

Original Paper

Community Action: A 360° Approach to Understand and Prevent Violence against Women and Child Marriage in Punjab, India

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Abstract

Violence Against Women (VAW) is a public health concern. It affects the physical, mental, sexual, and reproductive health of women. Despite rising levels of education and pro-women laws across India, VAW is a major concern in the state of Punjab. The aim of the study outlines the design and implementation of a community-developed VAW intervention. A 360° approach was used to view the complex interplay between individual, interpersonal, community, and societal factors associated with VAW. Focus Group Discussions (FGDs) were used to identify community perceptions on VAW in the Fatehgarh Sahib District of Punjab. A community-based intervention named JAGO was designed and developed among a population of about 20,000 in 25 villages of Punjab. Operational meetings, IEC campaign, street plays, photography, gender sensitization workshops, painting competition, home visits, and village-level celebrations and pledge presentation ceremonies were also conducted.

The results and best practices gained through this community-led intervention can serve as a model for other prevention of VAW initiatives, both in India and other like-culture communities. An important lesson learned from this initiative was that community action is more acceptable and there should be open discussion for the culturally sensitive issues.

Keywords

gender, rural community, rural health, violence, women

1. Introduction

Violence Against Women (VAW) assumes myriad forms with dual implications; global public health threat and a violation of human rights (World Health Organization, 2014). Physical, psychological and sexual violence can instigate physical and emotional turmoil in the victims' lives consequentially leading to impaired quality of life or death irrespective of the age of the victims (Chandanetal, 2018). The prevalence of violence within, and between communities, countries and regions vary. Global estimates indicate that about 1 in 3 (35%) women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime (World Health Organization, 2016). However, one-tenth of the adolescent girls, aged 15–19, from 40 low and middle-income countries reported incidence of forced sexual intercourse or other sexual acts in a review report by UNICEF in the year 2014 (Times of India, 2015).

It is well recognized that gender inequality plays an important role in VAW (Kearns, 2015). Inequitable gender relations, gendered social norms and discriminatory practices often shield the perpetrators of violence, who can be a family member, a close relative or even a stranger, from being brought to justice (Global Education Monitoring Report, 2015). While VAW affects both the female and male victims, many interventions have only been aimed at empowering women. A few public health interventions have sought to also address the systemic reasons behind violent acts. Worldwide, there is a need for experimental and quasi-experimental interventions to address VAW at a prevention and response level.

Public concern for gender-based issues in India has increased with the passing of *The Protection of Women from Domestic Violence Act*, a landmark constitutional definition of domestic violence (Protection of Women from Domestic Violence Act, 2005). Additionally, it extends effective judicial and executive powers for the protection of the rights of women and expanding their safety net. Ironically, despite rising societal support and stringent pro-women laws, the prevalence of VAW in India has been on an increase. The total number of reported rapes in India rose from 24,923 in 2012 to 33,707 in 2013 (Dasgupta, 2014).

India is a continent in itself and quintessentially geographically and socio-culturally diverse. Correspondingly, VAW in India varies; ranging from burning to harassment in public spaces. A paucity of population-based studies on VAW in India limits comprehension of its forms, magnitude, and impact. However, regional variations of its prevalence are well recognized. Available statistics for the state of Punjab indicate that suicide rates among females were significantly lower (0.88%) compared to their male counterparts (2.79%) in 2012. The highest percentages of cases registered under crime against women in Punjab were related to dowry murder (42.19%), kidnapping (17.93%) and rape (13.67%). The number of victims of molestation was reported to be 354 in 2010 which reduced by 20% (282) in 2011 and increased by 3.9% (340) in 2012. The cases of immoral trafficking have also been increased from 17% in 2010 to 45% in 2012 (Economic & Statistical Organization, Punjab, 2012).

Gender bias in Punjab is most visible through the skewed sex ratio with 895 females per 1,000 males which is lower than the national figures of 943 per 1000 males. The figures for child sex ratios (846) are even worse (Punjab Population Sex Ratio, 2011). Despite this evidence of obvious gender discrimination, in 2012 and 2013, the Fatehgarh Sahib District police reported no registered cases of sexual harassment in public spaces, also known as eve-teasing (ET), in the rural area of Punjab. During the same period, an independent study of rural, unmarried, females in rural Punjab villages found that 37 per cent of respondents reported that they had ever been eve teased; 48 per cent of those participants had been eve teased in the past year (Talboys, 2015). Such under-reporting of VAW by administrative authorities makes combating gender bias challenging and is one of the root causes for the lack of interventions to combat it in India.

There is some evidence from high-income countries wherein school settings were used to prevent violence within dating relationships (Chandan et al., 2018). Few studies are available from countries like India. Other primary prevention strategies used so far are a combination of microfinance with gender equality training; promotion of communication and relationship skills within couples and communities (Go et al., 2003); reduction in harmful use of alcohol; and changing cultural gender norms have been found effective (World Health Organization, 2009). In present study Community Based Participatory Research approach was used to establish collaborative and non-hierarchical partnerships with community members to i) develop an in-depth understanding of the societal underpinnings of VAW, and, ii) design and implement a robust intervention to prevent VAW and early marriage in rural Punjab, India. Social and behaviour change communication theory was used intending to influence knowledge, attitudes and social norms on gender and VAW (Israel, 2001).

The genesis for 360° action- The approach was participatory. Multiple stakeholders were engaged and community dialogue was used to invoke change in the lives of the communities.

Community-based projects of a four-way partnership of academic institutions, a non-profit and communities of 9 villages of rural Punjab over three years from 2009 were the foundational basis of evidence for later work such as this (CTSA, 2011).

A community needs assessment provided a direction to work on education, nutrition, water, sanitation, and hygiene. Primary projects in the early years helped in building trust and improved communication with shared leadership along a typical continuum of community engagement (CTSA, 2011).

In 2011, while attempting to study the systemic barriers to secondary education of girls in rural communities, a revelation on the prevalence of VAW was made. During the Community walk, it was informed that a 14-year girl had committed suicide after being teased by a boy while coming back from school. Besides this isolated case, many families reported an unsafe social environment for girls and related it to eve-teasing while moving alone in the community. It was not only shocking but was difficult for the team to understand how the perpetrator is free while the victim is being punished. A research

study conducted on the issue of eve-teasing and mental health concluded that 30% of the girls reported suicidal ideation in the age group of 13-25 years in rural Punjab (Talboys, 2015).

Group meetings were held with the community to learn about their perception of VAW. Focus group discussions with different age groups, separately for men and women, were organized. This helped in opening dialogue on the sensitive issues of sex and sexuality and the status of women in all ages and both genders. Based on the learnings from group meetings, it was decided on action points and prepared a protocol pertinent in our intervention “JAGO”.

2. Methods

2.1 Development and Implementation of Intervention Plan—JAGO

An ecological approach was followed wherein violence was considered as a multifaceted phenomenon, grounded in the interplay among personal, situational, and socio-cultural factors. Framework drawn from findings related to all types of physical and sexual abuse of women to encourage a more integrated approach about gender-based abuse. It touches all issues of power relations operating in families, and village communities. All actualities required for the development of intervention were reviewed which were used across the globe using change theory and social-behaviour change communication strategy for personal behaviour change and calls for social change.

An intervention titled “JAGO” designed targeting young men and women in 25 rural villages in Fatehgarh Sahib District. “JAGO” in Punjabi means wake up call. It is a traditional folk community walk wherein the women from the bride/groom’s family dance, sing and inform the village about the marriage in their family. In this intervention, JAGO was used as a metaphor to instigate the villagers to take action for eliminating and preventing VAW, engage and inform communities on factors contributing to VAW including social norms, sensitizing them on the long-term negative impact of violence on victims, families and communities, finally leading to a pledge to co-create a secure village-level environment, actively promote equal treatment and well-being of girls & women, eschewing all negative social practices.

Primary focus of the intervention was the health and safety issues of women. Phase 1 included talking with community members to learn about their concerns on this topic and conducting a large survey of young women, by selecting them at random and interviewing them using a pre-tested and validated questionnaire. Intervention in rural communities of Punjab for prevention of violence and early forced marriage of women, Phase 1 covering 25 villages with schedule of activities and results are given in Table 1.

Table 1. Schedule of Home Visits Campaign

Activity	Details	Results	Dates
Activity 1: Fortnightly Operational Meetings with Village Elders & Leaders	Meetings organized at Village-Level (25 Villages) with senior MBCT and SPH-PGIMER Team Members. Printed material including VAW Fact Sheets & Project Action Plan detailing the activities provided in vernacular to the villages.	Leaders used their influence, and support for mobilization of families. Helped to create a healthy & safe environment for girls & women to freely express themselves and live-in dignity.	Nov 2015 to Feb 2016
Activity 2: IEC Campaign & Photography Competition, create awareness & engagement with VAW Campaign	Posters, banners used for awareness regarding the campaign. Participatory theatre and photography workshops to create safe space for open discussion around VAW. Creative output in the form of new folk songs were recorded and published as a campaign booklet. Photography competition in each village. The contest invites participation (1 per family). To ensure participation from all sections, a camera was provided to every village. Award and recognition for best pictures village-wise, and one best campaign picture amongst the 25. The pictures were displayed on MBCT's Website & Facebook page.	Engaged and informed communities on all aspects of the problems: contributing factors, the long-term negative impact of violence, and ways to secure girls & women.	Nov 2015 to Feb 2016
Activity 3: Street Play on women's health & impact of VAW	"JAGO" planned in every village, traditional format but new folk songs giving voice to aspirations of girls and women as well prevention of VAW Creative space for inter-generational bonding around women's issues.	Folk Media for Open Discussion on Social Norms regarding Girl Child & Women.	Dec 2015 & Jan 2016

Activity 4: Project Roll-out & Debriefing Meetings for AWWs, ASHA Workers, Village Leaders & Campaign Activists at Community Centre	The AWWs, ASHA Workers & Village leaders were already working at the village level and were aware of various concerns regarding girls & women. The workshops conducted to develop clarity & knowledge regarding VAW and capacity building to prevent VAW. Follow-up workshops provided space to address their concerns as well as enable them to carry out the home visits signature campaign.	Capacity building workshops	Nov & Dec 2015; & Feb 2016
Activity 5: Gender Sensitization of Senior Secondary & High School Students	The school-going adolescents were separately sensitized on gender issues through creative activities. Painting competitions at the school level.	Gender sensitization of in-school adolescents	Dec 2015 & Jan 2016
Activity 6: Home Visits Campaign to enrolment/women (family head)	Home-visits conducted to enroll family heads to take a pledge to prevent VAW, an immediate “short-term” impact of this CFLI project. The signed pledge with a framed photo to be displayed, that would serve as a reminder and ensure long-term impact. Village-level celebrations were organized to recognize efforts and pledge to keep the village free from VAW. Volunteers/Anti-Violence Champions (at least 5 from every village) took on the challenge to address any concerns post-campaign.	Community Commitment to Keep Village free from VAW	Jan-Feb 2016 Nov 2015 to Feb 2016
Activity 7: Project Administration, Monitoring & Reporting	To maintain a dialogue with the District Administration, Project roll-out & reporting.	Timely reports; Engaged District administration	Jan-Feb 2016 Nov 2015 to Feb 2016

The schedule of JAGO “The Intervention categorized under the following subheadings:

2.1.1 Community Consultations to Develop Intervention Operational Meetings

JAGO was implemented in 25 villages to bring the community members on board to address VAW and early age at marriage of girls. Meetings were held with the key persons of the community and engaged them in planning and organizing the activities. After a brief introduction to the issues at hand and explaining intentions on bringing change, the project activities were planned. This gained the trust and support of village leaders and elders. It played a critical role in making the campaign to change success. Moreover, the meetings also provided a separate forum for the key community members to express their thoughts and concerns.

Focus Group Discussions (FGD) with community members, community dialogues, and interviews were held to gain insight into the attitudes and beliefs of the community regarding gender relations. FGDs conducted with married and unmarried women (n=80) and men (n=26) between 17 to 65 years of age within Bassi Pathana and surrounding areas. These helped to understand gender-based violence and possible interventions. Based on the information collected through FGDs, a culturally appropriate intervention package was prepared and implemented.

2.1.2 Information, Education and Communication (IEC) Campaign Using Folklore

Posters and banners were displayed in these purposively selected 25 villages to fully inform communities regarding the existing problems concerning violence and the need for action to eliminate it from society. Creative outputs in the form of new folksongs were recorded and published in the campaign booklet. Hence a creative space for inter-generational bonding around women's issues was created as women and men of all ages participated.

2.1.3 Street Plays

Volunteers theatrically enacted the prevailing situations from the experiences shared by the community members themselves. The actors stopped at critical decision points questioning the participants for the possible solutions of those problems. This helped in creating supportive family environments, investing more in the girl child's health, education, women empowerment, financial independence, respect of women at home and in public spaces.

2.1.4 Photography

Still-photos can talk- "Boldiyan Tasveeran" was introduced to view women through a creative lens. It provided people with a space to discuss women's role in their family and their villages. To initiate the dialogue with the community members; still-photos of women and girls were projected on a screen, and audience was asked to describe the picture and what came to their mind; to listen, analyze and understand the voice of that still photo. The facilitators helped the audience understand the nuances of the pictures, helping the audience learn elements that can give voice to a photograph. Thereby, a photography competition was held in each of the selected 25 villages. The community was trained for photography techniques, and a camera was left in the village for some time. Regular visits were made by our team to help them in taking the photos. This initiative aimed to select one best photograph from

each village. An expert panel was appointed for selection and the selected photographs were privileged by publishing them in the campaign booklet.

2.1.5 Gender Sensitization and Painting Workshops

Gender sensitization workshops with adolescents in their schools were conducted to empower students. These workshops aimed to critically analyze and plan activities that supported a positive attitude towards gender. Facilitators used multi-media slideshows and documentaries to motivate them. They were asked to suggest means and methods on how to bring about significant changes in their community. These workshops focused on healthy habits for personal growth and building relationships, especially with girls and women at home and in public spaces. The painting competition was held with the help of an imminent painter who assisted the participants to paint their thoughts.

2.1.6 Home Visits

Home visits were made to approximately 4,200 households for the pledge signing by the family heads (man/woman) to prevent VAW. During the home visits, the JAGO project team sensitized families on issues about VAW, sharing the information regarding its negative impact on women, as well as their families. The signed pledge along with the photo of the signatory was then framed and presented in a public village-level function. It was planned that this framed the pledge shall serve as a reminder to ensure long-term impact for the prevention of VAW.

2.1.7 Village-Level Celebrations and Pledge Presentation Ceremonies

Village-level celebrations were organized to recognize the community members who pledged to keep their family and the village free from VAW (shown in Figure 1).



Figure 1. Village-level Celebrations of JAGO

During the ceremony, framed pledges were presented to the family-heads (shown in Figure 2).



Figure 2. Pledge Presentation Ceremony

Moreover, during the ceremony volunteers/Anti-Violence Champions were chosen to take on the challenge to address any concerns post-campaign. The ceremony, enlightened families who did not sign the pledge to value people equally, to treat both men and women equally concerning dignity, to support gender equality and gender-based violence. They got their names added to the campaign which can be recognized as positive peer pressure and a part of positive change in the community. Further, a village signboard carrying the message of JAGO is erected at the entrance of each village; that made the entire village feel special for standing with its girls and women. The elaborate celebration aimed to publicly create, ‘ownership’ for prevention of VAW individually for the family and collectively for the community.

3. Results

The success of the program was measured through the commitment by joining the oath-taking ceremony by 3885 households out of 4174 households of the community. They outlined interesting quotes like, “daughters are the pride of the Punjab”, “Don’t kill them in the womb”, “educate me, I require no dowry”, “it was historic that all women were ready to fight violence against women” and many more. Not concluding here, the villagers highlighted that the cultural mindset about women needs to be addressed; suggested that women’s inferiority complex needed to be dealt subtly so that it has not hurt male self-image. The villagers suggested an increase in women’s participation at the social, economic, and political leveled. They talked about making the society aware of their rights made by the state, civil society organizations, as well as the public at large for their safety. The workshops at the schools enriched researchers with the learning that the younger age group (10-13years) was more vocal, participatory, and opened to changed. This was opposite to the community perspective and was a

reflection of the behaviour of girls aged >14 years. It was amazing that 90 per cent of participants of the campaign signed the commitment to eliminate and prevent VAW. Every village submitted photographs to represent women of their village.

3.1 Issues and Concerns

Irrespective of the success achieved through the project some certain issues and apprehensions emerged through the activities being carried out in the villages. It was learned during the consultative meetings with village leaders, and grass-root leveled workers that VAW was a deep-rooted social evil and normalized and accompanied by the victim-blaming. Women faced a lot of challenges because of the existence of the patriarchal society, childbearing and the family care roles. Therefore, to bring forth the community to talk about was the biggest challenge. During the theatre workshops, the community itself recognized how resources were unequally distributed between sons and daughters by questioning themselves that why and how the two genders were positioned hierarchically whether these were child-rearing practices, mobility or domestic violence.

Women did not have equal access to autonomy, mobility outside the home, social freedom, etc. than men. Some problems faced by the women were because of their domestic responsibilities, cultural and social specified roles, etc. The transportation problem reported as a major obstacle in sending girls for higher education or for getting any technical education. The community members realize the importance of the education nevertheless they fear sending their daughters alone for studying to such long distances. Furthermore, women were also seen to be dependent on the male members to visit distant places. Group discussions revealed that women, in general, were not comfortable to use public transport alone, as they fear they may be harmed. Drug addiction was also reported in the two villages namely Jallowal and Abdullapur which has added fuel to the existing patriarchal norms and values.

4. Discussion

Gender bias has a multi-factorial lineage. The bias is expressed not only in the form of discrimination in day-to-day life but also using the violence against women. The power relation that is sustaining and being perpetuated using different forms justifies this violence. Women have accepted the lower position, discrimination, and the violence owing to the social structure across all societies whether developed, developing or underdeveloped. All this together has led to the poor physical and mental health status of women. Violence against women is a well-recognized public health problem.

Violence against Women is a pervasive global public health problem. More than one in three women (35.6%) globally report having experienced physical and/or sexual partner violence, or sexual violence by a non-partner. The prevalence of violence in India is mostly based on the under-reporting of events. Statistics of 2012 reported the highest percentage of cases registered under dowry murder (42.19%) in Punjab followed by kidnapping (17.93%) and rape (13.67%). Immoral trafficking is on the rise from 59

cases in 2010 to 86 in 2012. The violence against women among the immigrants from Punjab is a matter of concern for all and needs action.

The unique sets of interventions under 360° are rooted in Punjabi culture, the overwhelming participation of 25 selected villages transcending all differences with a desire to create a positive environment for their women and girls. The approach called JAGO in common language, captured the imagination of an entire population, celebrating the Punjabi spirit while provoking dialogue around social norms. Though the 360° journey was adventurous and has enriched with lessons on working with communities in highly patriarchal societies and paves the way forward for future research and action, however, needs more explanation for being successful. This model is being compared with some other global experiences. Both men and women actively participated in the campaign and pledge taking ceremony. About 93% of the community actively participated in the oath-taking ceremony. There is emerging evidence that interventions that work with both men and women are more effective than single-sex interventions.

Provided a community mobilization model for reducing FGM/C and is associated with famous TOSTAN intervention (Berg et al., 2012). A Non-Governmental Organization (NGO) TOSTAN has been replicated across Sub-Saharan Africa. The followers of this model work on human rights issues use community-based education programs. Villagers identify priority issues for community action, and both FGM/C and IPV have emerged as key issues. In many cases, villagers have taken pledges to renounce FGM/C and to encourage people in neighboring villages to do the same. In a 360° approach, the signature was considered as an outcome variable for success. But it is not the end of the intervention and just the beginning for bringing social change which is beyond societal.

It is hoped that not only diffusion of innovation as has been reported through TOSTAN education intervention, where the programme was tailored to local needs, but also the communities were involved effectively which was a big success in shifting attitudes against FGM/C (Berg & Denison, 2013). Some other experiences match with our experience. These are related to effective measures to prevent child marriage (Lee-Rife et al., 2012). Provides a review that acknowledges multiple drivers of the phenomena are required. The 360° model did not focus on the primary prevention that refers to reduce the number of new instances of violence by intervening before violence takes place or to secondary prevention and tried to address both immediate consequences of abuse by providing already-abused women and girls with services and supports or for repeat abuse (Fergus, 2012) but follows a holistic approach, something similar to Hewan program in rural Amhara, Ethiopia (Erulkar, 2009; Erulkar, 2007). It is important to acknowledge that the NGO involved for 360° helped in a comprehensive program on women empowerment that includes, “life skills” training for unmarried girls, “hockey for girls,” and mentorship to encourage parents to keep girls involved and delay marriage. The stand-alone interventions, community awareness, National advocacy campaigns, legislative measures alone or

combined with others are not very effective in bringing change towards VAW or early age marriage (Lee-Rife et al., 2012; Pre-Natal Diagnostic Techniques ACT, 1994). Any gap in the campaign will lead to premature death; therefore, the presence of NGO with a strong commitment to social change is required.

5. Conclusion

JAGO intervention was more effective when combined with locally targeted outreach efforts and training workshops, theatre and photography. More research studies should be planned to improve this approach to understand and address different pathways to the violence. Therefore, 360° campaign is an intervention that brought the community together in the fight against the violence. The campaign fostered and encouraged male participation in the prevention of VAW. Workshops using the participatory theatre broke the culture of the silence. Men and women came out on the streets and enthusiastically rallied to raise slogans against VAW. Community action is more acceptable and open to discussing and changing culturally sensitive issues. From the findings this has been understood that sensitive issues could be better addressed with a participatory approach and community action and this is an example of Social Behavior Change Communication.

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