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**UNDERSTANDING AND  
INCREASING GENDER  
EQUITY FOR ADOLESCENTS  
THROUGH STORYTELLING:  
KISSA KAHANI**





## ACKNOWLEDGMENTS

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The views expressed in this report are solely those of the authors and do not necessarily reflect those of any funders or research participants.

# TABLE OF CONTENTS

**04-07** FORWARD

**08-09** THE CONTEXT

**10-11** OUR APPROACH  
YOUTH-CENTERED NARRATIVE METHODS

**12-14** RESEARCH METHODS

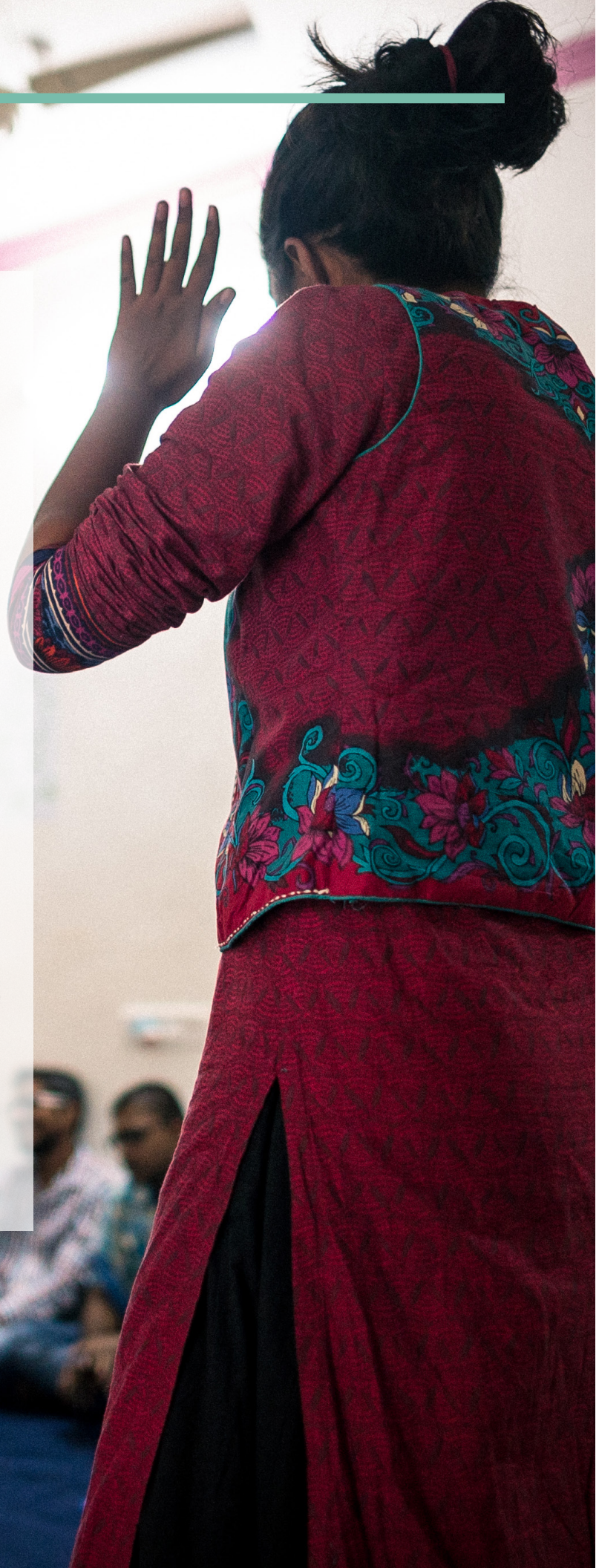
**15-19** KEY FINDINGS  
FROM FORMATIVE RESEARCH PHASE

**20** DIGITAL STORIES

**21-23** EXPLORING SOLUTIONS  
DESIGN WORKSHOP AND SMALL GRANTS

**24-26** KEY INSIGHTS  
FROM THE SMALL GRANTS PROCESS

**27** NEXT STEPS



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# FORWARD



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In Uttar Pradesh, India, young people face a number of challenges, including limited access to education, health services, and economic stability. Young women face particular challenges, such as higher rates of school dropout and early marriage into households in which they have limited agency. Combined, these challenges constrain young women's opportunities and health outcomes.

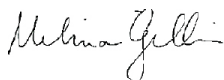
The Center for Interdisciplinary Inquiry and Innovation (Ci3) in Sexual and Reproductive Health's Kissa Kahani project brought together an interdisciplinary team to better understand gender inequality in Uttar Pradesh and its effects on adolescent sexual and reproductive health (ASRH). Kissa Kahani, a Hindi term, translates loosely to "anecdotes and stories". Kissa Kahani uses storytelling to learn about youth and to amplify youth voices.

Kissa Kahani used non-traditional, participatory research methods, such as games, narrative/storytelling activities, body mapping, and digital media exploration as a way of engaging participants, encouraging community and openness. Youth workshop participants produced nearly 30 digital stories on topics such as: son preference, unequal access to education, and lack of public safety for young girls. Digital stories let youth express themselves and researchers learn about the lives of youth in Uttar Pradesh.

Data collection was followed by a small grants program allowing local organization to test solutions to issues identified in the research. Youth were also invited to offer solutions. To do so, we trained them in "design thinking" including: research, synthesizing findings, and piloting solutions. Youth worked with local organizations to implement and evaluate their ideas. These efforts are informing our own interventions for young people in India.

This report describes methods and findings for Kissa Kahani. This report demonstrates the importance of allowing youth to tell their own stories and create their own solutions to the issues that impact their lives.

Sincerely,

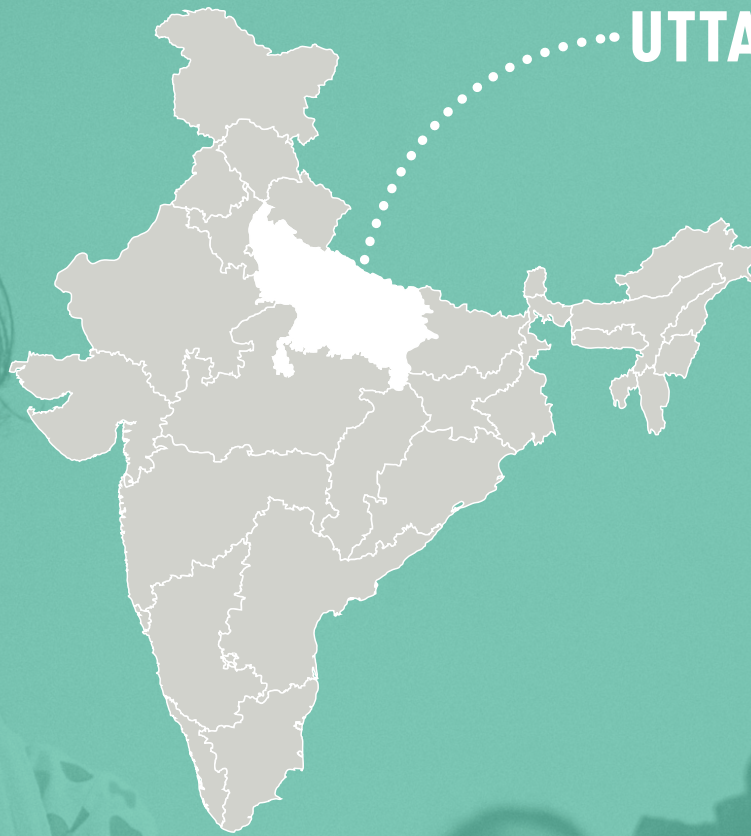


Melissa Gilliam, MD, MPH



Alicia Menendez, PhD

# UTTAR PRADESH



BY 2020, YOUTH (AGES 15-24) WILL COMPRISE OF **34.3%** OF INDIA'S POPULATION



NEARLY **ONE-FIFTH** OF THE POPULATION IN UTTAR PRADESH IS BETWEEN AGES 15-24

UTTAR PRADESH  
IS IN THE **BOTTOM**  
**10<sup>TH</sup>** OF INDIAN STATES  
FOR FEMALE TO MALE  
SEX RATIO

**LESS THAN**  
**33% OF WOMEN**  
ARE ALLOWED TO GO ALONE  
TO THE MARKET, A HEALTH  
FACILITY, AND OUTSIDE  
THE VILLAGE

**27% OF**  
**UNMARRIED GIRLS**  
HAVE ENGAGED IN  
AGE-APPROPRIATE  
DECISION MAKING

**42%**  
**OF STUDENTS**  
ARE GIRLS IN  
SECONDARY SCHOOLS

**57% OF BOYS**  
**AGED 15-19**  
ARE AWARE OF HIV/AIDS

**21% OF UTTAR**  
**PRADESH GIRLS**  
ARE MARRIED BY 18



## THE CONTEXT

# GENDER INEQUALITY IN UTTAR PRADESH

In the north Indian state of Uttar Pradesh (UP), persistent gender inequalities lead to health risks and poor life outcomes for poor girls and women. While unmarried boys and girls aged 10-14 have relatively similar rates of educational enrollment (at 91.3% and 86.3%, respectively), the gap widens as boys and girls age.<sup>1</sup> Young girls make up only 42% of secondary school students, placing UP in the lowest quintile of all Indian states for girls' secondary school enrollment.<sup>2</sup>

Furthermore, women's participation in the labor force is among the lowest in India, with women comprising only 16% of the main working population.<sup>3,4</sup> Uttar Pradesh is also in the bottom 10<sup>th</sup> of Indian states for female to

male sex ratio.<sup>4</sup>

Finally, women's mobility and agency are markedly constrained: per the National Family Health Survey (NFHS-4), less than 33% of women are allowed to go alone to the market, a health facility, and outside the village—lower than national averages.<sup>5</sup> Among young people, only 26.8% of unmarried girls aged 15-19 and only 27.5% of married girls had engaged in age-appropriate decision making, compared to 51.5% of unmarried boys aged 15-19.<sup>1</sup>

These gender inequalities have significant implications for sexual and reproductive health, particularly for young people. Among young people, knowledge of sexual and reproductive health is limited: less than 25% of unmarried girls and boys aged 15-19 know that a girl can get pregnant during her first experience of penile-

vaginal sexual intercourse, and only 50% of married girls aged 15-19 know this.<sup>6</sup> Similarly, only about a third of girls aged 15-19 and 56.6% of boys aged 15-19 are aware of HIV/AIDS.<sup>1</sup> It is clear that there are profound knowledge gaps regarding even the most basic facts of sex and reproduction.

Regarding premarital sex, 6.2% of unmarried girls aged 15-19, 17.4% of unmarried boys aged 15-19, and 10% of married girls 15-19 reporting a sexual relationship prior to marriage.<sup>1</sup> Premarital sex is predominately without contraception, with only 14.1% of boys aged 15-19 reporting using a condom consistently within a premarital relationship.<sup>1</sup> For young women, the numbers using contraception are even lower: 5.3% of unmarried girls aged 15-19 reported using



## THE CONTEXT

### GENDER INEQUALITY IN UTTAR PRADESH

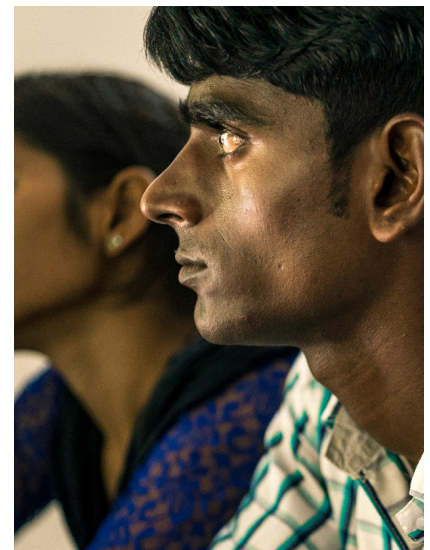
condoms consistently in a premarital relationship.<sup>1</sup> Premarital relationships are also associated with sexual violence: 28% of boys 15-19 who had engaged in a premarital sexual relationship reported forcing their partner to have sex, while over 50% of girls aged 15-19 who had a premarital sexual relationship experienced forced sex in that relationship.<sup>1</sup> Adolescents are transitioning into adulthood largely unprepared for emotionally and physically healthy intimate relationships.

This finding is particularly problematic in light of the high rates of early marriage for young girls in UP. Twenty-one percent of UP girls are married by 18.<sup>7</sup> Early marriage threatens girls' education and health. Only 5.2% of married girls aged 15-19 are still enrolled in school, compared to 52.2% of unmarried girls of the same age, with 69% of married girls reporting that they had to drop out of school.<sup>1</sup> Within the marriages of girls aged 15-19, only 17.8% have ever used contraception, and only 11.6% are currently using

contraception, placing the majority of these young women at risk for unsafe early births before they reach physical maturity.<sup>1</sup> Over 48 percent of married young women aged 15-24 are estimated to have an unmet need for contraception.<sup>5</sup> Furthermore, while 95% of young women aged 15-19 experiencing first births received at least one antenatal checkup and 72% delivered in an institution, only 31.4% received the recommended four or more antenatal check-ups and only 37% had received any postnatal care at all.<sup>1,6</sup> Married young women aged 15-19 also experience frequent marital violence, with 18.9% reporting emotional violence, 23.5% reporting physical violence, and 29.7% reporting sexual violence.<sup>1</sup>

Mental health problems are also significantly elevated in young married women. According to one study, 19% of women displayed symptoms of mild depression in the past two weeks, 9% displayed symptoms of moderate to severe depression, and 8.9% contemplated suicide in the past

year.<sup>1</sup> By contrast, 4.9% of unmarried girls aged 15-19 had experienced severe depression, and 4.8% had contemplated suicide.<sup>1</sup> Young men in this study had lower rates of mental health issues than either married or unmarried girls of the same age, with only 2.1% having experienced moderate to severe depression, and 2.7% having contemplated suicide in the past year.<sup>1</sup> For young women in UP, then, early marriage is associated with school dropout, poor reproductive health outcomes, experiencing violence, and poor mental health.



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## OUR APPROACH YOUTH-CENTERED NARRATIVE METHODS

### SOCIO-ECOLOGICAL MODEL

Kissa Kahani relied on a four-level socio-ecological model: individual, social, community, and societal levels to describe adolescent sexual and reproductive health. Multi-level frameworks consider the complex interplay of factors that influence human behavior and development. They provide insights regarding potential intervention points.

### POSITIVE YOUTH DEVELOPMENT

Positive youth development

(PYD) is a framework that emphasizes youth's assets rather than deficits.<sup>8</sup> Research often considers adolescence as full of turmoil and risk; by contrast, PYD emphasizes the agency and ability of young people and considers how they can not only thrive, but also help their communities thrive.<sup>8,9</sup> Complementing the socio-ecological model, PYD supports building or fortifying relationships with adults and social networks, developing the skills necessary to engage in real-world roles and activities, and

orienting toward future goals.<sup>9</sup> PYD involves both building skills and competencies in individual youth and building up their environment (e.g. school, family, and neighborhood) to promote youth development.<sup>9</sup> The PYD framework has been used in countries around the world to promote youth SRH.<sup>9</sup>

### PARTICIPATORY METHODS

Conducting research with young people can be challenging for a number of reasons. Youth may experience power differentials

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## OUR APPROACH

### YOUTH-CENTERED NARRATIVE METHODS

with researchers, which can create discomfort and a stifling environment.<sup>10-13</sup> Youth may simply find the research boring or unimportant.<sup>10, 14, 15</sup>

Participatory research methods address these challenges by making the research process enjoyable and engaging.<sup>12, 13</sup>

Participatory methods also increase young people's comfort with the research process, providing some structure while mitigating power differentials by positioning youth as co-researchers.<sup>12, 16</sup>

Participatory methods engage youth in designing interventions that meet their needs.<sup>17, 18</sup>

#### NARRATIVE AND STORYTELLING

The transformative power of narrative and storytelling are central to Kissa Kahani. Stories shape and communicate cultural values, personal beliefs, and individual meaning.<sup>19, 20</sup> “Narrative identity”—the ability to convey a sense of self to an audience through a coherent life narrative—

develops in adolescence and is an important component of young people's wellbeing.<sup>21</sup>

Storytelling is essentially a meaning-making process, and knowing how young people make sense of their experiences through narrative reveals key information about not just their individual values and perspectives, but how their cultural milieu (e.g., family, neighborhood, society) plays a role in identity construction.<sup>20, 21</sup> Narrative also reveals key facets of cultural transmission—how young people have heard and internalized the values of their elders—including values about how stories should be constructed and told, as well as what should not be discussed in stories.<sup>20</sup> Storytelling, then, reveals how young people learn to make culturally-relevant stories, make meaning of life experiences, and understand the self within a social and cultural context.<sup>20</sup> As such, they provide rich, multilayered information on the important processes at work in

youths' lives.

In Ci3's previous work with youth sexual and reproductive health, we have centered youth narratives to ensure that we were focused on the issues young people find central to their own lives.<sup>19, 22</sup> This approach is open-ended and does not take a rigid, risk-focused approach.<sup>19</sup> It also emphasizes the broader context in which young people operate, instead of considering behaviors and choices in a vacuum.<sup>22</sup>



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# RESEARCH METHODS

Traditional research methodologies in the form of baseline surveys and life course interviews helped situate Kissa Kahani's findings in the larger literature on ASRH in India. In addition, art, storytelling, and games were used to collect information about the lives of young people and how gender has shaped their experience of being a young person in Lucknow.

## BASELINE SURVEYS

All youth who participated in the research activities completed a baseline survey describing demographic characteristics; division of household labor and agency in household decision making; mobility and freedom of movement; knowledge of puberty, ASRH, and family planning; social networks and

social support; menstruation experiences; healthcare experiences; and values about relationships and gender norms.

## LIFE COURSE INTERVIEWS (LCIS)

Life course interviews are one-on-one, in-depth interviews, in which youth discussed their life stories starting from childhood. A same-gender interviewer asked youth about crucial moments or experiences that have made them into the young person they are today. Youth described the ways in which gender has factored into their educational, work, and health trajectories.

## CHARACTER GAME

The character game is a research activity, based on a storytelling game called Hearsay designed by Ci3. During the game activity,

youth established a setting, characters, and scenarios based on their experiences and observations of gender and SRH in adolescence. After each session of gameplay, workshop facilitators led a discussion with youth to reflect on and interpret the stories they told in game sessions.

## STORY CIRCLES

Story circles are interactive group sessions, in which individuals sit in a circle of same-sex peers and take turns telling a story in response to the same prompt. The process is continued and as comfort and trust increase, youth begin to elaborate and provide nuance to their story helping researchers better understand their experiences.

## BODY MAPPING WORKSHOP

Body mapping is a participatory and interactive research method originating in arts-based therapy. In body mapping, participants trace their bodies and then create visual representations of experiences and qualities that affect their own health and well-being on the silhouette. In this project, body mapping workshops were used to understand the experiences of youth and how family, community, society, and health services influence their concept of their bodies, gender, and identity.

“You can't wear anything too short. Up to a certain length is fine. I can't wear anything too short. My mother doesn't forbid it; she says it's okay to wear it somewhere else, but not here because the people over here react in weird ways and make comments. If I wear something like this; they will wonder where I am going and think wrong things...They will gossip. If you talk to a boy they will think it's something wrong.”

**Girl, 15 years old, life course interview**

## LIFE COURSE INTERVIEWS

**123 PARTICIPANTS: 70 FEMALES & 53 MALES BETWEEN THE AGES 15-24**

**95% UNMARRIED 44% HAD BEEN IN SCHOOL FOR 12+ YEARS**

### FOUR KEY THEMES:

- 1** Menarche is a turning point for girls, many being unprepared and not understanding what menstruation is or what it means. It also marks a point of greater restriction on their mobility and behavior.
- 2** Family violence is common, with fathers and brothers the typical perpetrators of gender-based violence against mothers and girls. Substance use often co-occurs or precipitates violent outbursts.
- 3** Girls' mobility is restricted by a combination of street harassment, which creates fear and anxiety, and family concerns about both safety and reputation. Girls must often be accompanied by chaperons to leave home and its immediate environs.
- 4** The lack of social safety nets means that young people are often called upon to take on increased responsibility in the family when there is a sudden change in financial circumstances, derailing youth education.

## CHARACTER GAMES

**40 PARTICIPANTS: 30 FEMALES & 10 MALES BETWEEN THE AGES 15-17**

**SEVEN CHARACTER GAME SESSIONS.**

### THREE KEY THEMES:

- 1** It is common for boys to harass and even threaten girls, both in person and over social media. However, some boys view harassment as wrong and wish to intervene as active bystanders.
- 2** Relationships between boys and girls are forbidden, and the negative consequences of these relationships fall much more harshly on girls. Girls may enter relationships to try to meet financial needs.
- 3** Community values strongly influence youth personal values. Most youth have internalized the idea from the community that any kind of physical intimacy between boys and girls is bad. Among those who are interested in greater gender equity, community pushback creates ambivalence about taking action.

### STORY CIRCLES

**81 PARTICIPANTS:** 81 youth were part of 12 single-gender story circle sessions, comprising about five participants and two-three facilitators per session.

**95% UNMARRIED 50% HAD BEEN IN SCHOOL FOR 12+ YEARS**

#### THREE KEY THEMES:

- 1 Education builds confidence and helps young people resist harmful gender norms and practices (again, like early marriage).
- 2 Community members enforce traditional gender norms, not just families.
- 3 Young people do engage in challenging traditional gender norms. Girls resist early marriage and insist on continuing their educations; boys report a desire to raise their own daughters in a more gender-egalitarian manner.

### BODY MAPPING WORKSHOP

**40 PARTICIPANTS: 30 FEMALES & 10 MALES BETWEEN THE AGES 15-17**

**EIGHT BODY MAPPING SESSIONS.**

#### SIX KEY THEMES:

- 1 Adolescence is a turning point, especially for girls, who may take on additional domestic responsibilities and face stronger expectations of “appropriate” behavior. Boys may feel increased pressure and responsibilities also.
- 2 School is a safe space to learn but also to socialize with other adolescents.
- 3 Many adolescents experience self-consciousness about their bodies and skin tones.
- 4 Adolescent romantic relationships are forbidden and suspicion of inappropriate behavior is prevalent; girls are under strict scrutiny.
- 5 Girls experience pervasive restrictions on mobility and freedom due to concerns about street harassment and safety—they may need chaperons to go out.
- 6 Communities and neighborhoods enforce gender norms outside the home, even when nuclear families have more egalitarian values.

# KEY FINDINGS

## FROM THE FORMATIVE RESEARCH PHASE

The research reveals that gender is the central factor governing girls' daily lives within their homes and communities. While school provides a respite from rigid gender norms, managing menstruation and navigating streets amid sexual harassment, threatens school attendance.

### SCHOOL AS A SITE FOR GENDER EQUITY

Our research shows the value young people place on school as a gender equitable place. In body maps, young people depicted school as a place to socialize and receive adult support. School led to employment and economic well being for them and their families. Some (although not all) participants delayed marriage by being in school, hoping to pursue careers.

Yet, access to education is tenuous. Some families do not believe in educating girls. For others, education is considered a luxury and families cannot afford to send girls to school. In other cases, economic shocks, such as loss of employment or death of the main earner in the family, can also result in the child leaving

school in order to contribute financially. Increasing access to education, and maintaining it for those already in school, is a crucial for increasing gender equity and youth well-being in Lucknow.

### COMMUNITIES ENFORCE RIGID GENDER NORMS IN ADOLESCENCE

While only a few participants describe gender as an important factor during their childhood, starting in adolescence gender norms are strictly enforced. In the body mapping workshops, for example, both female and male youth drew images of swings, parks, footballs, and badminton rackets in reference to their childhoods, signifying time and freedom to play outdoors. During adolescence, however, gender affects multiple aspects of participants' lives, including their clothing, social interactions, and freedom of movement.

Gender norms are enforced by their immediate families. Siblings and parents place restrictions on where girls go, who they talk to, and what they wear. Violence is a possible punishment when boys and girls disobey family rules regarding gender. Community

members also play an important role in enforcing gender norms. Stories reveal that even when immediate families are more progressive, neighbors and extended family enforce social norms regarding education, relationships, mobility, and career prospects for young women by speaking negatively about those whom they perceive to violate norms.

“In my family, elder people scold me that don't go there, and don't talk to that person. There is nothing like that in school, we all live together in school, boys and girls all play together, there is nothing like that we have to play only with girls and not with boys.”

**Girl, 16 years old,  
body mapping session**

## KEY FINDINGS

### FROM THE FORMATIVE RESEARCH PHASE

Gender also informs expectations for young men. Young men use money signs frequently in the body mapping sessions, symbolizing that they are expected to earn and provide for their current and future families. In life course interviews, young men also discuss pressures for them to use their time productively and not waste any on “roaming” or relationships with girls.

#### MENSTRUATION CHALLENGES OF YOUNG WOMEN

Girl’s experience with menstruation provides a window into the way their life shifts with puberty. At the time of menarche, most young women were ignorant about menstruation, making menarche a stressful and sometimes traumatic experience. In life course interviews, young women describe feeling panicked at the sight of the first menstrual blood and confusing it with an injury or disease. Post-menarche, they navigate myths and taboos

surrounding menstruation. These myths and misinformation focus on the need to limit activity, interactions with others, and mobility. For example, some young women are prevented from engaging in worship activities, playing or being active, touching other people, and eating or touching particular foods while menstruating. These experience lead to girls feeling stigmatized and ashamed of their gender with the onset of puberty.

**“I informed my mother. I was shocked. I went to my mother and shockingly asked her about the blood. I was much tensed. My mother had not informed me that I will get something like that. I did not have any clue about it. I did not know that something like that would happen to me.”**

**–Young woman, life course interview**

Lack of commodities, infrastructure, and social support for menstruating girls limits their access to education. **Over 50% of girls in our baseline survey report having missed school during menstruation, and 21% report feeling shy or embarrassed about attending school during menstruation.** During life course interviews, young women describe school bathrooms as: dirty, lacking running water, not gender-segregated, and not private some even missing doors. This lack of privacy means that boys often tease girls about their menses.

#### SEXUAL HARASSMENT AND LIMITED MOBILITY OF YOUNG WOMEN

School attendance is further undermined by the daily sexual harassment—colloquially referred to as “eve teasing”—that young women experience on a daily basis in Uttar Pradesh. On public



**MORE THAN HALF  
OF GIRLS SURVEYED  
IN KISSA KAHANI  
MISSED SCHOOL  
DURING  
MENSTRUATION**



## KEY FINDINGS


### FROM THE FORMATIVE RESEARCH PHASE

transportation, in schools, at work, online, and on popular social media websites girls are harassed based on their gender. Daily, many young women experience verbal harassment and some are touched. These incidents create fear and shame and cause families to restrict young women's mobility. Often girls are chaperoned when leaving the house, going to school, visiting friends and family, and obtaining healthcare.

There are few avenues for redress when sexually harassed. In game sessions, young women describe adults in positions of authority as largely ineffective in responding to incidents of harassment. Some young women choose to miss school or drop out altogether due to persistent sexual harassment when in public.

For some young women, their families choose to isolate

them once they reach puberty. They have strict limits on their mobility, limiting their ability to participate in public life. Young women resent staying inside while male members of their family leave the house without needing permission, leaving them feeling unequal and powerless.

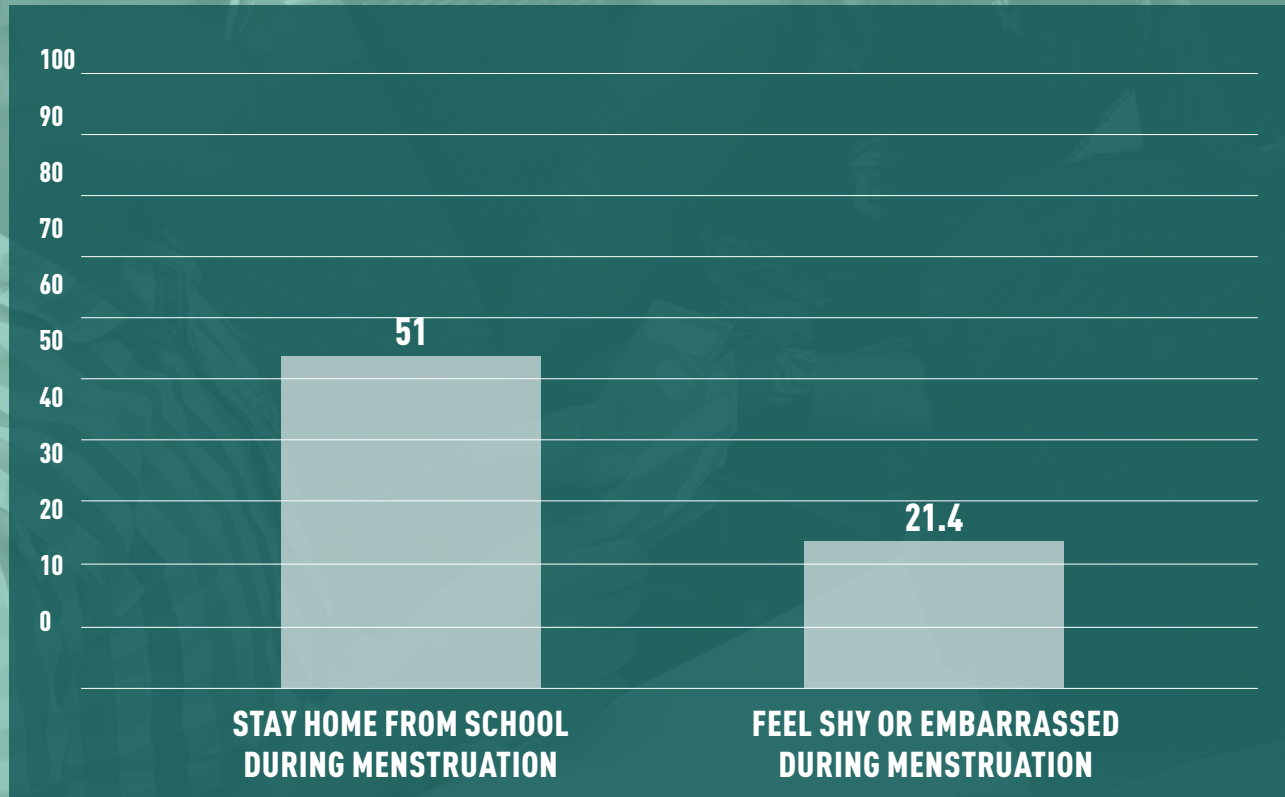


“No, it has not happened with me, but I have seen this so many times in my community, if a girl is going in a group which has three girls and a boy, then they would say that ‘Oh, see that girl is going with a boy,’ while that boy may be someone’s brother. But they start talking about her character.”

Girl, 16 years, body mapping session

# KEY FINDINGS

**FIGURE 1: MENSTRUATION AMONG YOUNG WOMEN (%)**

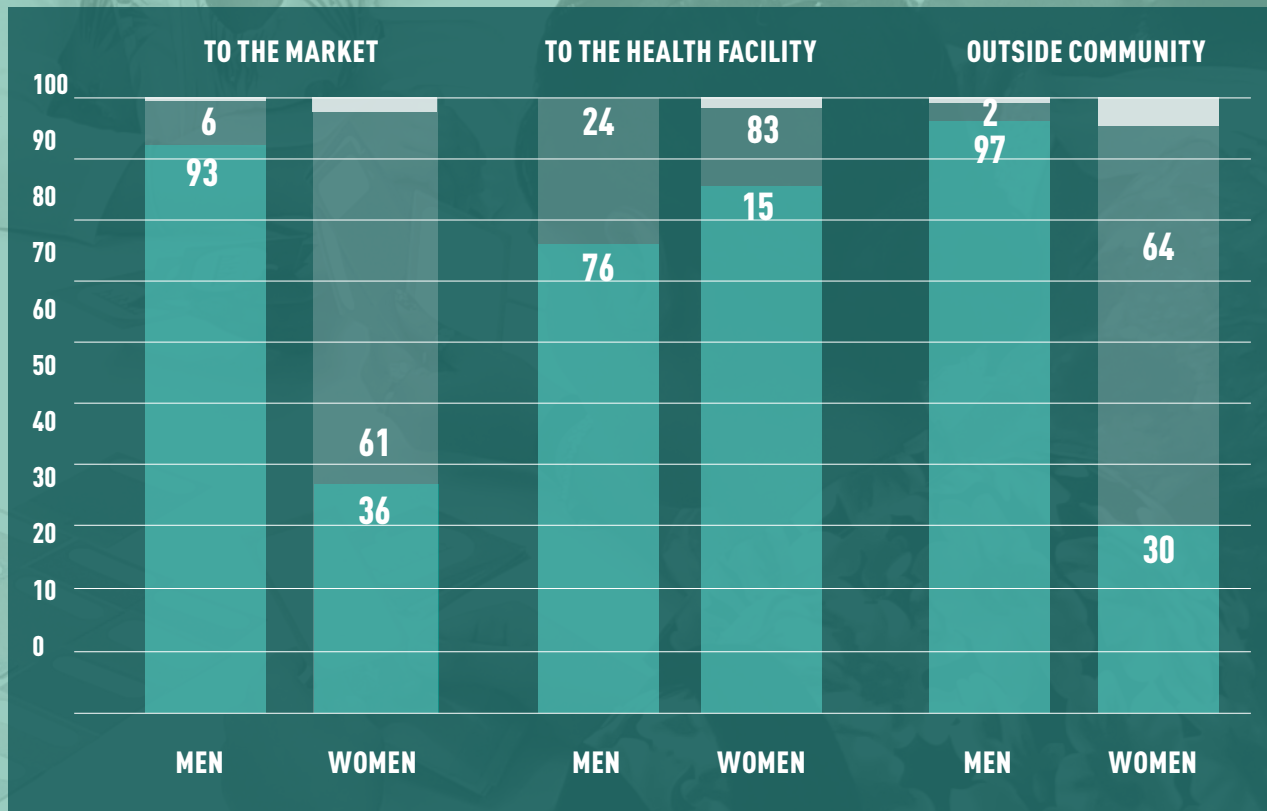


“Once when I was ten years old, one day we two or three girls were going then some boys had teased us very badly. That incident was so scary that we were badly disturbed. When I reached home, I told my mother that I don’t want to go to school and I don’t want to study.”

**Young woman, story circles**

# KEY FINDINGS

**FIGURE 2: MOBILITY AMONG YOUNG MEN AND WOMEN (%)**



**F:** What happens then ? Does your school take any action?

**R:** No didi, nothing happens.

**F:** Have you ever complained about this (harassment)?

**R:** Yes, we have complained several times but no one listens. Like we have also complained to the police but they say, never mind, you go home and do not pay attention to them.

**Young woman, character games**

# DIGITAL STORIES

Young people were also invited to tell about their lives by making digital stories. Digital stories are short, first-person videos in which a narrator tells a story about their life, through images (photographs and video) set to music. Ci3 trained eleven Indian partners on digital storytelling and workshop facilitation. These partners then co-led three, five-day digital storytelling workshops. In these workshops, young people told about their experiences and challenges with gender and sexual and reproductive health.

Twenty-eight young people participated. Narrative enabled them to describe these experience in their own words, with nuance, complicating stereotypical depictions. They learned how to audio record their voices, illustrated their stories by enacting scenes or findings photographs, and helped one another develop their stories.

Common themes from the digital stories included: gender-based harassment and violence, limited educational opportunities, and early marriage and childbearing for young women. These stories also described resilience and young men's commitment to gender

equity. Many young men described gender inequities and violence perpetrated against their sisters and mothers. A selection of the 28 digital stories produced through these workshops can be viewed at <https://ci3.uchicago.edu/kissa-kahani-digital-stories/>.

## DISSEMINATION

With young people's permission, many of the finished digital stories were disseminated online and through events in India and the US.

## THE C3 CONFERENCE

Ci3 screened several stories and presented the Kissa Kahani project at the Centre for Catalyzing Change (C3) conference "Leveraging Technology for Young People/ YouthLIFE: Digital Life Skills Initiative in Schools."

## THE CHINH MEDIA FESTIVAL

In November of 2016, 12 digital stories were entered into the 10th International Chinh Kids Film Festival. As the films toured schools, the digital stories were viewed by many children throughout India as part of a jury screening process. Four stories were selected by the jury as finalists, with one, "Her Daughters," by Pinky Sr., winning

a special Chinh Media award.

## 2017 INTERNATIONAL WOMEN'S DAY

The Ci3 team presented Kissa Kahani digital stories and research findings in a celebration of International Women's Day hosted by the Bill & Melinda Gates Foundation.

## THE BETTER INDIA

A six-month partnership with The Better India, an online publication that features positive news about social development, art, travel, environment, women's empowerment, NGOs, and education in India, was cultivated to circulate six digital stories along with written analysis.



# EXPLORING SOLUTIONS

## DESIGN WORKSHOP AND SMALL GRANTS

The formative research and digital stories helped to identify major thematic areas for intervention. We engaged young people and youth-led, Indian organizations to develop interventions. Specifically, Ci3 created a small grants program in which organizations proposed projects and evaluation plans. We also created a workshop to teach youth a process called “design thinking”. This workshop resulted in ideas which youth implemented in collaboration with NGOs. Overall, nine grants were issued to six NGOs: four to projects developed by local NGOs in response to the funding opportunity and five to projects first developed by youth in the design workshop, These pilot projects were

responsive to the challenges we identified through formative research. For example, the Milaan Foundation, a non-profit organization with the mission to nurture, invest in, and amplify the voices of girls from marginalized backgrounds, considered how safe spaces could be used to help youth learn about gender equity and sexual and reproductive health. Sayahog, focused on building young women’s capacity around menses and changing school environments and policies to facilitate school attendance. These projects provided insights to Ci3 investigators on how to intervene to address gender inequality and reproductive health of young people.

### DESIGN THINKING WORKSHOP

In design thinking, the end user (young people in Lucknow) are invited to participate in the design and development of the intervention as they are the experts on their lives. First, workshops were held with facilitators, training them on the design thinking process. Then, in collaboration with the facilitators, Ci3 trained youth to design solutions to issues that were identified in the formative research. In these workshops, young people were taught to conduct interviews, synthesize data, brainstorm, and create prototypes of possible interventions. Subsequently, they worked with local NGOs, to implement and evaluate their ideas.



**DESIGN THINKING**

is a structured approach to create innovative solutions that are economically viable, technologically feasible, and desirable for the people who will use them.

# THE PROJECTS

The following projects were initiated by young people in the design thinking workshops.

## RETHINKING GENDER ROLES PROJECT by Milaan

This project held a comic book workshop where youth learned about making comic books and created their own comics to challenge traditional gender roles. This intervention engaged youth as storytellers, using stories as intervention strategy.

## PUBLIC SAFETY FOR GIRLS AND WOMEN PROJECT by Vatsalya

This project trained youth to lead community activities like plays and meetings in two public spaces, with a focus on teaching bystander intervention strategies to prevent sexual harassment. This intervention sought to increase awareness of local laws, change attitudes about intervening, and increase reporting.

## SOCIAL MEDIA PROJECT by Milaan

This project developed a social media literacy tool in order to improve young people's knowledge about safe social media practices and increase social media literacy.

LUCKNOW

## TRANSPORTATION DRIVER PUBLIC SAFETY PROJECT by YES Foundation

This project identified transportation drivers as potential allies in improving public safety and stopping the harassment of women and girls. Transportation drivers were trained on bystander tactics with the goal of changing their attitudes and behavior towards bystander interventions.

## SUPPORTING YOUNG MEN'S SRH PROJECT by YES Foundation

This project engaged young men and their parents around young men's sexual and reproductive health. Sons and parents attended workshops, separately and together, to discuss reproductive health with the goal of increasing knowledge and changing their parents' attitudes about having open conversations with their sons. Mothers predominately participated in these sessions.

# SMALL GRANT PROGRAM RECIPIENTS

These research projects were developed by non-governmental organizations through a small grants program.



## SRH AND ENTREPRENEURSHIP WORKSHOPS

by Adarsh Seva Samati

To understand whether sexual health education was more acceptable when delivered in the context of entrepreneurship classes or by itself, youth were split into two groups. One group received a workshop on SRH, and the other group received a workshop on SRH and on entrepreneurship. The SRH workshop was four sessions long, and the entrepreneurship workshop was two sessions long and included linkages with banking institutions and meetings with government and private agencies. Both groups (SRH and SRH+Entrepreneurship) experienced increases in SRH knowledge and gender-equitable attitudes. Additionally, 16% of the entrepreneurship group reported an increase in their livelihood.

## LET'S TALK/AO BAATEIN KARE

by Vigyan Foundation

This project used Kissa Kahani digital stories to invite discussions about gender equity and gender stereotypes. They then compared acceptability of negative (stories in which girls experienced challenges) versus positive (stories in which girls experienced support) messages on young people. Young people preferred positive messages. In addition to educational sessions with youth, Vigyan also organized sessions about gender for the parents of participants.

AGRA

LUCKNOW

JHANSI

## APNI JAGAH PROJECT

by Milaan

This project explored the feasibility of creating a safe space for young people to learn about sexual and reproductive health. Using their local offices to create a youth-friendly setting, Milaan held 16 workshops on understanding the self, sexual health, and society, as well as 12 discussions with self-reflection exercises.

Participants in these activities also created learning journals that focused on exploring self-awareness, young people health, and societal issues that limit young people's healthy development.

## ABHIVYAKTI PROJECT

by Sahayog

This project considered knowledge, attitudes, and practices regarding menstruation among young people, educators, and civic leaders. Girls were trained on menstrual hygiene, correct facts, and their rights regarding receiving support for managing menses. Following the intervention, girls held fewer myths about menstrual hygiene, had more knowledge, and even led community awareness and advocacy campaigns with support from community-based organizations.

# KEY INSIGHTS FROM THE SMALL GRANTS PROCESS



The small grants projects explored a variety of intervention strategies in gender equity and youth sexual and reproductive health. These projects helped to determine youth-informed ways to intervene in order to improve the sexual and reproductive health of young people.

## LESSONS LEARNED FROM THESE PILOT INTERVENTIONS

These projects demonstrated the acceptability of narrative as an intervention strategy. Vigyan Foundation's "Let's Talk" project used digital stories to initiate discussions on gender, highlighting the potential for youth-created stories to enable dialogue about important issues. In Vatsalya's project on women's public safety, youth led street plays to teach about local laws and women's safety, bringing narrative into community spaces. Milaan's "Rethinking Gender Roles" project positioned youth as storytellers as they created

comic books to promote gender equity. Pre- and post-surveys and focus groups with youth following this intervention indicate that the comic book workshop changed youth perception on gender discrimination, gender norms, gender violence, and decision-making.

## BUILDING YOUTH CAPACITY

Many workshops provided reproductive health information while teaching skills. Based on pre- and post- assessment, Milaan's social media project improved knowledge of relevant laws and increased willingness to take action against cyber bullying through a youth-developed social media literacy tool.

Providing a space for youth to learn about gender and SRH is another important facet of youth capacity building. Milaan's Apni Jagah project used safe spaces and learning journals to engage with youth. Qualitative and quantitative

evaluation indicated that safe spaces were an effective way to enable information sharing and overall awareness between youth on sensitive issues like gender equity and SRH.

## ENGAGING KEY ALLIES

Projects also demonstrated the need to attend to the larger enabling environment. For example, Sahayog's menstruation project engaged key stakeholders, such as school officials, to discuss improving access to menstrual hygiene resources at school. Projects also engaged parents as allies in youth health. And the YES foundation's transportation driver project tapped transportation drivers as potential advocates/interveners when sexual harassment occurs. These projects highlight the importance of considering more than just youth in youth-focused interventions. Powerful allies can help change social and structural factors that impact youth health.



## SMALL GRANTS GROUP #1: DESIGN THINKING WORKSHOP GRANTEES

ORGANIZATION	TOPIC	DESCRIPTION OF INTERVENTION	INTENDED CHANGE (KNOWLEDGE, ATTITUDE, OR BEHAVIOR)	# OF YOUNG PEOPLE THAT WERE INVOLVED
MILAAAN	RETHINKING GENDER ROLES	Comic book workshop to challenge traditional vs. gender neutral roles	Change in attitude around traditional and gender neutral roles	50
MILAAAN	SOCIAL MEDIA	Develop a social media literacy tool developed by youth	Improved knowledge about the safety of social media, Dissemination of social media literacy to peers	43
VATSALYA	PUBLIC SAFETY FOR GIRLS AND YOUNG WOMEN	Training of youth to lead community activities at 2 specific public spaces – youth will teach bystander intervention through activities like plays and community meetings	Change in: 1) Knowledge of local laws by youth and community 2) Attitudes toward intervening in cases of sexually harassment 3) Reporting or intervening behavior as bystander	15 YOUNG PEOPLE + 35 STREET VENDORS
YES FOUNDATION	SUPPORTING YOUNG MEN IN THEIR SEXUAL AND REPRODUCTIVE HEALTH NEEDS	Workshops for parents, son (individually and then together) to discuss SRH and holding conversations	Increase in SRH knowledge in parents and change in attitudes among parents and son's about more open SRH conversations	17 YOUNG MEN + 21 PARENTS
YES FOUNDATION	PUBLIC SAFETY FOR GIRLS AND YOUNG WOMEN	Training transportation drivers on bystander tactics	Change in behavior and attitude toward intervening as a bystander by drivers	40 E-RICKSHAW DRIVERS
<b>TOTAL YOUNG PARTICIPANTS</b>				<b>125</b>
<b>OTHERS</b>				<b>221</b>
<b>TOTAL YOUNG PARTICIPANTS</b>				<b>346</b>

## SMALL GRANTS GROUP #2: GRANTEES FOR RFP PROCESS

ORGANIZATION	LOCATION	PROJECT OUTCOMES	OUTCOMES	# OF YOUNG PEOPLE THAT WERE INVOLVED
VIGYAN FOUNDATION	LUCKNOW	Show Kissa Kahani videos comparing positive vs. negative messaging about gender norms. Focus on men and women 15-24	Different impact positive vs. negative stories have on attitudes about gender roles	240
ADARSH SEVA SAMATI	AGRA	Comparing providing SRH workshop vs. SRH + entrepreneurship workshop. Is there a difference between the 2 approaches? Focus on men and women 15-24	Comparing increase in SRH knowledge between SRH workshop vs. SRH+ workshop	100
MILAAAN	LUCKNOW	Exploring and understanding semi-structured safe spaces for young people, pairing it with a 50 hour SRH curriculum. Focus on men and women 15-24	Attitude change toward use of safe spaces for SRH learning	47
SAHAYOG	JHANSI	Exploring and educating on menstruation and related taboos and using advocacy as an agent of change and attitude shifting. Focus on girls 11-20	Improving knowledge around menstruation in girls, changing behavior around advocating for menstrual hygiene	200
<b>TOTAL YOUNG PARTICIPANTS</b>				<b>587</b>

# NEXT STEPS

A central conclusion of this research is that addressing gender discrimination in the myriad ways it manifests is crucial to changing the reproductive health and lives of young people. School is likely the key. Globally, educational attainment is linked to a number of positive outcomes across many domains. In addition to helping women attain increased mobility<sup>24</sup>, later marriage<sup>25</sup>, decreased exposure to domestic violence<sup>24, 26</sup>, and improved access to health care in general<sup>27</sup>, the education of girls and women has enormous implications for sexual and reproductive health. Education for women is associated with greater use of family planning<sup>28</sup>, reduced risk of HIV infection<sup>29-31</sup>, increased access to maternal health care<sup>24, 28, 32</sup>, and improved maternal and child health outcomes<sup>27</sup>.

<sup>33-35</sup>. Improving girls' educational attainment, then, has enormous downstream impacts for women, their families, and society in general.

The Kissa Kahani research shows that many factors limit girls' access to school. On a daily basis, menstruation and street harassment can impede school attendance. Long term, early marriage and childbearing limit educational attainment. These issues stem from persistent biases regarding the capacity and value of girls.

To address these factors, Ci3 has now designed a multimedia intervention for girls and boys aged 12-14. The Kissa Kahani intervention addresses gender norms, menstruation, street

harassment, and family planning and how these issues prevent girls' education. The intervention relies on young people's digital stories which are complemented by comic books, board games, and a wrap-around curriculum to create an immersive world. The importance of "envisioning the future"—seeing future goals as desirable and attainable—is an important part of youth development<sup>23</sup> and central to Kissa Kahani. The goal is to reduce stigma, support school attendance, and help girls achieve long-term health and well being.

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