kNOw FEAR
MAKING RURAL PUBLIC SPACES SAFE FOR WOMEN AND GIRLS

An operational research for addressing public space
sexual violence against women and girls

Research Report

Context

Violence against women exists in every sphere of women's life; at the workplace, educational institutions, public places, within the community where they are residing, and most commonly within their own homes. Domestic violence has been a topic of public discourse and research for a few decades, and in recent years, there has been some attention and investment in addressing sexual violence faced by women and girls (SVAWG) in public spaces through laws and policies even as implementation and budgets remain inadequate (Ganju Thakur & Mitra, 2019).

Research on public space violence is limited. A compilation of 40 academic and community studies focusing on street harassment globally found that street harassment is a global phenomenon that all women experience in some form. However, the sample sizes vary widely and the studies appear to be more representative of cities than rural areas.[i]

Small-scale studies from South Asia indicate that women within the region face frequent harassment in public places and while using public transport in urban areas (Solotaroff & Pande, 2014). A household survey conducted in Delhi in 2012 showed that 60 percent of women had experienced any form of sexual violence (ranging from unwanted sexual comments and touching to sexual assault) in public spaces over the past six months.[ii] Women's experiences also influence their perceptions and their fear of sexual violence, (Macmillan, Nierobisz, & Welsh, 2000), which in turn impact their mobility, lifestyle, and overall participation in public life.

In India, the realities of rural areas are complex. Growing urbanization and industrialization have reduced the distance and the differences between rural and urban, and have broken traditional gendered social "protection" systems. Workforce participation of women in rural areas is higher than that of urban areas. Their greater economic participation can compound their vulnerabilities and increase their risk of facing intimate partner violence and/or public space violence (John & Gammage, 2017). Moreover, there are few or no spatial distinctions between homesteads and workplaces, and public spaces in rural areas as women are out in the fields, forests, construction sites, etc. The nature and experience of public space violence in rural areas, the perceptions about mobility and safety as well as profiles of perpetrators are likely to be context-specific. The nature and experience of public space violence in rural areas, the perceptions about mobility and safety as well as profiles of perpetrators are likely to be context-specific.

In rural areas, local governance bodies called the **Panchayati Raj Institutions** are responsible for ensuring social justice and equitable development, including addressing gender issues; be it through their constitutional mandates as social justice committees under the **Panchayati Raj Act**, 1994 or through their role in development planning under the **Gram Panchayat Development Plan** (GPDP) (Das, Kashyap, Nandi, Bhatla, & Pal, 2018).

They are responsible for the provisioning of appropriate civic amenities and development infrastructure, all of which enable women's sense of well-being, safety and equal access to opportunities and resources. The *gram panchayat* (GP)[iii] is the governance institution closest to the women in rural communities. However, GPs have largely neglected their role in addressing gender and violence issues, considering sexual violence and other such "women's issues" as "private" matters (Das, et al. 2018) and remain focused mainly on disbursement of programs and schemes (Bhatla, Walia, Khanna, & Verma, 2012).

About the study

The **International Center for Research on Women** (ICRW) collaborated with a feminist organization, the **Society for Women's Action and Training Initiative** (SWATI), based in Gujarat, India, in its endeavor to bridge the research and program gaps in understanding public space violence in rural areas. The **kNOw Fear** program, supported by the **International Development Research Centre** (IDRC), was conducted in select villages of **Dasada** block, **Surendranagar** district, **Gujarat**. The implementation of the intervention was led by SWATI, while ICRW focused on the evaluation study.

The program aimed at developing and evaluating a model of rural public space safety that mobilized women's citizenship and youth participation toward catalyzing local governance structures — the GP— to prioritize and respond to violence faced by women and girls in public spaces.

kNOw Fear had the following objectives:

i. Organize women to exercise their political agency through *mahila gram sabhas (MGS)* and to demand action on women's public space safety from their local governance bodies (GPs)

ii. Engage young men and young women as partners in prevention and response to public space violence using gender-transformative approaches

iii. Empower women, young women and young men to use and leverage information and communication technology (ICT) to generate evidence on safety for creating awareness, undertaking advocacy and monitoring public space safety

iv. Foster accountability and enhance the capacity of GPs to understand, prioritize and make plans to respond to women's safety in public spaces

The program used the following interlinked yet distinct strategies:

Empowering Women's Collectives	Engaging GPs	Enabling Young People to Advocate for Public Safety
• Organize and build capacities of women's collectives to inform GP planning processes for mainstreaming public safety concerns through evidence generation by using tools like safety audits • Convene women's assemblies (*mahila sabhas*) to prioritize agenda for engaging with GPs for making them gender responsive • Support active participation in main village assembly **gram sabha (GS)** and present demands for action	• Train GP members, especially the elected women representatives (EWRs) to ensure effective and gender responsive leadership • Incorporate findings from safety audits in the GPDP	• Make adolescent girls and young men more aware of issues related to SVAWG in public spaces • Train 22 peer leaders (11 male and 11 female) as *Gyan Sahayaks* (infomediaries) to support safety audits and increase community awareness on public safety through their knowledge and skills

The program was implemented in 11 villages, with a total population of 26,608 (GOI, 2011), over a period of 24 months – from April 2017 to March 2019. The program had connected directly with the following stakeholders groups:

- 723 women (aged 20-45 years) through safety audits, *MGS*, community meetings, campaigns, dialogues and trainings
- 672 adolescent girls (aged 15-19 years) through community meetings and campaigns
- 496 young men (aged 18-22 years) through community meetings
- 22 (11 adolescent girls and 11 young men) peer leaders (*Gyan Sahayaks*) trained in leadership, use of ICT to create awareness on public space safety
- Elected representatives from 11 GPs through training and sensitization programs

The intervention was rolled out primarily with women and girls from marginalized communities, mostly from Scheduled Caste (SC) communities,[iv] which was not planned during the design phase.[v]

The program evaluation had the following objectives:

i. Generate evidence on perceptions of safety and the nature of sexual violence experienced by women and girls in rural public spaces
ii. Measure the effectiveness of the model as a means to prioritize and enhance safety of women and girls in rural public spaces

Program impact on select outcome variables – attitudes toward gender norms, perception of safety in public spaces, perception of safety while traveling, awareness about laws on public space safety, knowledge on functions of GP and participation in GP activities – was assessed through a regression analysis. The analysis was done in interaction with time (baseline and endline) and type of village (intervention/comparison) after controlling for key background characteristics such as caste, education and participants' employment status.

Evaluation design

A cross-sectional quasi-experimental mixed method design was used to evaluate the effect of the program. The study included all intervention villages and five comparison villages, with similar socio-demographic indicators as intervention villages,[vi] in Dasada block of Surendranagar district.

Two rounds of cross-sectional data collection were undertaken – one before the intervention began (baseline), during October-December 2016, and another after the completion of intervention (endline), during July-September 2019.

Sample and Analysis

For the purpose of the study, change in women was measured by the indicator "demanding action" from their GPs on SVAWG in public spaces. For adolescent girls, it was their problematization and non-acceptance of public space violence.

Given the lack of estimates on women seeking help from authorities in case of SVAWG in public rural spaces, we considered the percentage of women who sought help in cases of domestic violence in Gujarat (30 percent as reported in the National Family Health Survey – 3, 2005-06) for determining baseline sample.

For adolescent girls, no estimates were available for disagreement with and non-acceptance of public space violence.

In rural areas the domestic sphere and public spaces or workplaces are not spatially distinct and almost everyone is known to each other. In such a situation it is likely that there is a greater normalization of violence; hence, it was assumed that only 20 percent of girls would problematize and question instances and issues of SVAWG in public spaces.

Based on these estimates, a sample of 600 (400 from intervention and 200 from comparison villages) was calculated. This sample size was sufficient to detect the expected 15 percentage point change (in both women and adolescent girls), with 80 percent power, 95 percent level of significance while considering a design effect of 1.5 and adjusting for non-response rate of 15 percent.

The same sample size was attempted both at baseline and endline. We achieved a baseline sample of a total of 554 women (aged 20-45) and 522 adolescent girls (aged 15-19). At the endline, we had 572 women (aged 20-14) and 536 adolescent girls (aged 15-19).

Table 1: Sample Size of Women and Girls

Sample	Women		Adolescent Girls	
	Proposed	Achieved	Proposed	Achieved
Baseline	600 (400 from intervention & 200 from comparison villages)	554 (369 from intervention & 185 from comparison villages)	600 (400 from intervention & 200 from comparison villages)	522 (346 from intervention & 176 from comparison villages)
Endline		572 (372 from intervention & 200 from comparison villages)		536 (362 from intervention & 174 from comparison villages)

Besides the quantitative study, a qualitative study was conducted with the following key stakeholders to understand their experiences and perceptions of the program:

Peer Leaders (*Gyan Sahayaks*) - Adolescent Girls	1 Focus Group Discussion
Peer Leaders (*Gyan Sahayaks*) - Young Men	1 Focus Group Discussion
Leaders of Women's Collectives	6 In-depth Interviews
Elected Representatives/GP Members	6 Key Informant Interviews

Results

Profile of Respondents

The profile of women and adolescent girls selected for evaluation was similar in terms of background characteristics (except for caste) in both intervention and comparison villages at both phases of the survey.

A significantly low proportion of SC women and girls participated from intervention and comparison villages at the time of endline as compared to baseline.

Program Exposure

Around 18 percent of women who participated in the endline from intervention villages were aware of the **kNOw Fear** program. Among them, 17 percent participated in at least one activity of the intervention. With respect to adolescent girls, around 24 percent from intervention villages were aware of the **kNOw Fear** program and among those who were aware, 24 percent were part of at least one activity of the intervention.

Impact of kNOw Fear

The most significant impact of the program intervention was observed on:

Women (in terms of)
- Gender equitable attitudes
- Awareness of the existence of response mechanism to address the safety issues of women and girls in the village
- Awareness of functions of GP
- Awareness of laws to address SVAWG
- Perceptions of safety while travelling by private buses
- Nominal shift in awareness of GS

Adolescent Girls (in terms of)
- Gender equitable attitudes
- Nominal shift in awareness of the existence of response mechanisms to address the safety issues of women and girls in villages

Gender Equitable Attitudes

To measure attitudes toward gender norms, 26 statements on gender roles, rights of women and girls in public spaces, and SVAWG, which had been tested in an earlier study, were used (UN Women & ICRW, 2013). For each statement, women and girls were asked to respond on the four-point Likert scale (with options - strongly disagree, disagree, agree and strongly agree).

The responses to these statements were scored; inequitable responses were scored low and equitable responses were scored high. For instance, for a statement such as "Women and girls have equal right to access all public places as men", the response "strongly agree" received a score of 4, "agree" 3, "disagree" 2 and "strongly disagree" 1.

Through factor analysis, 15 statements were identified for measuring gender attitudes of women and 16 statements for adolescent girls (see box). For women, score on the gender attitude scale ranged from 15 to 60 and for girls from 16 to 64.
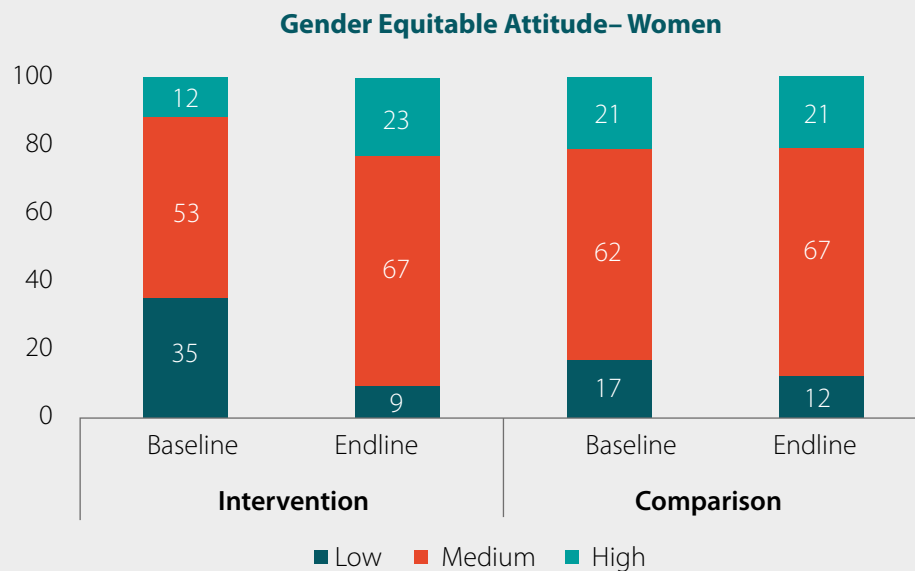
Women

The analysis showed significant increase in the mean gender equitable attitude score among women in intervention villages. The mean score increased by 5 points among women in intervention villages from a base value of 35 points. The corresponding change among women in comparison villages showed a 2-point increase from the base value of 38 points.

Further, the scale had three equal intervals/categories – low, medium and high. Those who scored between 15-30 were considered to have low gender equitable attitudes. Those who scored between 31-45 to were considered moderate and participants scoring between 46-60 were considered to have high gender equitable attitudes. Over time, in intervention villages, there was a decrease in the proportion women with low gender equitable attitudes (25 percent point decrease from a base value of 35), while there was a nominal decrease (from 17 percent at baseline to 14 percent at endline) in comparison villages.

Statements for Measuring Gender Attitudes
1. Boys/men make better leaders than girls/women
2. Boys/men should be given more privilege than women
3. Only bad girls make male friends
4. Girls/women should go out to work only if their family needs money
5. Good girls/women do not loiter in public space
6. Girls/women should return home before dark
7. Girls/women should go out only when accompanied by a male
8. Girls should be married early to protect them from sexual harassment
9. If a girl/woman is being teased in a public space, it is usually her own fault
10. If a girl/woman retaliates against violence that she faces in public space, she invites more trouble
11. Teasing girls/women is harmless fun
12. If a girl/woman is sexually harassed/raped, she must have done something careless to put herself in the situation
13. Keeping themselves safe when stepping out of their houses is girls'/women's own responsibility
14. Girls/women should not have access to internet/mobile phones as they will get "spoiled" (only for girls)
15. Women and girls have equal right to access all public places as men
16. GP/elected representatives should take action on sexual violence/harassment in public spaces

Gender Equitable Attitude– Women

Stacked bar chart. Y-axis from 0 to 100.

Intervention
- Baseline: Low 35, Medium 53, High 12
- Endline: Low 9, Medium 67, High 23

Comparison
- Baseline: Low 17, Medium 62, High 21
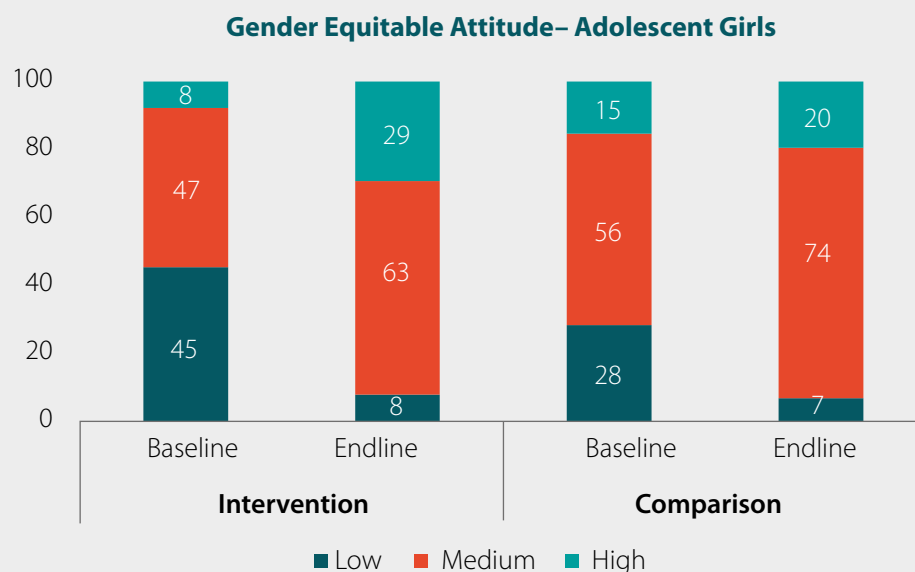- Endline: Low 12, Medium 67, High 21

Legend: Low, Medium, High

Adolescent Girls

There was a significant positive change observed among adolescent girls from intervention villages with respect to gender equitable attitudes at endline. The mean score increased by 8 points from a base value of 35 points in intervention villages, while the net change in comparison villages was 4 points (from 38 to 42).

The gender attitude scale for adolescent girls also had three equal intervals/categories – low, medium and high. Those who scored between 16-32 were considered to have low gender equitable attitudes. Those who scored between 33-48 were considered moderate and participants scoring between 49-64 were considered to have high gender equitable attitudes. Adolescent girls from intervention villages showed an increase in gender equitable attitudes (21 percentage point increase from a base value of 8 percent in intervention villages as against a 5 percentage point increase in comparison villages).

Gender Equitable Attitude– Adolescent Girls

Stacked bar chart. Y-axis from 0 to 100.

Intervention
- Baseline: Low 45, Medium 47, High 8
- Endline: Low 8, Medium 63, High 29

Comparison
- Baseline: Low 28, Medium 56, High 15
- Endline: Low 7, Medium 74, High 20

Legend: Low, Medium, High

Qualitative insights from the study highlighted that adolescent girls who were trained as *Gyan Sahayaks* articulated strong gender equitable perspectives and non-acceptance of SVAWG in public spaces:

"If one girl is harassed on her way to school and drops out for some reason, then it is talked about in the village community, and all girls are forced to drop out of school. Sometimes, she is also married off so that she does not get a bad name. But we know now that harassment is not the girl's fault; and that nothing should stop us from pursuing our education."

~ Gyan Sahayak (female)

The girls (*Gyan Sahayaks*) also felt that the onus of violence and harassment should not be on women and girls, rather it was the responsibility the men and boys as well:

"Boys should not look at us with the "wrong gaze". They need to start looking at us with respect, and without the intention to violate us."
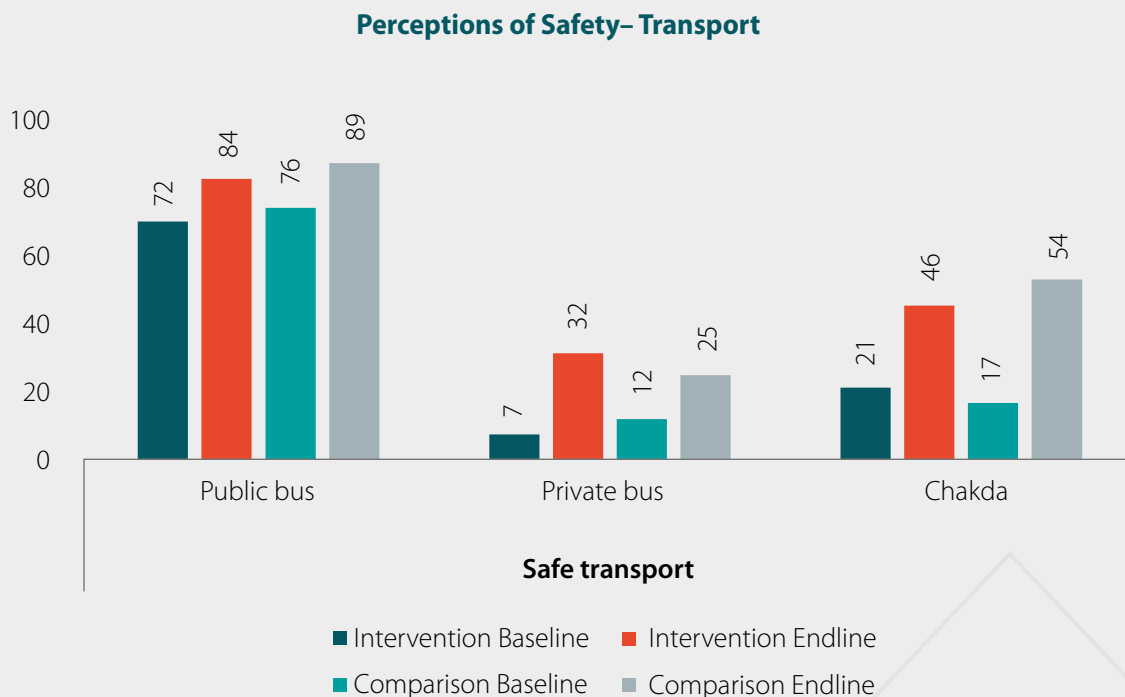
~ Gyan Sahayak (female)

Perceptions of Safety in Public Spaces and Transport

Ensuring safe transport facilities for women and girls was one of the key components of the program intervention. In many intervention villages, women demanded safe bus services and advocated with GPs, which in turn negotiated special bus services for adolescent girls to attend school.

Women

At endline, in intervention villages, there was a slight increase in the proportion of women who perceived that public spaces were safe for them even if they go out after dark. Around **44 percent women** from intervention villages (at endline) reported they were **not at all fearful of violence in public spaces when they had to go out after dark** as compared to only 15 percent at baseline. The corresponding figures for comparison villages were 40 percent and 17 percent, respectively. However, this increase was not statistically significant.

There was an increase in the proportion of women who perceived themselves safe while traveling via all modes of transport. There was also a marked positive impact in their perception of safety in private buses.

Perceptions of Safety– Transport

Public bus: Intervention Baseline 72, Intervention Endline 84, Comparison Baseline 76, Comparison Endline 89

Private bus: Intervention Baseline 7, Intervention Endline 32, Comparison Baseline 12, Comparison Endline 25

Chakda: Intervention Baseline 21, Intervention Endline 46, Comparison Baseline 17, Comparison Endline 54

Safe transport

■ Intervention Baseline   ■ Intervention Endline
■ Comparison Baseline   ■ Comparison Endline

Adolescent Girls

There was a slight increase in the proportion of adolescent girls from intervention villages who reported that they felt safe while going out in public spaces. However, the change was not statistically significant after controlling for background characteristics. At endline, the proportion of girls who perceived they were **safe when they go out in and around their village during the day** increased by around 40 percentage points in intervention villages from the base value of 25 percent. The corresponding increase in comparison villages was around 36 percentage points from the base value of 26 percent.

Around 33 percent of girls from intervention villages (endline) had perceived it to be **safe to go out after dark** as compared to around 14 percent at baseline. In comparison villages, the corresponding figures were around 25 percent and 11 percent, respectively.

At baseline, most girls considered public space violence part of their everyday life and not a violation of their rights. However, qualitative insights from the study indicated that post intervention, girls *(Gyan Sahayaks)* interpreted such violence as a violation of their right to safety and mobility.

During baseline and formative phase, girls reported that they considered public spaces as men's realm, which women and girls accessed only when absolutely required. Post the intervention, the girls who participated in intensive intervention (*Gyan Sahayaks*) were more confident in articulating their aspirations, and wishes for mobility and education.

"We are more aware and confident. We know that it is ok for us to have dreams, to continue our education, to wear what we want and not accept it when boys harass us."

~ Gyan Sahayak (female)

Awareness on Public Space Safety and Existence of Response Mechanisms

Women

A significantly higher proportion of women from intervention villages were aware of laws that address SVAWG in public places. At endline in intervention villages, there was a 5 percentage point increase (from 8 to 13 percent) in the proportion of women who were aware of laws that address SVAWG in public spaces as against a 3 percentage point drop (from 13 to 10 percent) in their counterparts from comparison villages.

Awareness of the Existence of Response Mechanisms to Address SVAWG
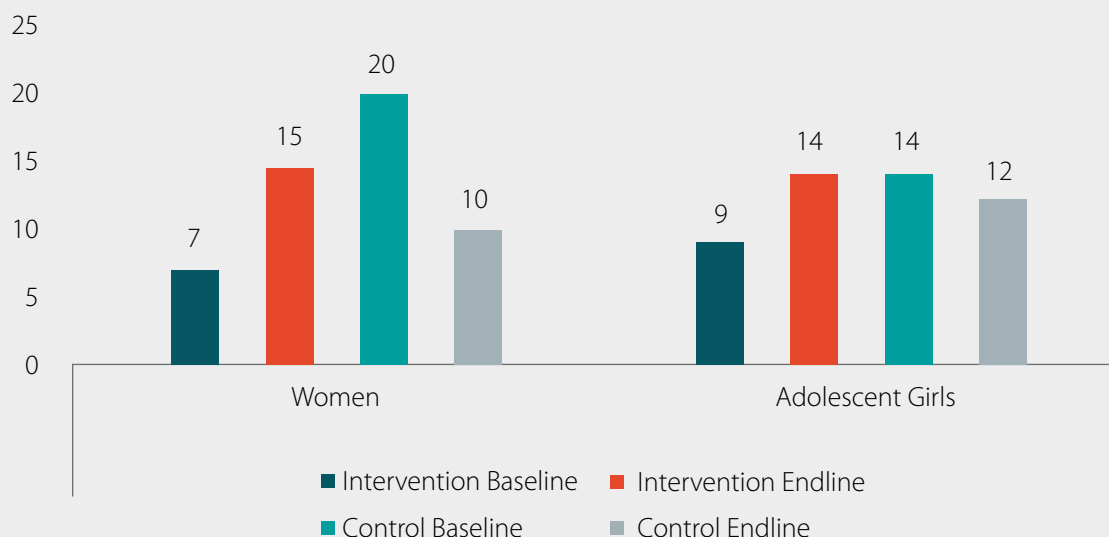
Further, a significantly high proportion of women from intervention villages reported the existence of a response mechanism at the GP level to address public space safety issues of women and girls. Whereas, there was a decline in the same for comparison villages (from 20 to 10 percent).

Most of the women who reported the existence of a response mechanism felt that the *sarpanch* (village or *panchayat* head) and the GP were key points of contact for people to report safety issues.

Adolescent girls

The proportion of adolescent girls that reported the existence of a response mechanism to address public space safety increased significantly in intervention villages. Most girls also reported that the *sarpanch* and the GP were key points of contact with respect to response to violence.

Qualitative insights from the study highlighted that girls with whom intensive program engagement was undertaken, particularly the *Gyan Sahayaks,* had better knowledge and awareness of public safety and security. They had also developed an understanding of the tools available to them (such as strength of organization and of law) in the fight for their rights.

"I feel strong and confident now because I have with me the power of sanstha (organization), jagrukta (awareness) and kanoon (law)."

~ Gyan Sahayak (female)

Conversations and discussions with boys (*Gyan Sahayaks*) indicated that increasing awareness of response mechanisms was accompanied by reduced fear among girls.

"The girls are no longer fearful about going out. We boys also know we are being watched and that if we harass anyone we will be called out."
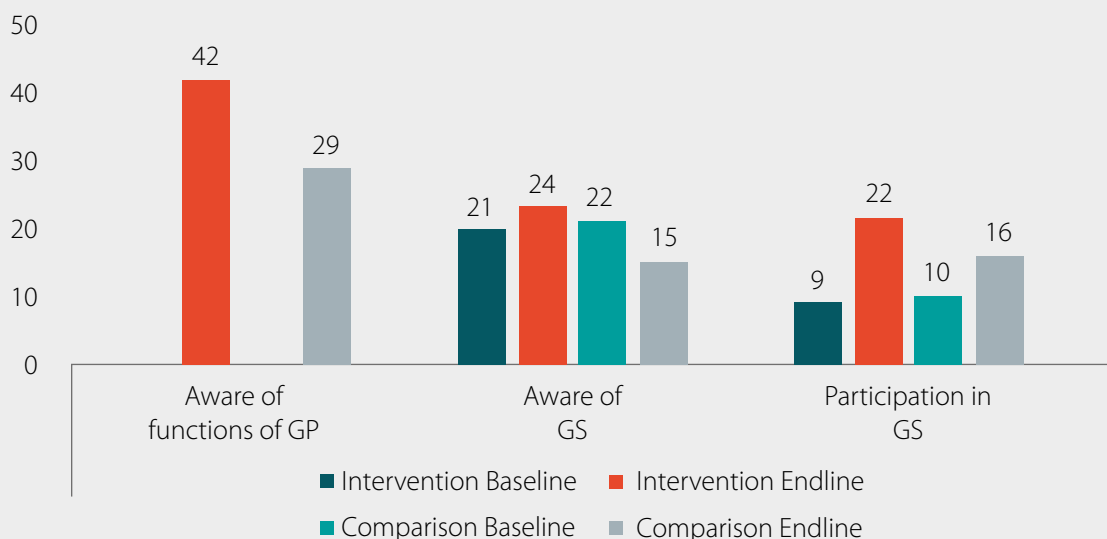
~ Gyan Sahayak (male)

Awareness about GP functions and Participation in GP Activities

Women

The intervention with women focused on empowering them through *MGS* to enable them to demand public space safety at GS meetings. It also worked toward assisting women in engaging with GP members to ensure rural public space safety. At endline, awareness of women from intervention villages with respect to the

Awareness of and Participation in GP Activities

Chart legend:
- Intervention Baseline
- Intervention Endline
- Comparison Baseline
- Comparison Endline

Categories: Aware of functions of GP (42, 29), Aware of GS (21, 24, 22, 15), Participation in GS (9, 22, 10, 16)

functions of GPs was significantly high (42 percent) as compared to their counterparts from comparison villages (29 percent).

Although the intervention focused on generating awareness on the accountability of GPs to ensure public space safety, it did not reflect in the evaluation as this was not recognized as one of the functions of GPs. Most women reported that village administration and provision of safe drinking water as the main functions of GPs.

Further, there was a positive effect on women's awareness of the GS. However, the increase noted in the participation of women from intervention villages in the GS meetings was not statistically significant.

However, qualitative findings indicated greater engagement of women in GP activities. One of the key strategies to empower women's collectives was the convening of *MGS*, which functioned as a platform for women to discuss their issues and collectively raise them at GS meetings.

"Earlier women would not go to the gram sabha as we thought they were meant only for men, and we were not informed about meetings. But now, we understand that

gram sabha is for all of us, including women. And we have the right to share our concerns in this forum."

~Women's Collective Leader

The qualitative study noted that women engaged much more with governance platforms for safety in public spaces by demanding basic infrastructure with respect to sanitation, water and bathing *ghats* near ponds. All these were linked to their dignity and safe mobility, and corresponded to their own context of public safety and security.

Young men who received training as *Gyan Sahayaks* perceived themselves as "agents of change" and reported pushing the demands emerging from safety audits and community meetings with the *sarpanch* and at GP meetings.

"We hold meetings in the village with our peers. We have understood how important it is to involve the panchayats. They have an important role to play in providing street lighting, clearing bushes and providing private bathing spaces for women through development funds. We prepare resolutions from our group meetings and collectively take it to the panchayats for them to take action."

~ Gyan Sahayak (male)

Gender Responsiveness of Panchayati Raj Institutions

Some wider community level results were noted in the intervention areas, as a result of the program. Resources were leveraged in some GPs from existing funds and programs, such as the GPDP, for the creation of gender-responsive infrastructure to ensure public safety and dignity for women in addition to seed grants that were provided by SWATI under the program.

This went into the creation of bathing *ghats*, clearing of bushes, street lighting, clearing of sewage lines to ensure safe water supply and other infrastructure development activities that made public spaces more enabling for women and girls.

Conversations with GP members also showed a shift in their perspectives on role of GPs in public safety, which they did not consider to be their responsibility at the beginning of the program intervention. Post the intervention, it seemed that some of them had begun initiating actions on demands raised by women.

These shifts were articulated more strongly by male *sarpanchs* and GP members than by EWRs. These women leaders continued to face gender barriers in their own mobility and autonomy, which in turn had an impact on their ability to execute effective leadership.

"In most cases, in my village and also in other villages, our husbands completely take overall GP work, even though we have been elected. They attend meetings on our behalf while we have to look after the house, children and livestock."

~Elected Woman Representative

Conclusion and Recommendations

"When we first started coming for trainings, our families did not allow us. We had to fight to get here and, despite the backlash, we now fight for other girls. We go to their homes and explain to their fathers and mothers how it is ok for girls to be educated and to dream for a better life.
~ Gyan Sahayak (female)

From the evaluation, it is evident that a program such as **kNOw Fear** has the potential to shift attitudes, create awareness and ensure accountability to an extent from governance institutions by advocating for inclusion of safety and security issues within the GP's development mandate.

Deeper changes in the perspectives and actions of different stakeholders – such as *Gyan Sahayaks* (both male and female) with whom intensive engagement was undertaken – were also noted. At the same time, there were also broader community level shifts with respect to perceptions, knowledge and participation among women within the framework of the two-year program intervention, particularly through institutionalized platforms such as *MGS* and regular community interactions. This was strengthened by strategies such as sensitization of and engagement with GP leaders, and support in creation of development plans and infrastructure based on evidence and demands generated by the community through safety audits.

Women's demands for public services and infrastructure seem to be directly linked with their context of public space safety and security in rural areas.

With respect to young men, the program intervention was not rolled out as planned considering high migration for education and employment in this age group of men. Even with the peer leaders' group, there were several dropouts over the period of two years. This affected some aspects of community engagement with young men in intervention villages. Nevertheless, the program managed to achieve positive attitudinal shifts among some of the young male peer leaders *(Gyan Sahayaks)*.

The perception of one of them regarding the achievement of the program illustrates the potential such initiatives can have for incrementally transforming gender norms in communities.

"In my village, the biggest success story has been that, for the first time, young women are now allowed to leave the village on their own for work. Many of them are employed in the nearby companies."
~ Gyan Sahayak (male)

With respect to adolescent girls, at the individual level with *Gyan Sahayaks,* the program intervention helped achieve greater awareness, knowledge and gender equitable attitudes, contributing to a better understanding and articulation of gender and violence issues.

On a wider scale, the program could only manage to inculcate the gender equitable attitudes in adolescent girls. One of the possible explanations for lack of impact on other aspects among adolescent girls is that there was no platform such as *MGS* (in the case of women), which could help convene the girls more systematically and regularly.

The **kNOw Fear** program is the first of its kind implemented in rural areas for addressing safety of women and girls, and engaging governance institutions on violence issues. Learnings suggests that deep-rooted adverse gender norms compounded by social, political and economic dynamics of rural communities, including caste and ethnic diversities, are not easily transformed over a short period such as two years. The empirical evidence from the study emphasizes the fact that wider, more intensive and focused inputs and interventions are required to sustain the change process that has been initiated through this program.

In future, such interventions need to be expanded for transforming the rural landscape to address public space safety concerns for women and girls. The goal is to augment their access to public spaces and increase their mobility and autonomy in exercising choices.

Challenges

Following are the key challenges faced during program implementation and evaluation:

- A key selection criterion for intervention villages was the existence of women's groups under SWATI's ongoing work in villages. The idea was to use such groups as platforms to mobilize women and young girls, and engage them with GPs. However, at the implementation stage, it was observed that in many villages, women who were part of existing collectives were older than the age group (20-45 years) selected for intervention under the **kNOw Fear** program. The first few months of program implementation were dedicated to creation of new collectives in intervention villages for all stakeholders – women, adolescent girls and young men – thereby, causing unanticipated delays in the initial phase.

- Given existing caste dynamics in intervention villages, field teams faced challenges in convening participants (women, adolescent girls and young men) from different castes on one platform for conducting monthly meetings and other community events. After initial efforts, the intervention, shifted it's focus to women from SC communities alone.

- The project envisaged a convergence between women's collectives and EWRs to strengthen engagement with GPs to address public space safety issues for women and girls. However, without addressing existing gender norms at wider community level, it was challenging to engage EWRs in GP activities. One of significant barriers to EWRs' active participation was their husbands acting as their 'proxy' in many villages, attending meetings, exercising powers as well as taking decisions on their behalf.

- One of the main objectives of program evaluation was to generate evidence on the nature and extent of sexual violence experienced by women and girls in public rural spaces. At baseline, the section of the questionnaire pertaining to these aspects was self-administered by respondents with audio support via CAPI (computer-assisted personal interviewing). However, at endline, the team had to change the method of data collection stemming from ethical concerns. To mitigate risk, the team used the closed envelope method at endline, whereby the questionnaire was provided to respondents and answers were sealed before they were handed over to investigators. No personal identifiers or information were collected.

  Despite increased safeguards, the new method did not result in greater comfort for participants. This was due to limited literacy levels across respondents and issues with comprehension of written questions as against the earlier questionnaire that was in audio format. Thus, both data sets on this indicator (nature and extent of sexual violence experienced) were not comparable and are not included in the research report.

Notes

[i] Statistics – The Prevalence of Street Harassment. http://www.stopstreetharassment.org/resources/statistics/statistics-academic-studies.

[ii] This survey was part of the baseline conducted for the Safe Cities Delhi Initiative. Refer to *An Epidemic of Sexual Violence in Delhi's Public Spaces: Baseline findings from Safe Cities Delhi Programme.*

[iii] Smallest unit/body of local governance in India, democratically elected through voting every five years; one Gram Panchayat typically covers one or a few villages.

[iv] Caste, even though considered officially abandoned in India, remains one of the strongest social determinants of health. Caste has been shown to be the most appropriate household characteristic for identifying poor and disadvantaged households. Socially disadvantaged groups including the Scheduled Castes (SC) and Scheduled Tribes (ST) and Other Backward Classes (OBC), are not only distinguished by economic poverty but also by their marginalization and seclusion from the rest of the society, having different traditions and living in the most economically disadvantaged areas. Refer to Social Exclusion, Caste and Health: A Review based on the Social Determinants of Health Framework, Nayar K.R., 2007.

[v] Given the caste divide in intervention villages, women from different communities do not come together for meetings at public events. Women from the SC community felt that there is need to collectivize and raise their voices to make rural public spaces safe for themselves as more of them are employed in such arenas as compared to other communities and classes.

[vi] Comparison villages were selected based on socio-economic characteristics such as proportion of SC/ST community, female literacy and female work participation rate which were similar to intervention villages.

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