

# **Father-Daughter Relationships: A Critical Element of Adolescent Girl Empowerment in India, an Experience from Northern Karnataka**

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## **Abstract:**

Inequitable treatment and gender discrimination have stunted the potential development of adolescent girls (AGs) at pivotal moments in their lives, especially in rural Karnataka contexts. Evidence suggests that measures to promote girls' welfare through incentives, services, and penalties, have only limited influence in changing the current context of AGs marked by apathy and struggle. Barriers at the individual, family and community levels continue to challenge efforts toward building an enabling environment for empowering adolescent girls. Evidence shows that lack of support and involvement from parents, more specifically fathers, in the lives of their adolescent daughters affects their self-esteem and deters their ability to assert themselves and aspire for a better life. In this context, a not-for-profit organisation KHPT implemented project Sphoorthi to empower adolescent girls in 51 villages of Koppal taluk in northern Karnataka, using a peer role model approach. This program aimed to change gender norms by training rural adolescent girls to champion changes related to their education, health, marriage and livelihood and create an enabling environment for them, based on an Integrated Empowerment Framework. A key aspect of this model was strengthening father-daughter relationships through enhancing trust, communication, freedom and breaking gender stereotypes prevalent within the households. Rigorous evaluation of this intervention showed that through enhancing father-daughter relationships, girls began to be more involved in joint decision-making on critical aspects of their life such as education, marriage, and mobility and in the long run, facilitated adolescent girls' physical, emotional and social development, especially in the context of rural vulnerable communities.

## **Key Words**

Adolescent girls, father – daughter relationship, empowerment, health, wellbeing, gender norms, vulnerable, development, decision-making, rural

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## **I. INTRODUCTION**

India is one of the world's youngest countries with 21 per cent of its population in the adolescent age group and census data shows that this population is only increasing. In the State of Karnataka, the adolescent population stands at 18.9 per cent of its total population (Census 2011), which is a significantly large number. The reality offers us the opportunity to think deeply about the development of this sub population which is closely intertwined with the development and progress of the region. However, the adolescents face several barriers across levels; regional, economic and social disparities can be seen in adolescent girls' access to services, rights and opportunities for transformative change at individual, familial and community levels. Evidences show that these disparities are driven by the challenges that are contextual, related to unequal gender norms, deep rooted discrimination against the girl child, and negative social and cultural practices like child marriage. While

individualised approaches towards adolescent empowerment have for a long time been in the fore-front of responses, critically examining their impact points to the need for creating conducive environments within homes and communities for this transformational change to occur.

### *Background*

Adolescents who are between the age of 10 to 19 years, constitute 1.2 billion of the world's

Population [1]. Nearly 90 percent of these adolescents live in low-and middle-income (LMIC's) countries of Asia and Sub-Saharan Africa regions [2]. In India adolescent has the largest population of over 250 million [3], which is almost 20 percent of the total population. The Karnataka state's adolescent population amounts to 18.9 percent of its total population [4]. The adolescent age group is a crucial demographic segment that can contribute to the country socially, politically, and economically. However, a considerable number of adolescents face challenges to healthy development due to a variety of factors, including structural poverty, social discrimination, negative social norms, inadequate education, and early marriage and child-bearing, especially in the marginalized and underserved sections of the population. In the state of Karnataka, adolescents particularly from the northern regions of the state lag in several human development indicators [5]. Particularly adolescents from marginalized groups such as Scheduled Castes (SCs) and Scheduled Tribes (STs) are faced with challenges such as child labour, child marriage, early pregnancy, high rates of school dropout, malnutrition, child trafficking and unmet needs of sexual and reproductive health (SRH), and thus are not fully able to realise their rights.

The rapid urbanization in the southern part of the state attracts a large number of adolescents from the northern part which limits their opportunities for healthy development. Also, the adolescents who are residing in vulnerable pockets like urban slums and colonies, experience life-style related issues such as lack of adequate sanitation, hygiene, and safety. Additionally, families that migrate due to seasonal work from rural areas leave behind their older children which also places them at greater risk of dropping out of school, neglect, abuse and lack of support. Nutritional status of children and adolescents from below the poverty line (BPL) families, who comprise 21 percent of the population, has been a great concern to the state [5]. It was observed that adolescents from the age of 15 to 19 years with lower BMI (<18.5) rate of 45.3 percent in NFHS-4 and 49.4 in NFHS-5 in Karnataka state [6]. Child marriage is one of the developmental challenges that threaten the human rights of adolescents. The deep-rooted social norms and socio-cultural practices make adolescent girls particularly from disadvantaged social groups vulnerable to child marriage. The recent finding of the NFHS-5 reveals that around 25 percent of women aged 18-29 were married before attaining the legal age [7]. Among the adolescents from the age of 15 to 19 years, about 18 percent were married by 18 years of age [7]. In an urban-rural comparison, adolescent girls from rural and the border district were more likely to be married before the age of 18 in Karnataka [8]. The early pregnancy rate among adolescents from the age of 15 to 19 years was 49 percent in Karnataka [9]. Instances of child marriage have increased during the COVID-19 situation [10]. In Karnataka, districts like Bellary, Mysuru, and other less-developed districts reported more cases of child marriages during the Covid-19 condition [11]. There is evidence for 'intergenerational effect of child marriage in terms of teenage pregnancy leading to undernutrition in infants, and a negative impact on the mother's health. The health-seeking behaviour among pregnant adolescents is also very less due to lack of health information, as well as due to conflict with laws such as the Protection of Children from Sexual Offences (POCSO) which has contributed to under-reporting of teenage pregnancies. In this regard, specific laws such as the amendment to The Prohibition of Child Marriage (Karnataka Amendment) Act, 2016, which declared all marriages between minor's void have also led to conflict and fear of future consequences for adolescents within the community [12]. Several studies have shown that less educational attainment and school dropout are the prominent causes for child marriage [7]. About 43 percent of girls drop out in India before completing secondary education due to household responsibility, marriage, child labour, limited relevance of education for employment, distance to school, and lack of sanitation facilities at school [13]. Karnataka is one of the five states with a high rate of school dropouts. At the secondary level, this is at 24.3 percent, and gender-wise it was 26.4 for boys and 21.9 for girls [14]. Acute anemia creates various SRH issues and also affects academic performance and school attendance [15]. Menstrual hygiene is another issue among adolescent girls. Only 85.9 percent of adolescent girls use hygienic methods like locally prepared pads, sanitary napkins, and menstrual cups during menstruation [7]. Adolescent girls from rural areas and socially disadvantaged groups have issues with menstrual hygiene. The lack of awareness about SRH rights in terms of services available, reporting violence, and demanding context-specific health services are also pushing them to the risk and vulnerability. Many factors including individual, socio-economic, cultural, contextual, and institutional factors contribute significantly to adolescent vulnerability [16]. Addressing these vulnerabilities particularly for the most marginalized adolescent groups is critical to ensure positive outcomes for adolescents.

In the context of rural Karnataka, evidence shows that when adolescent girls and boys are supported and encouraged by caring adults, along with policies and services attentive to their needs and capabilities, they have the potential to break long-standing cycles of poverty, discrimination and violence [17]. Regional, economic and social disparities can be seen in the opportunities available for adolescents especially adolescent girls to access services, demand their rights and experience transformative change at individual, familial and community levels.

While there are challenges such as poor health, anaemia, mental health and lack of opportunities for livelihood among adolescent boys, the degree of barriers and challenges faced by adolescent girls are particularly deep rooted and more complex to resolve. Adolescent girls tend to have lower self-esteem, in both the domains, than boys because of cultural and gender inequalities, and the differentiated action and input of parents, peers, and their communities [18]. Evidences show that these disparities are driven by the challenges that are contextual, related to unequal gender norms, deep rooted discrimination against the girl child, and negate

Negative social and cultural practices like child marriage. These barriers lead to poor individual development of the girls leading them to have a low level of knowledge and awareness, low level of mobility, poor confidence, low aspirations, poor parent child relationships, lack of communication and negotiation skills. This disempowers them and the same perspective gets passed on from one generation to another forming a cultural norm and acceptance of disempowerment of adolescent girls [19]. In Northern Karnataka which is largely rural, female empowerment is highly undervalued but is critical for women to gain the agency to act on inequality and earn a living [20]. In Rural India, gender-related norms intersect with other important structural factors, such as caste and rural residence to influence age at marriage and limit women's access to formal education and economic opportunities [21]. Adolescent girls, therefore, are a major vulnerable group in the state and bridging developmental gaps and addressing barriers faced by them needs priority and focus.

#### *Empowerment strategies for the wellbeing of adolescent girls*

Project Sphoorthi was implemented by KHPT with the aim of empowering adolescent girls in 51 villages of Koppal taluk in northern Karnataka, using a peer role model approach. This program aimed to change gender norms by training rural adolescent girls to champion changes related to their education, health, marriage and livelihood using a role model approach, is based on the Integrated Empowerment Framework [22]. The framework recognizes the importance for vulnerable groups to achieve power to overcome their disadvantageous positions and gain agency in three inter-related domains: *power within*, *power with* (others), and *power over* (resources). The program empowered peer role model girls to engage in these three sub processes and evolve as leaders, and created scope and opportunities for the transfer of attitudes, knowledge and perspectives from the role models to the peer girls for the intended impact. The Sphoorthi intervention attempted to build *power within* by increasing self-esteem, self-efficacy, decision making and action among adolescent girls; *power with* by building leadership, communication and relationships between girls and parents and *power over* by enhancing their ability to control resources, give support and influence peers, school authorities and other local community structures. Several activities were implemented to empower adolescent girls across these three domains of power. This paper attempts to draw the attention to the *power with* component of the project that attempted to bridge gaps in parent-daughter relationship.

#### *Enhancing parent-daughter relationships, a game changer*

Discussions with the girls in the villages of Koppal revealed that their fathers in most cases played a limited role in shaping the lives of their daughters and their relationship was founded on fear and obligation rather than on pillars of communication, trust, love, freedom. Parallel conversations with many parents in the villages revealed that many of them were not aware even of basic details about their daughters' lives like the grade in which their daughters studied and the plans they had for their future. Research shows that girls' ability to sustain satisfying or committed relationships, find gratification in their work life, be effective parents, speak up and assert themselves, is largely dependent on the relationship they had and have with their fathers [23]. The father daughter relationship is a complex, dynamic, and more contextually sensitive one than mother-child relationships and all the more so given that it has perhaps been explored less than other familial relationships. [24].

The Sphoorthi project attempted to address this gap through a package of interventions with the objective to build trust and communication between the parents, more specifically fathers and the adolescent girls. This package of activities was developed with the assumption that building father-daughter relationships would contribute to building the girl's self-esteem as well as her decision-making capacity on key aspects of her life like education, marriage, mobility and social connections, which in turn would improve her overall health and wellbeing. Some of the interventions included conducting *Parents meeting*, wherein all parents of the adolescent girls associated with the project would undergo sessions through participatory and game-based techniques with the objective of building trust, open communication and respect for their daughter. These sessions touched upon social and structural aspects like gender norms, child marriage, school dropout, helping parents reflect on their standpoint on these issues. The project also conducted *Samvadas* (meaning *dialogue*) between fathers and daughters. This involved creating an exclusive platform at the village level where father-daughter pairs from each village would come together. The facilitator of the *Samvadas* would ensure a respectful space where daughters can freely and fearlessly express their concerns and expectations from the fathers and allow for the fathers to also internalize their roles, break away from stereotypes and renew their commitment to support and nurture their daughters, their dreams and aspirations. *Couples workshop* were also organised to enable the involvement of both the parents in the lives of their adolescent daughters. The focus here was to involve parents whose support to their

child has been minimum despite outreach activities. These interventions were implemented over a 3-year period from 2016 onwards.

## II. Methodology

KHPT undertook a mixed method evaluation study of the project Sphoorthi in 2019. The set indicators on wellbeing and parent daughter relationship was measured against a similar base line study conducted in 2016 prior to the intervention. The study covered a sample of 1045 adolescent girls who were selected from the enumerated list of the households from the 51 intervention villages of Koppal taluka. Qualitative study was undertaken with the adolescent girls, their parents, adolescent boys and other community leaders. A total of 12 in-depth interviews with adolescent girls and parents were conducted. Various innovative research tools were used to collect and analyze the qualitative data.

The specific objectives of the study were to:

1. To study empowerment in the context of rural adolescent girls in Koppal district, Karnataka state.
2. To explore the association between empowerment and well-being indicators in the context of Sustainable development goals (SDG) 1, Health and Well-being and SDG 3, Gender equality
3. To examine the components of empowerment that are significant contributors to the overall well-being of adolescent girls covering all five well-being domains.
4. To provide recommendations to strengthen programs focused on gender equality, empowerment and well-being of rural adolescent girls.

### *Defining and computing power domains*

The 'Power within' domain of the empowerment framework was computed using variables like self-esteem and self-efficacy which determine an adolescent girl's ability to stand up for her rights, express her view freely, seek help to achieve her goals and communicate about her aspirations with her parents as well as to engage in self-care like taking rest and accessing health services when needed etc. The 'Power with' domain of empowerment has been computed specifically around the relationship between the adolescent girls and parents demonstrating in the form of joint decision-making between girls and parents on education, marriage, friendships, mobility, travel, profession etc. The 'Power over' domain is computed on variables that indicate negotiation skills among girls on the issues of child marriage, re-joining or continuing school with community leader or elders etc.

## III. Results

Socio-demographic characteristics of adolescent girls are presented in Table 1. The respondent age in the surveyed were in the age group of 13 to 16 years, while thirty-one percent of AGs are in the 15 years' age. Fifty-three percent of adolescent girls belong to other backward class (OBC); 20 percent of AGs belongs to scheduled caste. Wealth quintile of Adolescent Girls household are of equal distributed. Adolescent Girls completed standard seven or lower are assumed to be illiterate in one group. 16 percent of Adolescent Girls have no schooling or completed less than 7 years of schooling. And 31 percent of Adolescent Girls have completed 9 year of schooling.

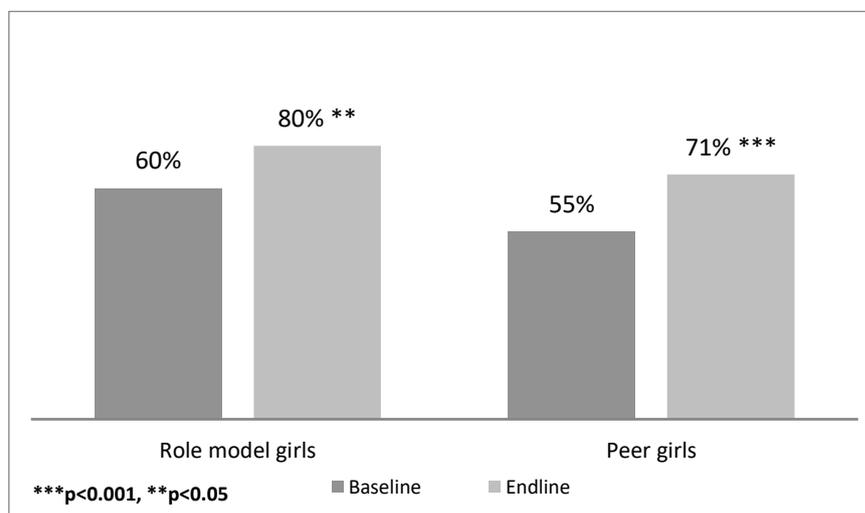
*Table 1: Sociodemographic characteristics of Adolescent girls*

<b>Sociodemographic characteristics of Adolescent girls</b>	<b>Nos.</b>	<b>%</b>
<b>Total (col%)</b>	<b>797</b>	<b>100</b>
<b>Individual Characteristics</b>		
<b>Age</b>		
13	152	19.1
14	207	26.0
15	250	31.4
16	188	23.6
<b>Caste</b>		
SC	162	20.3
ST	92	11.5
OBC	426	53.5
General & Others	117	14.7
<b>Wealth Quintile</b>		
Poorest	160	20.1
Poor	159	19.9

Middle	160	20.1
Rich	159	19.9
Richest	159	19.9
<b>Highest level of schooling</b>		
No Education to 7 <sup>th</sup> class	132	16.6
8 <sup>th</sup> Class	224	28.1
9 <sup>th</sup> Class	254	31.9
10 <sup>th</sup> Class & Above	187	23.5
<i>Health and Wellbeing</i>		
<b>Access to Health Services</b>	481	60.4
<b>Received sanitary napkin#</b>	510	70.2
<i>Education and Learning</i>		
<b>Dropped from school</b>	127	16.0
<b>Aspire to complete graduation &amp; above</b>	431	54.1

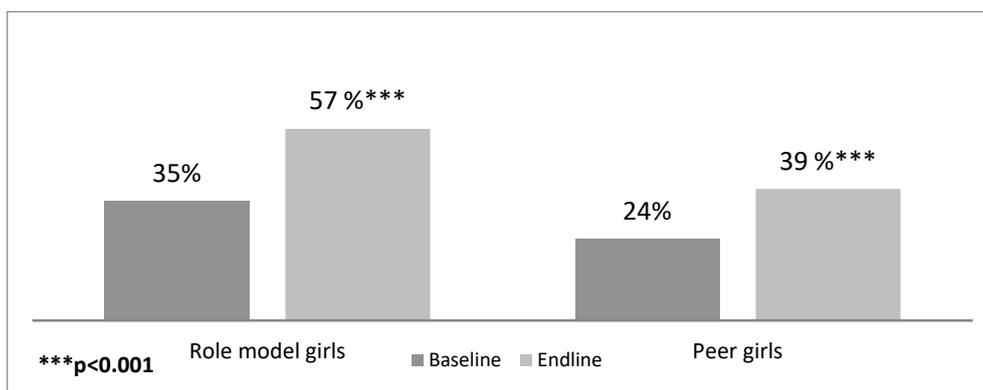
In terms of the impact of the model on building parent-daughter relationships, the survey found that there was a significant improvement in the parent daughter relationship in terms of interaction, communication and support to girls by both the parents among adolescent girls (60% to 80%) from baseline to end-line. Particularly, the interaction with both the parents increased with respect to growing-up issues and teasing/bullying among role model adolescent girls, and with respect to talk/play/fun and teasing/bullying among Peer Girls from baseline to end-line. This increased interaction between the girls and parents improved the girls' positive attitude, self-confidence and negotiation skills at home and in turn earned the trust of their parents. *"She told me she wants to study PUC and go to college, we are poor people, I was worried, but I understand the importance of education, I have taken loan and sent her to the town for studying, because it's not safe here...I will try to continue her education till whatever extent she wants...."* (Ramanna (father), age 47, Koppal)

Figure 1: Improved parent-daughter relationship in terms of interaction



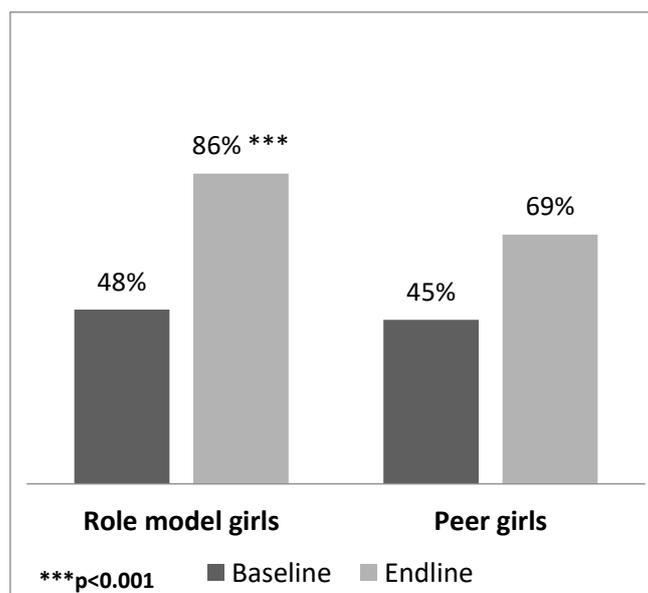
Further, improved parent-daughter relationship also increased the level empowerment in terms of their self-esteem, self-efficacy and individual agency among girls by one-third from baseline to end-line.

Figure 2: Improved 'power within' among girls



The survey also showed that improved parent daughter relationship had significant association on girl's participation in decision making related to their marriage, mobility, schooling and work from baseline to end line. Improved communication, interaction and the trust developed in the relationship gave a space for girls to involve in the decision-making process. "My father wanted me to get married when I was in 8th standard, but after joining the Sphoorthi program they asked me if I also want to get married or study. Sphoorthi developed some kind of hope and aspiration that even daughters can do something in life." (Role Model Girl, 16 Years)

Figure 3: Improved involvement in decision-making



In terms of the different power domains and their association with the wellbeing of adolescent girls show that Adolescent girls with *high power with* (who make joint decisions with parents) are more likely to access health services and less likely to dropped from school as compared to their counterparts. When compared to adolescent girls with "*low power with*", those with "*high power with*" are 1.6 times more likely to aspire to complete graduation and higher levels of education after adjusting for the variables age, caste, education and wealth.

The external evaluation of the project noted that the relevance and significance of intervention to context was unquestionable and that the Sphoorthi intervention has created greater confidence, decision making, conflict management, and deeper understanding of social issues and democratic structures of governance among the young adolescent girls by improving their knowledge, awareness and investing in making the interaction bonding between the girls and their parents strong [25]

#### **IV. Discussion**

Interactions with adolescent girls in the project villages during the course of implementing various interventions revealed that there is a void and a deep disconnect in the relationship between fathers and daughters most often manifesting after the girls attain puberty. In an activity where the girls were asked to list down the names of five people who they would choose to share their feelings with, only three out of the twelve girls had the father as the fourth option out of the five. Fathers have been traditionally considered as authoritative figures, providers of families and worthy of obedience and respect at all costs. These stereotypical representations and gender normative associations to the father figures in families have existed for generations, typecasting fathers as emotionally tough, hard-to-convince, strict, difficult to approach and temperamental. In the context of rural Karnataka, this stereotype is reinforced through an obvious lack of the fathers' involvement in the daily affairs of daughters and poor communication on key aspects of the adolescent girls' lives.

The focus for many years was mainly on mothers and how they affect their children's physical, emotional and spiritual wellbeing. The parental role of a father was omitted from this equation for a long time, because his role was perceived as that of the provider. But recent research has shown that a father's influence in his daughter's life shapes her self-esteem, self-image, confidence and opinions of men. A girl's relationship with her dad can determine her ability to trust, her need for approval and her self-belief. It can even affect her relationship and love life [26]. The recognition that fathers play such an important role is a relatively recent development and paternal roles have been hard to model due to the fact that fathers evolve to meet children's developmental needs as well as the needs and demands of the rest of the family, work obligations, personal beliefs, and often unclear or conflicting societal expectations [27]. Findings from the Sphoorthi surveyis in support of this emerging evidence by highlighting improved father-daughter relationships as a critical pathway to adolescent girl empowerment, particularly through building her sense of self-worth and self-efficacy as well as to enhance her decision-making capabilities on critical key aspects of her life.

#### *Challenges*

While the main focus of the activities was to enhance the involvement of parents in the lives of their adolescent daughters, challenges like poor participation by fathers, unavailability of parents engaged in daily wage labour for meetings, seasonal migration and also deep-rooted caste barriers preventing them to participate on common platforms with parents belonging to other communities affected the success of these interventions in some pockets. These initial hurdles were overcome through persistent efforts by the project teams in the form of outreach to individual families, involvement of community leaders and negotiation by adolescent girls compelling parents to participate as well as the support of other proactive parents to motivate other parents to be involved. Across all activities, the focus was to involve fathers from across community and caste groups to make sure the change occurs at all levels more importantly among adolescent girls who belong to marginalized communities and backward caste groups that have been historically socio-economically disadvantaged, disproportionately affected by undernutrition, and underserved by services.

#### **V. Conclusion**

Programs with adolescent girls are most effective when we identify and engage with power structures and key influencers that operate in her life. Households and families in rural areas are obligated to reinforce stereotypical and gender normative perspectives in how relationships are understood, and expectations from such relationships are set. In this process, the importance of fathers engaging with their adolescent daughters in positive, supportive and empathetic ways takes a back seat forcing young girls to grow up believing that she is unworthy of the support of "authoritative male figures" in her life. This alienates her from all decision-making processes concerning her own life affecting her all-round development, mental health and wellbeing. Therefore, initiatives that integrate family level interventions like building father-daughter relationships into empowerment approaches for adolescent girls will address deep rooted structural barriers and create a fallow ground for all other individualized approaches with the girls to gain root and bear fruit. Therefore, programs to improve the health and well-being of adolescent girls must be holistic, multi-dimensional and address the ecology that contributes to adolescent outcomes such as the family and community, which are embedded within the larger structures of the economy and society.

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