Gender-transformative interventions in girl child marriage

- The added value for sexual and reproductive health and rights in India

Integrative literature review

Titta Jakonen

Jakonen, Titta

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Abstract

Child marriage prevalence has tremendously declined in India during the past decades. However, the challenge remains significant in certain parts of the country. Gender norms and power relations are among the main reasons behind child marriage practice in the country. Child marriage violates human rights and severely threatens girls' prospects. Child marriage also has serious and often lifelong effects on girls' sexual and reproductive health and rights (SRHR) both at individual and population level.

The aim of the study was to enhance the applicability of gender-transformative interventions (GTIs) for adolescent girls' sexual and reproductive health and rights promotion in the context of girl child marriage. The purpose of the study is to identify the strategies in girl child marriage prevention related GTIs operating at individual, interpersonal and community levels conducted in India. The methodology of the study was an integrative review, and the data were analysed using the thematic analysis method.

Seven (7) main strategies were recognised in gender transformative child marriage prevention: safe space for girls, strategic communication, facilitating the process, empowerment, stakeholder engagement, reference groups, and sensitisation. All the interventions utilised multipronged approach with several different strategies.

In conclusion, it was suggested that child marriage preventive GTIs have a potential for SRHR promotion in the context of girl child marriage in India. These interventions could improve SRHR of girls by eliminating the harmful consequences of child marriage. In addition, the gender transformative approach in child marriage prevention could offer a positive viewpoint to female sexuality and reproduction and enable better fulfilment of girls' overall SRHR.

Keywords/tags (subjects)

girl child marriage; gender-transformative intervention; sexual and reproductive health and rights; social determinants of health; integrative review

Miscellaneous (Confidential information)

No confidential information.

STATUTORY DECLARATION

I hereby declare that:

- the Master thesis has been written by myself without any external unauthorised help and that it has not been submitted to any institution to achieve an academic grading.
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1 Introduction

Over 91% of the world's adolescent population lives in Low- and Middle-income countries (John, Stoebenau, Ritter, Edmeades, & Balvin, 2017). According to a survey on adolescent health and well-being from 1990 to 2016 (Azzopardi et al., 2019), there has been a remarkable shift in adolescent health. However, for instance, child marriage remains common. There are 253 million adolescents in India alone, making adolescent health a significant public health issue in the country. (Ministry of Health and Family Welfare, 2021.) Globally speaking, the child marriage affects both girls and boys (United Nations Children's Fund 2021d). However, in the patriarchal context of India, paying particular attention to the girl child is justified as the girls are at high risk of facing many inequalities in the society (The Programme of Action of the International Conference on Population and Development 2014, 33-34) and in terms of child marriage, the burden is on girls (Gaston, Misunas, & Cappa, 2019).

Even though the child marriage incidence has impressively decreased in India during the past decades, there is still a great inequality regarding child marriage between the regions in the country (Jha et al. 2016, 15-19). This inequality makes girl child marriage an essential public health question (Marphatia, Ambale & Reid, 2017). Child marriage is a tragedy for an individual girl, but it also sustains intergenerational poverty and creates ill-being in households, communities, and nationwide. (United Nations Children's Fund, 2021a, 6) creating a risk for lifelong and intergenerational consequences (Chandra-Mouli et al., 2018), and it is a severe human rights issue (Marpathia et al., 2017).

Health promotion is related to public policy in all sectors and at all levels. The health of individuals and populations is affected by different determinants covering all spheres of life. Therefore, it is the responsibility of all stakeholders in the society to acknowledge health promotion in policymaking. (Declaration of Alma Ata, 1978; Ottawa Charter for Health Promotion, 1986; Rio Political Declaration on Social Determinants of Health, 2011; Key Learning on Health in All Policies Implementation from Around the World, 2018.) The United Nations Agenda 2030 demands action to reach 'Good health and well-being for all', underlining the aim for health equity. The sustainable development goals in the Agenda 2030 are the obligation for every United

Nations member state to do their part to. (Global Indicator Framework for the Sustainable Development Goals and Targets of the 2030 Agenda for Sustainable Development, 2017, SDG3, SDG5). This also includes the girls in the regions with a high prevalence of child marriage.

Health inequities have their roots in gender inequality and other spheres of social determinants of health (Braveman and Gruskin, 2003, 254). Gender inequality in health has been under discussion for decades (Heise et al., 2019, 2441), and gender as a determinant of health is recognised as an indisputable fact (Sen & Östlin 2007, World Health Organization, 2021). During the past five to ten years, there has been a growing interest for norm-changing approaches in health promotion among low- and middle-income countries. The main interest has been in transforming harmful gender norms (i.e., Cislaghi and Heise, 2019; Cislaghi and Heise, 2020; Gupta and Santhya, 2019; Pederson, Greaves and Poole, 2014).

While the successful decline in child marriage rates makes India an interesting country to study, at the same time, there is an urgent need for more effective interventions, especially in the high prevalence regions. Moreover, the incidence of marriages is again increasing due to the Covid-19 pandemic, which threatens the good development regarding the eradication of child marriage practice (Cousins 2020; Burzynska & Contreras, 2020, 1). Moreover, India being a strictly patriarchal society, the gender transformative approach to child marriage prevention is a relevant perspective to explore.

The study aims to enhance the applicability of gender-transformative interventions for adolescent girls' sexual and reproductive health and rights promotion in the context of girl child marriage. The purpose of the study is to identify the strategies in girl child marriage prevention-related gender-transformative interventions operating at individual, interpersonal and community levels conducted in India.

2 Girl child marriage as an adolescent sexual and reproductive health question in India

Child marriage practice exists globally in different societies, but it is the most prevalent in low- and middle-income countries (Paul, 2020; United Nations Children's Fund, 2021a, 11-14). Girls are often most effected by the practice, denying their human rights (United Nations Convention on the Elimination of All Forms of Discrimination against Women, 1979; United Nations Convention on the Rights of the Child, 1989; United Nations Committee on the Rights of the Child, 2016, 11) and having a harmful influence on health and well-being and prospects in life. The root causes for child marriage are many, gender inequality being one (Young lives & National Commission for Protection of Child Rights, 2017, 76). Therefore, preventive action must consider unique contexts to be effective (United Nations Children's Fund, 2019, 12-14). In the following chapters, these questions are examined more thoroughly.

2.1 Definition of child marriage

According to the United Nations Children's Fund (UNICEF) (2021a), *child marriage* is defined as "any formal marriage or informal union between a child under the age of 18 and an adult or another child" (United Nations Children's Fund, 2021a). This definition is based on the definition of child given in the United Nations Convention on the Rights of the Child (1989). An expression synonymously used with child marriage is *early marriage*, which is more imprecise, though, as it does not clearly define when exactly marriage is early but can either refer to age or maturity, varying according to a given context (Nour, 2009; Efevbera & Bhabha, 2020).

The United Nations Children's Fund (UNICEF) is monitoring the child marriage prevalence through the following indicators: "*percentage of women 20–24 years old who were first married or in union before they were 15 years old; percentage of women 20–24 years old who were first married or in union before they were 18 years old; percentage of men 20–24 years old who were first married or in union before they were 18 years old*" (United Nations Children's Fund, 2021c, 235).

Diverse forms of child marriage exists and the factors behind these practices vary depending on the existing socio-cultural context (Rasanathan et al., 2015; Chandra-Mouli et al., 2019; United Nations Children's Fund, 2019, 12-14). Arranged child marriages can take place without or with girls' consent whereas self-initiated child marriages, also called love marriages, usually include marrying without parental consent often followed by elopement (McDougal et al., 2018; Chandra-Mouli et al., 2019; Jejeebhoy, 2019). Disparate child marriages involve spouses with notable age difference, usually wife being underage (Schuler et al., 2006; Chandra-Mouli et al., 2019). In some cultures where premarital sex is unacceptable, child marriages preceded by premarital conception are common (Yeung, Desai & Jones, 2018; Chandra-Mouli et al., 2019).

Child marriage is a phenomenon with multiple aspects and linkages. Child marriage especially violates girls' human rights in low- and middle-income countries, having multiple long-lasting impacts on their health and wellbeing, educational and labour attainment, economic status, and participation in society (Wodon, Male, Nayihouba, Onagoruwa, Savadogo, Yedan, & Petroni, 2017). Moreover, child marriage is recognised as a harmful practice and a form of gender-based violence in the United Nations' Agenda 2030 (United Nations, 2017).

Child marriage practice is in contradiction with the international conventions protecting human rights of any individual. For instance, the United Nations Convention on the Rights of the Child (1989), ratified by every United Nations member state except the United States of America (United Nations Office of Legal Affairs, 2022), defines a child being any person under 18 years of age. (United Nations Convention on the Rights of the Child, 1989.) To emphasize the importance of the age of consent for marriage, the United Nations Committee on the Rights of the Child has given a special statement on the implementation of the United Nations Convention on the Rights of the Child during adolescence, defining the minimum age for marriage being 18 years (United Nations Committee on the Rights of the Child, 2016, 11). United Nations Convention on the Elimination of All Forms of Discrimination against Women (1979) states that marriage of a child has no legal effect, and all necessary action is to be taken to specify a minimum age for marriage and to make the official registration of marriages compulsory.

2.2 Girl child marriage as a global phenomenon and in India

It is estimated that globally, every year 12 million girls marry before the age of 18. Child marriages are currently most prevalent in West and Central Africa, where 37% of women aged 20 to 24 years were married or in a union before they turned 18. Girl child marriage is practiced also in Sub Saharan Africa (34%), Eastern and Southern Africa (31%), South Asia (28%), Latin America and Caribbean (22%) and the Middle East and North Africa (15%). (United Nations Children's Fund, 2021d). Overall, in the least developed countries, the girl child marriage rate is 36% and the global average is 19%. If speaking of absolute number of married girls, in 2016 almost half of them lived in South Asia and one third in India alone (United Nations Population Fund Asia and the Pacific Regional Office & United Nations Children's Fund Regional Office for South Asia, 2018; United Nations Children's Fund, 2019, 4). The highest child marriage rates in South Asia region are in Bangladesh, Nepal and Afghanistan and India is fourth in the South Asia statistics. However, in India, the prevalence of child marriage has declined tremendously during the last decades. (Kennedy, Binder, Humphries-Waa, et al. 2020, 1, 10, 12-13). From the year 1990 to 2015, the number of girls married before the age of 18 declined from 61% to 27%, and the number of those married before the age of 15 years, reduced from 30% to 7% (United Nations Children's Fund, 2019, 18). Besides, during the years 1994 and 2018, there is seen a significant decline in child marriage prevalence more widely in Southern Asia (Liang et al., 2019).

Globally, 21.2% of the female population have been married off as children, whereas, for the male population, the number is 4.5% (Gaston et al. 2019). The uneven prevalence of child marriage between females and males shows that the girls are most affected. However, there are certain areas, for example, in Nepal, where the prevalence of child marriage for both girls and boys is relatively high (Gaston et al. 2019). In 2016 in India, 27.3% of women and 4.2% of men in the age group from 20 to 24 were married or living in union before the age of 18. 17% of men in the age of 21 to 29 were married before reaching 21 years which is the legal minimum age at marriage for males in the country. (International Institute for Population Sciences & ICF, 2017, 157; United Nations Children's Fund, 2019.) Marriage is considered universal in

India, with only 1% of women and 2% of men having never been married by the age 45-49 years (Yeung et al., 2018).

The legal minimum age of marriage varies between countries (United Nations Statistics Division, 2013). However, most of the countries are in line with the UNICEF's definition and sets the legal age of marriage to 18 years or above (United Nations Children's Fund, 2021). In India, the Special Marriage Act (1954) defines the legal age of marriage for females to 18 years and for males to 21 years. Government of India has a National Strategy on Prevention of Child Marriage (Ministry of Women and Child Development, 2013), which works as an action plan for child marriage prevention in the country while the current legislation sets a legal framework for the child marriage prevention. Additionally, India has ratified the United Nations Convention on the Rights of the Child (1989) in 1992 and the United Nations Convention on the Elimination of All Forms of Discrimination against Women (1979) in 1993 (The Office of the High Commissioner for Human Rights, 2022). Besides national laws, there are religious marriage laws in the country, which are in contradiction with the international conventions and national laws (World Health Organization, 2016, 10; Arthur et al., 2017, 67; Young lives & National Commission for Protection of Child Rights, 2017, 17-18). Despite the existing national laws and international conventions, the prevalence of child marriage remains high especially at certain parts of the country (Jha et al., 2016, 15-19; United Nations Children's Fund, 2019).

India's heterogeneous population consists of various ethnic groups, religions, castes, and people with other socio-economic backgrounds living in rural and urban areas (Ministry of Social Justice & Empowerment, 2018). The population of the country is 1,380.00 (World Bank, 2021). India's two major religions are Hinduism, with 80% of the population, and Islam, with 14% of the population. The literacy rate in the country is 73%, with 84% in the urban and 68% in the rural areas. Among females, the literacy rate is 65%, with 79% in the urban and 58% in the rural populations. The male literacy rate is 81%, with 89% in the urban and 77% in the rural areas. (Ministry of Social Justice & Empowerment, 2018, 23-24). The country is ranked 131st out of 188 according to the United Nations' Human Development Index with the indicators related to health, schooling, and a decent standard of living (United Nations Development Program, 2020). Among the most disadvantaged socio-economic groups of

the society are claimed to be Scheduled Castes (SCs), Scheduled Tribes (STs) and Other Backward Classes (OBC) (United Nations in India, N.d.).

Child marriage is practiced among people with different ethnicities, religions, and backgrounds around the country. However, education-, wealth-, and residence-based inequalities are increasing the likelihood of child marriage among the most disadvantaged groups. (MacQuarrie & Juan, 2019; Young lives & National Commission for Protection of Child Rights, 2017, 76-77). The reasons behind the practice include socio-cultural, economic, and political factors that are intersecting together with sex and harmful gender norms (Young lives & National Commission for Protection of Child Rights, 2017, 76-77). In India, the variation in child marriage prevalence between regions is notable (Kamal, 2010; United Nations Children's Fund, 2019, 7). According to the National Family Health Survey 2015-2016, the states with the highest rates of girl child marriage were, West Bengal (44%), Bihar (42%), Jharkhand (39%), Andhra Pradesh (36%), Assam (33%), Rajasthan (33%), Madhya Pradesh (33%), and Tripura (33%), Dadra (32%), Nagar Haveli (32%) and Telangana (31%). The lowest rates were at Lakshadweep (5%), Jammu and Kashmir (9%), and Kerala (9%), Himachal Pradesh (10%) and Punjab (10%) (International Institute for Population Sciences & ICF, 2017). Interestingly, the marriage rates vary greatly not only between but also within the states (Jha et al. 2016, 15-19).

Girls in rural areas are more vulnerable to child marriage compared to girls in urban areas (Jha et al., 2016). The variation between rural and urban parts of the country is evident with 32% of rural women aged 20 to 24 having been experienced child marriage, whereas, among urban women the rate is 18% (International Institute for Population Sciences (IIPS) & ICF, 2017, 157).

Low level of education seems to increase the risk for child marriage (Jha et al. 2016, 16; Paul, 2019). At some parts of India there is a lack of easy access to schooling whereas girls' educational attainment is also restricted due to patriarchal norms both working a s drivers of child marriage (Jha et al. 2016, 10; Seth et al. 2018, 394). In general, it seems that child marriage rates in India correlates with having only primary education or less (Jha et al. 2016, 10). However, compared to some other Asian regions, in India together with Nepal and Bangladesh, singlehood rates are signifi-

cantly lower than might be expected based on girls' educational attainment (Yeung et al., 2018).

The practice of child marriage has been strongly related with poverty (Field & Ambrus 2008; Jha et al. 2016, 10), and the likelihood for child marriage tend to decrease among richer households (Paul, 2019). In the national level in India, the median age at first marriage for poorest quintile is 15.4 years while it is 19.7 years for the richest quintile indicating that there is higher risk for child marriage among poorer households (United Nations Children's Fund, 2014). Furthermore, child marriage is one of the reasons causing intergenerational poverty, which means that child marriage practice is sustaining poverty and poverty keeps the practice of child marriage ongoing in communities (Girls not Brides, 2016, 1-2; State of the world's children 2011, 4). However, according to some recent research, wealth is not seen a particularly significant factor in child marriage (Modak, 2019; Sharma et al., 2020). In the areas with high prevalence of child marriage, also girls from wealthier households are married off early, and at some parts of the country, child marriage prevalence is highest among the girls from richer high caste backgrounds (Jha et al. 2016, 10).

While child marriage is linked with poverty, the recent evidence is challenging too straightforward thinking and assumptions between poverty and child marriage (UNICEF & UNDP 2018, 15-17). For example, in the study conducted in the states of Jharkhand, West Bengal, Andhra Pradesh and Assam in India (Sharma, Shukla, Sriram, Ramakrishnan, Kalaan, & Kumar, 2020), it is highlighted that social norms can play a greater role than economic situation in decision-making concerning educating or marrying one's daughter. Among parents of the families with *Other Backward Class* (OBC), the influence of social norms was so strong that they felt pressure to marry their daughters off instead of having them educated, in contrary to other families in the states with low income, who felt motivation to educate their daughters. (Sharma et al., 2020.) In southern part of India, in Tamil Nadu, the child marriage practice tends to be most prevalent among low socio-economic groups, but especially among scheduled tribes (Valan & Lord, 2018).

Marriage in Asia is typically connected with economic exchanges, and the practice of dowry is common and complex system related to marriage practices in South Asia. The dowry practices vary slightly according to country and region, but the dowry is

usually money or other substantial valuables that bride's family brings to groom's family in marriage. (Yeung et al., 2018; Khanal & Sen, 2020; Sharma et al., 2020.) In India, the dowry practice has been illegal since 1961, based on the Dowry Prohibition Act (1961). Despite illegality, the practice is widely ongoing. It is common that the amount of dowry rises as girl becomes older, giving pressure for families with lower income to marry their daughter off early. There are severe problems, such as, intimate partner violence and even 'dowry deaths' linked to this practice based on power imbalance between husband and wife. Low dowry price, brides with low socio-economic status, or illiteracy are recognised as some of the risk factors for facing dowry related problems in marriage. (Schuler et al., 2006; Saha, 2012; Chander, Kathpalia, & Kumari, 2018.)

High girl child marriage rates in India are also explained with the strong role that kinship have in these patriarchal contexts. This could also partly explain the strong pressure that families face to marrying their daughters off. (International Institute for Population Sciences & ICF, 2017, 155; Yeung et al., 2018.) Traditional social norms and gender norms tend to place adolescent girls in vulnerable position in terms of child marriage making the practice usually most prevalent among traditional cultures (Field & Ambrus 2008; Blum, Mmari, & Moreau, 2017; Sharma et al., 2020). In India, child marriage is strongly influenced by traditional values learned at home (Sharma et al., 2020), and maintained through widely accepted and sanctioned social and gender norms, especially in rural areas (Gosh, 2011; Jha et al., 2016; Modak, 2019). For example, girl's virginity is highly prized, and her sexuality strongly governed (Jejeebhoy, 2019). Fear of sexual harassment and the shame related to victimisation to this 'eve teasing' can be tremendous for the reputation of the whole family (Akhtar, 2013). Because of that, parents might even refuse continuing their daughter's education, and marrying her off instead, due to the fear of her becoming pregnant when still unmarried. (Dejaeghere & Arur, 2020.) Once a girl reaches her menarche, she is often seen as vulnerable to men's predations (Schuler et al., 2006). Marriage is considered honourable for girls, and therefore, married girls gain social recognition (Khan & Lynch, 1997). Premarital sex instead, is seen shameful for girls and would ruin the reputation of a girl, bring dishonour and disrespect to her family, and undermine the girls' marriage prospects (Schuler et al., 2006; Singh, 2013; Igras et al.,

2014; Mourtada et al., 2017; Sharma et al., 2020.) In South Asian countries, having their daughters married off early becomes an important way for parents to protect their daughter and the family honour (Schuler et al., 2006; Singh, 2013; Igras et al., 2014; Mourtada, Schlecht, & DeJong, 2017; Sharma et al., 2020.) It is claimed that this is the most important driver for girl child marriage (Jejeebhoy, 2019, 22.). The practices like this usually occur where there is a lack of knowledge of transitional development of adolescent girls and where puberty is seen as an immediate transformation to adulthood (Khan & Lynch, 1997).

Due to the sexuality related norms for girls, traditionally, the onset of puberty and menarche have played an important role in timing of marriage in India. In Hindu tradition, parents usually start preparing their daughter's marriage several years before menarche. In northern India, especially among the Hindus, marriage traditions have two ceremonies, a wedding and a *gauna*. The gauna ceremony is held approximately one year after the wedding and it usually takes place either when the girls reach her puberty or when the bride turns fifteen or sixteen. Where practiced, the gauna indicates the start of actual marital life. (Jacobson, 2006; Castilla, 2018.) Virginity of a bride is an absolute demand among Muslims whereas among Hindus, chastity of a girl is considered ideal, and immorality criticised, but not necessarily becoming a barrier for marriage (Jacobson, 2006). Nevertheless, the Hindu tradition around marriage includes the idea of *kanyadaan* where a father gives away a virgin bride (Lahiri-Roy 2016, 245). Among Muslims, marriage usually takes place between cousins, but the Hindu tradition sees it important that husband and wife are not of the same bloodline and preferably have not met each other beforehand. Additionally, for Hindus it is required that bride and groom are from the same caste (Jacobson, 2006). Overall, intercaste or interreligious marriages are against marriage norms in India (Lahiri-Roy 2016, 249).

Conflicts and humanitarian crises are also one of the contributing factors towards child marriage (Lemmon, 2014; Spencer et al., 2015, 34; Stark, Seff, & Reis, 2021) and, for example, the Covid-19 pandemic is estimated to cause a notable increase in child marriage prevalence in the coming decade (Cousins, 2020; Burzynska & Contreras, 2020, 1; United Nations Children's Fund, 2021b, 6).

The outcomes of child marriage are various. Girls who are married off in their adolescence, usually drop out from school, have fewer opportunities to control their having children (United Nations Children's Fund, 2014) resulting early pregnancies (Roest, 2016, 36; United Nations Children's Fund, 2019, 14), and their overall health and wellbeing, and prospects in life are negatively affected (Muralidharan, Fehringer, Pappa, Rottach, Das, & Mandal, 2015, 2; Azzopardi et al., 2019). Furthermore, child marriage has pervasive impacts in the lives of children born to teenage mothers. For example, low birthweight, stunting, morbidity, infant mortality, and under-five-mortality are significantly more likely among children born to mothers who are married as children compared to those born to mothers married as adults. In addition, their school enrolment is less likely and learning outcomes are weaker. (Raj et al., 2010; Prakash et al., 2011; Chari et al., 2017.)

2.3 Definition of sexual and reproductive health and rights

Sexual and reproductive health (SRH) is a broad concept (Defining Sexual Health 2006, 5) and it includes contents that might be considered culturally sensitive depending on a given context (United Nations Educational, Scientific and Cultural Organization, 2018, 18). The concepts of sexual health and reproductive health are seen as partly overlapping and strongly linked together (Figure 1.) (Edistä, ehkäise, vaikuta, 2014, 10-11). Moreover, sexual and reproductive health includes sexual and reproductive health rights, and the whole concept is phrased as *sexual and reproductive health and rights* (SRHR). However, to understand the concept of SRHR, it can be helpful to examine its' different features separately.
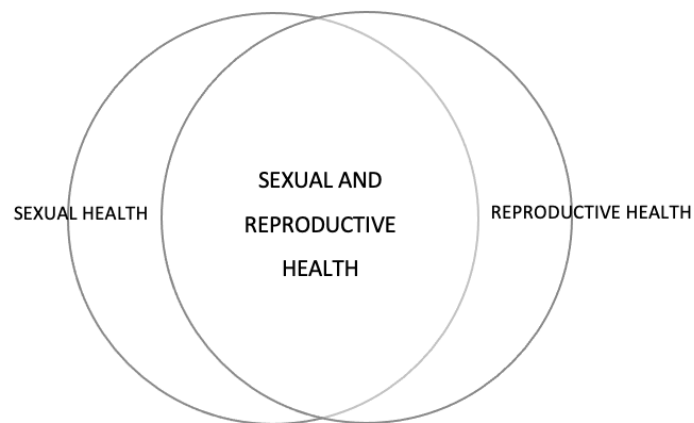
Figure 1. Concept of sexual and reproductive health (Edistä, ehkäise, vaikuta, 2014)

The World Health Organization (WHO) sees sexual health as a holistic concept, including physical, emotional, mental, and social dimensions of wellbeing related to sexuality. Being sexually healthy, one need to have a positive and respectful approach to sexuality and sexual relationships. Furthermore, a possibility for satisfying and safe sexual relationships is essential for sexual health, excluding any coercion, discrimination, and violence. (Defining Sexual Health, 2006, 5.) The definition expresses that sexual health goes beyond reproduction (Sexual health, human rights and the law, 2015, 4). Sexual health interventions are usually related to comprehensive sexuality education and information, prevention and control of sexually transmitted infections, sexual function and psychosexual counselling, and gender-based violence prevention, support, and care (World Health Organization, 2017, 5).

Reproductive health, likewise, has a comprehensive approach to health having the dimensions of physical, emotional, mental, and social health. It consists of the areas related to the reproductive system and its functions and processes. Reproductive health indicates satisfying and safe sexual relations, and capability and freedom to plan one's reproduction (Program of Action of the 1994 International Conference on Population and Development, 1995). Reproductive health interventions are primarily related to maternal health, family planning and contraception, fertility-related matters, and safe abortion (World Health Organization 2017, 5).

Sexual and reproductive health rights contain various human rights related to sexual and reproductive health, and they are based on international human rights documents, other consensus statements, and national laws (World Health Organization, 2010, 10). Sexual and reproductive health rights protect individuals from coercion and violence, provide freedom of choice, and require individuals to respect others' rights (World Health Organization, 2010, 10; Sexual health and its linkages to reproductive health 2017), and are necessary for attaining the best possible state of sexual and reproductive health (Sexual health and its linkages to reproductive health: an operational approach 2017). Sexual and reproductive health rights include, for instance, right to highest attainable standard of sexual health, right to have access to sexual and reproductive health services, right to decide if being sexually active or not, right to consensual sexual relations and consensual marriage, right to choose one's spouse, right to decide about having children or not, and right to satisfying sexual life without any coercion and violence. (World Health Organization, 2010, 10.)

The guiding principles for ensuring sexual and reproductive health are the holistic approach to sexuality and reproduction; the linked nature of both sexual health and reproductive health aspects of the concept; respect, protection and fulfilment of human rights; the understanding of multilevel influences on sexual and reproductive health; recognition of diverse needs at different stages of life and among different populations; and a positive approach to sexuality and reproduction. These principles communicate with a climate of social and structural factors consisting of cultural social norms around sexuality; gender and socio-economic inequalities; human rights; and laws, regulations, policies, and strategies in a given context. (World Health Organization 2017, 5.)

Adolescent sexual and reproductive health (ASRH) has its' unique nuances, and adolescents' sexual and reproductive health needs vary according to the context depending on the social-structural factors (Woog & Kågesten, 2017; World Health Organization, 2017, 5). Adolescence, referring to the age from 10 to 19 years (World Health Organization, 2014), is a period of transition between childhood and adulthood. During the adolescence, significant physical and psychological changes, including puberty and sexual maturation, take place (Sunitha & Gururaj, 2014; Liang et al., 2019; Malhotra et al., 2019) having influence on social development, health, and

well-being (Sunitha & Gururaj, 2014; Ahmed et al., 2020). Moreover, adolescence is often a remarkable predictor for prospects. For instance, it has life-long consequences for health and social well-being (Sunitha & Gururaj, 2014; Liang et al., 2019), and the stage for sexual health in later life is set (World Health Organization, 2006, 6). Furthermore, adolescence has influences on social interactions and relationships (Sunitha and Gururaj, 2014). In Indian context, adolescent boys are having increased freedoms whereas girls' lives become more restricted (Basu et al., 2017; United Nations Children's Fund, India, 2019).

Adolescents have a need to adequate information of sexuality and reproduction, and right to protection over their sexual and reproductive health in its' all dimensions (United Nations Educational, Scientific and Cultural Organization, 2018). Moreover, there are certain ASRH needs typically recognised in low-and middle-income countries which are related to early initiation into sexual life, including child marriage; sexual coercion and violence; unsafe sex; early and unintended pregnancy; and sexually transmitted infections, including HIV; and anaemia together with malnutrition (Santhya & Jejeebhoy, 2015). These concerns can be recognised also in various contexts in India (Sunitha & Gururaj, 2014; Santhya, Acharya, Pandey, Kumar Singh, Rampal, Francis Zavier, & Kumar Gupta, 2017a; Santhya, Acharya, Pandey, Kumar Singh, Rampal, Francis Zavier, & Kumar Gupta, 2017b).

2.4 Sexual and reproductive health and rights in the context of girl child marriage in India

Child marriage severely threatens adolescent girls' sexual and reproductive health and rights, having adverse effects on physical, mental, and social dimensions of sexual health (Gennari, 2013; Woog & Kågesten, 2017). Sexual development happens over a lifetime, and adolescence especially is a time for building foundations for future health. Experiences during adolescence continue to have remarkable impacts later in life, which, at worst, can make negative impacts lifelong. (Defining Sexual Health, 2006, 6; Woog & Kågesten, 2017; Sawyer et al., 2018.)

In Indian context, marriage is a norm (Yeung et al., 2018), and sexual purity of girls is carefully guarded for maintaining their marriageability (Talboys, Kaur, VanDerslice,

Gren, Bhattacharya, & Alder, 2017). According to the Muslim interpretation, female sexuality is seen as property of man and female body considered as a sexual zone that must be covered in society. Women's sexuality is considered a threat to public order giving right for men to control women's mobility and segregate them. (Mir-Hosseini, 2012.) Overall, female sexuality in Indian context is seen as something to be controlled, and the fear of sexual harassment of girls is leading to a restricted mobility and visibility of girls in their communities (Akhtar, 2013; Talboys et al., 2017). Among Muslims, the virginity is a demand for an unmarried girl, and the chastity of a girl is considered ideal among Hindus as well (Jacobson, 2006). These norms around female sexuality are considered one of the strongest driving factors towards girl child marriage in India (Young lives & National Commission for Protection of Child Rights, 2017, 78; Jejeebhoy, 2019, 22; Children Believe, 2021, 16). Marriage is usually decided without the girl's consent (Roest, 2016, 20; Santhya et al., 2017a, 227). Due to the norms, the positive approach to sexuality, the right to consensual sexual relations and consensual marriage, and the right to choose their spouse are often denied from girls (Defining Sexual Health, 2006, 5; World Health Organization, 2010, 10). Child marriage denies girl's bodily autonomy and integrity (United Nations Population Fund, 2021, 36).

Girl child marriage is considered as a form of gender-based violence and it also has linkages with several other areas of sexual and reproductive health and rights (Convention on the Elimination of All Forms of Discrimination against Women, 1979; World Health Organization 2017, 5; United Nations Population Fund, 2021, 36). Human rights as one of the guiding principles to sexual and reproductive health (World Health Organization, 2017, 5) greatly differs from the traditional patriarchal view of sexuality and reproduction. The human rights approach emphasises bodily autonomy and integrity together with empowerment of women and girls, whereas patriarchal view usually considers female sexuality and reproduction as something to being controlled and submissive to men. (Akhtar, 2013; Talboys et al., 2017; United Nations Population Fund, 2021, 7-10, 18). This applies in both Muslim and Hindu tradition (Mir-Hosseini, 2012, 128; Lahiri-Roy, 2016, 245). The norms where young brides are ought to submit themselves to their husband gives a risk for intimate partner violence. Non-consensual sexual intercourse within marriage is common and

there is an alarmingly high prevalence of sexual and intimate partner violence that adolescent girls need to face due to marriage. (Fahmida & Doneys, 2013; Gennari, 2013; United Nations Children's Fund, 2014; Sunitha & Gururaj, 2014.) Intimate partner violence is an important factor negatively affecting a psycho-social wellbeing of very young adolescents who are married (John, Edmeades, & Murithi, 2019, 5). Some scholars suggests that there is a linkage between suicidal behaviour and social and familial pressure on woman to stay married even if facing abuse in their marital relationship or, overall, with the role of a woman in marriage in patriarchal society (Gururaj et al. 2004, 186-188; Patel et al., 2012; Rane & Nadkarni, 2014, 76-77). During the age 15 to 29, young females are at higher risk for committing suicide compared to young males in India, the median age for suicide for females being 25 and males 34 (Patel et al., 2012). This age is similar with the age when most of the women or girls marry in Indian society (Rane & Nadkarni, 2014, 77).

Early childbearing is strongly associated with child marriage (Patton et al 2012; Gennari, 2013; Islam & Gagnon, 2014; Nove et al. 2014; Government of Bangladesh, 2016, 12; Islam et al., 2017, 11; Population Division, 2019, 3). Together with the child marriage prevalence decline in India, there is fortunately seen a remarkable decline with the adolescent fertility rate (World Development Indicators database 2021). However, married girls tend to feel pressure for proofing their fertility (Santhya et al., 2017a, 227). Also, they usually lack information and access to modern contraception and have unequal power relations within marriage leading to low level of communication between spouses, resulting poor ability for preventing or spacing pregnancies. (Gennari 2013, 59; United Nations Children's Fund, 2014; Rose-Clarke et al., 2019). At the population level, there is seen a linkage between girl child marriage and higher national rates of infant mortality, maternal mortality and morbidity, and fertility (Raj & Boehmer, 2013; United Nations Children's Fund, 2014; Staniczenko et al., 2021). In fact, complications due to pregnancy and childbirth is one of the leading causes of death for the female adolescent between 15 to 19 years (Roos & von Xylander, 2016; World Health Organization, 2020). Mothers in this age group have, for example, an elevated risk for eclampsia and other hypertensive disorders of pregnancy, preterm delivery, puerperal endometritis, systemic infections, and haemorrhage. (World Health Organization 2020; Staniczenko et al., 2021). Young girls in low- and middle-

income countries also have a higher risk for developing an obstetric fistula usually due to obstructive labour, causing a remarkable long-term suffering affecting their everyday life (Swain et al. 2019, 76-77).

Sexuality is an extremely sensitive topic in Indian society (Children Believe, 2021, 34). Adolescents often lack adequate sexuality education, which threatens their sexual and reproductive health and the fulfilment of their sexual and reproductive health rights (World Health Organization, 2017, 5). In India, sexuality education in schools has been considered a politically controversial question, which has hampered the improvement of adolescent sexual and reproductive health in the country (Pachauri, 2011). For better sexual and reproductive health outcomes, there is a need for improved sexual and reproductive health knowledge together with strengthened self-efficacy of adolescents (Rose-Clarke et al., 2019).

2.5 Prevention of child marriage

The laws and the enforcement of laws together with policies are the key structural interventions in child marriage prevention as well as in adolescent sexual and reproductive health promotion (World Health Organization, 2016, 8; Jha et al., 2016, 10; Malhotra et al., 2019). However, the enforcement of the national laws is lacking (Kamal, 2010; Cortez, Hinson, & Petroni, 2014) and, therefore, it is suggested that community-level and social change approaches are needed at the side of legislation related approaches to eradicate child marriage (Raj et al., 2010; Muñoz Boudet, Petesch, Turk & Thumala, 2013, 200).

In Indian context, the heterogeneity of the society is an important factor to consider in child marriage prevention. Also, various forms of child marriage and the complexity of the phenomenon gives a challenge for an effective intervention design. There are multiple approaches for prevention and, therefore, it is necessary first to understand the specific practices, and the root causes of those, in a given socio-cultural context. (Rasanathan et al., 2015; Kalamar, Lee-Rife, & Hindin, 2016; Chandra-Mouli et al., 2019; United Nations Children's Fund, 2020.) The systematic review conducted by Kalamar, Lee-Rife and Hindin (2016) suggests that the evidence-based interven-

tions aiming to prevent child marriages in low- and middle-income countries (LMIC) should be appropriate for a given context, population, and situation.

In child marriage prevention, variety of strategies can be utilised at horizontal level programming, vertical level programming, legislative programming, and in advocacy (Lee-Rife et al., 2012). Commonly used approaches have been empowering girls with information, skills and supporting networks; engaging family and community members; ensuring good quality schooling for all; giving economic support and incentives; and designing child marriage preventive legal and policy frameworks (Gosh, 2011; Malhotra, Warner, McGonagle, & Lee-Rife, 2011, 11-20; Lee-Rife et al., 2012). Through empowerment of girls the community starts seeing the girls' potential changing their view and attitude (Lee-Rife et al. 2012).

Empowerment interventions are often closely related to Interventions that utilise the strategy of gender socialisation, and they are often recognised beneficial. The process of gender socialisation is based on developing the idea of gender through assimilating in the new attitudes through interaction with family, friends and other social networks and institutions. The media can be a useful supporting factor in this socialisation process. (John et al., 2017). Social and behavioural change communication is found useful for changing gender norms when linked with other interventions (United Nations Children's Fund, 2020).

The UNICEF India (Jha et al., 2016, 10), has suggested the model for preventing child marriages through transforming the attitudes and beliefs causing the practice. The gender norms usually adopted in the early childhood at home (Sharma et al., 2020), are possible to question through educative interventions (Muñoz Boudet et al., 2013, 198). In fact, the secondary education has been considered as one of the best ways to prevent child marriages (The state of the world's children 2011, 4; Programme of Action of the International Conference on Population and Development 2014, 48; Kidman and Heymann 2018, 1644). Therefore, it is seen important to provide safe, affordable, and good quality secondary education for everyone (Jha et al., 2016, 10;) as the likelihood for child marriage might decrease among the girls with secondary education (Jha et al. 2016, 16; Paul, 2019). However, the school curriculum should apply gender neutrality (Muñoz Boudet et al. 2013, 198). Education related interventions have been common also in Indian context (Lee-Rife et al., 2012; Dejaeghere &

Arur, 2020). It seems that in India, girls' high quality secondary education can work as a gender-transformative mean towards decreasing the numbers of child marriage (Dejaeghere & Arur, 2020; Raj, et al., 2014, 8). Despite this, it is argued that with formal education alone it is not possible to eliminate the practice, but other approaches, such as social and economic empowerment of girls and women, are needed. (Raj et al., 2014, 8; Jha et al., 2016, 10). For example, sports and life-skills education for girls have been utilised for girls' empowerment (Bhan et al., 2020) and men and boys have been engaged for supporting the process of gender transformation and female empowerment (Jha et al., 2016, 10; Gupta & Santhya, 2020).

A social protection approach for preventing child marriages has utilised various incentives as a way of making for example schooling more attractive for the families of girls (Chae & Ngo, 2017, 6-7; Jha et al., 2016, 28-29). For example, economic incentives, such as conditional cash-transfers have been widely applied in South American and African contexts, but also in Bangladesh, with mixed results though (Parsons & McCleary-Sills, 2014; McCleary-Sills, Hanmer, Parsons, & Klugman, 2015; Jha et al., 2016, 28-29). However, the economic incentives have been questioned of being costly and not sustainable in a long run (Kalamar et al., 2016).

Among the variety of interventions, it seems that those recognising the importance of norms and the systemic causes behind child marriage compared to interventions based on direct incentivisation are more effective (McDougal et al., 2018). Being rooted in sociocultural factors, such as gender norms (Rasanathan et al. 2015), interventions preventing child marriages must include engagement of families, communities, and governments (Nour, 2006; Birech, 2013, 102; Girls not Brides, 2016, 3). Furthermore, because of the complexity of the child marriage phenomenon, multidimensional and multisectoral approaches are needed (Nour, 2006; Girls not Brides, 2016, 3).

The United Nations Population Fund has published a paper for practitioners for gender-transformative approaches to end child marriage where it recommends utilising socio-ecological model for effective programming for child marriage prevention. It suggests some gender-transformative strategies, such as placing girls at the centre of programming efforts; enabling gender-responsive information sharing and services provision; engaging men and boys for gender equality; utilising social behaviour

change programming that mobilises communities, systems and social networks that direct at individual- and community level change using interpersonal engagement; and building strong institutional partnerships with government, civil society and private sector. (United Nations Population Fund, 2020.) The gender-transformative approach will be examined more detailed in the following chapter.

3 Gender-transformative approach for health and social outcomes

Reasons behind child marriage practice are complex and preventive action must consider unique contexts to be effective (Kalamar et al., 2016). In India, gender inequality as result of patriarchal gender norms and power relations are among the key drivers towards girl child marriage. (Young lives & National Commission for Protection of Child Rights, 2017, 76). Also, harmful gender norms and power relations are resulting poor sexual and reproductive health (Defining Sexual Health, 2006, 5). In this chapter, the aspects of gender and gender norm transformation are introduced in the perspective of sexual and reproductive health and child marriage. The socio-ecological model is utilised to understand the layers of influence in people's environment and notice its usefulness in interventions (McLeroy et al., 1988; Golden & Earp, 2012; Malhotra et al., 2019; United Nations Population Fund, 2020, 2).

3.1 Definition of gender, gender norms and gendered power relations

Gender is a socially constructed, culturally defined, mutable and complex set of roles, responsibilities, rights, entitlements, and obligations associated with being male and female (Pederson, Greaves, & Poole, 2014; Kraft et al., 2014; World Health Organization, 2021). The concept of gender is distinct of, however interactive with, the concept of sex, which is characterised with biological and physiological characteristics of females, males, and intersex persons (Cislaghi & Heise, 2020; World Health Organization, 2021). In each society, or a group within a society, there are certain *gender norms* defining the expectations for women, men, girls, and boys defining what is acceptable, appropriate, and obligatory for them (Cislaghi, Manji, & Heise, 2018, 7). The gender norms are formed and reinforced through laws and regulations produced by social institutions in a society, and the individuals adapt to the norms through social traditions that are controlling and compelling their behaviour as women, men, girls, or boys (Keleher & Franklin, 2008; Cislaghi et al., 2018, 7). Overall, the gender norms are existing in people's minds becoming part of their sense of self (Cislaghi et al., 2018, 7).

Gender norms reflect the pervasive values and attitudes about social roles and behaviours of men and women (Keleher & Franklin, 2008) and define the level of voice, agency and power for men and women in a given society either giving or preventing access to resources and freedoms (Cislaghi et al., 2018, 7). *Gendered power relations* define in which ways gender effects the distribution of power in a society. These power relations are seen at all levels of society from households and families to communities, neighbourhoods, and wider society. (European Institute for Gender Equality, 2019; Keleher & Franklin, 2008.) Power relations relate strongly with *gender dynamics* which refer to the relationships and interactions between girls, boys, women, and men. The gender dynamics communicate with sociocultural ideas about gender and power relations, either challenging or reinforcing the existing norms. (European Institute for Gender Equality, 2019.) Gender norms are slowly changing over time (Kraft et al., 2014), however, gendered power relations make it often challenging to transform the existing norms (Sen et al. 2007).

3.2 Gender norms and gendered power relations determining girl child marriage and girls' sexual and reproductive health

Gender dynamics are one of the socio-cultural key factors behind child marriage phenomenon placing girls in vulnerable position (Rasanathan et al., 2015). However, it is important to understand that sociocultural factors behind child marriage vary to some extent between and within countries (Birech, 2013). In the patriarchal society of India, harmful gender norms are maintained especially in rural parts of the country where girl child marriage practice is still a norm in many communities. (Basu et al., 2017).

There is a growing recognition of gender norms acting as a powerful determinant of health and wellbeing (Sen & Östlin, 2007; Manandhar et al., 2018; Heise et al., 2019), and gender inequality, rooted in harmful gender norms and power relations, is one of the structural societal factors also resulting poor sexual and reproductive health. (Rasanathan et al., 2015; Malhotra et al., 2019; Pulerwitz et al., 2019). Overall, the social environment of a person has a crucial role in defining one's health and wellbeing (Knapp & Hall, 2018; Dahlgren & Whitehead, 1991). Child marriage practice, for example, is strongly preserved through social expectations and with social sanctions

(Malhotra et al., 2019). Dahlgren and Whitehead's (1991) model (Figure 2) on *social determinants of health* is one of the fundamental frameworks utilised in the discussion about social environment's effects on health. The idea of the framework is based on different levels of socio-ecological environments (see also Figure 5) in the life of an individual, consisting of social networks, living and working conditions, other general socio-economic conditions, and cultural influence, explaining how those enabling or constraining environments can either advance or hamper persons health (Dahlgren & Whitehead, 1991).
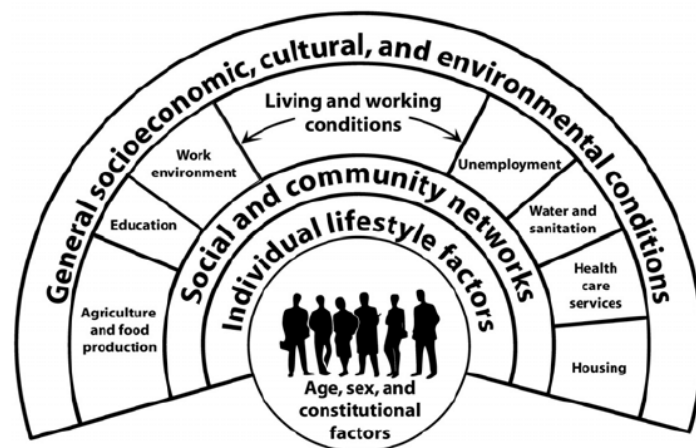
Figure 2. Dahlgren and Whitehead's (1991) framework on social determinants of health

According to the World Health Organization (N.d.), these *social determinants of health (SDH)* are "the conditions in which people are born, grow, live, work and age" and which are shaped by the distribution of money, power, and resources at different levels of society or globally. The SDH are resulting many health inequalities within or between countries (World Health Organization, N.d.; Braveman & Gottlieb, 2014). The SDH are significantly related to power relations among different people groups like males and females, which partly explains the differences in health outcomes (Muralidharan et al., 2015, 4). For example, discriminatory gender norms are

an essential factor defining adolescent girls' health in low and middle-income countries (Rasanathan et al., 2015; Blum, Mmari, & Moreau, 2017), gender norms and power relations also being at the centre of sexual and reproductive health outcomes (Pulerwitz et al., 2019). They are adolescent girls who are usually the most affected by the discriminatory gender norms (Marcus & Harper, 2014, 29). In early adolescence, girls often face increased restrictions when at the same time boys are usually given greater independence. Both girls and boys face a strong social pressure to follow the existing gender norms. (Lane, Brundage, & Kreinin, 2017; Blum, Mmar, & Moreau, 2017.) As noticed already, female and male gender have an unlike risk for being married off early (United Nations Children's Fund, 2019) causing poor health especially among adolescent girls in low- and middle-income countries (Azzopardi et al., 2019).

Achieving gender equality in health is a slow process. Despite the recognition of gender as a critical social determinant of health, even researchers might be blind to some of the norms, structural inequalities and biases related to gender inequalities. Also, governments and other actors tend to avoid interventions that are culturally sensitive and questioning the existing culture. However, the most important barrier for gender equality is claimed to be the lack of political will for change. (Heise et al., 2019.)

3.3 Gender-transformative approach and socio-ecological model

As noticed, gender norms itself have an important role in sexual and reproductive health outcomes for girls in low- and middle-income countries (Blum et al., 2017; Rasanathan et al., 2015; Malhotra et al., 2019). Furthermore, gender norms are an important driver for child marriage (Rasanathan et al., 2015; Blum et al., 2017) resulting poor sexual and reproductive health outcomes (Patton et al., 2012; Gennari, 2013; Islam & Gagnon, 2014; United Nations Children's Fund, 2014; Islam et al., 2017). Child marriage being a phenomenon clearly affecting health and wellbeing not only at the individual level but also at the population level in communities, societies and globally, it is recognized as a public health issue in low- and middle-income countries (Kidman & Heymann, 2018; Seth et al., 2018; Marphatia, Ambale, & Reid, 2017). Child marriage is also a question of health inequity, affecting especially on girls living

in poverty and without possibilities to good quality secondary education or economic opportunities, and therefore, being at risk for facing the intergenerational poverty related health consequences in life (Seth et al., 2018).

Utilising gender norm transformation in health promotion has been a growing area of interest in recent years (see, i.e., Pederson et al., 2014; Blum et al., 2017; Cislaghi & Heise, 2019; Cislaghi & Heise, 2020). Health promotion is related to public policy in all sectors and at all levels. Understanding that health of individuals and populations is affected by different determinants covering all spheres of life puts health promotion in the right perspective in policy making. (Declaration of Alma Ata, 1978; Ottawa Charter for Health Promotion, 1986; Key Learning on Health in All Policies Implementation from Around the World, 2018; Pederson et al., 2014). Also, as people and their environment are inseparable in terms of health, a socio-ecological perspective in health is needed to recognise the spheres of influence at individual, interpersonal, community, institutional, and legislative levels (Ottawa Charter for Health Promotion, 1986). Shift in gender norms, that are maintained both in people's minds and actions as well as in social structures (Keleher & Franklin, 2008; Cislaghi et al., 2018, 7), is required at all the levels, including policies, the way people live their lives, power relations, and media discourse (Cislaghi & Heise, 2020).

Gender norm transformation within any society is challenging because the norms are pervasive at all levels of society and practiced in wide scale in daily life, and because maintaining the norms usually benefits the people in power (Moss, 2002; Muñoz Boudet et al., 2013, 16, 199). The process of *gender continuum* describes different levels of awareness of gender influence in interventions or programmes (Muralidharan et al., 2015, 5). Kraft and others (2014) roughly divide these actions either gender blind or gender aware. Interventions can be gender blind, ignoring gender norms and power relations, whereas interventions that are gender aware examine and address the gender considerations either in exploitative, accommodating, or transformative way (Kraft et al., 2014). Pederson and others (2014) construct the gender continuum process slightly differently, but the idea is very similar. In their gender continuum framework, different approaches are divided to gender unequal, gender blind, gender sensitive, gender specific and gender transformative, meaning that interventions can be either exploitative, accommodating, or transformative in

terms of gender norms and power relations, creating either inequality or equality.
When shifting from gender unequal towards gender transformative approach, the
reality in the existing environment is transformed from gender inequity towards
gender equity (Pederson et al. 2014). Figure 3 shows more detailed how Pederson
and others (2014) explain the process of gender continuum. The idea of *gender con-
tinuum framework* is originally introduced by Gupta (2002) and is used, in slightly
different forms, by many researchers and organizations (Kraft et al., 2014; IGWG,
2017, 18; Muralidharan et al., 2015, 5; CARE, 2019).
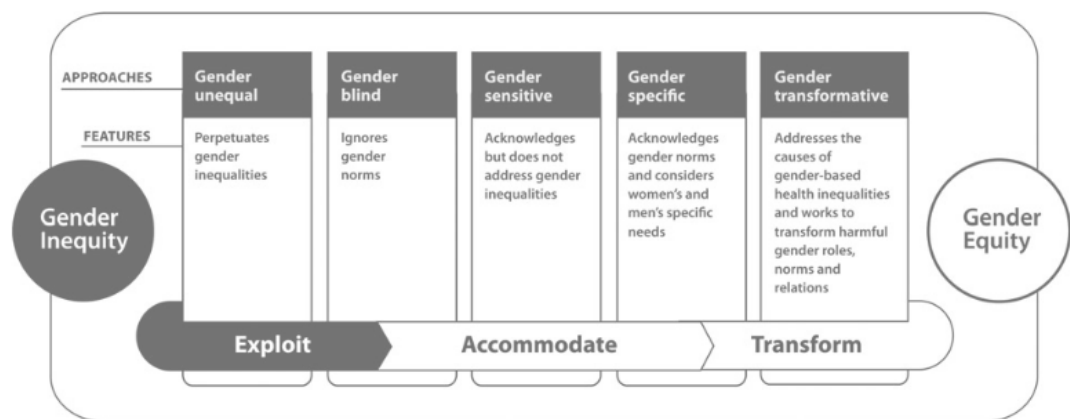
Figure 3. Gender continuum framework (Pederson et al. 2014, 143)

The framework for gender-transformative health promotion for women (Figure 4)
developed by Pederson, Greaves and Poole (2014) is based on the gender continuum
framework. The framework for gender-transformative health promotion for women
describes the process addressing gender inequality through women-centred ap-
proach, holding ideas such as women's empowerment and women having active role
in changing their own lives (Pederson et al. 2014). The gender transformative health
promotion recognises a socio-economic position of women having influence on gen-
der-based inequalities, and how multiple intersecting factors create either risks and
vulnerabilities or protection in women's wellbeing (Heise et al., 2019; Pederson et al.,

2014). Cross-sectional approach and targeting harmful gender norms as element of social systems and structures is needed for addressing the determinants of women's health. Through gender-transformative approach, health promotion is shifted from individuals' health behaviour to strategic structural and policy level actions pointing out the conditions generating health. (Pederson et al., 2014.)
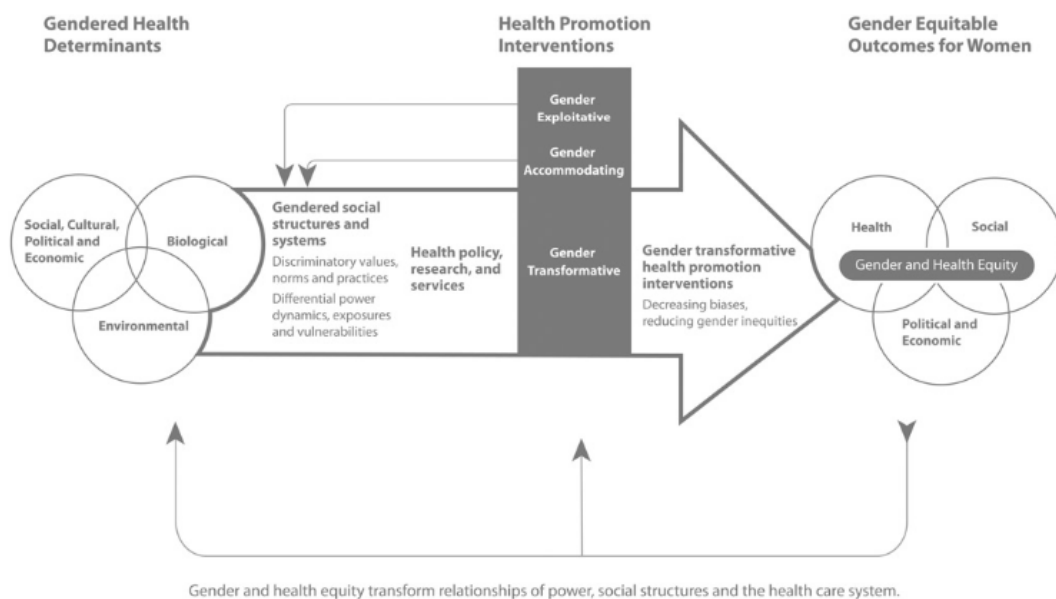
Figure 4. Framework for gender-transformative health promotion (Pederson, et al. 2014, 145).

The key criteria for gender-transformative approach (Figure 5) are, that they promote critical examination of gender roles, norms, and power dynamics; strengthen or create gender equal systems; focus on gender-based inequalities; and actively drive towards transformation of harmful gender roles, norms, and power relations (Pederson et al. 2014, 143; United Nations Population Fund, 2020, 1). Actions that address this kind of approach are expected to produce health and social outcomes

that create health equity and change gender-related norms (Pederson et al. 2014,
143-144).

Strengthening
or creating
gender equal
norms and
power relations

Changing
inequitable
gender norms
and power
relations

Addressing the
causes of
inequal gender
norms and
power relations

Gender
transformative
interventions
actively operate
towards
transformation of
harmful gender
norms and power
relations

Promoting
critical
examination of
gender norms
and power
relations

Strengthening
or creating
gender equal
systems

Figure 5. Criteria for gender-transformative approach

Kraft and others (2014) describe gender-transformative interventions as those that
actively find ways to reducing inequalities between men and women and examine
and promote transformation of harmful gender norms. To see sustainable change,
the aim for gender norms change should go beyond the individual, interpersonal, or
community level. The focus should be at all levels of society, including institutions,
systems, and resources, bringing structural change. (Malhotra et al., 2019.) The high-
quality gender-transformative interventions often apply multisectoral actions, multi-
level and multistakeholder involvement, diversified programming, social participa-

tion, and empowerment (Heyman et al., 2019). With gender-transformative interventions, usually several strategies with diverse activities each are utilised (Cislaghi & Heise, 2020; Gupta et al., 2019). Additionally, it is important to recognise the context specific nature of the impact of gender norms. For gender transformative interventions, deep understanding of sociocultural norms is necessary for effective intervention design. (Weber et al. 2019.)

A socio-ecological model (Figure 6), describing interactions between and reinforcement of different levels of social environments, is familiar in health promotion (McLeroy et al., 1988; Golden & Earp, 2012). The model is originally developed by Urie Bronfenbrenner (1977), and subsequently utilised and modified by various scholars (McLeroy et al., 1988). Furthermore, the socio-ecological model has been recognised useful in the gender-transformative interventions as well because of the nature of gender norms and gendered power relations enveloping and interacting at all levels of the socio-ecological system (Malhotra et al., 2019; United Nations Population Fund, 2020, 2).
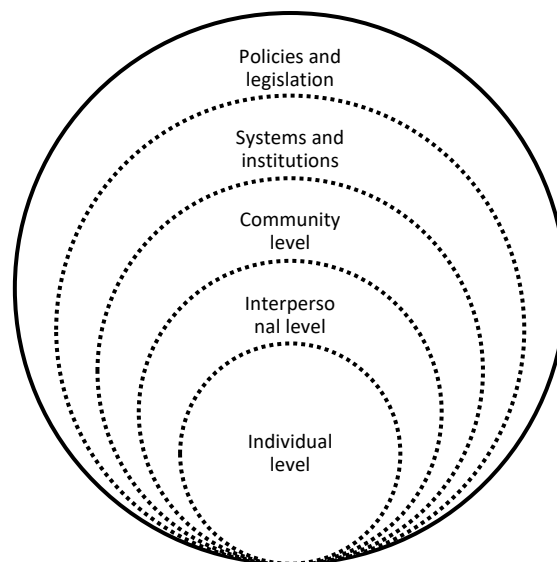

Figure 6. Socio-ecological model

For example, Malhotra and others (2019) have created a framework where they present operationalization of structural interventions for gender norm change in adolescent sexual and reproductive health (Malhotra et al., 2019). Moreover, the United Nations Population Fund (UNFPA), the United Nations Children's fund (UNICEF) and the United Nations Entity for Gender Equality and Empowerment of Women (UN Women) have published a technical note on gender-transformative approaches in the global programme to end child marriage (United Nations Population Fund, 2020, 2) where they, similarly to Malhotra and others (2019), use the socio-ecological model for presenting the levels of action to see gender norm transformation in programming.

The presented levels of the socio-ecological model are policy and legislative level, systems or institutional level, and community, interpersonal, and individual levels. The gender norm transformation in society is seen possible with long-term investments as it takes generations to see a sustainable change. (United Nations Population Fund, 2020, 2.) In the socio-ecological model, the individual level includes intrapersonal factors consisting of, for example, knowledge, attitudes, behaviour, skills, and concept of self of an individual, whereas interpersonal level includes formal and informal social networks and social support including family, friends, and social networks. Community level includes organisational, institutional, and informal networks and factors at institutional level are service systems and social institutions with formal and informal rules and regulations for operations. Policies and legislation level consists of perspectives of local, state and national levels. (McLeroy et al., 1988; Malhotra et al., 2019; United Nations Population Fund, 2020, 2.) The socio-ecological viewpoint helps to look at and organise the strategies paying attention both to individual and social aspects and on how they interact (McLeroy et al., 1988).

Even though the long-term commitment is important in transforming the gender norms, with well-planned interventions some good results in attitude and behaviour change at micro-level has been achieved even in a shorter period of time (Lundgren, 2013; Patel, Santhya & Haberland, 2021).

4 Aim, purpose, and research questions

The aim of the study is to enhance the applicability of gender-transformative interventions for adolescent girls' sexual and reproductive health and rights promotion in the context of girl child marriage.

The purpose of the study is to identify the strategies in girl child marriage prevention related gender-transformative interventions operating at individual, interpersonal and community levels conducted in India.

The research question is:

> What kind of strategies can be recognised in gender-transformative interventions operating at individual, interpersonal and community levels in girl child marriage prevention in India between years 2011 and 2020?

5 Methodology

5.1 Integrative review as a method

A research method of the study is an integrative review, which has the potential for assisting to have a holistic view of the discussed topic (Whittemore and Knafl, 2005). The practice of child marriage is a widely recognized problem in many low- and middle-income countries and the phenomenon is studied within multiple disciplines and from various perspectives. (Birech, 2013; Marphatia et al., 2017; Wodon et al., 2017). In the recent years, there has been a growing interest on gender norms and power relations behind child marriage practice and multipronged approaches for its prevention (Heymann et al., 2019; United Nations Population Fund, 2020). As the knowledge of the child marriage phenomenon emerges from various fields, the chosen method is considered being suitable for making a synthesis of the topic and creating some new understanding regarding the prevention of the phenomenon (Torraco, 2005). Integrative reviews are commonly utilized for either reconceptualization or holistic conceptualization of a topic (Torraco, 2005), and are considered useful at contributing to theory development (Whittemore and Knafl, 2005). Integrative reviews have a potential for offering important insights for practice and policy applications (Whittemore & Knafl, 2005). The chosen perspective, which examines the strategies utilised in gender-transformative interventions in child marriage prevention in India, can provide an important, holistic and multisectoral perspective for child marriage prevention together with sexual and reproductive health promotion. Therefore, it also has a potential offering some insights for policy-level actions in the country.

Integrative review as a method includes characteristics of both systematic and narrative reviews (Salminen, 2011, 6; Stolt, Axelin, & Suhonen, 2016, 13) and it summarizes included literature that incorporates diverse perspectives and types of literature, including experimental and nonexperimental research and theoretical literature (Whittemore, 2007). In this review, the published research literature is complemented with the data acquired from grey literature.

The process of conducting an integrative review consists of seven phases which are problem identification, literature search, data evaluation, data analysis, data reduction, data comparison, and presentation (Whittemore & Knafl, 2005).

5.2 Literature search

The literature for the review was systematically searched from the key databases, which were *Cinahl (EBSCO), ERIC (ProQuest), Gender/sexuality databases (EBSCO), Medline, Public health database (ProQuest), PubMed, Scopus,* and *Social Science Premium Collection (ProQuest).* The following key terms were utilised for different phrases: *"Child marriage", "Early marriage", "Teenage marriage", "Child brides", "Harmful practices", Power, Norm*, Gender, "Gender norms", "Gender roles", "Gender attitudes", "Gender inequality", "Gender equality", "Gender inequity", "Gender equity", "Gender stereotype", "Female gender", Patriarch*, "Gender transformative", "Gender sensitization", "Gender sensitization", Transform*, "Gender-transformative health promotion", Educat*, Health, Welfare, Communit*, Community-based, Faith-based, Club, "Youth groups", "Social networks", "Behaviour and social change communication", Famil*, Girls, "Engaging men and boys", Empower*, Life-skills, Prevention, Intervention*, Initiative*, Program*, "Best practices", Policy, Policies, Legisl* and India.* The MeSH terms utilised in PubMed searches were: *Pregnancy in adolescence, Adolescent health, Adolescent health/trends, Adolescent, Pregnancy in adolescence, Maternal mortality, Sexual health, Sexual maturation/ethics, Sexual health/education, Reproductive health, Reproductive health services/education, Reproductive health/ethics,* and *Reproductive health.* The database specific searches can be seen in Appendix 1.

The flowchart of the literature search process is described in Figure 7. The total number of document results after conducting the search was 518 and after removing duplicates, the number of documents was 258. 177 document results were removed based on Title, and of the retained 81 documents, 34 were excluded based on Abstract. Two (2) of the 47 documents were not accessible as full-text and, therefore, were excluded. After thorough reviewing of 45 retained documents, 10 were finally included for the review.

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┌──────────────────────────────────────────┐
│  Search results from databases: Cinahl (n=32), ERIC (n=7), │
│  Gender/sexuality databases (n=17), Medline (n=46), Public health │
│  database (n=26), PubMed (n=45), Scopus (n=324), Social Science │
│  Premium Collection (n=21) │
│                total: n=518               │
└──────────────────────────────────────────┘
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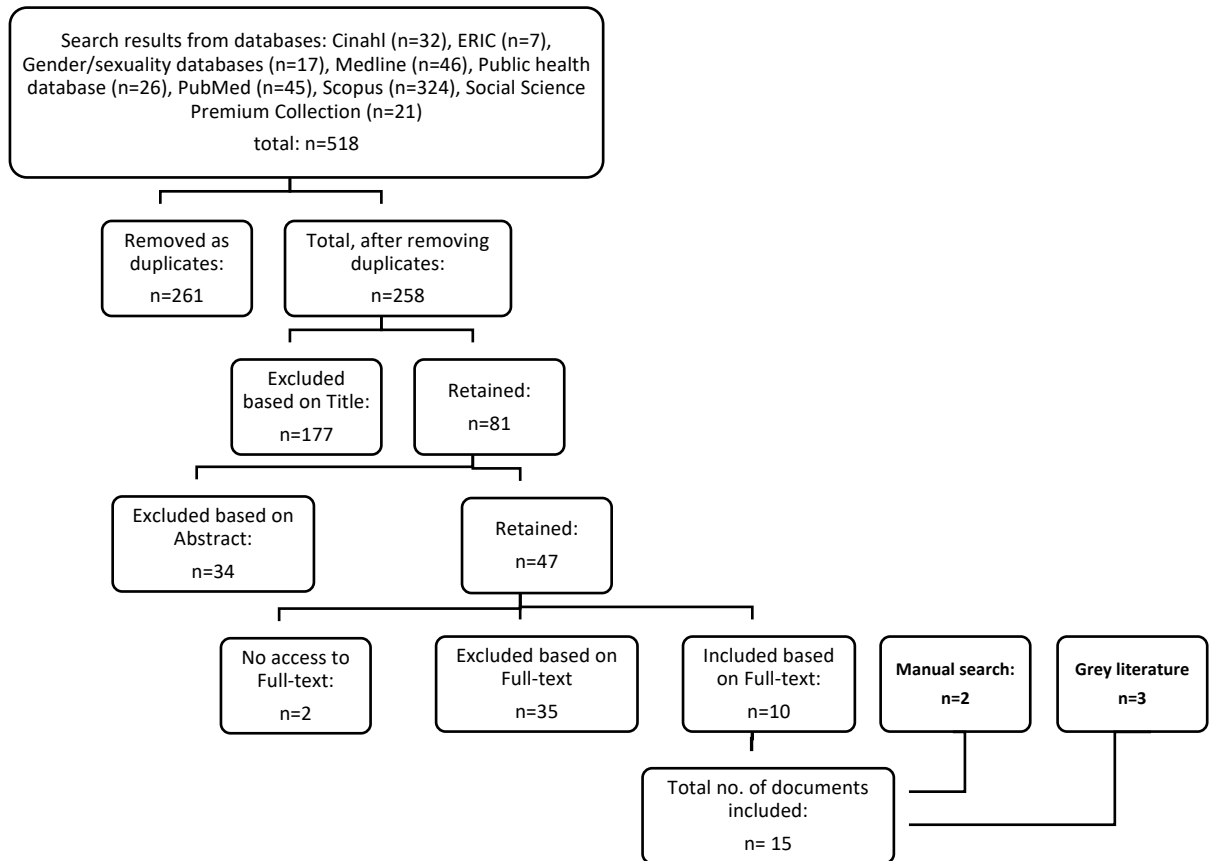
Figure 7. The flowchart of the inclusion and exclusion process.

In addition to literature searched from the databases, two (2) research articles were included through manual search, and furthermore, three (3) documents considered as grey literature were included. The Google Scholar was utilized for searching this relevant grey literature, such as programme reports of governmental or non-governmental organizations or United Nations related organizations. After combining the included document results of the search from scientific databases, the documents through manual search and the relevant grey literature, the total number of all documents included in the integrative review was 15.

The process of choosing the literature for the review was based on the set inclusion and exclusion criteria described in Table 1. Only the interventions implemented in India, and among Indian population, were included. The intervention design was to being related to child marriage prevention and the intervention design being gender

transformative. The criteria for gender-transformative intervention was based on the approaches by Pederson and others (2014) and Kraft and others (2014), presented earlier in Figure 5.

Table 1. Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
- Literature targets Indi - Literature meets the set language criteria: English or Finnish - Intervention does not target externally displaced people or refugees in India - Intervention does not target humanitarian settings - Literature meets the set publication time criteria: 2011-2020 - Intervention context is related to child marriage prevention - Intervention has gender-transformative approach - Literature answers the research question - Literature is available in full text format in the accessible databases	- Literature targets other countries than India - Literature is written in some other language than English or Finnish - Intervention targets externally displaced people or refugees in India - Intervention targets humanitarian settings - Literature does not meet the given time frame - Intervention context is not related to child marriage prevention - Intervention has other than gender-transformative approach - Intervention does not answer the research question - Literature is not available in full text format in the accessible databases

For managing all the document results, they were filed in a web-based bibliography and database manager, the RefWorks. The documents were carefully filed in each step of the inclusion-exclusion process to keep record of the process. There were also Microsoft Word documents made of each step of the inclusion-exclusion process through utilizing the *Create bibliography* function of the RefWorks, with the needed additional notes taken of each document. The paper prints were taken as well in each phase of inclusion-exclusion process to be able to easily verify the results throughout each phase of the process.

In the first phase, when excluding the document results based on Title, all the document titles were gone through three times to verify the exclusion or retainment of each document. When moving to the next phase, exclusion based on Abstract or re-

taining for further reviewing, each abstract was gone through two to three times. When coming to the phase where exclusion or retainment was based on Full-text, the first round of reviewing was done utilizing the electronic documents, as was the next round of reviewing also. In the final and more careful reading, all the relevant documents were printed out and reviewed thoroughly taking necessary notes of the documents to make sure anything remarkable was not left without a notice.

5.3 Critical appraisal of literature

For evaluating the evidence of any systematic literature review, a critical appraisal of the included literature is mandatory (Hoitotyön tutkimussäätiö [Nursing Research Foundation]. N.d.). With an integrative review, though, the idea of critical appraisal is considered more complex due to various research designs and inclusion of both theoretical and empirical sources (Whittemore & Knafl, 2005). In fact, there is a lack consensus regarding the quality assessment of the individual data in the integrative reviews (Hopia, Latvala & Liimatainen, 2016).

To support the reliability of the study, the quality assessment was done utilising the critical appraisal tools of Joanna Briggs Institute and the Quality Assessment for Diverse Studies (QuADS) tool (Harrison et al., 2021). The exact tool for each included document was chosen depending on the type of the respective study, article, or report as presented in Table 2. (Critical Appraisal Tools, 2020; Harrison et al., 2021).

Table 2. Documents, critical appraisal tools, and scoring

Document	Document type	Method	Critical appraisal tool	Score
Bankar et al. 2018	Research article	Prospective qualitative research	JBI checklist for qualitative research	8/10
Beattie et al. 2020	Research article	Cluster-randomised controlled trial	JBI checklist for randomized controlled trials	9/10
Brahma et al. 2019	Research article	Qualitative participatory evaluation	JBI checklist for qualitative research	7/10
Cislaghi et al. 2020	Research article	Qualitative research	JBI checklist for qualitative research	8/10
Collumbien et al. 2019	Academic journal article	(Not applicable)	JBI checklist for text/opinion	6/6

Huynh et al. 2020	Research article	Qualitative research	JBI checklist for qualitative research	*8/10*
Jain & Singh 2017	Case report	(Not applicable)	JBI checklist for text/opinion	*4/6*
Mehra et al. 2019	Program evalua-tion report	Quasi-experimental research	JBI checklist for quasi- experi-mental studies	*9/9*
Prakash et al. 2019	Research article	Cluster-randomized control trial	JBI checklist for randomized controlled trials	*10/10*
Prakash et al. 2020	Research article	Exploratory study nested within a cluster-randomised controlled trial	QuASD Tool	*33/39*
Ramanaik et al. 2020	Research article	Qualitative research	JBI checklist for qualitative research	*8/10*
Sahni 2016	Case report	(Not applicable)	JBI checklist for text and opinion	*4/5*
Sahni 2019	Case report	(Not applicable)	JBI checklist for text and opinion	*5/6*
Verma et al. 2019	Program evalua-tion brief	Randomised controlled trial	JBI checklist for randomized controlled trials	*8/10*
Wang & Singhal 2018	Research article	Multi-method study	QuASD Tool	*27/39*

Out of 15 included documents there were five (5) qualitative studies, three (3) case reports, two (2) multi-method research, two (2) cluster-randomised controlled trials, one (1) randomised controlled trial, and one (1) academic journal article.

5.4 Data analysis process

After the selection process of the documents for the integrative review and the criti-cal appraisal of the data, an analysis process of the included documents was being conducted. According to Whittemore (2007) the data analysis of an integrative re-view includes data reduction, data display, data comparison, conclusion drawing and verification.

For the analysis of the data, the method of thematic analysis by Braun and Clark (2006) was utilised. The thematic analysis is used to construe the qualitative data through identifying, analysing, and reporting themes recognised in data (Braun & Clarke, 2006). As the research question seeks for qualitative data, the analysis meth-od is considered suitable. The thematic analysis method is largely parallel to the con-tent analysis, with similarities in preparation, organising and resulting phases, and can be conducted either as inductive or deductive analysis (Braun & Clarke, 2006; Elo & Kyngäs, 2008; Clarke & Braun, 2013). However, there are some specific features of the thematic analysis recognised (Braun & Clarke, 2006; Vaismoradi, Turunen, &

Bondas, 2013). It is a flexible method for various applications (Clarke & Braun, 2013). In thematic analysis, the analysis is based on the process of reviewing and defining the themes with shaping, clarifying, or rejecting them (Terry, Hayfield, Clarke, & Braun, 2017). This type of analysis process is suitable also for a novice researcher as well (Braun & Clarke, 2006). Both latent and manifest contents can be identified with the method (Vaismoradi et al., 2013). The weakness of the method is that peer checking for intercoder reliability can become challenging because of the pure qualitative nature of the analysis. That is why the personal research diary of each researcher is highly recommended for maintaining the best possible rigour. (Vaismoradi et al., 2013)

For this integrative review, the inductive approach was utilised, and semantic contents, whereas not a direct "word-by-word" phrasing, was sought (Braun & Clarke, 2006). The analysing process was started by familiarising with the data through repeated reading. As the data became more familiar, notes were taken to assist further processing. Gradually, the initial ideas were recognised leading to performing of initial coding. During the process, the research question was modified. First, the research question was concentrating on the types of gender-transformative interventions conducted and the types of activities utilised, but as the process continued, the scope began to shift to strategic features recognised in the interventions. After the initial coding, themes were started being searched through sorting the codes under each potential theme. Maps were drawn for visualising the process, notes taken, and tables formed to keep the process documented. (Braun & Clarke, 2006.) The refinement of the data was done thoroughly, using matrices and tables to facilitate the organisation, visualisation, and comparison of the data according to variables of interest (Whittemore, 2007). Potential themes were reviewed and partly refined as a result of analysing the relations between various codes and themes. Once again, the data was re-read for ensuring that nothing relevant was ignored in the coding process. After having formed a logic pattern of themes, a thematic map, defining the names of the themes was done. This process was conducted to identify the essence of each theme. Themes consisted of sub-themes for giving structure for the main theme. The final naming of the themes was done before moving to the reporting of the results. (Braun & Clarke, 2006.) Distinctive to the thematic analysis, the previous

steps were continuously reviewed and supplemented whenever needed through moving back and forward during the process (Braun & Clarke, 2006; Terry et al., 2017). Appendix 2 introduces a matrix demonstrating the data analysis process.

As the result of the integrative review a narrative analysis is presented (Whittemore, 2007) containing a synthesis of the evidence (Whittemore & Knafl, 2005).

6 Research results

This integrative review is based on fifteen (15) documents (Appendix 3) describing or evaluating seven (7) different child marriage preventive, gender-transformative interventions implemented in India (Appendix 4). The publication time of the documents was limited to the years from 2011 to 2020. However, all the documents were published between 2016 and 2020, which indicates that the gender-transformative approach in child marriage prevention has become more common in recent five years. Only multi-level interventions operating at individual, interpersonal and community levels were included.

All the interventions were implemented in India's high child marriage prevalence areas, among disadvantaged groups of the society. The implementation time varied mainly from 12 months (Brahma, Pavarala, & Belavadi, 2019; Huynh et al., 2020) to three years (Bankar et al., 2018; Collumbien et al., 2019; Mehra et al., 2019; Verma et al., 2019; Cislaghi et al., 2020), but two of the interventions were for the longer term and still ongoing during the time of document publication (Jain & Singh, 2017; Wang & Singhal, 2018).

The type of gender-transformative interventions varied to some extent. Five (5) out of seven (7) interventions were based on a carefully planned gender curriculum either in formal or informal education for girls (Sahni, 2016; Jain & Singh, 2017; Bankar et al., 2018; Collumbien et al., 2019; Mehra et al., 2019; Prakash et al., 2019; Sahni, 2019; Verma et al., 2019; Beattie et al., 2020; Huynh et al., 2020; Cislaghi et al., 2020; Prakash et al., 2020; Ramanaik et al., 2020). In four (4) of these interventions, there was a sport-based element supporting gender education (Bankar et al., 2018; Collumbien et al., 2019; Mehra et al., 2019; Verma et al., 2019; Cislaghi et al., 2020). Five (5) out of seven (7) interventions used trained facilitators or mentors to support the change among individuals and community groups (Sahni, 2016; Jain & Singh, 2017; Bankar et al., 2018; Brahma et al., 2019; Collumbien et al., 2019; Sahni, 2019; Prakash et al., 2019; Verma et al., 2019; Beattie et al., 2020; Cislaghi et al., 2020; Prakash et al., 2020; Ramanaik et al., 2020). One (1) intervention was based on promoting more equitable gender norms through entertainment education (Wang & Singhal, 2018). All the interventions were operating at different levels of the community and

had interpersonal and community-engaging elements in their intervention design (Sahni, 2016; Jain & Singh, 2017; Bankar et al., 2018; Wang & Singhal, 2018; Brahma et al., 2019; Collumbien et al., 2019; Mehra et al., 2019; Prakash et al., 2019; Sahni, 2019; Verma et al., 2019; Beattie et al., 2020; Cislaghi et al., 2020; Huynh et al., 2020; Prakash et al., 2020; Ramanaik et al., 2020).

The strategies utilised in these gender-transformative interventions in child marriage prevention were reviewed according to the research question. The results are presented in the following sections. The main results are summarised in the final section of the chapter utilising the socio-ecological model, which is a recommended approach for gender-transformative interventions preventing child marriage practice by the United Nations Population Fund (2020). There is some overlapping in presenting the results, as there is no straightforward way of organising the findings but merely different angles from where to observe them.

6.1 Strategies utilised in gender-transformative interventions concerning child marriage

One of the general strategic details seen in the respective gender-transformative interventions was having a gender transformation-supporting intervention design as a firm basis for targeting the gender norms change. In all the interventions, a focus on gender norms transformation was written down in the intervention design (Sahni, 2016; Jain & Singh, 2017; Wang & Singhal, 2018; Brahma et al., 2019; Collumbien et al., 2019; Mehra et al., 2019; Verma et al., 2019; Beattie et al., 2020; Cislaghi et al., 2020; Huynh et al., 2020; Prakash et al., 2020). In addition, most interventions were based on a specific theory, pedagogy, or model, such as the social norm theory and the gender performance theory (Cislaghi et al., 2018); social cognitive theory (Ramanaik et al., 2020); the pedagogy of the oppressed (Brahma et al., 2019); the critical feminist pedagogy (Sahni, 2019); and entertainment education as part of communication for social change (Wang & Singhal, 2018). These were used together with a solid context-specific understanding (Collumbien et al., 2019; Sahni, 2016). Moreover, partnering with local non-governmental organisations or other actors already familiar with and accepted by the community was seen important detail for gaining

trust among people in the community (Wang & Singhal, 2018; Mehra et al., 2019; Verma et al., 2019; Cislaghi et al., 2020; Ramanaik et al., 2020).

When considering the gender-transformative strategies per se, seven (7) main strategies were recognised in the interventions: *safety for girls, strategic communication, facilitating the process, empowerment, stakeholder engagement, reference groups, and sensitisation.* Due to the complex nature of gender norms and power relations behind child marriage practice and the aim of targeting several levels in society, a multipronged approach was utilised in all interventions. As a result, there were four (4) to seven (7) different strategies recognised in each intervention (Table 3). (Sahni, 2016; Jain & Singh, 2017; Wang and Singhal, 2018; Brahma et al., 2019; Collumbien et al., 2019; Mehra et al., 2019; Verma et al., 2019; Beattie et al., 2020; Cislaghi et al., 2020; Huynh et al., 2020; Prakash et al., 2020.)

Table 3. The main strategies recognised in the interventions.

STRATEGIES	INTERVENTIONS	PARIVARTAN Mumbai	JANA SANSKRITI	PRERNA SCHOOL	SAMATA	I, A Woman, Can Acchieve Anything	My Honour Is My Respect	PAnKH
Multi-pronged Approach	Safety for girls	x		x	x		x	x
	Strategic communication	x	x	x	x	x	x	x
	Facilitating the process	x	x	x	x	x	x	x
	Empowerment	x	x	x	x		x	x
	Stakeholder engagement	x	x	x	x		x	x
	Reference groups	x	x	x		x		
	Sensitisation	x	x	x	x	x	x	x

Safety for girls. Having a physically and mentally safe space for girls for questioning the existing patriarchal gender norms and adapting to the idea of gender norm change was one of the strategies in the interventions reviewed (Sahni, 2016; Bankar et al., 2018; Mehra et al., 2019; Verma et al., 2019; Prakash et al., 2020). For example, offering girls an environment where they could freely share their experiences

and reflect their thoughts without having a fear of being heard or judged was necessary for the process of adapting to a new gender role (Sahni, 2016; Jain & Singh, 2017; Bankar et al., 2018;). Moreover, having safe practices for the contestation of norms (Bankar et al., 2018; Collumbien et al., 2019) and creating safe, supportive relationships for ensuring the feeling of safety was essential (Bankar et al., 2018; Sahni, 2016) for initiating the gender-transformation process among girls.

Facilitating the process. All the interventions utilised the strategy of facilitating the norm transformation process among girls, boys, parents, or other key groups in the community (Jain & Singh, 2017; Bankar et al., 2018; Wang & Singhal, 2018; Brahma et al., 2019; Mehra et al., 2019; Sahni, 2019; Verma et al., 2019; Beattie et al., 2020; Cislaghi et al., 2020; Huynh et al., 2020). For instance, mentors were trained from peer groups to work intensively with girls for empowering them through the combination of life skills, sports and a gender curriculum (Bankar et al., 2018; Collumbien et al., 2019; Verma et al., 2019; Cislaghi et al., 2020) or to leading the groups of girls and boys towards the understanding of gender equality and norm change (Mehra et al., 2019). In addition, female and male outreach workers were trained to visit schools to support girls and boys at gender norm change (Prakash et al., 2019; Beattie et al., 2020; Huynh et al., 2020; Prakash et al., 2020; Ramanaik et al. 2020). Besides, in the specific program running a school for girls, all the schoolteachers were trained to utilise critical feminist pedagogy and were responsible for facilitating students' empowerment and norm change process (Sahni, 2016; Jain & Singh, 2017; Sahni, 2019). The gender norm change in the communities was also facilitated through specific activities. For example, interactive forum theatre plays involving the audience allowed the oppressed community members to have their voices heard and encouraged the oppressors to review their actions (Brahma et al., 2019). Also, some interventions organised regular group meetings for parents or other community members, which facilitated the discussion around harmful gender norms within the community (Mehra et al., 2018; Wang & Singhal, 2018; Collumbien et al., 2019). Facilitating the norm change process through regular home visits was also utilised (Bankar et al., 2018; Cislaghi et al., 2020; Ramanaik et al., 2020).

community (Jain & Singh, 2017; Bankar et al., 2018; Wang & Singhal, 2018; Brahma et al., 2019; Mehra et al., 2019; Sahni, 2019; Verma et al., 2019; Beattie et al., 2020; Cislaghi et al., 2020; Huynh et al., 2020). For instance, mentors were trained from peer groups to work intensively with girls for empowering them through the combination of life skills, sports and a gender curriculum (Bankar et al., 2018; Collumbien et al., 2019; Verma et al., 2019; Cislaghi et al., 2020) or to leading the groups of girls and boys towards the understanding of gender equality and norm change (Mehra et al., 2019). In addition, female and male outreach workers were trained to visit schools to support girls and boys at gender norm change (Prakash et al., 2019; Beattie et al., 2020; Huynh et al., 2020; Prakash et al., 2020; Ramanaik et al. 2020). Besides, in the specific program running a school for girls, all the school teachers were trained to utilise critical feminist pedagogy and were responsible for facilitating students' empowerment and norm change process (Sahni, 2016; Jain & Singh, 2017; Sahni, 2019). The gender norm change in the communities was also facilitated through specific activities. For example, interactive forum theatre plays involving the audience allowed the oppressed community members to have their voices heard and encouraged the oppressors to review their actions (Brahma et al., 2019). Also, some interventions organised regular group meetings for parents or other community members, which facilitated the discussion around harmful gender norms within the community (Mehra et al., 2018; Wang & Singhal, 2018; Collumbien et al., 2019). Facilitating the norm change process through regular home visits was also utilised (Bankar et al., 2018; Cislaghi et al., 2020; Ramanaik et al., 2020).

Strategic communication. Strategic communication was encouraged between individuals, families, peers, community members, community groups, community leaders and broad audiences. A forum for communication was either in natural daily interactions or at a specific time and place. Specifically, strategic communication utilised communication within and between families; facilitated discussions; participatory communication for social change; communication for social change through reaching broad audiences; bottom-up communication; and strategic storytelling. (i.e., Jain & Singh, 2017; Bankar et al., 2018; Wang & Singhal, 2018; Brahma et al., 2019; Collumbien et al., 2019; Mehra et al., 2019; Verma et al., 2019; Beattie et al., 2020; Cislaghi et al., 2020).

For example, communication with parents about girls' participation in the intervention was critical for starting a discussion around gender norms in the family (Jain & Singh, 2017; Bankar et al., 2018; Prakash et al., 2019; Prakash et al., 2020; Ramanaik et al., 2020). For those families whose daughters were engaged with interventions either as mentors or as participants, it was natural to discuss gender-related learnings and the actions taken due to intervention. The daughters strategically shared the contents of gender classes with their mothers, who had a vital role in negotiating the issues with male family members (Bankar et al., 2018; Cislaghi et al., 2020).

Facilitating the discussions around gender norms was important in terms of strategic communication. The programs working closely with schools usually offered an ideal environment for discussions led by teachers or other trained facilitators, encouraging communication between female peers or between female and male students. Interventions were strategical in inspiring discussion and critical dialogue around gender norms among peers utilising a gender curriculum. (Huynh et al., 2019; Sahni, 2019; Ramanaik et al. 2020.)

The participatory communication aiming for social change at the community level was encouraged in parents' groups or other community groups, events, or meetings held with community leaders. These events created opportunities for the discourse over the issues or the practices around interventions (Brahma et al., 2019; Mehra et al., 2019; Verma et al., 2019). Furthermore, the communication for social change to reach broad audiences through television, radio, digital platforms, celebrity-led on-the-ground events, or other mass awareness activities gave opportunities to communicate the message of harmful gender norms at a larger scale. (Wang & Singhal, 2018; Mehra et al., 2019.) Through these mass awareness activities combined with the bottom-up communication approach, the community members were encouraged to communicate their feelings and opinions through interactive voice messaging and community outreach groups (Wang and Singhal, 2018). Moreover, the bottom-up approach utilised in strategic communication empowered individuals voicing their aspirations and views within families or communities, holding advocacy dialogues with community leaders, or organising performances among communities (Bankar et al., 2018; Wang & Singhal, 2018; Mehra et al., 2019).

Strategic storytelling, either at the community level or more widely, was utilised in several interventions to communicate the message of harmful gender norms. The stories were told, for example, through drama, music, interactive plays, and television series. (Jain & Singh, 2017; Wang & Singhal, 2018; Brahma et al., 2019.)

Empowerment. Aim for girls' empowerment enclosed a crucial strategic role in most interventions (Sahni, 2016; Bankar et al., 2018; Brahma et al., 2019; Sahni, 2019; Mehra et al., 2019; Verma et al., 2019; Cislaghi et al., 2020; Prakash et al., 2020). One of the fundamental beliefs behind the idea of girls' empowerment was acknowledging girls' potential as agents of change in their own lives and not seeing them as victims and powerless (Collumbien et al., 2019; Sahni, 2019; Cislaghi et al., 2020). It was relatively common to aim for girls' empowerment through gaining new knowledge and skills. These educative activities were integrated either with formal education utilising critical feminist pedagogy (Jain & Singh, 2017; Sahni, 2019) or informal education utilising group educational activities with gender curriculum and skills- and leadership training (Bankar et al., 2018; Mehra et al., 2019; Verma et al., 2019; Cislaghi et al., 2020; Prakash et al., 2020). Some interventions combined gender and skills training with sports activities, which required girls to contest the existing mobility and visibility norms and take steps towards new behaviour, increasing their confidence. The girls became more aware of their potential through improved physical fitness, new skills, and increased confidence. (Collumbien et al., 2019; Mehra et al., 2019; Verma et al., 2019; Cislaghi et al., 2020). In addition, a collective agency was a significant strategic way to seek empowerment, encouraging individual agency (Collumbien et al., 2019; Verma et al., 2019). For instance, with the example and support of mentors, the girls could handle challenging situations with confidence (Bankar et al., 2018). Moreover, mentors and facilitators had an integral role in encouraging critical thinking, reflecting on restrictive gender norms, and discussing of gender-related matters among girls and boys (Jain & Singh, 2017; Bankar et al., 2018; Brahma et al., 2019; Sahni, 2019; Prakash et al., 2020). Furthermore, facilitated dialogues in a specific group or interactions within the community were a way to empower those who are often considered to have no power (Brahma et al., 2019; Sahni, 2019). Overall, supportive networks were considered a critical empowering factor for girls,

boys, mentors, families, and community members (Bankar et al., 2018; Verma et al., 2019; Prakash et al., 2020).

Stakeholder engagement. Recognising families, community groups and community leaders as crucial stakeholders in girls' lives and engaging them in the norm change process was central (Jain and Singh, 2016; Bankar et al., 2018; Brahma et al., 2019; Collumbien et al., 2019; Mehra et al., 2019; Verma et al., 2019; Beattie et al., 2020). Although parents especially were recognised as critical stakeholders, instead of convincing the families unprepared for change, it was found more fruitful to begin working with more gender progressive families first (Collumbien et al., 2019). For the engagement of stakeholders, there were a variety of engaging activities utilised. For example, exposing the families or community groups to norm change by having them witness the change in girls' behaviour was a strategic part of interventions (Bankar et al.; 2018; Verma et al., 2019; Cislaghi et al., 2020). Also, actively involving them in decision making or advocacy against practices sustaining inequitable gender norms was beneficial (Jain & Singh, 2017; Collumbien et al., 2019; Verma et al., 2019). These engaging activities were planned to win approval, such as parental consent for family members' participation in the programs, or seeking cultural acceptance in the community for interventions, leading to the growing agency of parents and community stakeholders. The main intention was to see a shift in gender norms and have it, for instance, through raising awareness and involving stakeholders in discussion and strategy making. (Collumbien et al., 2019; Mehra et al. 2019; Verma et al., 2019; Beattie et al., 2020). Aim for the sustainability of more gender-equal norms within the communities encouraged the programs for seeking to engage the stakeholders. For example, the key community stakeholders were involved in establishing centres for adolescents, and the female leaders were recruited to promote girls' sports activities. Both community members and leaders were exposed to the changes to achieve continuity. (Mehra et al. 2019.)

Forming reference groups. Reference groups were formed to create new identities and encourage collective actions. The effort was put especially into establishing reference groups for girls (Sahni, 2016; Bankar et al., 2018; Mehra et al., 2018) but also for parents, boys, and community members (Wang & Singhal, 2018; Prakash et al., 2019; Huynh et al., 2020). These groups were to encourage peer support for chal-

lenging the existing patriarchal gender norms (Bankar et al., 2018; Brahma et al., 2019).

Sensitisation. Sensitisation of people and communities with the gender norms change was central in all the interventions to gain trust and let people accept the change. The norm change was acknowledged as a slow process gaining ground gradually (Bankar et al., 2018; Wang & Singhal, 2018; Brahma et al., 2019; Cislaghi et al., 2020). The gradual acceptance of gender norm change was aimed at individual girls, boys, their parents, brothers, male peers, neighbours, teachers, community leaders and other stakeholders influencing girls' lives (Bankar et al., 2018; Huynh et al., 2019; Verma et al., 2019). For the successful process of gender norms transformation, it was suggested to start the norm change with several small groups first, followed by the community witness (Collumbien et al., 2019; Cislaghi et al., 2020). The change process was sought among individuals and their peer groups by understanding the harmful influence of existing norms, which could lead to agency at home and beyond (Wang & Singhal, 2018; Brahma et al., 2019; Huynh et al., 2019; Verma et al., 2019). Utilising cultural and family dynamics in the process was intentional. The gradual acceptance at the family level was aimed through negotiation and dialogue with and between parents, counselling, and raising awareness for reaching parental support for their daughters. (Jain & Singh, 2017; Collumbien et al., 2019; Prakash et al., 2020; Ramanaik et al., 2020.) The changed attitude and behaviour of girls and the change at the family level was a signal for community members, inviting them to consider the existing norms (Bankar et al., 2018; Collumbien et al., 2019).

The public contestation of norms in the communities with extremely restricted gender norms worked as a strategic means to the more extensive engagement of the community. Taking steps towards change in daily life became a witness to others in the community. (Bankar et al., 2018; Brahma et al., 2019; Mehra et al., 2019; Verma et al., 2019; Cislaghi et al., 2020; Collumbien et al., 2020.) In a highly restrictive environment with a limited voice and visibility and poor access to schooling, girls contesting the norms while community members witnessed the change was a way of seeking the transformation of the existing patriarchal norms (Brahma et al., 2019; Verma et al., 2019). Public meetings and events with parents, community members, community leaders, and other stakeholders were to expose them to information about

harmful gender norms and lead to a dialogue about gender inequality related matters, sensitising them to the idea of the need for norm change (Jain & Singh, 2017; Mehra, 2018; Wang & Singhal, 2018; Collumbien et al., 2019; Verma et al., 2019;). Additionally, gender norms were contested using entertaining elements with a strategic educational message, through which the power of storytelling was to capture people's attention, challenge patriarchal ideas, and trigger conversation between groups of people within the community (Wang & Singhal, 2018; Brahma et al., 2019; Sahni, 2019; Ramanaik et al., 2020). Some interventions strengthened their message by involving public figures, such as local leaders or celebrities, as advocates who raised their voices for gender norm change against patriarchy (Wang & Singhal, 2018; Mehra et al., 2019).

6.2 Summary of the main results presented in the perspective of socio-ecological model

As a summary of the main results, the strategic actions toward the gender norms transformation in child marriage prevention are presented through the socio-ecological model (Figure 8). The model can assist in understanding the interaction between the different levels of society in creating new norms. (McLeroy et al., 1988; United Nations Population Fund, 2020, 2.)
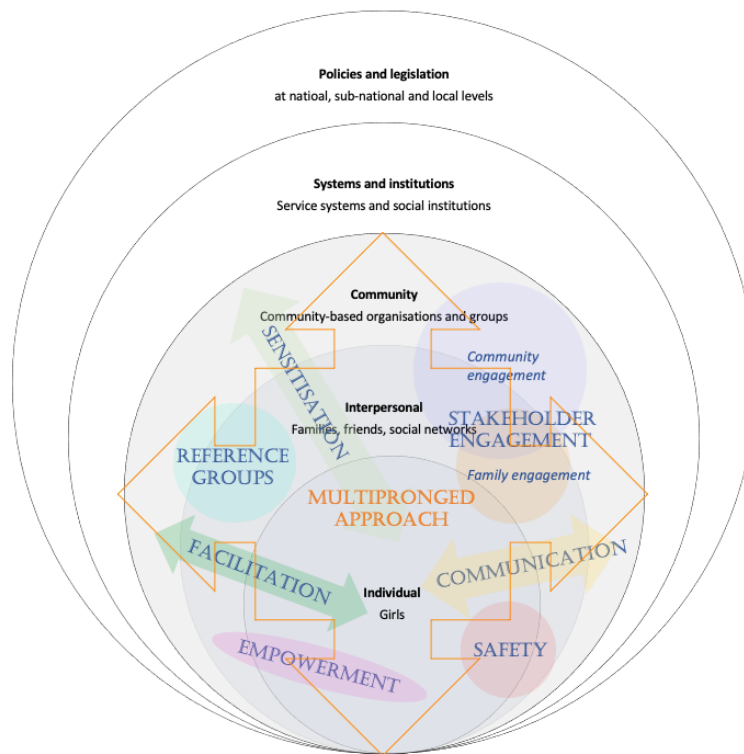
Figure 8. Main results presented utilising socio-ecological model

The review comprehended individual, interpersonal and community levels of the socio-ecological spheres. The most critical strategy toward gender norm change at individual and interpersonal levels was empowerment. The empowerment enabled the norm change process to start first among individual girls and their reference groups, and through empowered girls' agency, the process gradually expanded within their families and communities. Means for the empowerment process were many, but a fundamental basis for the process was providing safety for girls to reflect on the existing patriarchal gender norms and consider their willingness to contest the norms in their community. At the interpersonal and community levels, creating reference groups to which girls, parents, or other community groups could relate was an essential strategic supporting factor at the beginning of the norm change process. Empowered reference groups led to the increased collective agency. Again, the behaviour change sensitised the community to gender norms change. Aim towards a gradual change was based on interactions through families, peer groups, and other

community networks. Sensitising activities, such as organised group meetings and strategic storytelling, were utilised. The engagement of families and community-level stakeholders was a critical step toward more sustainable change in the communities. The process of norm transformation was bound together with strategic communication at all levels of operation. A multipronged approach to gender norm transformation was utilised to reach multiple levels with several different strategies simultaneously.

7 Discussion

The aim of the study was to enhance the applicability of gender-transformative in-terventions for adolescent girls' sexual and reproductive health and rights promotion in the context of girl child marriage. Besides, the purpose of the study was to identify the strategies in girl child marriage preventive gender-transformative interventions operating at individual, interpersonal and community levels in India. In this chapter, the review results are collated with the theoretical framework, and the reliability and ethics of the study are evaluated. Moreover, the conclusions are made, and further recommendations are given.

7.1 Specific observation of the results

It is acknowledged that patriarchal gender norms and power relations are among the main reasons behind the prevalence of child marriage in India (i.e., Field & Ambrus, 2008; Talboys et al., 2017; Yeung et al., 2018; Jejeebhoy, 2019, 22; Sharma et al., 2020). More specifically, some scholars claim that the norms around female sexuality are one of the root causes for high child marriage prevalence in the country (Young lives & National Commission for Protection of Child Rights, 2017, 78; Jejeebhoy, 2019, 22; Children Believe, 2021, 16). Hence, the aim for changing the harmful norms to end child marriage practice is relevant.

The strategies recognised in the child marriage preventive gender transformative interventions were *safety for girls, strategic communication, facilitating the process, empowerment, stakeholder engagement, reference groups, and sensitisation*. The *multipronged approach* combining different strategies at three levels of society was utilised in each intervention. This is consistent with the earlier suggestions that mul-tidimensional approaches (Nour, 2006; Girls not Brides, 2016, 3) and strategies both at horizontal and vertical level are needed for child marriage prevention (Lee-Rife et al., 2012).

Female sexuality in the context of child marriage seems to have a twofold relation. On the one hand, the norms around female sexuality are one of the causes for child marriage (Young lives & National Commission for Protection of Child Rights, 2017, 78;

Jejeebhoy, 2019, 22; Children Believe, 2021, 16), and on the other hand, poor sexual and reproductive health of girls is one of the outcomes of child marriages (Gennari, 2013; Raj & Boehmer, 2013; United Nations Children's Fund, 2014; Woog & Kågesten, 2017; Staniczenko et al., 2021). Based on the previous studies, the assumption was that child marriage prevention utilising gender-transformative approach, could improve sexual and reproductive health of adolescent girls (Gennari, 2013; Raj & Boehmer, 2013; United Nations Children's Fund, 2014; Woog & Kågesten, 2017; Staniczenko et al., 2021).

As the gender norms are maintained in social interactions (Keleher & Franklin, 2008; Cislaghi et al., 2018), the norm change cannot take place only among individuals. Therefore, sensitising the community, encouraging the strategic communication between individuals, families, and groups of the society, and engaging families, community leaders and other community stakeholders are claimed to be necessary for the sustainable norm change process. Moreover, engagement of community leaders is important also for the enforcement of laws (World Health Organization, 2016, 10; Malhotra et al., 2019).

In the gender-transformative programming, the girls should be placed at the at the center (United Nations Population Fund, 2020), empowering them through knowledge, skills, and supporting networks (Lee-Rife et al., 2012). From the perspective of an individual Indian girl, the pressure from the family and society for marrying as a child is strong (Gosh, 2011; Jha et al., 2016; Modak, 2019), and the decision concerning marriage is often out of reach for the girls themselves (Roest, 2016, 20; Santhya et al., 2017a, 227; Yeung et al., 2018). Also, the adaptation to gender norms take place at childhood (Muñoz Boudet et al., 2013, 198), which makes it natural for girls to follow the harmful norms. Moreover, those who benefit of the patriarchal system, are usually reluctant to give away their power position (Moss, 2002; Sen et al. 2007; Muñoz Boudet et al., 2013, 16, 199). The fear of losing their marriageability and causing dishonour for their families through contesting the female sexuality norms (Talboys, Kaur, VanDerslice, Gren, Bhattacharya, & Alder, 2017) is real for girls. Due to these, especially at the early stage of the gender norm change process, when the girls are learning to question the existing norms and making decisions to contest the norms, ensuring physical and mental safety for girls is crucial.

Supporting networks, such as facilitators for individual girls, families, and communities, or reference groups, are needed in the process which is aiming to contribute to the transformation of the fundamental power structures of society (Keleher & Franklin, 2008; Lee-Rife et al., 2012; Cislaghi et al., 2018, 7).

The empowerment of girls as a strategy for gender norm change invites girls becoming the agents of change in their owns lives and, potentially, helps family and community members to recognising girls' potential (Lee-Rife et al. 2012). The empowerment of girls leading to the increased agency can encourage them also voicing their aspirations overall in life, as well as in timing of marriage and choosing their spouse. This kind of empowerment could improve their sexual and reproductive health and fulfilment of rights (World Health Organization, 2010, 10).

Also, as the gender norms transformation is considered a slow and gradual process taking generations to see a sustainable change (United Nations Population Fund, 2020, 2), the sensitisation of people at different levels of socio-ecological spheres (McLeroy et al., 1988) is relevant for having people in the society to come across with new understanding of gender norms and shaping the rules of society.

As marriage is universal in India (Yeung et al., 2018), and often the decision over marriage is made by families without girls' consent (Santhya et al., 2017a, 227; Roest, 2016, 20), the family and community stakeholder engagement is required for changing the aspirations set for girls.

The gender-transformative approach has a capacity for challenging the intersecting vulnerabilities (Pederson et al., 2014; Heise et al., 2019) through shifting the health promotion from health behaviour of individuals to structural and policy level actions pointing out the circumstances generating health (Pederson et al., 2014). According to the interventions reviewed, in gendered social norms change, the interrelation between the levels of society seems to be critical (i.e., Jain & Singh, 2017; Wang & Singhal, 2018; Brahma et al., 2019; Mehra et al., 2019; Verma et al., 2019; Beattie et al., 2020; Cislaghi et al., 2020; Prakash et al., 2020). This is confirmed with the socio-ecological model, which assists to look at and organise the strategies paying attention both to individual and social aspects and on how they interact (McLeroy et al., 1988; United Nations Population Fund, 2020, 2). In this interaction within socio-

ecological system, empowered individuals and groups can act as agents of change in their community playing a crucial role in gender norm transformation process (Sahni, 2016; Bankar et al., 2018; Brahma et al., 2019; Mehra et al., 2019; Sahni, 2019; Verma et al., 2019; Cislaghi et al., 2020; Prakash et al., 2020). This is consistent with the idea of gender socialisation (John et al., 2017).

As people's health and wellbeing are indivisible of their socio-ecological environment (Ottawa Charter for Health Promotion, 1986; Dahlgren & Whitehead, 1991), the linkages between gender norms and power relations, girls' marriage, and sexual and reproductive health and rights are evident. Consequently, this results poor sexual and reproductive health and denial of sexual and reproductive health rights of girls within marriage. (Fahmida & Doneys, 2013; Gennari, 2013; Sunitha & Gururaj, 2014; Roest, 2016, 20.) Therefore, observation of gender norms and power relations together with poor sexual and reproductive health and violation of girls' sexual and reproductive health rights is claimed relevant and necessary in the context of girl child marriage.

If thinking of the family honour and girls' marriageability, the families as well need to be willing to take risks for allowing freedoms for their daughters instead of guarding the sexual purity of girls (Talboys et al., 2017). This kind of trust is possible to reach through gradual norm change within the girls' family, requiring constant negotiation and girls gaining trust within their families as seen in the intervention strategies (Jain & Singh, 2017; Prakash et al., 2020; Ramanaik et al., 2020).

Adolescents have a right to protection over their sexual and reproductive health in its' all dimensions (United Nations Educational, Scientific and Cultural Organization, 2018). In India, where sexuality related matters and sexuality education has been considered as a conflicted issue (Pachauri, 2011; Children Believe, 2021, 34), the openness for discussion among communities could possibly be found through sensitisation, strategic communication, and considerate facilitation of the process.

More equalitarian gender norms and power relations work both as determinants of reduced prevalence of girl child marriage and reduced vulnerabilities in sexual and reproductive health and rights. This is promoting wellbeing of girls in their lives at the present and in future.

The strategies utilised for gender norms transformation encourage communication, reflection and gradual acceptance of norm change among individuals and families, and at community level. Together with the legislation requiring eliminating harmful practices and supportive towards improved equity (World Health Organization, 2016, 8; Jha et al., 2016, 10; Malhotra et al., 2019), the interventions that are gender transformative in nature have a potential for challenging the harmful norms.

7.2 Reliability and ethics of the research

The ethical principles of integrative review differ from the primary research because data is attained from publicly accessible documents, and no personal, sensitive, or confidential information is collected (Rani & Sharma, 2012; Suri, 2020). Therefore, no preliminary ethical review was needed (The Finnish National Board on Research Integrity [TENK], 2021). However, a significant role of reviews in policymaking, practices, further research and forming public opinion should underline the importance of ethical conduct for literature reviews (Suri, 2020).

The research integrity should guide the researcher regardless of the type of research leading to an ethically responsible and correct course of action. Therefore, the research was proceeded following the responsible conduct of research aiming for accuracy, utilising the methods suitable for the respective research, showing respect to other researchers' work, for example, through using proper citing, and reporting the results of the research properly. (The Finnish National Board on Research Integrity [TENK], 2012, 28.)

For the reliability of the review, carefully carrying out the research process is crucial. The data analysis and the synthesis are critical phases of an integrative review to enhance the rigour, and analytical honesty is important in conclusion drawing (Whittemore & Knafl, 2005). These were considered in collecting, analysing, and interpreting the data. A research diary was kept throughout the process, and various documents were filed for keeping the processes recorded and for further processing. Also, a critical appraisal of the literature was done and described. Moreover, the data analysis process is presented in Appendix 2 for the transparency of the process. Overall, the process and the review result were organised as a written report and

described thoroughly enough for reliability (Braun & Clarke, 2006; Elo & Kyngäs, 2008).

Integrative reviews are recommended to be conducted with a group of researchers (Whittemore, 2007). However, this specific integrative review was conducted by one researcher only, bringing an ethical challenge in avoiding subjectivity and bias. Still, through adequately describing the process and the review results, trustworthiness was possible to reach (Elo & Kyngäs, 2008). For reliability, the source criticism was considered, for example, through a thorough process of including and excluding literature and assessing the quality of literature (Table 2) (Whittemore & Knafl, 2005). During the inclusion and exclusion process, there was a constant need for drawing lines based on the set criteria (Table 1). Other evaluative opinions would have been helpful for avoiding a possible bias (Whittemore, 2007). To keep the focus clear, the researcher was paying attention to the interventions with child marriage preventive and gender norms transformative aims in the original intervention design and other criteria for gender-transformative interventions (Figure 5). Interventions too far from this focus even assumed to have indirect long-term child marriage preventive outcomes, were excluded.

It is fully acknowledged by the researcher that multiple amounts of interventions related to child marriage prevention have been implemented throughout India between the years 2011 and 2020. At the same time, the gender-transformative approach has become more popular. Also, most likely, many gender-transformative child marriage preventive interventions remained unrecognised, as they might have been implemented by non-governmental organisations or other actors outside the academic scene. Some non-academic publications, such as programme reports or evaluation reports, have been identified through Google Scholar or by exploring well-known organisations' websites. However, having had only one researcher in the process, and within a given time frame, a comprehensive search from nearly endless resources on the internet became impossible. Therefore, confining the research question, purpose and aim would have been useful.

7.3 Conclusion

It is suggested that girl-child marriage preventive interventions with a gender transformative approach operating at individual, interpersonal, and community levels of society have a potential for sexual and reproductive health promotion of women and girls in India. The gender-transformative strategies utilised encourage communication, reflection, and gradual acceptance of the norm change among individuals, families, and communities. Together with supportive legislation and policies, gender-transformative interventions are claimed to be useful. However, further examination would be required for evaluating the effectiveness of the strategies recognised in the review.

The chosen perspective, which examines the strategies utilised in gender-transformative interventions in child marriage prevention in India, can provide a critical, holistic and multisectoral perspective for child marriage prevention together with sexual and reproductive health promotion. Therefore, it also can offer some insights into policy-level actions in the country. It is stated that the perspective taken in this review is relevant for further examination of adolescent girls' sexual and reproductive health in the high prevalence regions of child marriages in India and feasibly in similar socio-cultural contexts in South Asia. Moreover, through a gender-transformative approach, health professionals and experts from other fields have competence for developing context-specific health programs.

Although the norms around female sexuality are regarded as one of the key driving factors toward girl child marriage in India (Jejeebhoy, 2019, 22; Talboys et al., 2017; Children Believe, 2021, 34), as have expressed, there are few well-tested interventions on child marriage and girls' sexual purity norm change in the country (Prakash et al. 2020, 1076). There also seems to be a lack of gender-transformative interventions conducted from the adolescent sexual and reproductive health point of view in India. Because of the far-reaching effects of child marriage on adolescent girls' overall health and wellbeing, the gap in research should be filled.

Based on the study, the following research needs are suggested:

1. More research on gender-transformative child marriage-related interventions regarding sexual and reproductive health and rights of adolescent girls is needed.

2. It would be strategically important to better understand female sexuality in different contexts in India and how it affects the practice of child marriage.

3. Further research would be needed to examine the effectiveness of gender-transformative interventions in adolescent girls' SRHR promotion compared to other types of SRHR interventions in India.

4. Gender norms and power relations being created by social institutions and maintained in social structures and interactions, it would be essential to evaluate the influence of the interventions at the policy and legislative level, and systems and institutional level in the perspective of girls' SRHR in India.

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Search strings used for each database

Database:	Search strings:
Cinahl (EBSCO)	**Search 1** ((“Child marriage” OR “Early marriage” OR “Teenage marriage” OR “Child brides” OR “Harmful practices”)) AND ((Gender OR Power OR Norm*)) AND ((Prevention OR Intervention* OR Initiative* OR Program* OR “Best practices” OR Policy OR Policies OR Legisl*)) AND India *Limiters - Published Date: 20110101-20201231; English Language; Finnish Language* *Expanders - Apply equivalent subjects* *Search modes - Boolean/Phrase* 11 document results **Search 2** (empower* OR educat*) AND ("Child marriage” OR “Early marriage” OR “Teenage marriage” OR “Child brides” OR “Harmful practices”) AND (Prevention OR Intervention* OR Initiative* OR Program* OR "Best practices" OR Policy OR Policies OR Legisl*) AND India *Limiters - Published Date: 20110101-20201231; English Language; Finnish Language* *Expanders - Apply equivalent subjects* *Search modes - Boolean/Phrase* 17 document results **Search 3** (Educat* OR Empower* OR ”Engaging men and boys” OR ”Behaviour and social change communication” OR Communit* OR Famil* OR Girls OR ”Community-based” OR ”Faith-based” OR club OR ”Youth groups” OR ”Social networks” OR ”life skills”) AND ("Child marriage” OR “Early marriage” OR “Teenage marriage” OR “Child brides” OR “Harmful practices”) AND India AND (gender or patriarch*) *Limiters - Published Date: 20110101-20201231; English Language; Finnish Language* *Expanders - Apply equivalent subjects* *Search modes - Boolean/Phrase* 4 document results Total: 32 results (incl. duplicates)
ERIC (ProQuest)	**Search 1** (Power OR Norm* OR Gender OR ”Gender norms” OR ”Gender roles” OR ”Gender attitudes” OR ”Gender inequality” OR ”Gender equality” OR ”Gender inequity” OR ”Gender equity” OR ”Gender stereotype” OR ”Female gender” OR Patriarch* OR ”Gender transformative” OR ”Gender sensitization” OR ”Gender sensitisation” OR Transform* OR ”Gender-transformative health promotion”) AND ("Child marriage” OR “Early marriage” OR “Teenage marriage” OR “Child brides” OR “Harmful practices”) AND India *Additional limits - Date: From 2011 January 01 to 2020 December 31* 2 document results **Search 2** ("child marriage" OR "early marriage" OR "child brides" OR "teenage marriage" OR "harmful practices") AND ("Gender-transformative health promotion " OR educat* OR "Health promotion" OR welfare OR communit* OR community-based OR school-based OR faith-based OR club* OR "Youth groups" OR "Social networks" OR "Behaviour and social change communication" OR famil* OR girl* OR "Engaging men and boys" OR empower* OR life-skills) AND (intervention* OR initiative* OR program* OR policies OR policy OR legislat* OR "best practices" OR prevent*) AND India *Additional limits - Date: From 2011 January 01 to 2020 December 31* 4 document results **Search 3** ("Child marriage" OR "Early marriage" OR "Teenage marriage" OR "Child brides" OR "Harmful practices") AND su(power* OR empower*) AND ab(india) *Additional limits - Date: From 2011 January 01 to 2020 December 31* 1 document result Total: 7 document results (including duplicates)
Gender/sexuality databases (EBSCO)	**Search 1** (Power OR Norm* OR Gender OR ”Gender norms” OR ”Gender roles” OR ”Gender attitudes” OR ”Gender inequality” OR ”Gender equality” OR ”Gender inequity” OR ”Gender equity” OR ”Gender stereotype” OR ”Female gender” OR Patriarch* OR ”Gender transformative” OR ”Gender sensitization” OR ”Gender sensitisation” OR Transform* OR ”Gender-transformative health promotion”) AND ("Child marriage” OR “Early marriage” OR “Teenage marriage” OR “Child brides” OR “Harmful practices”) AND India *Limiters - Date of Publication: 20110101-20201231; Language: English, Finnish* *Expanders - Apply equivalent subjects* *Search modes - Boolean/Phrase* 11 document results **Search 2** (”Child marriage" OR "Early marriage" OR "Teenage marriage" OR "Child brides" OR “harmful practices”) AND (intervention* OR program* OR initiative* OR policies OR policy OR legislat* OR "best practices" OR prevent*) AND gender AND india *Limiters - Date of Publication: 20110101-20191231* *Expanders - Apply equivalent subjects* *Search modes - Boolean/Phrase* 4 document results

	Search 3 (”Child marriage" OR "Early marriage" OR "Teenage marriage" OR "Child brides" OR "harmful practices") AND norm* AND transform* AND india *Limiters - Date of Publication: 20110101-20191231* *Expanders - Apply equivalent subjects* *Search modes - Boolean/Phrase* 2 document results Total: 17 results (including duplicates)
Medline	Search 1 ("child marriage" OR "early marriage" OR "teenage marriage" OR "child brides" OR "harmful practices") AND (intervention* OR program* OR prevention OR initiative OR policy OR policies OR legal* OR legislat*) AND (gender OR "gender norms" OR "gender roles" OR "gender stereotype" OR "gender inequality" OR "gender equality" OR "gender inequity" OR "gender inequity" OR "gender equity" OR patriarch*) AND india *Additional limits - Date: From 2011 January 01 to 2020 December 31; Humans* 9 document results Search 2 (Educat* OR Empower* OR "Engaging men and boys" OR "Behaviour and social change communication" OR Communit* OR Famil* OR Girls OR "Community-based" OR "school-based" OR "Faith-based" OR club OR "Youth groups" OR "Social networks" OR "life skills") AND ("Child marriage" OR "Early marriage" OR "Teenage marriage" OR "Child brides" OR "Harmful practices") AND India *Additional limits - Date: From 2011 January 01 to 2020 December 31; Humans* 20 document results Search 3 (gender OR "gender sensitization" OR "gender sensitisation" OR "gender transformation" OR "gender transforma-tive" OR "gender equality" OR "gender norms" OR "gender attitudes" OR "gender transformative health promo-tion") AND ("Child marriage" OR "Early marriage" OR "Teenage marriage" OR "Child brides" OR "Harmful practic-es") AND India *Additional limits - Date: From 2011 January 01 to 2020 December 31; Humans* 11 document results Search 4 ("sexual and reproductive health" OR "sexual health" OR "reproductive health" OR well-being OR wellbeing) AND ("Child marriage" OR "Early marriage" OR "Teenage marriage" OR "Child brides" OR "Harmful practices") AND (gender OR "gender inequality" OR "gender equality" OR "gender norm") AND (Prevention OR Intervention* OR Initiative* OR Program* OR "Best practices" OR Policy OR Policies OR Legisl* OR Legal*) AND India Additional limits - Date: From 2011 January 01 to 2020 December 31 6 document results Total: 46 document results (including duplicates)
Public health database (ProQuest)	Search 1 (health OR well-being OR wellbeing) AND su("Child marriage" OR "Early marriage" OR "Teenage marriage" OR "Child brides" OR "Harmful practices") AND (gender OR "gender inequality" OR "gender equality" OR "gender norm") AND ab(India) *Additional limits - Date: From 2011 January 01 to 2020 December 31; Scholarly Journals; Full text; Peer-reviewed; Article OR Evidence Based Healthcare OR Review OR Literature Review* 11 document results Search 2 su(Power OR Norm* OR Gender OR "Gender norms" OR "Gender roles" OR "Gender attitudes" OR "Gender inequality" OR "Gender equality" OR "Gender inequity" OR "Gender equity" OR "Gender stereotype" OR "Female gender" OR Patriarch* OR "Gender transformative" OR "Gender sensitization" OR "Gender sensitisation" OR Transform* OR "Gender-transformative health promotion") AND su("Child marriage" OR "Early marriage" OR "Teenage marriage" OR "Child brides" OR "Harmful practices") AND ab(India) *Additional limits - Date: From 2011 January 01 to 2020 December 31; Scholarly Journals; Full text; Peer-reviewed; Article OR Evidence Based Healthcare OR Review OR Literature Review* 7 document results Serch 3 AB(india) AND ab("child marriage" OR "early marriage" OR "child brides" OR "teenage marriage" OR "harm-ful practices") AND ab(intervention* OR initiative* OR program* OR policies OR policy OR legislat* OR "best practices" OR prevent*) AND su(Gender) *Additional limits - Date: From 2011 January 01 to 2020 December 31; Scholarly Journals; Full text; Peer-reviewed; Article OR Evidence Based Healthcare OR Review OR Literature Review* 8 document results Total: 26 document results (including duplicates)
PubMed	Search 1 ((("Child marriage" OR "Early marriage" OR "Teenage marriage" OR "Child brides" OR "Harmful practices") AND (Prevention OR Intervention* OR Initiative* OR Program* OR "Best practices" OR Policy OR Policies OR Legisl* OR Legal*)) AND (india[Title/Abstract])) AND (norm* OR gender* OR power) *Filters applied: Full text, English. Results by year 2011-2020.* 25 document results Search 2

	(("child marriage" [Other Term] OR "early marriage" [Other Term] OR "child brides" [Other Term] OR "teenage marriage" [Other Term] OR "harmful practices"[Other Term]) AND (india[Title/Abstract])) AND ("Gender-transformative health promotion " [Other Term] OR educat* [Other Term] OR "Health promotion" [Other Term] OR welfare [Other Term] OR communit* [Other Term] OR community-based [Other Term] OR faith-based [Other Term] OR club* [Other Term] OR "Youth groups" [Other Term] OR "Social networks" [Other Term] OR "Behaviour and social change communication" [Other Term] OR famil* [Other Term] OR girl* [Other Term] OR "Engaging men and boys" [Other Term] OR empower* [Other Term] OR life-skills[Other Term]) *Filters applied: Full text, English. Results by year 2011-2020.* 5 document results Search 3 ((("child marriage" [Other Term] OR "early marriage" [Other Term] OR "child brides" [Other Term] OR "teenage marriage" OR "harmful practices"[Other Term]) AND (india[Title/Abstract])) AND ("Gender-transformative health promotion " OR educat* [Other Term] OR "Health promotion" [Other Term] OR welfare [Other Term] OR commu-nit* [Other Term] OR community-based [Other Term] OR faith-based [Other Term] OR club* [Other Term] OR "Youth group" OR "Social networks" [Other Term] OR "Behaviour and social change communication" OR famil* [Other Term] OR girl* [Other Term] OR "Engaging men and boys" OR empower* [Other Term] OR life-skills[Other Term])) AND (Wellbeing[MeSH Terms] OR Well-being[MeSH Terms] OR "sexual health"[MeSH Terms] OR "sexual and reproductive health"[MeSH Terms] OR "reproductive health"[MeSH Terms] OR "adolescent health"[MeSH Terms]) *Filters applied: Full text, English. Results by year 2011-2020.* 1 document results Search 4 ((india[Title/Abstract]) AND ("child marriage"[Title/Abstract] OR "early marriage"[Title/Abstract] OR "child brides"[Title/Abstract] OR "teenage marriage"[Title/Abstract] OR "harmful practices"[Title/Abstract])) AND ("Gen-der-transformative health promotion"[Other Term] OR educat*[Other Term] OR "Health promotion"[Other Term] OR welfare[Other Term] OR communit*[Other Term] OR community-based[Other Term] OR faith-based[Other Term] OR club*[Other Term] OR "Youth groups"[Other Term] OR "Social networks"[Other Term] OR "Behaviour and social change communication"[Other Term] OR famil*[Other Term] OR girl*[Other Term] OR "Engaging men and boys"[Other Term] OR empower*[Other Term] OR life-skills[Other Term]) Filters applied: Full text, English. Results by year 2011-2020. 14 document results Total: 45 results (including duplicates)
Scopus	Search 1 (TITLE-ABS-KEY ("child marriage" OR "early marriage" OR "teenage marriage" OR "child brides" OR "harmful practices")) AND (TITLE-ABS-KEY (india)) AND (TITLE-ABS-KEY (intervention* OR program* OR initiative* OR prevention OR policy OR legisl* OR "best practices")) AND (norm* OR patriarch* OR transform*) AND (LIMIT-TO (PUBYEAR , 2020) OR LIMIT-TO (PUBYEAR , 2019) OR LIMIT-TO (PUBYEAR , 2018) OR LIMIT-TO (PUBYEAR , 2017) OR LIMIT-TO (PUBYEAR , 2016) OR LIMIT-TO (PUBYEAR , 2015) OR LIMIT-TO (PUBYEAR , 2014) OR LIMIT-TO (PUBYEAR , 2013) OR LIMIT-TO (PUBYEAR , 2012) OR LIMIT-TO (PUBYEAR , 2011)) 41 document results Search 2 TITLE-ABS-KEY ((("child marriage" OR "early marriage" OR "teenage marriage" OR "child brides" OR "harmful practices") AND (India) AND (intervention* OR program* OR initiative* OR policies OR policy OR legis-lat* OR "best practices" OR prevent*))) AND (gender* OR "gender norm" OR "gender role" OR patriarch* OR "gender stereotype" OR "gender inequality" OR "gender equality" OR "gender equity" OR "gender inequi-ty") AND (LIMIT-TO (PUBYEAR , 2020) OR LIMIT-TO (PUBYEAR , 2019) OR LIMIT-TO (PUBYEAR , 2018) OR LIMIT-TO (PUBYEAR , 2017) OR LIMIT-TO (PUBYEAR , 2016) OR LIMIT-TO (PUBYEAR , 2015) OR LIMIT-TO (PUBYEAR , 2014) OR LIMIT-TO (PUBYEAR , 2013) OR LIMIT-TO (PUBYEAR , 2012) OR LIMIT-TO (PUBYEAR , 2011)) 57 document results Search 3 ABS (india) AND (KEY ("child marriage" OR "early marriage" OR "child brides" OR "teenage marriage" OR "harmful practices")) AND TITLE-ABS-KEY (intervention* OR initiative* OR program* OR policies OR policy OR legislat* OR "best practices" OR prevent*) AND (KEY ("Gender-transformative health promotion " OR educat* OR "Health promotion" OR welfare OR communit* OR community-based OR faith-based OR club* OR "Youth groups" OR "Social networks" OR "Behaviour and social change communication" OR famil* OR girl* OR "Engaging men and boys" OR empower* OR life-skills)) AND (LIMIT-TO (PUBYEAR , 2020) OR LIMIT-TO (PUBYEAR , 2019) OR LIMIT-TO (PUBYEAR , 2018) OR LIMIT-TO (PUBYEAR , 2017) OR LIMIT-TO (PUBYEAR , 2016) OR LIMIT-TO (PUBYEAR , 2015) OR LIMIT-TO (PUBYEAR , 2014) OR LIMIT-TO (PUBYEAR , 2013) OR LIMIT-TO (PUBYEAR , 2012) OR LIMIT-TO (PUBYEAR , 2011)) AND (LIMIT-TO (LANGUAGE , "English")) 14 document results Search 4 KEY (gender OR "gender sensitization" OR "gender sensitisation" OR "gender transformation" OR "gender equality" OR "gender norms" OR "gender attitudes") AND (TITLE-ABS (India)) AND (TITLE-ABS-KEY ("child marriage" OR "early marriage" OR "teenage marriage" OR "child brides" OR "harmful practices")) AND (LIMIT-TO (PUBYEAR , 2020) OR LIMIT-TO (PUBYEAR , 2019) OR LIMIT-TO (PUBYEAR , 2018) OR LIMIT-TO (PUBYEAR , 2017) OR LIMIT-TO (PUBYEAR , 2016) OR LIMIT-TO (PUBYEAR , 2015) OR LIMIT-TO (PUBYEAR , 2014) OR LIMIT-TO (PUBYEAR , 2013) OR LIMIT-TO (PUBYEAR , 2012) OR LIMIT-TO (PUBYEAR , 2011)) 23 document results

	Search 5 ("child marriage" OR "early marriage" OR "child Brides" OR "teenage marriage") AND intervention* AND TITLE-ABS-KEY(india) AND (LIMIT-TO (DOCTYPE,"ar") OR LIMIT-TO (DOCTYPE,"re") OR LIMIT-TO (DOCTYPE,"cp")) AND (LIMIT-TO (PUBYEAR,2020) OR LIMIT-TO (PUBYEAR,2019) OR LIMIT-TO (PUBYEAR,2018) OR LIMIT-TO (PUBYEAR,2017) OR LIMIT-TO (PUBYEAR,2016) OR LIMIT-TO (PUBYEAR,2015) OR LIMIT-TO (PUBYEAR,2014) OR LIMIT-TO (PUBYEAR,2013) OR LIMIT-TO (PUBYEAR,2012) OR LIMIT-TO (PUBYEAR,2011)) → 182 document results **Search 6** ("child marriage" OR "early marriage" OR "teenage marriage" OR "child brides") AND KEY ((patriarch* OR "gender norms" OR "gender roles")) AND TITLE-ABS (intervention* OR polic*) AND TITLE-ABS-KEY (india) AND (LIMIT-TO (DOCTYPE , "ar") OR LIMIT-TO (DOCTYPE , "re") OR LIMIT-TO (DOCTYPE , "cp")) AND (LIMIT-TO (PUBYEAR , 2020) OR LIMIT-TO (PUBYEAR , 2019) OR LIMIT-TO (PUBYEAR , 2018) OR LIMIT-TO (PUBYEAR , 2017) OR LIMIT-TO (PUBYEAR , 2016) OR LIMIT-TO (PUBYEAR , 2015) OR LIMIT-TO (PUBYEAR , 2014) OR LIMIT-TO (PUBYEAR , 2013) OR LIMIT-TO (PUBYEAR , 2012) OR LIMIT-TO (PUBYEAR , 2011)) 7 document results Total: 324 results (including duplicates)
Social Science Premium Collection (ProQuest)	**Search 1** (gender OR "gender sensitization" OR "gender sensitisation" OR "gender transformation" OR "gender transformative" OR "gender equality" OR "gender norms" OR "gender attitudes" OR "gender transformative health promotion") AND su("Child marriage" OR "Early marriage" OR "Teenage marriage" OR "Child brides" OR "Harmful practices") AND ab(india) *Additional limits - Date: From 2011 January 01 to 2020 December 31; Scholarly Journals; Full text; Peer-reviewed* 4 document results **Search 2** su(gender OR "gender sensitization" OR "gender sensitisation" OR "gender transformation" OR "gender transformative" OR "gender equality" OR "gender norms" OR "gender attitudes" OR "gender transformative health promotion" OR "gender equality" OR "gender inequality") AND ab("Child marriage" OR "Early marriage" OR "Teenage marriage" OR "Child brides" OR "Harmful practices") AND ab(india) *Additional limits - Date: From 2011 January 01 to 2020 December 31; Scholarly Journals; Full text; Peer-reviewed* 1 document result **Search 3** (gender OR "gender sensitization" OR "gender sensitisation" OR "gender transformation" OR "gender transformative" OR "gender equality" OR "gender norms" OR "gender attitudes" OR "gender transformative health promotion" OR "gender equality" OR "gender inequality") AND ("Child marriage" OR "Early marriage" OR "Teenage marriage" OR "Child brides" OR "Harmful practices") AND su(power* OR empower*) AND ab(india) *Additional limits - Date: From 2011 January 01 to 2020 December 31; Scholarly Journals; Full text; Peer-reviewed; Article OR Review OR Literature Review* 12 document results **Search 4** (gender OR "gender sensitization" OR "gender sensitisation" OR "gender transformation" OR "gender transformative" OR "gender equality" OR "gender norms" OR "gender attitudes" OR "gender transformative health promotion") AND su("Child marriage" OR "Early marriage" OR "Teenage marriage" OR "Child brides" OR "Harmful practices") AND ab(india) *Additional limits - Date: From 2011 January 01 to 2020 December 31; Scholarly Journals; Full text; Peer-reviewed* 4 document results Total: 21 document results (including duplicates)

Thematic analysis process

CODES	SUB-THEMES	THEMES
- **physically and mentally safe place for girls for discussion and questioning** - **blame free environment** - **non-restrictive environment**	Safe space for girls for questioning norms	SAFETY FOR GIRLS
- **moving in small groups** - **mentors accompanying girls when moving around**	Safe practices for girls for contesting norms	
- **safety net of support to protect female students from violence** - **mentors as supporting the change process within individuals and among groups of girls**	Supportive relationships for girls when contesting norms	
- **trained mentors from the community** - **trained peers as mentors** - **trained teachers as facilitators** - **community workers as mentors** - **field facilitators guiding mentors**	Facilitating through trained mentors/facilitators	FACILITATING THE PROCESS
- **support in daily life** - **sessions held with fixed groups** - **school related sessions** - **open facilitator led gatherings** - **interactive plays**	Means for facilitating	
- **facilitating/mentoring girls** - **facilitating/mentoring parents** - **mentoring boys** - **facilitating community groups**	Facilitating the transformation process of key persons	
- **They formed a new reference group for each other in terms of what was possible and acceptable for girls** - **Girls formed a reference group as they came from similar background and were students in the same school, supporting each other in the process of forming a new identity as girls**	RG for forming new identity	REFERENCE GROUPS (RG)
- **The programme created opportunities for collective action, increasing mentors' ability to think and relate in a collectivized manner** - **The oppressed stood up contesting the existing reality** - **Parents stood up for their daughters** - **Boys contested patriarchal norms as a group**	RG for encouraging collective actions	
- **family stakeholders: mothers, families supportive of their daughters' aspirations, parents, male family members** - **variety of community stakeholders: village members, school staff, leaders, governing committees, policy makers, boys**	Recognising key stakeholders	STAKEHOLDER ENGAGEMENT
- **home visits** - **gender workshops** - **orientation program for parents** - **parent-teacher meetings** - **parent reflection groups** - **community groups** - **community engagement activities led by girls, boys, mentors** - **separate adults' sessions** - **high level of audience participation** - **exposing community stakeholders for public contestation of norms** - **role plays**	Utilising engaging activities	
- **obtaining parental consent** - **including community in decision making**	Seeking approval	
- **parents becoming active players for resisting social sanctions from neighbours and relatives** - **people in power included to supervise the progress and address community-based obstacles that may hinder normative transitions**	Encouraging agency	
- **key community stakeholders involved with establishing centres for adolescents for their acceptance and sustainability.** - **community members and leaders exposed to the changes to normalize and internalize the process for its continuity in the community context**	Aiming for continuity and sustainability	
- **Facilitated discussions among peers (girls, boys)** - **Facilitated dialogues with parents, community groups, community leaders** - **Mentors' regular interactions with girls' parents also increased family capacity to communicate and helped deal with misunderstandings**	Facilitated discussions	STRATEGIC COMMUNICATION
- **Daughters strategically sharing gender class contents with mothers** - **Mothers strategically important in changing dynamics at home, negotiating with their husband and sons according to traditional gender conduct** - **Mentors negotiating freedoms ('respectable' presence, 'duty' of being a mentor) outside the home for themselves and the participating girls** - **Shaping mobility and visible in the community as a 'duty' of being a mentor was the main strategy used in negotiating with parents and silencing neighbours** - **Empowered girls demonstrating improved negotiation skills within the family to win trust** - **Constant negotiation with parents to counteract the effect of neighbours commenting on their movements through the community** - **Fathers communicating with neighbours to defend their daughters**	Communication with/within/between families	
- **Communicating through mass media**	Communication for social	

- Mass awareness activities (posters, rallies) to reach community with the message	change to reach wide audience	
- A high level of audience participation; to raise their own voice through 'discussions' prompted by the in-house content as well as user-generated content by other audience members		
- An interactive voice response system enabling a high level of audience participation to reverse top-down communication	Participatory communication for social change	
- Participatory communication for social change in the community through dialogue among villagers (groups)		
- Strategic storytelling through mass media		
- Community level activities based on storytelling, i.e., drama, plays, dance	Strategic storytelling	
- Mentors and girls voicing their aspirations within families		
- Mentors and girls demonstrating their changed way of thinking through agency		
- Audience (community members) engaged in role-play	Bottom-up communication	
- The oppressed raise their voice for dialogue between 'the oppressed' and 'the oppressors'		
- Advocacy dialogues held with local authorities		
- 'Call for Action' events led by girls, boys, and mentors to take up issues with families and the wider communities		
- Dance, drama, sports, debate, etc. and the performances are held at formal as well as informal level		
- Community meetings for parents		
- Recognising girls' ability to be agents of change in their own lives	Acknowledging girls' potential	EMPOWERMENT
- Female students are encouraged to reach their potential		
- Activities planned for changing stereotypes about what girls can do and achieve		
- Education for girls		
- Developing negotiation skills and teamwork	Empowerment through knowledge and skills	
- Life skills education		
- Gender training		
- Sport sessions		
- Learn questioning; independent thinking; expressing thoughts, concerns, and feelings, and voicing them		
- Group education to learn about gender, marriage, education, violence, sexuality and sexual and reproductive health of girls and boys		
- Negotiation skills and teamwork		
- Peer education for girls and boys for self-efficacy		
- Encourage discussion of the sensitive gender-related topics, reflection of gender norms, and critical thinking (i.e., through feminist pedagogy)	Empowerment through reflection and critical thinking	
- Facilitated / mentored discussions and support as encouragement		
- Facilitated bottom-up communication		
	Empowerment through mentoring	
- Collective agency encouraging individual agency		
- Safe space for encouraging discussion of the sensitive gender-related topics	Empowerment through collective agency	
- Girls becoming aware of their potential through increased self-confidence and through improving physical fitness		
- Girls' sport sessions expand girls' social networks, increase their confidence	Empowerment through becoming aware of their own potential	
- Supportive networks to improve self-efficacy and confidence		
	Empowerment through supportive networks	
- changing gender norms within several small groups first	Gradual acceptance of norm change	SENSITISATION
- strategic choosing of key persons		
- gradual acceptance in family level through negotiation and dialogue with/between parents		
- change in daughters convincing and changing parents		
- change in understanding of norms leading to willingness of contesting norms and resulting changed actions		
- awareness raising		
- utilising cultural and family dynamics		
- trust developing gradually through communication		
- making the change visible emphasize changes in day-to-day social interactions at home and in public spaces	Public contestation of norms	
- gathering the community to witness the change		
- girls' sport sessions challenge existing mobility norms and stereotypes about what girls can do and achieve		
- girls' sport sessions, and annual village-level, inter-village, and district-level kabbadi tournaments		
- spend time in public space to challenge visibility and mobility norms (travel independently using public transport and coming home late in the evening		
- collective bargaining and actions for questioning and contesting gender relations		
- demonstration of individual agency		
- The whole school committed to keeping all the girls in school by actively devising strategies to counter societal obstacles and challenges		
- Girls of the community going to school and having degrees, going abroad etc.		
- support of local women leaders to challenge the visibility and mobility of girls in public spaces		
- Forum Theatre as an important platform to come together to introspect, question, and to formulate strategies to challenge oppressive systems and structures		
- 'Call for Action' events to raise up issues with families and communities (Verma et al. 2019)		
- To change discriminatory gender norms at a community level, street theatre performances and community discussions were planned		

- **Mass-awareness activities**
- **Strategic storytelling to challenge regressive social norms and promote gender equality, women's empowerment, and related prosocial behaviours**
- **Inviting parents to issue-based programs to, i.e., inform about the problems of their daughters and educate about their rights**

Included literature

Document	Document type	Method	Critical appraisal tool	Score
SEARCH FROM DATABASES				
Sahni, U. (2016). Classrooms as radical spaces of possibilities. *Research in Drama Education, 21*(1), 134-136. DOI:10.1080/13569783.2015.1127146	Case report	(Not applicable)	JBI checklist for text and opinion	4/5
Jain, S., & Singh, S. (2017). Prerna: engendering empowerment through girl education. *The International Journal of Educational Management, 31*(4), 518-529. DOI:10.1108/IJEM-03-2016-0061	Case report	(Not applicable)	JBI checklist for text/opinion	4/6
Bankar, S., Collumbien, M., Das, M., Verma, R. K., Cislaghi, B., & Heise, L. (2018). Contesting restrictive mobility norms among female mentors implementing a sport based programme for young girls in a Mumbai slum. *BMC Public Health*, *18*(1), 471. DOI:10.1186/s12889-018-5347-3	Research article	Prospective qualitative research	JBI checklist for qualitative research	8/10
Wang, H., & Singhal, A. (2018.) Audience-centered discourses in communication and social change: the 'Voicebook' of Main Kuch Bhi Kar Sakti Hoon, an entertainment-education initiative in India. *Journal of Multicultural Discourses, 13*(2), 176-191. DOI: 10.1080/17447143.2018.1481857	Research article	Multi-method study	QuASD Tool	27/39
Brahma, J., Pavarala, V., & Belavadi, V. (2019). Driving Social Change Through Forum Theatre: A Study of Jana Sanskriti in West Bengal, India. *Asia Pacific Media Educator*, *29*(2), 164-177. DOI: 10.1177/1326365X19864477	Research article	Qualitative participatory evaluation	JBI checklist for qualitative research	7/10
Prakash, R., Beattie, T. S., Javalkar, P., Bhattacharjee, P., Ramanaik, S., Thalinja, R., Murthy, S., Davey, C., Gafos, M., Blanchard, J., Watts, C., Collumbien, M., Moses, S., Heise, L., & Isac, S. (2019). The Samata intervention to increase secondary school completion and reduce child marriage among adolescent girls: results from a cluster-randomised control trial in India. *Journal of Global Health*, *9*(1), 010430. DOI:10.7189/jogh.09.010430	Research article	Cluster-randomized control trial	JBI checklist for randomized controlled trials	10/10
Cislaghi, B., Bankar, S., Verma, R. K., Heise, L., & Collumbien, M. (2020). Widening cracks in patriarchy: mothers and daughters navigating gender norms in a Mumbai slum. *Culture, Health and Sexuality, 22*(2), 166-183. DOI: 10.1080/13691058.2019.1580769	Research article	Qualitative research	JBI checklist for qualitative research	8/10
Huynh, A., Ramanaik, S., Nargarchi, D., Lazarus, L., McPhail, D., Collumbien, M., Nair, S., Raghavendra, T., Murthy, S., Isac, S., Bhattacharjee, P., & Lorway, R. (2020). Exploring male adolescents' perceptions of gender relations in South India: A project ethnography of the Parivartan program. *Health & Social Care in the Community*, *28*(3), 781–790. DOI:10.1111/hsc.12908	Research article	Qualitative research	JBI checklist for qualitative research	8/10
Prakash, R., Beattie, T. S., Cislaghi, B., Bhattacharjee, P., Javalkar, P., Ramanaik, S., Thalinja, R., Davey, C., Gafos, M., Watts, C., Collumbien, M., Moses, S., Isac, S., & Heise, L. (2020). Changes in Family-Level Attitudes and Norms and Association with Secondary School Completion and Child Marriage Among Adolescent Girls: Results from an Exploratory Study Nested Within a Cluster-Randomised Controlled Trial in India. *Prevention Science*, *21*(8), 1065–1080. DOI:10.1007/s11121-020-01143-1	Research article	Exploratory study nested within a cluster-randomised controlled trial	QuASD Tool	33/39
Ramanaik, S., Collumbien, M., Pujar, A., Howard-Merrill, L., Cislaghi, B., Prakash, R., Javalkar, P., Thalinja, R., Beattie, T., Moses, S., Isac, S., Gafos, M., Bhattacharjee, P., & Heise, L. (2022). "I have the confidence to ask": thickening agency among adolescent girls in Karnataka, South India. *Culture, Health & Sexuality*, *24*(1), 16–30. DOI:10.1080/13691058.2020.1812118	Research article	Qualitative research	JBI checklist for qualitative research	8/10

MANUAL SEARCH

Collumbien, M., Das, M., Bankar, S., Cislaghi, B., Heise, L., & Verma, R. (2019). Practice-based insights in developing and implementing a sport-based programme for girls. *Development in Practice*, *29*(1), 53–64. DOI: 10.1080/09614524.2018.1520810	Academic journal article	(Not applicable)	JBI checklist for text/opinion	6/6
Beattie, T. S., Prakash, R., Javalkar, P., Collumbien, M., Ramanaik, S., Thalinja, R., Murthy, S., Davey, C., Moses, S., Heise, L., Watts, C., Isac, S., Gafos, M., Bhattacharjee, P. (2020). Assessing the effect of the Samata intervention on factors hypothesised to be on the pathway to child mar- riage and school drop-out: results from a cluster-randomised trial in rural north Karnataka, India. *Journal of Global Health Reports*, *4*, Article e2020019 DOI: 10.29392/001c.12345	Research article	Cluster- randomised controlled trial	JBI checklist for randomized controlled trials	9/10
GREY LITERATURE				
Mehra, S., Chandra, M., Khanna, T., Prabhu, P., Goyal, P. & Jain, S. (2019). *Increasing the age at marriage and delaying first pregnancy through a self-efficacy and gender-transformative approach. Endline assessment of mera samman mera swabhiman (my honour is my respect) Gender-transformative program evaluation report 2018.* https://ajws.org/wp-content/uploads/2019/05/AJWS-Endline-Report-2018-FINAL-_ke18-April-2019-1.pdf	Program evaluation report	Quasi- experimental research	JBI checklist for quasi- experi- mental studies	9/9
Sahni, U. (2019). The Prerna Girls' Education Initiative in India: Scaling Literacy to Reach for the Sky. *Journal of Adolescent & Adult Literacy*, *62*(5), 568–573. DOI:10.1002/jaal.937	Case report	(Not applicable)	JBI checklist for text and opinion	5/6
Verma, H., Sebastian, D., Gautam, A., Verma, R., Das, M., Achyut, P., Soni, R, Andrew, A., Krutikova, S., Smarrelli, G. and Sharma, S. (2019). *Pushing Boundaries by Engaging Adolescent Girls and Communities: Evidence from Evalua-tion of the PAnKH Program*. New Delhi, India: ICRW. https://www.icrw.org/wpcontent/uploads/2019/05/ICRW _Pankh_Policy_Brief_1Apr2019_For_Web-002.pdf	Program evaluation brief	Randomised controlled trial	JBI checklist for randomized controlled trials	8/10

Interventions

INTERVENTION	Duration of implementation	Geographic area	Context	Type of intervention	Overall objective	Main results (in gender norm transformation and child marriage prevention perspective)
PARIVARTAN Mumbai *Bankar et al., 2018.* *Collumbien et al., 2019.* *Cislaghi et al., 2020.*	15 months	City of Mumbai, Maharashtra state, Southern India	Urban slum; mostly migrants from Northern India, with Muslim background. Adolescent girls' mobility and visibility strictly restricted.	Sport-based mentoring program including life-skills and gender training for girls	See change in gender norms sustaining child marriage through challenging the gender norms on girls' mobility and what girls can do or achieve.	Girls' visibility in community increased and became less sexualised; parents' trust towards their daughters improved.
JANA SANSKRITI *Brahma, Pavarala & Belavadi, 2019.*	1 year (in the respective area)	Patharpratima Block of South 24 Parganas district, West Bengal state, Eastern India	Rural area with population of eight million, over a third belong to Scheduled Castes. High poverty ratio, low female literacy rate.	Forum Theatre	Address critical gender issues identified with the local community, such as early marriage of girls.	The oppressed women and girls became heard and started gaining social acceptance and recognition. Shift in mindset of men towards more gender equalitarian. Knowledge, attitude and behaviour related to child marriage improved. Women and girls' mobility became become less restricted and child marriage prevalence decreased. Community became more accepting towards delaying marriage.
PRERNA School *Sahni, 2016.* *Jain & Singh, 2017.* *Sahni, 2019.*	Since year 2003, ongoing during time of reporting	Lucknow, Uttar Pradesh state, Northern India	High population density, high fertility rate, low literacy rate, low life expectancy, low economic growth. Students come from streets and slums.	School for girls.	Empowerment of girls through education based on critical feminist pedagogy.	Girls' school enrolment increased in the area and allowed girls to complete secondary education and beyond. Girls became empowered. Families were engaged to the idea of delaying their daughters' marriage.
SAMATA incl. Parivartan Karnataka *Prakash et al., 2019.* *Beattie et al., 2020.* *Prakash et al., 2020.* *Ramanaik et al., 2020.* *Huynh et al., 2020.*	Total 5 years; 18 months of intervention exposure for cohort 1, 30 months of intervention exposure for cohort 2 Parivartan Karnataka, 1 year	Karnataka state, Southern India	Rural area, economically marginalised populations (scheduled caste/scheduled tribe), seasonal migration, Devasi sex work (girls dedicated to temple after menarche)	A comprehensive, multi-level intervention	Reduce child marriage, prevent entry into sex work and improve girls' secondary school enrolment and completion.	No overall impact on child marriage or secondary school drop-out among low caste adolescent girls was recognised. However, it was noticed that family-level norms related to education, marriage, sexual harassment, and girls' mobility are strongly relate with marriage and education outcomes of adolescent girls in the context of intervention.
I, A Woman, Can Achieve Anything *Wang & Singhal, 2018.*	Since 2014, ongoing during time of reporting	Whole India, with Bihar and Madhya Pradesh as the majority states	Indian society is facing a significant gender inequality.	A multi-pronged entertainment-education initiative	Challenge patriarchal norms and promote gender equality, empower women, induce prosocial behaviours.	Intervention managed to operate not only at macro level but also at micro level, reaching massive audiences in the country and allowing them to communicate their opinions through interactive voice messaging. The group meetings induced discussion and actions at community level.
MY HONOUR IS MY RESPECT *Mehra et al., 2019.*	3 years	Bundi district in Rajasthan state and Sheopur district in Madhya Pradesh state, North-western India	High prevalence of marriage among girls from socially and economically marginalized populations.	A community-based program	Increase age at marriage and delay first pregnancy through increased self-efficacy of adolescent girls and boys.	The program succeeded in creating a transformative shift in gender norms: a normative change in decision making; adolescents becoming abler for making informed and confident decisions and demanding their rights; increased family and community support.

PAnKH Verma et al., 2019.	18 months	Dholpur district in Rajasthan state, North-western India	A high prevalence of child marriage and low knowledge of sexual reproductive health among adolescent girls in the district.	Community engagement intervention with group educational and sport activities for girls.	Improve outcomes related to marriage, educational attainment, and sexual and reproductive health for adolescent girls.	For instance, marriage rate of girl between 15 to 17 years old decreased with intervention arm. Anxiety and depression decreased. Positive impacts can be reached through life-skills, knowledge, agency, and empowerment.