys and FGD guide were contextually grounded and that they prioritized participant safety, well-being, and voice.

Another major strength was the application of a mixed-methods design, which combined quantitative and qualitative data to generate a comprehensive understanding of the program's impact. The quantitative data captured key measurable outcomes, while the qualitative data added depth and context that allowed for a more nuanced interpretation that accurately reflected the complexity of GIs' lived experiences. This methodological approach allowed for triangulation across data sources to strengthen the reliability and richness of the evaluation.

The evaluation also benefited from having an interdisciplinary and culturally competent research team composed of collaborators across India and the U.S. The diversity of expertise and perspective among the research team strengthened the evaluation's design, analysis, and interpretation. This international collaboration allowed the impact evaluation to be enriched by global perspectives while being rooted in the program's local context.

Limitations:

This impact evaluation followed a post-only design. While outcomes were selected based on community priorities and contextual relevance, the absence of pre-program data limits the ability to track changes over time or attribute observed outcomes directly to program participation. Additionally, the scope of data collection was limited to adolescent girls participating in the GI program. As a result, the perspectives of boys, family members, and other community members were not captured. Future evaluations should incorporate these additional stakeholder perspectives for a more comprehensive picture of the program's impact at the community level.

The focus group format may have introduced social desirability bias or groupthink, especially when discussing sensitive topics. This may have influenced participants' willingness to share openly and should be considered when interpreting qualitative findings. Furthermore, questions related to contraception and trauma were intentionally excluded due to the lack of appropriate follow-up resources for participants. While this decision was guided by trauma-informed ethics and commitment to participant safety, it limited the evaluation's ability to explore some critical areas of the girls' lived experiences.

VI. Conclusions and Recommendations

The Girl Icon program provides vital resources that require continuing support. Our evaluation finds that the GI program positively contributed to knowledge and skills that improved the lives of GIs through increased literacy related to physical health, nutrition, mental health, sexual and reproductive health, as well as through increased aptitudes in leadership and self-advocacy. The knowledge and skills gained by GIs generated ripple effects across their communities through their peer engagement and collective advocacy efforts, paving the path for large-scale change.

A core feature of our evaluation was listening to and heeding the structural challenges that exist for GIs. It does not matter much if a GI is able to stand up for their rights or is better able to navigate difficult conversations with family members if they are doing so in an environment that is set up to continuously recreate the challenges they are responding to with these increased advocacy skills. Because social transformation and norm-shifting is a long process, it should be expected that GIs will continue to face societal and mental health challenges that weather their ability to persevere and thrive. These are challenges that must be met with resources and intentional planning.

As noted in our report, the development, availability, accessibility, and utilization of mental healthcare resources should be a priority for Milaan. A corollary priority should be resource development for removing access barriers based on GIs concerns for their safety in public transit. With one third of GIs reporting not feeling safe in public transit, and one fifth reporting not feeling safe in public spaces, it is critical to address GI's experience of unsafe roads, concerns for traveling long distances, unreliable transportation, and frequent verbal and physical harassment on the way to school and at bus stops. Direct programmatic interventions should be aimed at these areas.

Despite these challenges, it is important to highlight that two protective factors were identified by this evaluation: strong familial support, especially mother's support, and participation in the GI program.

Based on our evaluation, we recommend the following:

- Continuation of the GI program.

- Expansion of GI program to meet expressed community needs for greater cohort coverage and increased service profile in underserved communities.
- Resource development and evidence-based interventions to support GIs' mental health.
- Resource development and evidence-based interventions to support safety in public transit for GIs.
- Conceptualization and development of new initiatives programs to address the importance of intergenerational support and integration of sociocultural kinship dynamics within the GI program.
- Conceptualization, development, implementation, dissemination, and evaluation of new programs to engage with boys and men in transforming their gender inequitable attitudes using gender-transformative approaches as well as a part of holistic approach to structural change in the GIs' environment.

[END OF REPORT]

Additional recommendations for internal controls and foundation development:

- Development of a dedicated research wing that supports strengths-based youth leadership participation in research, led by GIs where GIs are employed.
- Scaling up of monitoring and evaluation capacity. Specifically: (1) investing in trauma-informed training for evaluation purposes, (2) pre-program data collection and preparing for pre-program data collection *at least 1 year prior*, (3) network development and creating partnerships with established and reliable local data collection teams who either possess trauma-informed training or can receive it prior to primary data collection and interaction with GIs.
- Development of foundation-level policies and procedures for local contractors and data collection freelance agents, including for identifying negative impacts of survey process on GIs and for stopping research collection being carried out for program evaluation purposes, and for disseminating these policies with all agency partners.

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Appendices

Appendix A: GI Survey Questionnaire

Question	Answer Choice
Are you currently studying in a school or college?	Yes, No
If yes, how was your performance in class in the last academic year?	Poor, Average, Good, Very Good
If poor performance, what was the reason for your poor performance in school/college?	Short answer
If yes, what type of school/college did you last attend or are currently attending?	Government school, Private school, Open school/Distance learning/corresponding school, Don't know
If currently attending school/college, how many minutes does it take you to travel from home to school/college?	Write only number
If currently attending school/college, do you feel safe when at school/college?	Never, rarely, sometimes, most of the time, always
If ever attended school, have you ever not gone to school because you felt you would be unsafe either at school or on your way to school?	Yes, No
If not currently enrolled in school, what is the reason for discontinuing school? School too far/inaccessible, Financial constraints, Lack of interest in studying further, Family constraints, Had failed, Own illness, Pursuing vocational training or other course, Preparing for entrance exams, Other (specify)	Choose all that apply
If not currently enrolled in school, were you ever enrolled in school?	Yes, No
What is the highest level of schooling you have completed?	Number only
What is your mother's highest level of schooling successfully completed?	Number only
What is your father's highest level of schooling successfully completed?	Number only
Did you receive any help from the GI program in your education?	Yes, No
Are you aware of the free school uniform scheme?	Yes, No

Have you received free school uniform or money to buy uniform in the last class/current class?	Yes, No, NA, studied in a private school, not given in the school
Have you heard about any government schemes that offer scholarships?	Yes, No
Have you received scholarship in the last class attended/current class?	Yes, No, NA, studied in a private school, not eligible
Are you aware of free textbook provision?	Yes, No
Did you get free textbooks in the last class/current class	Yes, No, NA, Not eligible/Not given
Did you get a tablet/laptop when completed class 10/12?	Yes, No
Have you heard about skills development mission that seeks to provide vocational skills to youth?	Yes, No
Are you aware of any vocational skills training centres under the mission?	Yes, No
Have you heard about employment exchange or employment counseling centres?	Yes, No
Do you think that receiving education is your right (adhikaar)?	Yes, No
Have you heard of right to education act (RTE)?	Yes, No
If yes, what is the age group covered under the RTE act?	Number only
Are you aware about the mid-day meal at school?	Yes, No
Do you avail mid-day meal at school?	Yes, No
Have you heard of Rashtriya Madhyamik Shiksha Abhiyaan (RSMD)?	Yes, No
Have you heard of Sarva Shikhsa Abhiyaan?	Yes, No
Have you heard about government schemes that gives loan to women for self-employment,e.g. Sukanya Samridhhi Yojana?	Yes, No
Have you heard about any other scheme related with girls' education?	Yes, No
Have you ever attended any vocational training/programme?	Yes, No
If yes, do you feel competent enough to use the skill acquired?	Yes, No
Did you want to attend a vocational training programme, but could not?	Yes, No

What is the class up to which you would like to study?	Graduate, Post graduate, MBBS, Engineering, Teacher training. Technical diploma, Other (specify), Don't know
Do you think it is important for girls to have career aspirations?	Yes, No
Have you ever done any unpaid work (for more than 15 days) like family work/business or worked on family farm apart from household work?	Yes, No
Have you ever done any work for which you have been paid in cash or kind?	Yes, No
Are you currently seeking a job for pay?	Yes, No
Do you know the process of opening a bank account in your name by yourself and would you be comfortable opening your own bank account alone?	Yes, No, Can't say
Do you own an account in a bank or a post office?	Yes, No
If yes, do you operate the bank/post office account yourself?	Yes, No
Do you have personal money savings of any amount from work or any other source?	Yes, No
Do you think it is important for girls to have financial savings?	Yes, No
According to you, is it better to save money in a bank account or at home?	Bank account, Home, Both, Neither, Don't know/Can't say
Do you have an Aadhar card in your name?	Yes, No
Do you know how to create an email account on your own?	Yes, No
Do you own a mobile phone or have access to a family member's mobile phone?	Yes have own mobile, Yes can access family member's mobile, No
Do you have access to internet on mobile phone or computer?	Almost everyday, At least once a week, At least once a month, Rarely, Not at all, Not heard of internet
Do you need permission from parents or other elders in the family to access internet?	Yes, No
Do you use Facebook, Instagram, twitter or any other social media?	Yes, No, Don't know social media
Have you ever accessed health related information through the internet?	Yes, No
Have you felt that with use of mobile phone, internet & social media you gained more knowledge?	Yes, No, Can't say
When you are sick, are you able to go to a clinic or hospital if you need to see a doctor?	Yes, No

Have you ever received any health information from the Girl Icon program or Milaan?	Yes, No
Have you heard about adolescent friendly health clinics?	Yes, No
Have you ever sought services from an adolescent friendly health clinic in the last year?	Yes, No
Have you heard a government scheme that offers ifa tablets & de-worming tablets?	Yes, No
Have you received ifa tablets and/or de-worming tablets in the last one year?	Yes, No
How many times did you take iron and folic acids tablets in the last one month?	Yes, No
Have you had blood test done to check for anemia in the last one year?	Yes, No
In general, how is your health?	Excellent, very good, good, fair, poor
Have you attended any village health and nutrition days in the last one year?	Yes, No, No VHND held/Not heard
In the GI program, have you been taught about the benefits of healthy eating, including eating more fruits and vegetables?	Yes, No
Have you had trouble falling or staying asleep, or sleeping too much in the last 2 weeks?	Nearly every day, One week or more, Less than one week, Not at all
Have you been feeling tired or having little energy in the last 2 weeks?	Same as above
Have you had poor appetite/not feeling hungry or overeating in the last 2 weeks?	Same as above
Have you had trouble concentrating on things such as reading books/newspaper or watching television in the last 2 weeks?	Same as above
Have you had little interest or pleasure in doing things in the last 2 weeks?	Same as above
Have you been feeling down, depressed or hopeless in the last 2 weeks?	Same as above
Have you been feeling bad about yourself or feeling that you are a failure or have let yourself/your family down in the last 2 weeks?	Same as above
Have you been moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual in the last 2 weeks?	Same as above

Have you had thoughts that you would be better off dead or you want to hurt yourself in the last 2 weeks?	Nearly every day, One week or more, Less than one week, Not at all, Prefer not to answer
Have you felt agitated, angry or sad, ever cut/beaten yourself during the last one year?	1-2 times, 3-4 times, 5+ times, Never, Prefer not to answer
Have you felt agitated, angry or sad, ever pulled own hair during the last one year?	Same as above
Have you felt agitated, angry or sad, ever banged/hit yourself during the last one year?	Same as above
Have you felt nervous, anxious, or on edge in the last two weeks?	Nearly every day, More than half the days, Several days, Not at all
Have you felt that you are not being able to stop or control worrying in the last two weeks?	Same as above
Have you been worrying too much about different things over the last two weeks?	Same as above
Have you had trouble relaxing over the last two weeks?	Same as above
Have you been so restless that it was hard for you to sit still over the last two weeks?	Same as above
Do you feel like you have been easily annoyed or irritable over the last two weeks?	Same as above
Have you felt afraid, as if something awful might happen, over the last two weeks?	Same as above
Below is a list of comments made by people after stressful life event (e.g., death in family, sexual assault, being stalked, accident, any other traumatic event). Please tick each item showing how frequently these comments were true for you during the past seven days. If you did experience any stressful life event, please tick the 'not at all' box – If you experienced any stressful life event - Do you think about the event even when you don't mean to?	Not at all, Rarely, Sometimes, Often
Do you try to you try to remove the event from your memory?	Not at all, Rarely, Sometimes, Often
Do you have difficulties paying attention or concentrating?	Not at all, Rarely, Sometimes, Often
Do you have waves of strong feelings about it?	Not at all, Rarely, Sometimes, Often
Do you startle more easily or feel more nervous than you did before it happened?	Not at all, Rarely, Sometimes, Often
Do you stay away from reminders of it (e.g. places or situations)?	Not at all, Rarely, Sometimes, Often
Do you try not to talk about it?	Not at all, Rarely, Sometimes, Often

Do pictures about it pop into your mind?	Not at all, Rarely, Sometimes, Often
Do other things keep making you think about it?	Not at all, Rarely, Sometimes, Often
Do you try not to think about it?	Not at all, Rarely, Sometimes, Often
Do you get easily irritable?	Not at all, Rarely, Sometimes, Often
Are you alert and watchful even when there is no obvious need to be?	Not at all, Rarely, Sometimes, Often
Do you have sleep problems?	Not at all, Rarely, Sometimes, Often
What is the usual age at which girls have menses for the first time?	Number only
What is the usual interval between two menstrual cycles?	In days
Would you say if the following three statements are true or false – Initially menses are irregular and quantity of bleeding varies however, after a few cycles it becomes normal	True, False
Ovulation is release of matured egg from the ovary	True, False
One should use clean cloth/sanitary napkin and change them regularly to maintain genital hygiene.	True, False
Have you discussed physical changes, menstruation with mother/father/siblings/GI program in the last one year?	Check all that apply – Mother, Father, Siblings, GI program, None
Girls can use different methods for protection during their menstrual period to prevent bloodstains from becoming apparent. What do you mainly use for protection, if anything?	Any cloth, Locally prepared napkins, Sanitary napkins, Other method, Nothing, N/A
What is your source of information about sexual and reproductive matters?	Short answer
Have you ever heard of a scheme in which government distributes sanitary napkins?	Yes, No
Do you know a place for treatment for genital infections?	Yes, No
Please tell us what you think about the following statements – Sexual education leads to more sex	Agree/Neutral/Disagree/Don't know
The school's textbook lacks sufficient knowledge concerning SRH	Agree/Neutral/Disagree/Don't know
The school teaching system is insufficient about SRH	Agree/Neutral/Disagree/Don't know
A teenage girl does not go into the kitchen during her menstrual cycle	Agree/Neutral/Disagree/Don't know
During the menstrual cycle, an adolescent girl should not touch anyone	Agree/Neutral/Disagree/Don't know

An adolescent girl during the menstrual period should not go outside and to college	Agree/Neutral/Disagree/Don't know
A woman ought not to brush her hair during her menstrual cycle	Agree/Neutral/Disagree/Don't know
An adolescent girl should not look in the mirror during her menstrual period	Agree/Neutral/Disagree/Don't know
Anyone could sin if s/he adopts the birth control method	Agree/Neutral/Disagree/Don't know
Anyone who receives STIs should cover it up	Agree/Neutral/Disagree/Don't know
Please tell us if you agree or disagree with the following statements – 21 is the legal minimum age at marriage for boys in India	Agree/Disagree/Don't know
18 is the legal minimum age at marriage for girls in India	Agree/Disagree/Don't know
A girl can become pregnant once she has started menstruating	Agree/Disagree/Don't know
A girl cannot become pregnant by kissing or hugging	Agree/Disagree/Don't know
There are ways in which pregnancy can be prevented	Agree/Disagree/Don't know
HIV cannot be transmitted through mosquito bites	Agree/Disagree/Don't know
HIV cannot be transmitted by sharing food with someone who has AIDS	Agree/Disagree/Don't know
HIV cannot be transmitted by hugging someone who has AIDS	Agree/Disagree/Don't know
People reduce their chances of getting the AIDS virus by having just one sex partner	Agree/Disagree/Don't know
People reduce their chances of getting the AIDS virus by using a condom every time they have sex	Agree/Disagree/Don't know
One cannot tell if a person is HIV-positive by just looking at him/her	Agree/Disagree/Don't know
Have you heard about sexual transmitted diseases that people can get from sexual contacts?	Yes, No
Can someone get pregnant the first time she has sexual intercourse?	Yes, No, Don't know
Are there certain days when a woman is more likely to become pregnant if she has sexual relations from one menstrual period to the next?	Yes (just before her period begins, during her period, right after her period has ended, or halfway between two periods), No, Don't know
If any woman has an unwanted pregnancy and wants to terminate it, is it legal for her to abort it?	Yes, No, Don't know

Do you think regular antenatal checkup is essential during pregnancy?	Agree/Disagree/Don't know
Do you think proper diet, rest and exercise are essential during pregnancy?	Agree/Disagree/Don't know
Have you heard about contraceptives?	Yes, No
When should one take emergency contraceptive pills for them to be effective?	3 days/72 hours, Other, Don't know
Can the following be used as a contraceptive – Condoms	Yes, No, Don't know
IUCD (Intra Uterine Contraceptive Device)	Yes, No, Don't know
Tubectomy	Yes, No, Don't know
Vasectomy	Yes, No, Don't know
If a person needs contraceptive, where can they access contraceptives?	Short answer
Would you feel shy to approach a health care provider hcp for contraceptives?	Yes, No
Would you feel shy to approach a medical shop for contraceptives?	Yes, No
Have you ever received family life/sex education?	Yes, No
If yes, from where did you receive family life/sex education?	Short answer
If yes, what was your age when first received family life/sex education?	Number only
Do you feel safe when at home?	Yes, No
Do you feel safe when at school?	Yes, No
Do you feel safe when at the GI program?	Yes, No
Do you feel safe when hanging out with your friends?	Yes, No
Do you feel safe in public spaces, such as your village/community?	Yes, No
Do you feel safe when you travel in public transport?	Yes, No
Do you think that educating boys is more important than educating girls?	Yes, No, Unsure/Can't say
Do you think that girls are usually as good as boys in studies?	Yes, No, Unsure/Can't say
Do you think that boys should do as much domestic work as girls?	Yes, No, Unsure/Can't say
Is it wrong for a girl to have male friends	Yes, No, Unsure/Can't say
Do you think that girls who are teased deserve it if they are dressed provocatively?	Yes, No, Unsure/Can't say
Do you think girls like to be teased by boys?	Yes, No, Unsure/Can't say

Do you think that a woman should obtain her husband's permission for most of the things?	Yes, No, Unsure/Can't say
Do you think that girls should be allowed to decide when they want to marry?	Yes, No, Unsure/Can't say
Do you think that the father or husband alone/mainly should decide how household money is to be spent?	Yes, No, Unsure/Can't say
Do you think giving the kids a bath and feeding the kids is women's responsibility only?	Yes, No, Unsure/Can't say
Do you think it is right for a husband to beat his wife no matter the reason?	Yes, No, Unsure/Can't say
Do you think girls should pursue different career than boys based on their gender?	Yes, No, Unsure/Can't say
Do you think earning money is the responsibility of a male only?	Yes, No, Unsure/Can't say
Do you think boys should not cry because they are boys?	Yes, No, Unsure/Can't say
Do you think boys are impacted negatively because of gender-based discrimination and patriarchy?	Yes, No, Unsure/Can't say
Have you witnessed any kind of physical, sexual, emotional, or financial violence against women?	Yes, No, Can't say
Has anyone ever punched, kicked or beaten you up?	Never, 1 time, 2-3 times, 4+ times
Has anyone ever hurt you physically in any other way?	Never, 1 time, 2-3 times, 4+ times
Has anyone ever called you names or sworn at you?	Never, 1 time, 2-3 times, 4+ times
Has anyone ever made fun of you for some reason?	Never, 1 time, 2-3 times, 4+ times
Has anyone ever tried to get you into trouble with your friends?	Never, 1 time, 2-3 times, 4+ times
Has anyone ever made you uncomfortable by staring at you for a long time?	Never, 1 time, 2-3 times, 4+ times
Has anyone ever refused to talk to you or made other people not talk to you?	Never, 1 time, 2-3 times, 4+ times
Has anyone ever tried to break or damage something of yours?	Never, 1 time, 2-3 times, 4+ times
Has anyone ever took something of yours without permission or stole something from you?	Never, 1 time, 2-3 times, 4+ times
If you responded yes to any of the 9 questions above, did these incidents happen within your family or outside our family?	Within family, Outside family, Can't say, NA

If you responded yes to any of the 9 questions above, do you feel you experienced these because of your gender?	Yes, No, Can't say/Don't know, NA
If someone in your community/peers is experiencing violence, who can you reach out to to help them? Police, CWC, Sheroes, Child Marriage Prohibition Officer, Judge/ Magistrate, Can't say/Don't know	Check all that apply
What are the two helpline numbers to help girls and women who are victims of violence?	Short answer
Do you feel like you could talk about personal matters with parents?	Yes, No, Cant say, NA
Do you think your family gave more/better food to boys and less/poorer quality food to girls in your family?) food/better (boys)/poorer (girls) quality food	Yes, No, Cant say, NA
Do you think your family gave more or better education to boys and less or poorer quality school/education to girls?	Yes, No, Cant say, NA
Has your father ever beaten your mother?	Yes, No, Cant say, NA
Have you been physically hurt by your father and/or mother since age 10?	Yes, No, Cant say, NA
Do you often meet and spend time with your friends?	Yes, No, Cant say, NA
Are you a member of any self-help group, KSY/Sabla group, NYKS group or a sports club?	Yes, No, Cant say
Do you mix freely with people of different castes?	Yes, No, Cant say
Do you mix freely with people of different religion?	Yes, No, Cant say
Do you eat together with a person of a different caste/religion?	Yes, No, Cant say
Please rate your agreement or disagreement with the following statements – I can always manage to solve difficult problems if I try hard enough.	Strongly disagree, Disagree, Agree, Strongly agree
If someone opposes me, I can find the means and ways to get what I want.	Same as above
It is easy for me to stick to my aims and accomplish my goals.	Same as above
I am confident that I could deal efficiently with unexpected events.	Same as above

Thanks to my resourcefulness, I know how to handle unforeseen situations.	Same as above
I can solve most problems if I invest the necessary effort.	Same as above
I can remain calm when facing difficulties because I can rely on my coping abilities.	Same as above
When I am confronted with a problem, I can usually find several solutions.	Same as above
If I am in trouble, I can usually think of a solution.	Same as above
I can usually handle whatever comes my way.	Same as above
Other people in my family make all the decisions about how I spend my time.	Same as above
Who mainly takes the decision about who your friends would be?	Respondent alone, Father alone, Mother alone, Both mother and father, Respondent jointly with others, Others
Who mainly takes the decision about how to spend your money?	Same as above
Who mainly takes the decision about what you buy?	Same as above
Are you able to express your opinions to elders in the family?	Never, Sometimes, Often
Are you comfortable in confronting a person who says or does something wrong?	Always stay quiet, Sometimes give response, Always confront
Are you able to express disagreement if you disagree with someone?	Same as above
Are you able to say no if someone tries to touch your private parts?	Yes, No
Do you feel confident about asking questions to your teachers?	Never, Sometimes, Always
Do you feel confident about speaking in front of a group of people of your age?	Never, Sometimes, Always
Do you feel confident about speaking in front of a group of people elder than your age?	Never, Sometimes, Always
Who mainly takes/took the decision about your schooling?	Short answer
Who takes decision about class up to which you will study?	Respondent alone, Jointly with others, Others only
Who mainly takes the decision about who your friends would be?	Same as above
Who mainly takes the decision about making major household purchases?	Same as above
Who mainly takes the decision about whether you should work or stay at home?	Same as above

Suppose you want to go to a friend's house, who takes the decision?	Same as above
Are you usually allowed to go alone to a shop or friend's home within the village or urban ward?	Yes, No
Are you usually allowed to go alone to a shop or friend's home outside the village or urban ward?	Yes, No
Are you allowed to attend a mela or any programme within village/ward unescorted?	Yes, No
Are you allowed to play in open spaces of the village/ward?	Yes, No
Are you usually allowed to go alone to a health center outside your village or urban ward?	Yes, No
What is the age when you want to get married?	Number only, Never wants to get married, Didn't think
When do girls usually get married in your community?	Number only
What is the age when your parents or guardians want you to get married?	Number only, Don't know
What is the age when your parents/guardians discussed about marriage, when to get married?	Number only, Never discussed, Do not remember age
Who do you think will decide who you should marry?	Respondent alone, Father alone, Mother alone, Both mother and father, Respondent jointly with others, Others
Please indicate your opinion on the following – WHEN I HAVE A DECISION TO MAKE . . .	Never, Rarely, Sometimes, Often, Always
I easily identify my problem.	Same as above
I think about the problem before I take action.	Same as above
I look for information to help me understand the problem.	Same as above
I ask others to help me identify my problem.	Same as above
I think about ways of dealing with my problem.	Same as above
I think before making a choice.	Same as above
I discuss choices with my friends before making a decision.	Same as above
I discuss choices with my parents before making a decision.	Same as above
I look for positive points of possible choices.	Same as above
I look for negative points of possible choices.	Same as above
I consider the risks of a choice before making a decision.	Same as above

I consider the benefits of a choice before making a decision.	Same as above
I make decisions based on what my parents tell me.	Same as above
When faced with a decision, I realize that some choices are better than others.	Same as above
I make a decision by thinking about all the information I have about the different choices.	Same as above
I prioritize my choices before making a decision.	Same as above
Before making another decision, I think about how the last one turned out.	Same as above
I do think of past choices when making new decisions.	Same as above
If I experience negative consequences, I change my decision the next time.	Same as above
Decision-making is easy for me.	Same as above
WHAT FACTORS INFLUENCE YOUR DECSIONS? 1. Personal experience, 2. Close friends, 3. Feelings or emotions, 4. Parents, 5. Brothers and sisters, 6. Personal values, 7. Advertising, 8. Television or movies, 9. Peer pressure, 10. Other adults	Check all that apply
I am confident about my ability to lead.	Same as above
I achieve anything I set out to do.	Same as above
I know how to plan projects.	Same as above
I resolve conflict.	Same as above
I feel comfortable talking in front of groups.	Same as above
Who do you see as your role model?	Short answer, No one, Cant say
Are you a role model or do you want to become a role model for others?	Yes, No, Cant say
Has anyone ever: Cursed or insulted you, called you rude or hurtful names?	Yes, No
Has anyone ever: Humiliated or belittled you in front of other people, or embarrassed you?	Yes, No
Has anyone ever: Done things to scare or intimidate you on purpose, or threatened to hurt someone you care about?	Yes, No
Has anyone ever: Forced you to stay inside or outside?	Yes, No
Have you been made to work/look after siblings when you wanted to go to school?	Yes, No
Has anyone ever: Twisted your arm or any other body part, slapped you, pushed you, pulled your hair or thrown something at you?	Yes, No

Has anyone ever: Threatened to use or actually used a gun, knife or other weapon against you?	Yes, No
Has anyone ever: Choked you on purpose, dragged or beaten you up, tied you up with a rope or belt?	Yes, No
Has anyone ever: Punched you, kicked you, hit you with a closed fist or hit you with an object, such as a stick or a cane, or whipped you?	Yes, No
Has anyone ever: Severely beaten you up, cut you with a sharp object or burnt you purposefully?	Yes, No
Age (in years and months)	
State/neighborhood	
Region	Rural or Urban
Education at the start of the GI program and at the end of the GI program	
Religion	
Caste	
Household income	
Father's occupation	
Mother's occupation	
How many siblings - brothers and sisters?	

Appendix B: Peer Survey Questionnaire

Question	Answer Choice
Are you currently studying in a school or college?	Yes, No
If yes, how was your performance in class in the last academic year?	Poor, Average, Good, Very Good
If poor performance, what was the reason for your poor performance in school/college?	Short answer
If yes, what type of school/college did you last attend or are currently attending?	Govt school, Private school, Open/ corresponding school/Distance learning, Don't know
If currently attending school/college, how many minutes does it take you to travel from home to school/college?	Write only number
If ever attended school, have you ever not gone to school because you felt you would be unsafe either at school or on your way to school?	Yes, No
If not currently enrolled in school, what is the reason for discontinuing school? School too far/inaccessible, Financial constraints, Lack of interest in studying further, Family constraints, Had failed, Own illness, Pursuing vocational training or other course, Preparing for entrance exams, Other (specify)	Choose all that apply
If not currently enrolled in school, were you ever enrolled in school?	Yes, No
What is the highest level of schooling you have completed?	Number only
What is your mother's highest level of schooling successfully completed?	Number only
What is your father's highest level of schooling successfully completed?	Number only
Did you receive any help from the GI program in your education?	Yes, No
Are you aware of the free school uniform scheme?	Yes, No
Have you received free school uniform or money to buy uniform in the last class/current class?	Yes, No, NA, studied in a private school, not given in the school
Have you heard about any government schemes that offer scholarships?	Yes, No
Have you received scholarship in the last class attended/current class?	Yes, No, NA, studied in a private school, not eligible
Are you aware of free textbook provision?	Yes, No
Did you get free textbooks in the last class/current class	Yes, No, NA, Not eligible/Not given
Did you get a tablet/laptop when completed class 10/12?	Yes, No

Have you heard about skills development mission that seeks to provide vocational skills to youth?	Yes, No
Are you aware of any vocational skills training centres under the mission?	Yes, No
Have you heard about employment exchange or employment counseling centres?	Yes, No
Do you think that receiving education is your right (adhikaar)?	Yes, No
Have you heard of right to education act (RTE)?	Yes, No
If yes, what is the age group covered under the RTE act?	Number only
Are you aware about the mid-day meal at school?	Yes, No
Do you avail mid-day meal at school?	Yes, No
Have you heard of Rashtriya Madhyamik Shiksha Abhiyaan (RSMD)?	Yes, No
Have you heard of Sarva Shikhsa Abhiyaan?	Yes, No
Have you heard about government schemes that gives loan to women for self-employment,e.g. Sukanya Samridhhi Yojana?	Yes, No
Have you heard about any other scheme related with girls' education?	Yes, No
Have you ever attended any vocational training/programme?	Yes, No
If yes, do you feel competent enough to use the skill acquired?	Yes, No
Did you want to attend a vocational training programme, but could not?	Yes, No
What is the class up to which you would like to study?	Graduate, Post graduate, MBBS, Engineering, Teacher training. Technical diploma, Other, Don't know
Do you think it is important for girls to have career aspirations?	Yes, No
Have you ever done any unpaid work (for more than 15 days) like family work/business or worked on family farm apart from household work?	Yes, No
Have you ever done any work for which you have been paid in cash or kind?	Yes, No
Are you currently seeking a job for pay?	Yes, No
Do you know the process of opening a bank account in your name by yourself and would you be comfortable opening your own bank account alone?	Yes, No, Can't say
Do you own an account in a bank or a post office?	Yes, No
If yes, do you operate the bank/post office account yourself?	Yes, No
Do you have personal money savings of any amount from work or any other source?	Yes, No
Do you think it is important for girls to have financial savings?	Yes, No
According to you, is it better to save money in a bank account or at home?	Bank account, Home, Both, Neither, Don't know/Can't say

Do you have an Aadhar card in your name?	Yes, No
Do you know how to create an email account on your own?	Yes, No
Do you own a mobile phone or have access to a family member's mobile phone?	Yes have own mobile, Yes can access family member's mobile, No
Do you have access to the internet on mobile phone or computer?	Almost everyday, At least once a week, At least once a month, Rarely, Not at all, Not heard of internet
Do you need permission from parents or other elders in the family to access internet?	Yes, No
Do you use Facebook, Instagram, twitter or any other social media?	Yes, No, Don't know social media
Have you ever accessed health related information through the internet?	Yes, No
Have you felt that with use of mobile phone, internet & social media you gained more knowledge?	Yes, No, Can't say
When you are sick, are you able to go to a clinic or hospital if you need to see a doctor?	Yes, No
Have you ever received any health information from the Girl Icon program or Milaan?	Yes, No
Have you heard about adolescent friendly health clinics?	Yes, No
Have you ever sought services from an adolescent friendly health clinic in the last year?	Yes, No
Have you heard a government scheme that offers ifa tablets & de-worming tablets?	Yes, No
Have you received ifa tablets and/or de-worming tablets in the last one year?	Yes, No
How many times did you take iron and folic acids tablets in the last one month?	Yes, No
Have you had blood test done to check for anemia in the last one year?	Yes, No
In general, how is your health?	Excellent, very good, good, fair, poor
Have you attended any village health and nutrition days in the last one year?	Yes, No, No VHND held/Not heard
In the GI program, have you been taught about the benefits of healthy eating, including eating more fruits and vegetables?	Yes, No
Have you had trouble falling or staying asleep, or sleeping too much in the last 2 weeks?	Nearly every day, One week or more, Less than one week, Not at all
Have you been feeling tired or having little energy in the last 2 weeks?	Same as above
Have you had poor appetite/not feeling hungry or overeating in the last 2 weeks?	Same as above

Have you had trouble concentrating on things such as reading books/newspapers or watching television in the last 2 weeks?	Same as above
Have you had little interest or pleasure in doing things in the last 2 weeks?	Same as above
Have you been feeling down, depressed or hopeless in the last 2 weeks?	Same as above
Have you been feeling bad about yourself or feeling that you are a failure or have let yourself/family down in the last 2 weeks?	Same as above
Have you been moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual in the last 2 weeks?	Same as above
Have you had thoughts that you would be better off dead or you want to hurt yourself in the last 2 weeks?	Nearly every day, One week or more, Less than one week, Not at all, Prefer not to answer
Have you felt agitated, angry or sad, ever cut/beaten yourself during the last one year?	1-2 times, 3-4 times, 5+ times, Never, Prefer not to answer
Have you felt agitated, angry or sad, ever pulled your own hair during the last one year?	Same as above
Have you felt agitated, angry or sad, ever banged/hit yourself during the last one year?	Same as above
Have you felt nervous, anxious, or on edge in the last two weeks?	Nearly every day, More than half the days, Several days, Not at all
Have you felt that you are not being able to stop or control worrying in the last two weeks?	Same as above
Have you been worrying too much about different things over the last two weeks?	Same as above
Have you had trouble relaxing over the last two weeks?	Same as above
Have you been so restless that it was hard for you to sit still over the last two weeks?	Same as above
Do you feel like you have been easily annoyed or irritable over the last two weeks?	Same as above
Have you felt afraid, as if something awful might happen, over the last two weeks?	Same as above
What is the usual age at which girls have menses for the first time?	Number only
What is the usual interval between two menstrual cycles?	In days
Would you say if the following three statements are true or false – Initially menses are irregular and quantity of bleeding varies however, after a few cycles it becomes normal	True, False
Ovulation is release of mature egg from the ovary	True, False

One should use clean cloth/sanitary napkins and change them regularly to maintain genital hygiene.	True, False
Have you discussed physical changes(b)/menstruation(g)with mother/father/siblings/GI program in the last one year?	Check all that apply –Mother, Father, Siblings, GI program, None
Girls can use different methods for protection during their menstrual period to prevent blood stains from becoming apparent. What do you mainly use for protection, if anything?	Any cloth, Locally prepared napkins, Sanitary napkins, Other method, Nothing, N/A
What is your source of information about sexual and reproductive matters?	Short answer
Have you ever heard of a scheme in which the government distributes sanitary napkins?	Yes, No
Do you know a place for treatment for genital infections?	Yes, No
Please tell us what you think about the following statements – Sexual education leads to more sex	Agree/Neutral/Disagree/Don't know
The school's textbook lacks sufficient knowledge concerning SRH	Agree/Neutral/Disagree/Don't know
The school teaching system is insufficient about SRH	Agree/Neutral/Disagree/Don't know
A teenage girl does not go into the kitchen during her menstrual cycle	Agree/Neutral/Disagree/Don't know
During the menstrual cycle, an adolescent girl should not touch anyone	Agree/Neutral/Disagree/Don't know
An adolescent girl during the menstrual period should not go outside and to college	Agree/Neutral/Disagree/Don't know
A woman ought not to brush her hair during her menstrual cycle	Agree/Neutral/Disagree/Don't know
An adolescent girl should not look in the mirror during her menstrual period	Agree/Neutral/Disagree/Don't know
Anyone could sin if s/he adopts the birth control method	Agree/Neutral/Disagree/Don't know
Anyone who receives STIs should cover it up	Agree/Neutral/Disagree/Don't know
Please tell us if you agree or disagree with the following statements – 21 is the legal minimum age at marriage for boys in India	Agree/Disagree/Don't know
18 is the legal minimum age at marriage for girls in India	Agree/Disagree/Don't know
A girl can become pregnant once she has started menstruating	Agree/Disagree/Don't know
A girl cannot become pregnant by kissing or hugging	Agree/Disagree/Don't know
There are ways in which pregnancy can be prevented	Agree/Disagree/Don't know

HIV cannot be transmitted through mosquito bites	Agree/Disagree/Don't know
HIV cannot be transmitted by sharing food with someone who has AIDS	Agree/Disagree/Don't know
HIV cannot be transmitted by hugging someone who has AIDS	Agree/Disagree/Don't know
People reduce their chances of getting the AIDS virus by having just one sex partner	Agree/Disagree/Don't know
People reduce their chances of getting the AIDS virus by using a condom every time they have sex	Agree/Disagree/Don't know
One cannot tell if a person is HIV-positive by just looking at him/her	Agree/Disagree/Don't know
Have you heard about sexually transmitted diseases that people can get from sexual contacts?	Yes, No
Can someone get pregnant the first time she has sexual intercourse?	Yes, No, Don't know
Are there certain days when a woman is more likely to become pregnant if she has sexual relations from one menstrual period to the next?	Yes (just before her period begins, during her period, right after her period has ended, or halfway between two periods), No, Don't know
If any woman has an unwanted pregnancy and wants to terminate it, is it legal for her to abort it?	Yes, No, Don't know
Have you heard about contraceptives?	Yes, No
Can the following be used as a contraceptive – Condoms	Yes, No, Don't know
IUCD (Intra Uterine Contraceptive Device)	Yes, No, Don't know
Tubectomy	Yes, No, Don't know
Vasectomy	Yes, No, Don't know
If a person needs contraceptive, where can they access contraceptives?	Short answer
Have you ever received family life/sex education?	Yes, No
If yes, from where did you receive family life/sex education?	Short answer
Do you feel safe when at home?	Yes, No
Do you feel safe when at school?	Yes, No
Do you feel safe when at the GI program?	Yes, No
Do you feel safe when hanging out with your friends?	Yes, No
Do you feel safe in public spaces, such as your village/community?	Yes, No
Do you feel safe when you travel in public transport?	Yes, No
Do you think that educating boys is more important than educating girls?	Yes, No, Unsure/Can't say
Do you think that girls are usually as good as boys in studies?	Yes, No, Unsure/Can't say

Do you think that boys should do as much domestic work as girls?	Yes, No, Unsure/Can't say
Is it wrong for a girl to have male friends	Yes, No, Unsure/Can't say
Do you think that girls who are teased deserve it if they are dressed provocatively?	Yes, No, Unsure/Can't say
Do you think girls like to be teased by boys?	Yes, No, Unsure/Can't say
Do you think that a woman should obtain her husband's permission for most of the things?	Yes, No, Unsure/Can't say
Do you think that girls should be allowed to decide when they want to marry?	Yes, No, Unsure/Can't say
Do you think that the father or husband alone/mainly should decide how household money is to be spent?	Yes, No, Unsure/Can't say
Do you think giving the kids a bath and feeding the kids is women's responsibility only?	Yes, No, Unsure/Can't say
Do you think it is right for a husband to beat his wife no matter the reason?	Yes, No, Unsure/Can't say
Do you think girls should pursue different career than boys based on their gender?	Yes, No, Unsure/Can't say
Do you think earning money is the responsibility of a male only?	Yes, No, Unsure/Can't say
Do you think boys should not cry because they are boys?	Yes, No, Unsure/Can't say
Do you think boys are impacted negatively because of gender-based discrimination and patriarchy?	Yes, No, Unsure/Can't say
Have you witnessed any kind of physical, sexual, emotional, or financial violence against women?	Yes, No, Can't say
Has anyone ever punched, kicked or beaten you up?	Never, 1 time, 2-3 times, 4+ times
Has anyone ever hurt you physically in any other way?	Never, 1 time, 2-3 times, 4+ times
Has anyone ever called you names or sworn at you?	Never, 1 time, 2-3 times, 4+ times
Has anyone ever made fun of you for some reason?	Never, 1 time, 2-3 times, 4+ times
Has anyone ever tried to get you into trouble with your friends?	Never, 1 time, 2-3 times, 4+ times
Has anyone ever made you uncomfortable by staring at you for a long time?	Never, 1 time, 2-3 times, 4+ times
Has anyone ever refused to talk to you or made other people not talk to you?	Never, 1 time, 2-3 times, 4+ times
Has anyone ever tried to break or damage something of yours?	Never, 1 time, 2-3 times, 4+ times
Has anyone ever took something of yours without permission or stole something from you?	Never, 1 time, 2-3 times, 4+ times

If you responded yes to any of the 9 questions above, did these incidents happen within your family or outside our family?	Within family, Outside family, Can't say, NA
If you responded yes to any of the 9 questions above, do you feel you experienced these because of your gender?	Yes, No, Can't say/Don't know, NA
If someone in your community/peers is experiencing violence, who can you reach out to to help them? Police, CWC, Sheroes, Child Marriage Prohibition Officer, Judge/ Magistrate, Can't say/Don't know	Check all that apply
What are the two helpline numbers to help girls and women who are victims of violence?	Short answer
Do you feel like you could talk about personal matters with parents?	Yes, No, Cant say, NA
Do you think your family gave more/better food to boys and less/poorer quality food to girls in your family?) food/better (boys)/poorer (girls) quality food	Yes, No, Cant say, NA
Do you think your family gave more or better education to boys and less or poorer quality school/education to girls?	Yes, No, Cant say, NA
Has your father ever beaten your mother?	Yes, No, Cant say, NA
Have you been physically hurt by your father and/or mother since age 10?	Yes, No, Cant say, NA
Do you often meet and spend time with your friends?	Yes, No, Cant say, NA
Are you a member of any self-help group, KSY/Sabla group, NYKS group or a sports club?	Yes, No, Cant say
Do you mix freely with people of different castes?	Yes, No, Cant say
Do you mix freely with people of different religion?	Yes, No, Cant say
Do you eat together with a person of a different caste/religion?	Yes, No, Cant say
Who mainly takes the decision about who your friends would be?	Respondent alone, Father alone, Mother alone, Both mother and father, Respondent jointly with others, Others
Who mainly takes the decision about how to spend your money?	Same as above
Who mainly takes the decision about what you buy?	Same as above
Are you able to express your opinions to elders in the family?	Never, Sometimes, Often
Are you comfortable in confronting a person who says or does something wrong?	Always stay quiet, Sometimes give response, Always confront
Are you able to express disagreement if you disagree with someone?	Same as above
Are you able to say no if someone tries to touch your private parts?	Yes, No
Do you feel confident about asking questions to your teachers?	Never, Sometimes, Always

Do you feel confident about speaking in front of a group of people of your age?	Never, Sometimes, Always
Do you feel confident about speaking in front of a group of people elder than your age?	Never, Sometimes, Always
Who mainly takes/took the decision about your schooling?	Short answer
Who takes decision about class up to which you will study?	Respondent alone, Jointly with others, Others only
Who mainly takes the decision about who your friends would be?	Same as above
Who mainly takes the decision about making major household purchases?	Same as above
Who mainly takes the decision about whether you should work or stay at home?	Same as above
Suppose you want to go to a friend's house, who takes the decision?	Same as above
Are you usually allowed to go alone to a shop or friend's home within the village or urban ward?	Yes, No
Are you usually allowed to go alone to a shop or friend's home outside the village or urban ward?	Yes, No
Are you allowed to attend a mela or any programme within village/ward unescorted?	Yes, No
Are you allowed to play in open spaces of the village/ward?	Yes, No
Are you usually allowed to go alone to a health center outside your village or urban ward?	Yes, No
What is the age when you want to get married?	Number only, Never wants to get married, Didn't think
When do girls usually get married in your community?	Number only
What is the age when your parents or guardians want you to get married?	Number only, Don't know
What is the age when your parents/guardians discussed about marriage, when to get married?	Number only, Never discussed, Do not remember age
Who do you think will decide who you should marry?	Respondent alone, Father alone, Mother alone, Both mother and father, Respondent jointly with others, Others
Age (in years and months)	
State/neighborhood	
Region	Rural or Urban
Education at the start of the GI program and at the end of the GI program	
Religion	
Caste	
Household income	

Father’s occupation	
Mother’s occupation	
How many siblings - brothers and sisters?	

Appendix C: GI FGD Guide

Education:

1. Do you think it is important for girls to get educated?
    a. Prompt: Why is education important?
2. When you have a doubt related to education, how do you ask questions or clarify your doubt?
3. What benefits can you get from getting an education? What are the major things an educated person can have in their life?
4. What are your aspirations? To reach your aspirations, what are your goals?
    a. What are the courses you will have to study to reach this aspiration?
    b. Have you discussed this aspiration and the way to achieve it with anyone else?
5. What challenges are you facing in getting educated?
    a. Prompt: Any specific challenge related to community? Any specific challenge related to family?
    b. How do you plan to overcome these challenges?
6. What support systems do you have to reach your educational goal?
    a. Prompt: What are the supports you are getting from your community? What are the supports you are getting from your parents?
    b. If you don't receive the support that you want, how do you ask for support?
7. Have you seen any changes in your education aspirations when compared to your life before joining the GI program?
    a. Prompt: If yes, what changes have you seen?
8. Are you getting help from any government schemes to complete your education?
    a. Prompt: If yes, what schemes? How did you learn about these schemes?
    b. Do you think you need more knowledge and information about these schemes and how to avail them?
9. Do you think that receiving education is your right?
    a. Can you tell us some rights related to education?
        i. How do you know?
10. Was there any incident in which you fought for your right to education?
    a. Was there any incident in which you fought for others' right to education?

Health

11. Can you please tell us about your different types of health?
    a. Prompt: What is physical health according to you?
    b. Prompt: What is mental health according to you?
    c. Adolescence might induce some changes in our physical and mental health – have you seen any changes in your physical and mental health in adolescence? What are the changes that you have noticed? Please list them.
12. What does your daily routine look like? Does your routine impact your health?
13. What is a balanced diet according to you?
    a. Did you change your diet after joining the GI program?

14. What affects your mental health? Prompt: Negative impact? Positive impact?
15. How do you manage your mental well-being when you feel anxious, angry or sad?
    a. Do you have anyone you share your emotional problems with?
16. Why is it important for girls to take care of your health?
17. Do you understand menstruation? What do you know about it?
    a. Do you feel any change in your behavior/mental health or daily routine when you are on periods?
18. Do you know about white discharge? What are its reasons?
    a. If you experience white discharge, what should you do about it?
19. How comfortable do you feel discussing menstrual hygiene with your peers, teachers, family, community, etc.?
    a. If you want to talk about periods or have any doubts/clarifications about them, who will you talk to? Why?
    b. If you ever experience irregular periods, what would you do?
20. What are the taboos around menstruation in your family? Have you experienced any taboo or embarrassment related to menstruation?
21. Has your comfort around menstrual health changed after joining the GI program? How?
22. Have you changed any cultural or social beliefs around menstruation after joining the GI program? Any change in self, family, or community? Please describe.
23. Do you think it is important to discuss SRH at your age? Why?
24. Has your comfort around sexual and reproductive health changed after joining the GI program?
    a. Prompt: If you have doubts about SRH, who will you ask and why?

25. According to you, what is the correct age for a woman to have a child?
    a. What are the consequences of early child pregnancy?
    b. Do you know where to access reproductive health services?

26. What is good touch and bad touch?
    a. If you experience bad touch, who do you ask for help and how should it be Handled?

Gender, Safety and Protection

27. What is gender?
    a. Do you know the difference between gender and sex?
28. How are gender roles defined in your family and community?
29. How would you identify gender discrimination?
    a. Have you felt you have been treated unfairly based on your gender?
        i. Do you think you have to behave or dress differently because you are a girl?
    b. If you receive unfair treatment based on your gender, how will you respond?

c. Who would you ask for help and how if you experience gender-based discrimination?
d. Have you seen anyone else experiencing gender-based discrimination?
    i. Do boys and girls get equal treatment in your family and community? If not, what is the difference in treatment and why? Please give some examples.
e. How would you describe gender equality?

30. What do you know about patriarchy? Please share some examples.
    a. Do you think it affects you? How?
31. If your marriage is being fixed, will your opinion be considered? What will you do if your opinion is not taken into consideration?
32. Do you think boys and girls have different responsibilities based on their gender?
    a. Do you experience any restrictions/limitations in career opportunities available to you because of your gender?
33. Have you experienced any kind of violence in your community? How have you handled that situation?
    a. If not, if you face some kind of violence in your community, how will you handle it?
34. What is gender-based violence (GBV) according to you? What are the different types of GBV? Please give some examples.
    a. Have you witnessed GBV personally or have seen anyone experiencing it in your family or community?
        i. What kind of GBV did you witness?
        ii. Have you faced any inappropriate sexual jokes or comments?
        iii. Are there any specific places or situations in which girls experience more GBV?
        iv. How did you handle this situation?
35. Who would you ask for help if you experience GBV?
    a. Do you know who to report a GBV incident?
    b. Do you know the toll-free number you can call when you experience bad touch?

Personal

36. Have you been able to identify your strengths? What are your strengths?
    a. How does the GIP help identify and polish your strengths?
37. Have you identified your areas of improvement?
    a. How is GIP helping you improve on these areas?
38. How do you approach a problem if you are not being heard?
39. How do you form a support system to help resolve problems?
40. What do you mean by self-confidence? Do you feel confident? If yes, what makes you feel confident?
    a. Has your self-confidence changed after joining the GIP? If yes, how has it changed?
41. What are few qualities of good communication?
    a. Do you feel your comfort in expressing yourself has changed after joining the GI program?

Family

42. Describe your relationship with your family – do you feel comfortable sharing your thoughts and ideas with them?
    a. What decisions have you taken for yourself thus far? How has your family supported/not supported your decisions?
    b. What will you do if your family is not supportive of your decision/desire related to education, employment, or marriage?
    c. Has your relationship with your family changed after you finished the GI program?
43. What has been the attitude of the brothers/young men (except father/grandfather) in your family towards you and the changes you have gone through at the GIP?
    a. What kind of support have you received from your brothers/young men?

Community

44. Are there any issues in your community that bother you?
        i. What solutions to this issue have you learned at the GIP? If you see social malpractices, eg., early marriage or school dropout happening around you, what will you do about it?
        ii. How have you raised awareness in your community about these issues?

45. How do you manage family of your peer members to help them join and stay in the GIP?

Backlash

46. Do you receive any backlash (virodh) from your family or community because you are more confident and empowered (sashakt) now?
    a. If yes, how can Milaan help in reducing that backlash for you?

Leadership

47. Who is your role model? What are the qualities in your role model that you like the most?
48. Do you identify yourself as a leader?
    a. What are the qualities of a leader that you have?
        i. Have you practiced/applied these leadership qualities anywhere in your life? Please describe.
    b. What are some leadership qualities that you want to develop? What are the steps you have taken to develop/improve these qualities?
    c. After joining the GIP have you experienced any changes in your leadership confidence/qualities?
49. If your peer members face conflict with each other, how will you resolve it?
50. Have you observed any leadership qualities in your peers? What are they?

51. How important is it to plan a leadership task? How much time should we devote to planning and execution of a leadership task?
52. What things should we consider to make the right decisions?
53. After joining the GIP, aapki aapke samudaaye mein kya pehchaan bani hai?
    a. How has this identity/pehchaan changed when compared before the GIP, during the GIP, and after the GIP?
    b. Do the stakeholders/influential people (ASHA, ANM, teacher, Pradhan) of your community recognize and support you as a Girl Icon?
        i. If they don't support you, how do you make them support you?
    c. Do you think peer members and other girls and their families identify you as a role model? How do you know?
54. Tell us about your learnings from your SAP?
55. What have you learned about building relationships through GIP?
    a. What is the importance of positive/healthy relations?
    b. What do you do to maintain healthy relationships?

56. Demographics

- Age (in years and months)
- State/neighborhood
- Region - Rural or Urban
- Education at the start of the GI program and at the end of the GI program
- Religion
- Caste
- Household income
- Father's occupation
- Mother's occupation
- How many sibling - brothers and sisters

Appendix D: FGD Codebook

Level 1- Primary Code	**Level 2 - Secondary Code(s)**	**Level 3 - Tertiary Code(s)**	**Level 4 - Quaternary Code(s)**
Advocacy	Community Action		
Breaking Barriers			
Child Marriage			
Communication Skills			
Community Support			
Community Support (-)			
Daily Routine			
Decision-making			
Domestic Violence	Response		
Education	Currently Pursuing		
	Aspirations	-Awareness about path to achieve aspiration -Sharing with someone -Sharing with Family -Family Support (Education) -Support	
	Permission to go to school		

	Difficulties in pursuing education	-Commuting (Education) -Sharing with someone	
	Importance of Girl's Education	-Why is it important?	
	Benefits of Education		
	Benefits of GI program		
	Education Schemes		
	Right to Education		
Family relationships			
Family Support			
Gender	Understanding/Definition		
	Discrimination	-Response	
	Equality		
	Patriarchy		
	Violence	-Experience -Response -Seeking Help -Awareness	
Hardships at Home			
Health	Importance of Health		
	Understanding/Definition		

	Physical Health	- Understanding/Definition	
	Mental Health	- Understanding/Definition -Coping -Stress -Sharing with someone	
	Sexual Health	- Understanding/Definition - Understanding/Definition (Negative) -Experience -Seeking Help -Seeking help (Negative) -Sharing with someone -Menstruation -Pregnancy	-Mental Health -Menstruation Restrictions -Problems with Early Pregnancy -Seeking Help with pregnancy
	Family Support (Health)		
	Diet		
Institutional Support	Police		
	School		
	Local Governance		
	Helpline		
Leaders			

Marriage Preparedness	Seeking Help		
Milaan	Introduction		
Milaan Support	Change		
	Education		
	Space		
Region	Rural vs City		
Role Model			
SAP			
Self	Qualities		
	Improvement		
	Confidence		
	Leaders		
Self-Advocacy			
Social Issues			

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