

Empowering the Adolescent Girls - Sabla

FEATURE
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The world is home to 1.2 billion individuals aged 10-19 years generally known as the phase of 'Adolescence'. Adolescence is a phase during which major physical and psychological changes take place in children, along with changes in their social perceptions and expectations. Adolescence is also the stage when young people extend their relationships beyond parents and family and are intensely influenced by their peers and the outside world. They are also the years of experimentation and risk taking, of giving in to negative peer pressure, of taking uninformed decisions on crucial issues. The vast majority of adolescents live in developing countries and India has the largest national population of adolescents. Studies show that millions of adolescents today do not enjoy access to quality education, basic sexual and reproductive health care, support for mental health issues and disability, protection from violence, abuse and exploitation, and forums for active participation.

Gender-gap in the World of Adolescents

Women constitute nearly half of the population of the country, but gender disparities in socio-cultural spheres have adversely affected a balanced equitable development. These disparities get reflected in important social development indicators such as health, nutrition, literacy, educational attainments, skill levels, occupational status etc. The same is also reflected in the situation of Adolescent girl.

The Adolescent girls in the 10–19 years constitute almost 47 per cent of the total population of Adolescents in the country. But their development is fraught with varied problems. Almost 50% of women marry before the legal age of 18 verses 10% of young men. Overall, one in six women in age group of 15-19 have begun childbearing. Early childbearing is most common in rural areas and among women with no education. Around 41% of all maternal deaths take place among those aged 15-24. 56% adolescent girls are anemic (verses 30% adolescent boys). Anemic adolescent mothers are at a higher risk of miscarriages, maternal mortality and still-births and low-weight babies. The drop-out rates among the girls are quite high. 21% adolescent girls and 8% adolescent boys have no education. Dropout rates among girls are high largely due to distance from schools, male teachers, sanitation facilities at school, early marriage and early assumption of domestic responsibilities etc.

While the world expands for boys giving them greater freedom of choice and opportunities, it contracts for girls and, more so when they are from groups, sections having biases and practicing discrimination against girls. The Adolescent Girls (AGs) are shy and find it hard to come out openly and share their problems and issues with parents, teachers, doctors, etc. As a result, they either grow without resolution of the issues or get misguided, being driven by their own

perceptions.

Adolescent Girls are a core resource for national growth. Investment in their health and development is investment in the greater well-being of the country. Considering that several of these girls are out of school, get married early, face discrimination in accessing health, education and other services, work in vulnerable situation, and are influenced by peer pressure, they need special attention. The public health challenges for adolescents, which include pregnancy, risk of maternal and infant mortality, sexually transmitted diseases, reproductive tract infections, rapidly rising incidence of HIV, etc., require influencing the health-seeking behavior of AGs. They need to be looked at in terms of their needs both as a group as well as individuals as they are the productive members of the society in future. Recognizing the unmet needs of AGs, **Rajiv Gandhi Scheme for Empowerment of Adolescent Girls – Sabla** has been launched as a comprehensive intervention for Adolescent girls in the age-group of 11-18, with a focus on out of school girls. To begin with, the Scheme is being implemented in 200 districts of the country on a pilot basis.

Key Areas of Sabla Scheme

Using the ICDS platform, this scheme is reaching out to nearly 1 crore adolescent girls between 11 – 18 years of age in 200 districts across the country with an integrated package of services. **Sabla** aims at all-round development of adolescent girls of 11-18 years (with a focus on all out-of-school AGs) by making them 'self reliant'. At the Anganwadi Center, supplementary nutrition providing 600 Kcal and 18-20 g of protein and micronutrients is provided every day at the anganwadi centers either as hot cooked meal or as take home rations to out of school adolescent girls in 11-14 years and all girls between 14-18 years for 300 days in a year.

In addition, out of school adolescent girls are being provided non- nutrition services which include life skills education, supervised weekly IFA (100 mg of elemental iron and 0.5 mg of folic acid) supplementation and nutrition counselling, sexual and reproductive health education and counseling, skills in leadership, problem solving, decision making and accessing public services. In addition, older adolescent girls (16 - 18 year olds) are being given vocational training to make them self reliant. The Scheme also emphasizes convergence of services under various programmes such as Health, Education, Youth affairs and Sports, and Panchayati Raj Institutions (PRI) to achieve the programme objectives.

With the support of community-based frontline workers (anganwadi workers) and civil society groups, adolescent girls have been organized in groups called Kishori Samooths. Each Samooth is led by a peer leader (Kishori Sakhi) and meet at least 5-6 hours a week to receive programme services and function as a peer support group. Every girl enrolled in **Sabla** are given a Kishori Card, an entitlement tool to monitor girls' access to and uptake of the services under **Sabla**. The non-nutrition services under the **Sabla** programme interventions also reach out to the non-school going adolescent girls through adolescent groups i.e., Kishori Samooths meetings. Each adolescent group comprises of 15 – 25 adolescent girls led by peer leaders i.e., Kishori Sakhi and their two associates i.e., Sahelis. The Sakhis and Sahelis are imparted training and serve as a peer monitor/educator for adolescent girls. They serve the group for one year and each girl will have a term of four

months as a Sakhi on rotational basis. The AGs also participate in day to day activities of AWC like Pre School, Education, growth monitoring and SNP and facilitate the AWW in other activities. They also accompany the AWW for home visits (2-3 girls at a time) which serves as a training ground for future.

State-Specific Initiatives of *Sabla*

In many states like Madhya Pradesh and Orissa, NGOs are being utilised for all awareness generation activities and training of the Sakhis and Sahelis. Once a week, interactions of the school going and the non-school going adolescents is also organised so that interactions of the school and non school going adolescents are enhanced and the latter is motivated to join school. Once in three months on a fixed day i.e., on Kishori Diwas, general health checkups including measurement of height and weight and referral services are organised for all the adolescent girls by the Anganwadi worker with help from the health functionaries and referrals to specialised health care facilities for health problems that need special attention. Each adolescent girl is provided a Kishori Card which is a tool to monitor the services the adolescent girl utilises under the *Sabla* scheme.

With the basic framework of the scheme, State governments have undertaken special initiatives to reach out for the well being of adolescent girls. In Bihar, the state government has clubbed the vocational training of the adolescent girls 16 – 18 years and is reaching out to them through the Hunar scheme of the Education department, a special state level initiative to empower the minorities, schedule castes and scheduled tribes. Under this arrangement efforts are made to provide commercially viable training and develop employable skills among youth who have atleast passed the 8th class.

In states like Orissa, the state government has prioritized training the girls in textile craft and has tied up the vocational training with the existing cottage industries and market linked the trainings so that the older girls can be economically independent. Similar efforts are also being undertaken by the state governments of Andhra Pradesh and Karnataka.

In Gujarat, the state government has rolled out the Mamta-Taruni programme to ensure adequate healthcare and timely counseling to adolescent girls. The programme is aimed at providing healthcare to girls who are out of school, because there already exists a health programme especially for school students. Through this programme the young girls are also given physical and psychological counseling for the changes taking place in the body during adolescence. Every six months, the nutritional status and hemoglobin levels of the girl are achieved and they are given treatment for anemia if needed. To ensure maximum participation in the programme, the state government has introduced a small monetary provision. The idea is to ensure that maximum number of girls, especially in rural areas, scheduled castes and scheduled tribes participate in the programme. The state also gives the 'peer educator' i.e. Sakhis a small token amount of Rs 25 for every meeting so that they bring as many girls to the kishori samooch meeting as possible, and make them aware. At the same time, the Anganwadi worker is also given an incentive of Rs. 50 for calling the meeting and counseling the girls.

In Jharkhand, the state government has taken a special initiative to establish effective linkages for vocational training in order to build the technical and professional skills of adolescent girls. Linkages for the vocational training and

placements have been established with the NSDC (National Skill Development Corporation) and 30 local non-government partners. The adolescent girls groups are also being linked to the existing self-help groups so that interactions with these groups can help in their economic self-reliance. The state government in collaboration with the Department of Education is in the process of designing a special curriculum to mainstream the out of school adolescent girls into the school system through specially designed educational courses that cater to their literary needs. The state government is undertaking steps to link every adolescent girl under 18 with the formal school setup; for which linkages with National Programme of Education of Girls (NPEGEL) and KGBV (Kasturba Gandhi Balika Vidyalaya) scheme have been established. Child trafficking especially that of tribal girls is a major problem faced by the state. In order to address this problem, the state government of Jharkhand, through the life skills education, appropriate vocational training and enhancing literacy levels in the state, hopes that the incidence of child trafficking is reduced. In addition, under the Corporate Social Responsibility (CSR), funds are being utilized for creating small library and learning centre in every AWC. The state has also started a statewide social mobilization Campaign for Health and Nutrition for adolescent girls, which was inaugurated by Health minister of the state in a function where all interventions under *Sabla* were initiated.

Sabla endeavors to have AGs with enhanced self esteem, improved nutrition and health status with enhanced skills and the capacity to make informed choices. Through various schemes including, *Sabla*, the government is investing in the health, nutrition and development needs of adolescent girls to advance their rights to education, health and protection which will help to them to build a future of gender equality and justice. All this, will in turn help in building of a self-reliant and confident women citizenry.

**Inputs from the Ministry of Women and Child Development.*

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