

Priya Shankar, MPH '16, is launching a peer education program to help girls live healthy lives.

CHAMPION FOR



India has so many adolescent girls that if they formed their own nation, it would be the 12th-largest country in the world. Priya Shankar, MPH '16, wants to see all of those girls living their healthiest, fullest lives—no easy task in a country where traditional gender roles sometimes proscribe certain opportunities for females.

As Shankar sees it, change begins with girls believing in their own worth. To help move things along, she's created Girls Health Champions, a program that trains girls to teach each other about topics that can be hard to talk about with adults, like menstrual hygiene and coping with depression. It offers schoolgirls a chance to become leaders and to learn how to support one another. After a successful pilot run in a single school in South India that earned Shankar and her business partner and fiancé, Ricky Sharma, runner-up honors in the 2016 Harvard University President's

Courtesy of Priya Shankar

INDIA'S GIRLS



Challenge for social entrepreneurs, she's scaling up the program. While her original business plan envisioned carrying out the program at five more schools this year, the \$15,000 prize money she received from the challenge means she will be able to scale up her program. She hopes to roll it out over time to hundreds of schools.

"Even if we only reach 1 million girls, that's so many," says Shankar, a medical student and future pediatrician who took a year off to earn a degree in health policy from Harvard T.H. Chan School of Public Health. Her large, expressive eyes shine as she leans back in her chair and imagines the implications. "A million girls who believe that they can be leaders, who know something about how their bodies work, who can recognize when their fellow students need help—that would make a huge difference."

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Girls Health Champions earned runner-up honors in Harvard's President's Challenge. From left, Priya Shankar, MPH '16; Harvard President Drew Faust, Ricky Sharma, MPP '18; and Jodi Goldstein, the Bruce and Bridgett Evans Managing Director of the Harvard Innovation Labs. The team also received \$5,000 for placing as finalists.

SOCIAL MEDIA AND BOLLYWOOD VS. DOMESTIC CHORES AND STREET HARASSMENT

Indian girls today lead complicated lives. They are steeped in the modern world of social media and Bollywood films, yet many are also held back by age-old beliefs. Girls' school enrollment has reached near parity with that of boys at all school levels—and has even surpassed them in primary school—but many girls are still kept home when they reach adolescence. Parents expect them to help out with domestic chores or want to protect their daughters from rampant sexual harassment on the street. Although the legal age for marriage is 18, nearly half of all Indian girls will be married younger. More than 4 million become pregnant each year. And as India has ascended as an international power, suicide among girls ages 15 to 19 spiked by 126 percent between 1990 and 2010—and is now their leading cause of death.

The cost of this tragically lost potential can be measured not only in emotional or social terms but also in economic calculations. Shankar notes that, according to the World Bank, if Indian girls delayed pregnancy until their early 20s, that alone would boost the nation's GDP by \$7.7 billion. But many girls receive little if any reproductive health education at home or in school. Shankar believes that peer education can fill a critical gap.

"I've learned from working with adolescents in India and in the clinical setting that girls get a lot of health information from their friends," she says. "I want to equip them with accurate knowledge to share with each other."

DISPELLING TABOOS

In January of this year, Shankar piloted Girls Health Champions at a private school in the South Indian city of Mysore, with the support of Harvard Chan's Maternal Health Task Force and the Public Health Research Institute of India. Eighteen girls were randomly selected to serve as "Champions" from a group of 68 ninth-graders participating in the program. They spent a week mastering a curriculum about nutrition, anemia, mental health, gender-based violence, menstruation, and reproductive health—and then taught what they learned to their classmates during the program.

Most of these topics are still stigmatized in Indian society, and Shankar says that some parents were uneasy about letting their daughters participate. When addressing taboos around menstruation—some believe, for example, that women who have their periods should stay out of places of worship—Shankar avoided telling the girls whether these proscriptions are good or bad. Rather, she encouraged them to talk with one another and explore their own feelings.



Girls Health Champions teach their classmates.



But when addressing high-risk problems such as domestic violence or the street harassment known as “Eve teasing,” she was unequivocal. “When girls grow up believing that wife beating is normal or that women should eat only after the men in the family have finished a meal, they need someone to tell them that it’s not OK,” Shankar says. “Girls might not be able to change their mothers’ minds, but hopefully they will share what they’ve learned with their sisters and friends. Maybe the program will inspire them to give their own daughters a different life.”

A MATRIARCHAL FAMILY OVERNIGHT

Shankar calls her own childhood a 50-50 blend of India and the United States. She was raised in a town in California with a small Indian-American community. Throughout childhood, she shuttled between public school and after-school hours, which were filled with classes in traditional Indian dance.

Her comfortable life was shattered at age 10, when her father passed away. It was a wake-up call on several levels for Shankar and her family, who virtually needed to rebuild their home from scratch. Her mother’s response to the tragedy was another revelation. Shankar’s mother had to some extent ceded authority in the family to her

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By launching Girls Health Champions, Priya Shankar, MPH '16, hopes that adolescent girls in India will come to believe in their own self-worth. “A million girls who believe that they can be leaders, who know something about how their bodies work, who can recognize when their fellow students need help—that would make a huge difference.”

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rickshaw and I started to cry, thinking about all those kids. I wanted to bring them home with me.”

Instead, she started a fundraising club back home and over the next few years raised money to buy them books, uniforms, and other needed items. Each summer, she returned to India to teach English and volunteer.

Shankar continued her work in India as an undergraduate at the University of Pennsylvania and later as a Fulbright scholar, focusing on maternal and child hunger policy. She grew frustrated with the slow pace of legislation in India and decided to become a doctor so that she could provide more immediate assistance. In medical school, Shankar continued her research and uncovered another institutional failure. Anemia is as high as 75 percent among Indian women and girls and a significant



Priya Shankar, center, with the inaugural class of Girls Health Champions.

husband, as tradition demanded. But with her husband’s sudden death, she swiftly took over the finances and other unfamiliar responsibilities while juggling a career as a physician, and Shankar’s grandmother moved in to help. “My patriarchal family became a matriarchy overnight,” Shankar says. “I saw how hard it was, but I also saw that when women lead, amazing things happen.”

Part of Shankar’s healing process was a trip to India, to see where both parents grew up. As a teenager, she was overwhelmed by the sight of children who looked like her and had themselves often lost one or both parents but otherwise were living utterly different lives. “I was in a

contributor to maternal deaths. A government program provides iron and folic acid tablets to girls—but fails to include any information about why the bad-tasting pills are important. So girls throw them in the trash. Shankar decided there had to be a better way.

“YOU GET ONE CHANCE TO REACH THEM.”

At Harvard Chan, everything that Shankar had learned over her 14 years of experience in India coalesced into a plan.

“I wanted to work with girls, and I realized that you get one chance to reach them,” she says. She designed a curriculum that not only covers information about their bodies

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but also pushes girls to think critically about how these health issues affect their daily lives and how they can be role models by changing their behavior. She worked with medical professionals in India and the United States—and with Ana Langer, professor of the practice of public health and head of the School's Women and Health Initiative—to ensure that the curriculum was age-appropriate and culturally relevant. For example, a lesson on mental health included the story of a popular Bollywood actress who took the rare step of speaking publicly about her depression.

Shankar was surprised by how seriously the Champions took their responsibility. They went out of their way to make sure their classmates understood the material—for example, developing their own quiz questions on the menstrual cycle. One girl even researched HIV online and drew a detailed diagram of the virus on the blackboard. And they ruled the class with authority. When giggles would erupt during sensitive topics, the Champions would quiet the disrupters, Shankar says. “They would say, ‘Pay attention. This is important.’” Several of the Champions told Shankar after the program that they were inspired to become teachers or health care professionals.

SCALING UP, CHANGING THE WORLD

Shankar and Sharma plan to roll out the program to 10 to 20 more schools this year. They are working to expand the curriculum, including adding a social media component to help the girls continue the conversation after the program ends. And they're building a monitoring and evaluation plan so that they can track the girls' behavior changes over time.

Shankar and her growing team imagine three levels of success: short-term, medium-term, and long-term. In the short term, she hopes to assess whether girls are retaining health knowledge and can continue to teach girls in the classes below them each year. She also hopes to see if being a Champion has an impact on the self-esteem and leadership of girls who take part in the program.

In the medium term, Shankar hopes to influence attitudes, such as the belief that men have the right to beat their wives—a belief that both men and women widely hold in India. In the long term, she will monitor behavioral change, such as number of school days missed as a result of menstrual issues and taboos, whether girls are taking their iron and folic acid tablets, overall rates of anemia, and contraception utilization, among other metrics. Each year, as Champions move from one grade to the next, Shankar plans to continue to follow the impact the program has made.

Placing as a finalist team in the President's Challenge, Shankar and Sharma now have a 30-page business plan to turn Girls Health Champions from a research project into a nonprofit, and \$15,000 in seed money to get started. Shankar plans to use the money to build a team in India to evaluate participating schools and scale up the program. They hope to expand it to girls ages 10 to 18, and ultimately bring the program to girls in other developing countries.

For Shankar, the validation, advice, and support from the University was perhaps the greatest benefit of the President's Challenge. “We were told that our project was scalable and sustainable and could truly make a difference in people's lives across the world.”

Feedback from one of the 14-year-old Champions seems to prove the case. “Many girls are not receiving the information they need,” she wrote. “I want to be a child doctor someday to change this. Girls Health Champions can change the world.”

—Amy Roeder is assistant editor of Harvard Public Health.

