

Samata intervention to increase secondary school completion and reduce child marriage among adolescent girls from marginalised communities in northern Karnataka

EVIDENCE BRIEF

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What have we learned?

The Samata trial assessed the impact of a multi-level structural and norms-based intervention developed by the Indian not-for-profit organisation, Karnataka Health Promotion Trust (KHPT) and designed to reduce secondary school dropout and child marriage among marginalised scheduled caste/scheduled tribe (SC/ST) adolescent girls living in rural settings in south India.

The first intervention designed to address the normative and structural factors that encourage school dropout and early marriage (and thus increase HIV risk), Samata also included an economic component, linking families to existing government-sponsored schemes designed to promote girls' education.

A number of structural and norms-based factors function as drivers of under-age marriage, early sexual debut and school dropout.

- Poverty and limited livelihood options mean that girls are needed at home or in the labour market to support household income (and therefore withdraw from school).
- As per current social norms in these communities, girls marry young (in early adolescence) and withdraw from education to fulfil new roles as wives and mothers.
- The Samata trial revealed that the norm underlying these outcomes involves ensuring a girl's sexual purity and her family's reputation. This in turn leads to restricted mobility for girls post menarche.

Our research also showed that, although marriage and school drop out are sometimes linked, one does not necessarily lead to the other.

We found no overall difference in school retention or child marriage between trial arms. However, the trial took place in the context of sweeping secular changes in girl child marriage and secondary school retention, due to government-led initiatives across study districts during the trial. We did find evidence that this approach was able to enhance school completion in one of the two districts.

What is the issue?

Adolescent girls and young women from marginalised communities in rural north Karnataka are vulnerable to early marriage, early entry into sex work and HIV infection. This pathway is significant for the HIV field, as rates of HIV infection in northern Karnataka are among the highest in India. Here, the majority of female sex workers are from SC/ST communities and many enter into sex work before 18 years of age. Sex work ends these girls' education at an early age and fuels their migration to brothels in the neighbouring state of Maharashtra.¹

Keeping girls in school offers a proven population-level intervention to address this vulnerability and improve the lives of adolescent girls and young women. Education has been shown to be a powerful determinant of adolescent health and driver of socioeconomic progress. With widespread primary education in place, expanding secondary education is an achievable strategy for improving health across the life course and into the next generation.² Among adolescents, higher education is associated with reduced teenage births and older age at marriage, and reduced likelihood of HIV infection.³

In Karnataka state, people from scheduled caste/ scheduled tribes (SC/ST) comprise 24% of the total population.⁴ SC/ST girls from north Karnataka have the lowest enrolment in secondary school in the state. Here, 60% of SC/ST girls are enrolled, compared with 67% of girls from higher castes and with 71% of boys (irrespective of caste). This falls well below the state average of 77% enrolment at secondary school level, highlighting gender, caste and regional disparities in educational uptake. Among those who do enrol in secondary school, SC/ST girls from north Karnataka have the highest likelihood of dropping out in the state (11% vs. 5.8% for all children in the state, 8th to 9th standards).⁵

The Samata intervention and trial

In order to improve the quality of life of adolescent girls from vulnerable and marginalised communities in Vijapura and Bagalkot districts of north Karnataka, the Samata intervention was designed to:

- support entry into and retention of adolescent girls in secondary education
- delay age at marriage and sexual debut

In addition to these primary outcomes, the trial was designed to measure a number of secondary outcomes too:

- entering into secondary school (start 8th standard);
- passing end of secondary school exams (10th standard exam)
- sexual debut (by trial end line)
- marriage *and* co-habitation with husband

The Samata intervention engaged primarily with girls but also included boys, families, schoolteachers and community members and leaders.

To assess the impact of individual programme elements and of Samata overall, KHPT and the London School of Hygiene & Tropical Medicine (LSHTM) designed and conducted a three-year, mixed-method study, with qualitative research

adding nuance and depth to the quantitative findings from the community randomised controlled trial.

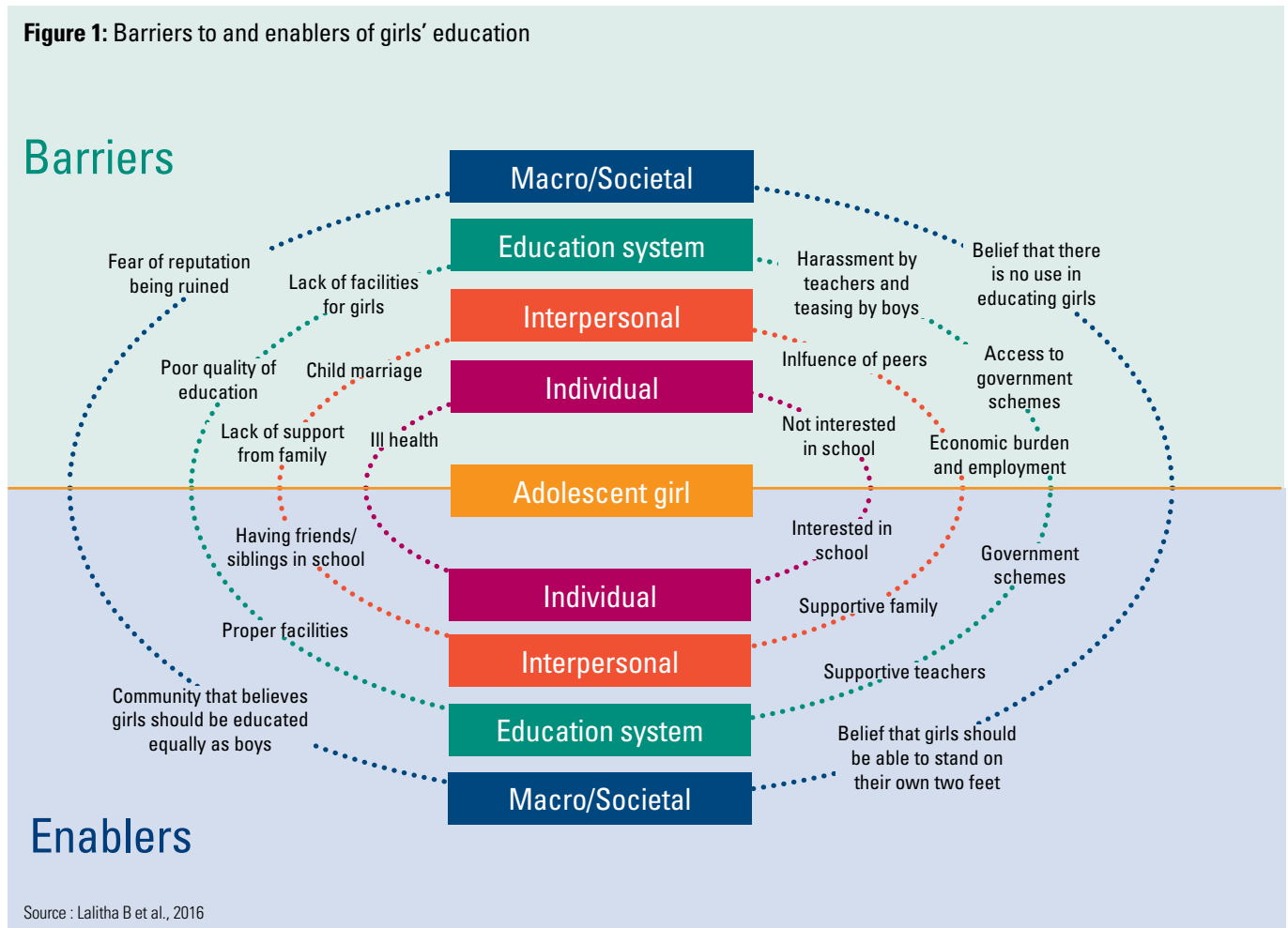
The trial was implemented in 80 village clusters, with 40 clusters receiving the intervention, and 40 clusters control (business-as-usual). All SC/ST girls (aged 13/14 years) enrolled in the final year of primary school (standard 7) were enrolled in the study in two cohort waves, one academic year apart.

1 Key finding: The evaluation found no difference in the key outcomes, or other schooling or sexual and reproductive outcomes, by trial arm.

We found no significant differences between the trial arms with regard to our primary and secondary outcomes. In other words, comparing those who had received the intervention and those who had not, we found no significant differences between the proportion of girls who:

- entered into secondary school (8th standard)
- completed secondary school (10th standard)
- passed the end of secondary school exam (10th standard final exam)
- were married at endline (age 15/16 years)
- were married and co-habiting with their husband at endline
- reported sexual debut at endline.

Figure 1: Barriers to and enablers of girls' education



Source : Lalitha B et al., 2016

Table 1: Summary of intervention activities for project Samata

Stakeholder	Intervention activities
SC/ST adolescent girls	<ul style="list-style-type: none"> Identify scheduled tribe/scheduled caste (SC/ST) girls every year and track their situation. Develop individual plans for outreach and follow up Establish safe spaces in which girls meet, receive life skills training, and gain leadership skills Encourage attendance at special tutoring sessions designed to meet the needs of girls, particularly those who have fallen behind their peers
Families of adolescent girls in SC/ST communities	<ul style="list-style-type: none"> Outreach workers conduct home visits and family meetings to sensitise parents around girl's education, early marriage, and gender socialisation Map vulnerability in each SC/ST family Link SC/ST families to government schemes that provide material and financial incentives for educating girls
Adolescent boys	<ul style="list-style-type: none"> Recruit and train local mentors to deliver 'Parivartan' – a sports-based, life-skills and empowerment programme. This programme encourages critical reflection on gender norms, including attitudes around violence against women and 'eve' teasing (sexual harassment/abuse) of girls Form Parivartan boys' groups in each village and implement activities
Village communities and leaders	<ul style="list-style-type: none"> Use community meetings and street theatre to sensitise local communities to the importance of girls' education and the consequences of early marriage Develop local champions to encourage communities to take action to retain girls in school. Form and train the village level vigilance committee consisting of girls, women group and youth leaders
School staff and governing committees	<ul style="list-style-type: none"> Train and equip school staff and school development and management committee (SDMC) members to conduct gender analyses of the school environment and to design and implement plans to make schools more 'girl friendly'". Train staff and SDMC members to track school attendance of adolescent girls Support and train school staff and committee members to develop leadership and career counselling programmes for girls Support and train school staff to develop policies that ensure the safety and participation of girls in school. Form and train the school-level safety committee members Offer career counselling for students in 10th standard
Policy makers and policy implementers	<ul style="list-style-type: none"> Advocate with local government to support the project by briefing them regularly Share project findings and learnings to advocate for replication of key strategies.

Source: Beattie TS et al. (2015) Supporting adolescent girls to stay in school, reduce child marriage and reduce entry into sex work as HIV risk prevention in north Karnataka, India: protocol for a cluster randomised controlled trial. BMC Public Health²

2 Key finding: Girl school dropout and child marriage rates were, overall, far lower than anticipated, reflecting secular changes and the successful implementation of government schemes.

At end-line, the proportion of girls completing secondary school education was higher (75.1% control; 74.6% intervention) and the proportion reporting marriage was lower (9.6% control; 10.1% intervention) than anticipated.

To understand the findings, we conducted a mapping exercise of relevant programmes being implemented across the two districts during the trial period. We found that a number of national, state and district-wide government-led initiatives were implemented in the districts between 2011 and 2017. The most notable of these – the nationwide and highly visible “Beto bachao beti Padhao (save your

daughter, educate your daughter) programme” – used large billboards and frequent radio advertising. In addition, during our trial, the State Education Department rolled out various other programmes in the study districts designed to keep girls in school, including life skills education for girls, career counselling and ensuring safety at school, as well as providing cash incentives and remedial classes for poor performing students.

Overall, these government schemes can be said to have provided much of the same support as the Samata intervention with the same intentions. While these policies and programmes bode well for girls' education and well being, it appears that they served to mask the potential impact of Samata.

Our research shows that, despite the overall improvement in schooling rates, a minority of girls remain at risk of school dropout and marriage in early adolescence.

Figure 2: Timeline of Samata programme and contextual changes

Contextual timeline

The Samata trial coincided with a range of national, state and district level government programmes aiming to improve girls' education and overall quality of life.



2011-13

Sabla girls' empowerment and life skills programme in Bijapur District; Government of India, implemented by Karnataka state government, Department of Women and Child Welfare; continued in some villages by NGOs

2014-15

Career counselling: Government of India guidelines through National Council of Educational Research and Training (NCERT); implemented in Samata districts (Bijapur and Bagalkot) following district-level circulars, likely in response to positive responses by students in Samata intervention schools

2015

- **Beti bachao beti Padhao programme:** Save your daughter, educate your daughter; Government of India
- **Sneha Clinics** (sexual and reproductive health) introduced at school-level

2016-17

- **Cash incentives** for girls to prevent school drop out
- **Remedial classes** (Mission 100) for low-performing students; Karnataka state government

2016-17

School Safety Committees, Karnataka State Department of Education circular

Samata timeline

Girls were enrolled in two cohort waves, one academic year apart. Secondary school starts in year 8.

Cohort 1 exposed to 18 months of intervention activities – starting in year 9.

Cohort 2 exposed to 30 months of intervention activities – starting in year 8.

Endline surveys conducted at the end of year 10 (end of secondary school).

	2013				2014				2015				2016				2017		
	JAN-MAR	APR-JUN	JUL-SEP	OCT-DEC	JAN-MAR	APR-JUN	JUL-SEP	OCT-DEC	JAN-MAR	APR-JUN	JUL-SEP	OCT-DEC	JAN-MAR	APR-JUN	JUL-SEP	OCT-DEC	JAN-MAR	APR-JUN	JUL-SEP
Cohort 1: Girls leaving primary school in 2013		Finish primary school in year 7	Enrol in secondary school year 8		Trial start survey		Samata activities start Enrol in year 9				Enrol in year 10		Year 10 exams	Trial end survey					
Cohort 2: Girls leaving primary school in 2014						Finish primary school in year 7	Samata activities start Enrol in secondary school year 8	Trial start survey			Enrol in year 9				Enrol in year 10		Year 10 exams	Trial end survey	

3 Key finding: In one of the two districts – Vijapura – secondary school entry and completion increased significantly among girls in the intervention arm compared with the control arm.

Despite the sweeping secular changes concurrent with the trial, the Samata approach was still able to improve schooling outcomes in some settings (although not marriage outcomes). Qualitative investigations will reveal the reasons for this in greater depth. However, key factors are already clear:

- differences in the profile of outreach workers
- more frequent outreach in Vijapura compared to Bagalkot

Samata outreach workers in Vijapura were younger and better educated than those in Bagalkot. This

was helpful in building better rapport with girls, their families, the school staff and community members. In addition, the Vijapura programme team experienced less staff attrition than the Bagalkot team did. Outreach was more frequent in Vijapura than in Bagalkot. We found that 42% of girls in Vijapura were contacted at least once a week, compared to 35% of girls in Bagalkot.

What impact has Samata had?

Samata baseline findings, intervention design, activities and tools have had an impact on state-level education regulations and methods. Most concretely, a version of Samata's attendance tracking tool was shared with the department of education to include in all schools in Karnataka State. Certain components of other materials including manuals are included in the state government's repository to support practising teachers.

In June 2015, KHPT organised a state-level conference for 300 participants, 'Keeping Girls in Secondary Schools: Successes and Challenges', including the leader of the then opposition Congress Party, Jagdish Settar. A member of the Legislative Assembly, Arvind Bellad, commended the Samata programme for addressing the link between HIV prevention and education, noting that: "the whole of North Karnataka requires such concerted initiatives."

The state began providing additional tuition classes to poor performing students (Mission 100) in line with those provided by the Samata intervention. In addition, the department has considered widespread adoption of Samata's career counselling sessions for 10th standard students.

KHPT was invited to make recommendations to a state-level consultation meeting on 'New Education

Policy 2015'. Policy-makers expressed particular interest in Samata's tracking tool, remedial classes and gender training for teachers and school development and management committees.

At the international level, a KHPT field officer was invited to present at UNESCO's Lifelong Learning Forum (Paris, February 2015), where Samata was commended as being "unique, as it works on multiple levels with many stakeholders". Blogs on qualitative findings from Samata baseline have featured on the World Bank's Education for Global Development and the WHO's Partnership for Maternal, New Born and Child Health. The blog 'Engaging Boys to Reduce Violence Against Girls' has been viewed more than 2,260 times and received numerous commendations, including: "Thanks for this excellent and well written article. Isolene Rebello, UNICEF"

Conclusion

The Samata trial is significant as the first multi-level intervention designed to address normative and structural factors hypothesised to encourage school dropout and early marriage. However, unanticipated high levels of school retention and low levels of child marriage, coupled with exposure of the control villages to various national and state-level campaigns, makes it difficult to assess the value of the overall intervention to reduce school dropout and child marriage or the value of this approach in settings where school dropout and child marriage are persistently high.

Results from two other trials in India⁶ and Bangladesh⁷ provide the first evidence from south Asia that having a central economic component to an intervention may be effective in preventing child marriage and keeping girls in education. As India continues to change and progress rapidly, further research is required to identify the optimal targeted interventions for the sizeable minority of girls who remain at risk of school dropout, child marriage and HIV infection in early adolescence.

STRIVE JOURNAL PUBLICATIONS

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More information: <http://strive.lshtm.ac.uk/projects/samata-keeping-girls-secondary-school>

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STRIVE research consortium

A DFID-funded research programme consortium, STRIVE is led by the London School of Hygiene & Tropical Medicine, with six key research partners in Tanzania, South Africa, India and the USA. STRIVE provides new insights and evidence into how different structural factors – including gender inequality and violence, poor livelihood options, stigma, and problematic alcohol use – influence HIV vulnerability and undermine the effectiveness of the HIV response.

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