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# Adolescent Health Programs in Gujarat State- A Case Study

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**Abstract**
*Adolescence is a fascinating period of life that marks the transition from being a dependent child to become an independently functioning adult.*
*The health needs of adolescents have seldom been addressed in developing countries like India, where, in fact, it is very much needed. This case study aims to explore various programmes operational in Gujarat state for adolescents. Gujarat state has recognized the importance of addressing the needs of adolescents which is very well reflected in various interventions. Broad strategies include supportive provision of gender-sensitive, life skill education linked with youth friendly sexual and reproductive health service. Basic components required for the adolescent friendly health services are trained service providers, privacy, confidentiality and accessibility. Many of these barriers can be addressed through the existing programs addressing the health and development concerns of young people. A total of six programs are operational in state which exclusively caters to adolescent girls in the age group of 10-19 years including both school going and out of school adolescents. They includes Mamta Taruni abhiyan, Adolescent friendly health service clinics, Menstrual hygiene program, SABLA, WIFS and School Health Program. Government of Gujarat has taken note of the fact that adolescents are underserved and decided to address adolescents' health needs through a mix of various programmes*
**Key-words:** *Adolescents, Health Programs, Gujarat.*

## Introduction

"No longer children, not yet adults", Adolescence is a fascinating period of life that marks the transition from being a dependent child to become an independently functioning adult. Making one's way through adolescence is like maneuvering a "minefield", while multiple paths of minefield leads to safety and normal development, other passages may lead the adolescent off the track, resulting in many kind of ill health.[1]

One in every five people in the world is an adolescent, defined by WHO as a person between 10-19 years of age. Out of 1.2 billion adolescent worldwide, more than 90% live in the industrialized world.[2] In India, adolescents represents over one fifth of the population. In our country, as a result of poor nutritional status of the average Indian adolescent girl, menarche occurs later than in other regions of the world while marriage and consequently the onset of sexual activity and fertility occur far earlier leading to their poor reproductive health and also result in high infant mortality. Further, adolescent girls are especially disadvantaged in terms of food intake,

access to health care and growth patterns and educational opportunities.[1]

Adolescence proves to be the most vulnerable phase in the path of human life cycle after infancy, characterized by rapid growth and development with a transition from childhood to adulthood.[1]

Adolescents, especially adolescent girls, at this stage need protein, iron and other micronutrients to support the adolescent growth spurt and meet the body's increased demand for iron during menstruation. The main nutritional problems identified in adolescents are micronutrient deficiencies in general and Iron Deficiency Anemia (IDA) in particular. Over 50% adolescent girls consumed less than 50% RDA for energy while over 70% girls consumed less than 50% RDA of iron. Thus, adolescents are at high risk of iron deficiency and anaemia.[3]

The promotion of adolescent health has gained priority in recent years, throughout the world. The health needs of adolescents have seldom been addressed in developing countries like India, where, in fact, it is very much needed. However, adolescent health has now been included as a part of Reproductive and Child Health (RCH) and Integrated Child Development Scheme (ICDS) programmes, where some of the aspects of the reproductive health are taken care off.[4]

Under the RCH-II framework, a National strategy to implement the adolescent health component in the existing public health system has been designed i.e. Adolescent Health Initiative (AHI). This strategy highlights the need to create awareness and supportive environment for improving health seeking behaviour of adolescents. AHI consists of two components i.e. Adolescent Friendly Health Services (AFHS) and Adolescent Health Counseling Services.[4]

This case study aims to explore various programmes operational in Gujarat state for adolescents.

**Materials and Methods**

Gujarat State is located on the western coast of India, has the longest coastline of 1,600 Km and bounded by the Arabian Sea to the west and south west and by Pakistan in the North. Its population is approximately 6 Crore (5% of Indian Population). The state currently has 33 districts (226 talukas, 18,618 villages, 242 towns).

This case study analyzes the current provision of Adolescent related services in Gujarat state. The case study is based on the analysis of secondary data from Annual Administrative Report of Government of Gujarat, Commissionerate of Health, Medical services and Medical Education, 2008-09. Information regarding health infrastructure and human resources was collected from Rapid Household Survey (RHS) Bulletin, March 2011 which included Gujarat. Data and information were also obtained from official website of the health and family welfare department of the Gujarat Government.

**Promotion of Adolescent Health**

A WHO consultation in Africa in October 2000 agreed that "adolescents have a right to access health services that can protect them from HIV/AIDS and from other threats to their health and well-being, and that these services should be made adolescent friendly". [5]

The Global Consultation on Adolescent Friendly Health Services held by WHO in March 2001 suggested that each country must develop its own package, negotiating its way through economic, epidemiological and social constraints, including cultural sensitivities. An appropriate range of essential services must be decided by each country, based on local needs assessments.[5]

The Government of India has recognized the importance of investing in adolescents. Adolescent health is one of the key technical programmes under the National Rural Health Mission and Reproductive and Child Health-II.

**Adolescent health promotion in Gujarat:**

Adolescence and youth are the transition periods in the life cycle associated with physical, psychological and social changes. Though the young populations are the healthiest subsection of the society, the rapid changes during adolescence also make them vulnerable and they face

numerous risks and health problems. Issues like unintended pregnancies, poor nutrition, early childbearing, and reproductive health complications along with depressions, compound the difficulties of adolescent physical development.[6]

Adolescents Reproductive & Sexual Health (ARSH) has been identified as one of key strategies under RCH-II program of Government of India. Adolescents (10–19 years) constitute about one-fifth of India's population and young people (10–24 years) about one-third of the population. However adolescents, especially those in marginalised and under-served sections of the population, face several challenges such as: structural poverty, social discrimination or negative social norms inadequate education, early marriage, teenage pregnancy.

The adolescent population of Gujarat is 1 crore 32 lakh and the state has recognized the importance of addressing the needs of adolescents which is very well reflected in various interventions.[6] Broad strategies include supportive provision of gender-sensitive, life skill education linked with youth friendly sexual and reproductive health service. Basic components required for the adolescent friendly health services are trained service providers, privacy, confidentiality and accessibility. Many of these barriers can be addressed through the existing programs addressing the health and development concerns of young people.

**Table 1** Programmes for Adolescents in Gujarat:[6]

| Sr. no | Programmes |
|---|---|
| 1 | MAMTA Taruni Abhiyan |
| 2 | Adolescent Friendly Health Service |
| 3 | Promotion of Menstrual Hygiene |
| 4 | Scheme for Empowerment of Adolescent Girls (SABLA) |
| 5 | Weekly Iron Folic Acid Program (WIFS) |
| 6 | School Health Programme |

**Interventions**

**1. Mamta Taruni Abhiyan**

This is a community level intervention to cater the need of adolescents girls in the age group of 10 to 19 years in rural areas. This is Government of Gujarat's initiative and an important outreach service for adolescents. [6]

**1. Why Mamta Taruni Abhiyan**

There has been successful implementation of school health program which caters the need of school going adolescent. Maternal Health component of RCH-II covers most of the married adolescent and their needs for reproductive and sexual health and nutrition. The only group remains uncovered is out of school unmarried adolescents.[6]

Various studies and data both from central and state level shows the poor nutrition status of out of school adolescents boys and girls, early marriages and early pregnancies, unsafe abortions and unwanted pregnancies in this group, prone to sexual abuse and violence, high risk to RTI/STI including HIV/AIDS. This all in turn leads to various mental health problems.

This is a group which has less access the health care facilities , so a community based intervention has been implemented under the umbrella of RCH-II ARSH strategy to provide health care out of school unmarried adolescent girls.

**Activities**

- Village Wise Enlisting of Out of School Unmarried Adolescent Girls: All adolescents' girls within the age group of 10-19 are to be registered in the defined population. Registration has to be done jointly by the AWW and ASHA. The register will be maintained at AWC. Updating of register will be done during the month of January every year.
- Services at Mamta Taruni Session: Weighing once in every quarter , Monthly IFA, nutrition supplement to all the girls who has less BMI than expected. TT vaccination at the age of 10 and 16 years, counseling for menstrual disorders, personal/menstrual hygiene, RTI/STI

screening and awareness about contraceptives to be provided on the Mamta Taruni Session.

- Identification of Mamta Taruni Peer Educators: Girls with leadership qualities are trained in growth monitoring, nutrition awareness, micro nutrient supplementation, personal hygiene and basic health issues. These peer educators will then play an important role in educating and bringing adolescent girls to the Mamta Taruni Sessions and to health care facilities for treatment if needed.

**2. Adolescent Friendly Health clinics**

Adolescent Reproductive and Sexual Health strategy provides a framework for a range of sexual and reproductive health services to be provided to the adolescents. The strategy incorporates a core package of services including preventive, promotive, curative and counseling services. Effective implementation of policies and programmes has progressed from the past few years and has lead to strengthening of Adolescent Friendly clinics and subsequently the outreach programmes. There are 191 AFHS Clinics in PHC, UHC CHC , SDH and DHs . Every week, Monday for Girls and Tuesday for Boys from 2-5 p.m.) clinics are run by Medical officers and it is one point center for getting information, avail counseling and receive clinical services to adolescent girls and boys.[7]

**Service package in AFHC**

Service delivery Package[7] in AFHS clinics are as follows:

**Promotive Services**

1. Focused care during antenatal period
2. Counseling and provision for emergency contraceptive pills
3. Counseling and provision of reversible contraceptives
4. Information /advice on Sexual and Reproductive Health issues

**Preventive Services**

1. Services for tetanus immunization
2. Services for prophylaxis against nutritional anemia
3. Nutrition counseling
4. Services for early and safe termination of pregnancy and management of post abortion complication.

**Curative Services**

1. Treatment for common RTI/STIs
2. Treatment and counseling for menstrual disorders
3. Treatment and counseling for sexual concerns of male and female adolescents
4. Management of sexual abuse among girls.

**Referral Services**

1. Voluntary Counseling and Testing Centre
2. Prevention of parent to Child Transmission

**Outreach Services**

1. Periodic health check- ups and community camps
2. periodic health education activities
3. Co- curricular activities

**3. Menstrual Hygiene Program**

This programme aims to increase access to and use of high quality sanitary napkin to adolescent girls in rural areas and will ensure safe disposal of sanitary napkins in an environmentally friendly manner. Also it intends to increase awareness among adolescent girls on menstrual hygiene. At community level ASHA would be responsible for adequate supply of sanitary napkins to adolescent girls who require them. Sunday meetings by ASHA would be the key forum to enable this regular supply. [6]

The scheme adopts 2 key strategies

- Demand generation through ASHA/ Anganwadi
- Workers and community mechanisms.
- Supply side intervention through ensuring a supply of a product(sanitary napkin) which is reasonably priced and of high quality.

**4. Weekly Iron Folic Acid Supplementation programme (WIFS)**

Adolescent Anemia is a long standing public

health problem in India which is caused by Iron deficiency. Adolescents are at high risk of Iron deficiency due to accelerated growth and body mass building, poor dietary intake of iron and high rate of worm infestation. In girls deficiency of iron is further aggravated with higher demands with onset of menstruation and also due to the problem of adolescent pregnancy and conception. Guided by the empirical evidence that weekly supplementation of 100mg elemental Iron and 500ug Folic Acid (IFA) is effective in decreasing incidence and prevalence of anemia in adolescents.[3]

MOHFW has launched the Weekly Iron and Folic Acid Supplementation (WIFS) Programme for school going adolescent girls and boys and for out of school adolescent girls. The Programme envisages administration of supervised weekly IFA Supplementation and biannual deworming tablets to approximately 13 crore rural and urban adolescents through the platform of Govt/Govt. aided and municipal school and Anganwadi Kendra and combat the intergenerational cycle of anaemia.

**Target groups**

Weekly Iron and Folic Acid supplementation programme implemented for the following two target groups in both rural and urban areas

- Adolescent girls and boys enrolled in government/government aided/municipal schools from 6th to 12th classes.
- Non school going Adolescent Girls.

The WIFS programme also cover married adolescent girls. Pregnant and lactating adolescent girls are given IFA supplements, according to current guidelines for antenatal and postnatal care through the existing health system of NRHM.

**Strategy**

- Administration of Weekly Iron and Folic Acid Supplementation (WIFS). Each IFA tablet containing 100mg elemental iron and 500µg folic acid for 52 weeks in a year.
- Screening of target groups for moderate/ severe anemia and referring these cases to an appropriate health facility.
- Biannual de-worming (Albendazole 400mg), six months apart, for control of worm infestation.
- Information and counseling for improving dietary intake and for taking actions for prevention of intestinal worm infestation.

**5. SABLA**

The Ministry of Women and Child Development, Government of India, in the year 2000, came up with a scheme called *Kishori Shakti Yojana (KSY),* which was implemented using the infrastructure of the Integrated Child Developm-ent Services Scheme (ICDS). The objective of this scheme was to improve the nutrition and health status of girls in the age-group of 11 to 18 years, to equip them to improve and upgrade their home-based and vocational skills, and to promote their overall development, including awareness about their health, personal hygiene, nutrition and family welfare and management. Thereafter, the Nutrition Programme for Adolescent Girls (NPAG) was initiated as a pilot project in the year 2002-03 in 51 identified districts across the country to address the problem of under-nutrition among AGs. Under this programme,

6 kg of free food grain per beneficiary per month was given to undernourished AGs.[8]

Though both these schemes influenced the lives of AGs to an extent, but Had not shown the desired impact. Moreover, the extent of financial assistance and coverage under them has been limited and they both had similar interventions and catered to more or less similar target groups. Therefore, a new comprehensive scheme, called Rajiv Gandhi Scheme for Empowerment of Adolescent Girls or SABLA, merging the erstwhile KSY and NPAG schemes wasn formulated to address the multidimensional problems of AGs. The scheme focuses on all out-of-school AGs, who would assemble at the Anganwadi Centre (AWC) as per pre-decided timetable and frequency. The others, *i.e.*,

school-going girls, would meet at the AWC at least twice a month, and more frequently (once a week) during vacations/holidays. Here they will receive life skills education, nutrition and health education, awareness about socio-legal issues, etc. This will provide an opportunity for mixed group interaction between school-going and out-of-school girls, motivating the latter to also join school and help the school going to receive the life skills.[8]

## 6. SCHOOL HEALTH PROGRAMME

School Health Check Up Programme is being organized in Gujarat every year since 1996-97. Medical officer examine all going, non-school going children of 0-14 to 18 higher secondary school going children and ICDS beneficiaries. Children with minor ailments are treated on the spot. Children requiring examination by specialist are being sent to the related referral Centres where different expert like ophthalmic surgeon, physician, paediatrician , dentist, skin specialist and E.N.T. surgeons examine and treat them. Those children who require spectacles are provided free of cost.[6]

Children suffering from Heart, Kidney and Cancer diseases are being examined by super-specialty hospitals for further diagnosis and treatment operative treatment is also being given to needy children free of cost. Children suffering from complicated Heart disease are being sent to super specialty hospital out of state for further management.[6]

Programmes for adolescents existed since many years but the use of services by adolescents was limited. Poor knowledge and lack of awareness were the main underlying factors. Service provision for adolescents were influenced by many factors. For example, at the level of the health system, lack of adequate privacy and confidentiality and judgmental attitudes of service providers, who often lack counselling skills, are barriers that limit access to services. Shortcomings in their professional trainings often resulted in service providers being unable and sometimes unwilling to deal with adolescents in an effective and sensitive manner. Government of Gujarat has taken note of the fact that adolescents are underserved and decided to address adolescents' health needs through a mix of various programmes for school going and out of the school adolescents.

## References


1. Dalal AP, Chauhan SR, Bala D V. Adolescent Friendly Health Services Clinics : Gateway to healthy adolescence. *Int J Curr Res Acad Rev*. 2015;3(2):75–80. Available at: http://www.ijirs.com/vol3_issue-9/15.pdf.
2. WHO. Strategic Directions for Improving Adolescent Health in South-East Asia Region. 2011:4.
3. World Health Organization. Prevention of Iron Deficiency Anaemia in Adolescents Role of Weekly Iron Acid Supplementation. 2012:2–8. Available at: http://apps.searo.who.int/PDS_DOCS/B4770.pdf?ua=1.
4. Kishore J. *National Health Programs of India: National Policies and Legislations Related to Health*. 9th ed.
5. Organization WH. *Adolescent friendly health services- An Agenda for Change*.; 2002. doi:10.4274/tpa.46.20.
6. Commissionerate of Health, Medical Services and Medical Education, Gujarat State G. *Annual Administrative Report*.; 2011.
7. NRHM. *Implementation guide on RCH -II adolescent Reproductive Sexual Health Strategy*.; 2006.
8. MINISTRY OF WOMEN AND CHILD DEVELOPMENT GOVERNMENT OF INDIA'. *RAJIV GANDHI SCHEME FOR EMPOWERMENT OF ADOLESCENT GIRLS (RGSEAG ) SABLA*.; 2011.