

# Regional consultation on the status of adolescent health

**Venue:** Manipal, Karnataka

**Date:** 15-16 September, 2019

## **Introduction**

## **Methodology**

The consultation incorporated a highly interactive style of sessions with CSO representatives and youth spanning the three states. To achieve the goal of identifying the needs of adolescents in view of the schemes that exist in Andhra Pradesh, Karnataka, and Telangana, a variety of activities took place on both days of the event.

Following an ice-breaker session to familiarize the participants with one another, the first day started off with discussions regarding the definition of adolescents and challenges faced by them. It then moved on to group presentations about the schemes that exist in the three states, and recommendations regarding the same.

The second day commenced with a round table activity wherein the participants spoke about what they learnt from the previous day, which was followed with teaching the participants about different levels of youth engagement involved in implementation of schemes and policies.

25 youth and CSO representatives attended the consultation.

## **Day 1: 15<sup>th</sup> September**

### **Session 1: 9:30 AM – 2 PM**

The first session of the first day began with the introduction of the participants to one another by means of an ice-breaker activity. Once the participants felt free to express themselves, they were asked to convey what they expected out of this consultation. The general expectations from the participants were:

- To discuss about the challenges faced by adolescents
- Sharing of experiences between the participants
- Helping the YP Foundation to give them a basis on what to do next with respect to policy making
- To understand the issues faced by adolescents at rural levels

This session laid the foundation for what direction the consultation was heading towards. Discussions were initiated from the participants about what they felt needed to be addressed by the consultation, some of which were:

- An open environment must be fostered for adolescents so that they feel free to address issues relating to mental health
- Mental health education should be introduced in school curriculum
- Adolescents face a lot of violence, which leads to their parents marrying them off at a very young age.

Following this, the participants were allotted into groups, and asked to define adolescent health by writing about its characteristics on charts.

- Most groups defined adolescents as people that are aged between 10-19 years old, and adolescent health relates to the physical and emotional well-being of adolescents, and is determined by various factors such as environment they live in, influence of the people around them, their intake of nutritional food, and so on.
- A fraction participants had said that for adolescents to be termed “healthy”, they should have access to nutritional food, be aware of the changes they might go through as they transition into adolescence, be aware of their rights as an adolescent, and have ample support from their friends, families, and their mentors.
- Some groups also mentioned that adolescent health is affected by societal expectations from adolescents and stereotypes.

### **The sculptor and the sculpture**

This session also involved an activity where participants were placed in pairs of two, with one being the sculptor, and the other being the sculpture. The sculptor could make the sculpture pose in any manner to their liking. The objective of the activity was to introduce the participants to the idea of societal pressure and the molding of an adolescent mind. The participants had mixed reviews when asked whether they preferred being the sculpture or the sculptor.

- The general perspective was that when there was trust between the sculptor and the sculpture, the sculpture felt comfortable to conform to some idea that the sculptor had.
- It was also conveyed by some that knowing the thought process of the sculptor made it easier to be sculpted.
- Those in favor of sculpting felt easy about having the freedom to do what they want, and to express their thoughts by means of the sculpture.

The activity conveyed that an adolescent may not be happy with conforming to someone else's ideals, or wants and needs. It was introduced that adolescents may be guided to do something specific by multiple people, but the choice of action rests solely with the adolescent and forcing them to do what they do not want to do is detrimental to their well-being, and is a big problem that adolescents face in a society pressured environment.

Following this line of thought, examples that portrayed imposition of decisions on adolescents were brought into conversation, by participants from the state of Telangana. The Kalyan Lakshmi-Shaadi Mubarak scheme by the Government of Telangana, which provides financial assistance to poor people for marriages, has encouraged families to marry their adolescent daughters to be eligible for this scheme. This creates a hostile environment for a girl child, because she is forced to take a decision that shapes her adolescent and adult life in a profound manner. The participants took this example to show that many such Government schemes were introduced with a good intention, but turn out to cause issues that are not talked about, such as adolescent health.

## **Session 2: 3 PM – 5 PM**

It was evident from the first session that there was a hint of a language barrier between the participants that were from different states. To break the ice with regard to this issue, random groups were made that included participants they did not know before. The groups were given an incident to enact on stage, with the constraint that they could use only the given sentence to them to say anything during the act. The activity got everyone's energy levels up for the discussions and presentations that were to follow.

### **Discussions on existing schemes**

To introduce the next activity, the participants were introduced to the National Program on Adolescent Health, which is a scheme that was introduced in 2014 and is implemented in all states of India. The participants were unaware that this scheme existed before the consultation. The six thematics of the scheme are:

- Sexual and Reproductive Health (SRH)
- Nutrition
- Non Communicable Diseases (NCDs)
- Mental Health
- Violence
- Substance Abuse

This program has two components for reaching out to adolescents, namely:

- Community based
  - Adolescent Health Days (AHD)
  - Peer Education (PE)
- Institutional
  - Adolescent Friendly Health Care (AFHC)

After introducing this scheme to the participants, they were split into three groups based on their states and were asked to list a set of problems addressed by schemes implemented by the Governments in their respective states, with their respective shortcomings. Their findings were as follows:

## Andhra Pradesh

- Kishori Vikasam: This scheme is implemented by the Ministry of Women and Child Development (WDC) as a component under the centrally sponsored Integrated Child Development Services (ICDS) Scheme, and was made for the purpose of helping adolescent girls, to improve their nutritional and general health, providing them home-based and vocational skills, providing them literacy skills, and so on. The participants mentioned that it is implemented in about 900 hostels/Kasturba Gandhi Balika Vidyalaya (KGBVs) and about 1000 schools. It helps around 24 lakh girls throughout Andhra Pradesh, and raised knowledge regarding sanitary pads, gender awareness, child marriage, child trafficking, and related issues. The shortcomings of the scheme that the group presented was that there is no safe disposal of the sanitary napkins provided to the adolescent girls, the water supply to the schools and hostels is not sufficient.
- Poshan Abhiyan: It is a scheme implemented by the Ministry of WDC as a component under ICDS, and is currently in the awareness phase. This scheme is primarily for benefitting children between 0-6 years of age, pregnant women, and lactating mothers. Out of the 12 prescribed activities under the scheme, 3 are directed towards adolescent girls. The shortcoming of this scheme is that it is still being promoted around, but has not been implemented yet, hence the details are not known to the participants. Another shortcoming of these schemes under ICDS is that they are provided for school going adolescents and children only, neglecting others in the community that do not attend school.
- One Stop Center: This scheme's primary goal is to tackle violence faced by adolescent women, and is implemented by the Ministry of WDC. This scheme is presently implemented only in the district level hospitals. A toll free number of 181 is there for addressing any grievance faced by adolescent women with regards to domestic violence, but it is not well known by the people in communities. This is the major gap of this scheme.
- Career Guidance and Adolescent Health: This scheme is implemented by the Sarva Shiksha Abhiyan (SSA). This scheme provides a career guidance service for high school students, particularly those studying in grades 8-10, for informing them about possible future prospects for their higher education. This scheme also addresses issues that these adolescents face. The shortcomings of this scheme is that it is currently only implemented in 6 out of the proposed 13 that it is supposed to be implemented in and the facilitators of this scheme are not trained appropriately.
- National Health Mission: A scheme called Age at Marriage, organized by the National Health Mission trains Asha workers and Anganwadi teachers with regards to sexual health. The shortcoming of this implementation is that the Asha workers and the Anganwadi teachers feel ashamed to teach adolescents about sexual health.
- Yuva Clinics: Health checkups are periodically conducted in Andhra Pradesh in schools and colleges, and distribution of iron and folic acid tablets are done to tackle malnutrition in adolescents present in those schools and colleges. The shortcomings of this scheme is

the lack of budget and human resources, and the lack of coordination from the department of Family health and Welfare.

**GAPS in implementation:**

- Lack of awareness of mental health issues among the people in communities across Andhra Pradesh.
- Poor implementation of existing schemes.
- Political agenda that runs behind the implementation of the schemes proposed.
- Budget allocated is not utilized efficiently for the schemes proposed.
- Resources are not utilized efficiently in the schemes proposed.

**Telangana**

- **Balika Arogya Raksha:** Under this implementation, the Government is providing menstrual aid to adolescent girls through means of a menstrual kit. This kit includes 36 products including sanitary napkins, bindis, combs, soaps, and so on. The shortcomings of this scheme are that even though they are supposed to provide these kits once in 3 months, it is actually done once a year, and these kits are not provided to school dropouts, they are only provided to students of classes 7 and 12.
- **Yuva clinics:** These clinics are same as the AFHC components of the National Program on Adolescent Health as covered above. These centers provide counselling and medical aid to adolescent boys and girls. The shortcoming of this scheme is that the building just exists, with a counsellor present to treat to adolescents, without the actual implementation of conforming to the standard of an AFHC being done.
- **Bharosa Centers:** These centers are made for the purpose of treating to women and child development, and to domestic violence. Married adolescents are taken care of by these centers, along with other married victims of domestic violence.
- **Beti bachao, Beti padhao:** This is central scheme which is implemented in a few districts of Telangana. In this scheme, members of the Ministry of WCD, members of the ICDS scheme meet once in a few months to discuss about issues faced by young people in general (such as child trafficking), and come up with solutions in general. This scheme is not implemented regularly, it is done erratically and inefficiently.
- **One stop crisis center (Sakhi):** This scheme focuses on women, and provide legal and medical aid to women through shelter homes. These centers cater to any needs of women, and this includes adolescent women.
- **Balika Manch:** This includes trained counsellors that go to schools across Telangana. Through skits, role plays, and activities, adolescents are educated about sexual health and sexual harassment issues, and help them grow in confidence.
- **Health card for everyone:** This scheme is not implemented yet, but under this scheme, the Government is planning to provide free health checks-ups for everyone, including adolescents. They also plan to provide free eye check-ups for boys and girls, which include providing of free eye wear for their needs.

### **GAPS in implementation**

- No schemes are presently in place to cater to substance abuse and mental health specifically.
- Complaint boxes are present in only one district of Telangana, and not present in the other districts of the state.
- The Yuva Clinics scheme says that they cater to adolescent health issues, but this is not entirely true as what is seen in all districts of Telangana.

### **Karnataka**

- Suchi program: Aims to provide sanitary napkins to adolescent girls. This scheme is well known in rural areas of Karnataka, but it is not implemented in a proper manner.
- Janani Suraksha Yojna: It is a scheme that is intended to reduce the mortality rates of mothers and new born babies by helping them through the labor process in different institutions. This scheme focuses on adolescent pregnancies and younger mothers and has helped in the reducing of death among younger mothers. This scheme is not implemented in all areas of Karnataka yet.
- Rashtriya Bal Swasthya Karyakram (RBSK): This program is for the purpose of early identification of defects, diseases, or disabilities in young adolescents and children. There is no record of this scheme being implemented as of now, but it used to be a scheme before.
- Rashtriya Kishor Swasthya Karyakram (RKSK): This program is directed towards ensuring a holistic development of adolescents of ages ranging from 10-19 years of age. Similar to the RBSK scheme, there is not much information about this program as of now.

### **GAPS in implementation**

- There is not much data that shows the present status of how efficient are the schemes when implemented throughout the areas in Karnataka.
- There is no specific scheme implemented in Karnataka that is meant to target the issues pertaining to mental health.

### **Recommendations from state groups**

#### **Andhra Pradesh**

- Convergence meetings: Periodic meetings between different departments and stakeholders at district and state could be held to come out with more efficient schemes and planning for implementation.
- Special policies can be created for specifically helping adolescents and the youth.

- Each and every scheme in place should be regularly tracked and followed up on with checks and balances.
- Mental health education should be given to teachers that teach in schools and institutions, and it should be included in the Teacher Training Course (TTC).
- Sanitary napkins and other vital resources should be available for all adolescents, even those not enrolled in schools.

## **Telangana**

- The menstrual kits given by the Balika Arogya Raksha scheme should be provided to dropouts along with those enrolled in school.
- Teachers at the school levels should be trained to have knowledge about menstrual hygiene and gender neutrality
- Schemes that strive to have similar end goals should be clubbed together for a more smooth functioning
- Mental health needs to be talked about in schools, giving an emphasis on value education.
- Each school across the state needs to have a minimum of one counsellor to deal with adolescent issues.
- A constant follow up on implementation of schemes needs to be done on a regular basis.
- Complaint boxes need to be placed across schools in districts
- Biometric systems need to be placed at areas where the schemes are being implemented to ensure that the workers are regular at working towards the implementation.

## **Karnataka**

- Every school across the state must have a guidance counsellor.
- Trustworthy adult counsellors must be present at schools.
- Balanced meals need to be provided to the adolescents across schools as per the National Nutritional Policy.
- There should be an initiative from schools and colleges to tackle any violence against adolescents.
- A strong presence of health clinics is important in the districts in the state.

## **Day 2: 16 September**

### **Session 1: 10 AM – 2 PM**

The second day commenced with an activity involving the pairing up of individuals, wherein one was to be an object, and the other was to mirror the movements of the first participant. The

objective of this activity was to help each other understand the thought process of one another in an abstract manner.

### **How was yesterday?**

Following this, the participants were made to sit in a round table fashion, with a token being thrown around from one participant to another. The person holding the token spoke about what they learnt from the previous day's sessions, and how they could relate it to what they had experienced or worked on before.

Many felt that the experience of meeting a diverse set of people, both old and new, brought in a new perspective to the work that were contributing to. It was well appreciated by many that there was an active effort to bring down the language barriers that persisted among those from different states. Learning about the schemes and policies that exist in various other states was beneficial to many as they got a deeper understanding of the problems relating to adolescent health. The varied opinions of those that came from different walks of life served well to those contributing to the local schemes and efforts that take shape in the three states. The participants shared a common feeling that they would want to partake in such an event for the same in the northern parts of India, as they would learn much more from the experiences of the workers there. One had mentioned that they wished that the consultation explained about each thematic of the National Program on Adolescent Health scheme in greater measure. The inclusion of young adolescents in the consultation was helpful to many participants who mentioned that understanding the view point of young people helped them understand the shortcomings of the efforts that they are a part of.

### **Engagement of ideas with the youth**

After this discussion, the focus moved onto dealing with engagement of ideas with adolescents, and how young people expect to have these engagements with the workers involved in the schemes set up by the Government. The summary of what was discussed is as follows:

- One expressed his concern to address the issue that knowledge that is spread to adolescents about mental health need to be from a reputable source.
- Peer leaders in adolescent groups need to take the responsibility to inform other adolescents about their rights.
- There needs to be a general platform in place for adolescent health, unlike the existing system that only exists for adolescents that are enrolled in school.
- We as adults need to be aware of the schemes and policies in place for adolescents, and it should be our responsibility to teach the younger generation about it.
- There needs to exist a Government department that handles youth engagement for creating specific schemes and policies for adolescents.

The participants were then introduced to the 8 general ways of youth engagement that is seen in India. The 8 levels were stated as follows:

- 1) Young people and adults share decision making and have equal say in all matters and steps involved



- 2) Young people lead and initiate action, whereas the adults are merely supporting their actions.
- 3) Adults take the decision making responsibility and share the information with the younger people.
- 4) Young people are consulted, as an advisory board for the decision making process.
- 5) Young people are involved in the on ground implementation only, whereas the planning and the decisions are taken by the adults.
- 6) Young people are tokenized, and their inputs are not considered in any part of the process.
- 7) Young people are just used as decorations in the process of promoting something else.
- 8) Young people are wrongly used to portray the validity of the event or study.

The participants were asked to form clusters based on these 8 ways of youth engagement based on which of the 8 closely describes the method of engagement that their work utilizes when working for adolescent issues. All the participants fell into one of the first 5 of the mentioned ways of engagement. From each cluster, the participants were asked to talk about how their work fits into the respective method of youth engagement.

- 1) From the first group, a representative from the Voice of Youth group mentioned that their work involves a close relation with young people where planning and implementation are done with adolescents.
- 2) From the second group, the Roobaroo Organization created a scheme called the Emerging Leaders Program, where the curriculum was made completely by adolescents, with some levels of training provided to them for the decision making process and implementation, which was completely handled by them.
- 3) From the third group, participants are part of initiatives where decisions are made in accordance of ideas from young people. The process of planning and decision making is done in a flowchart basis.
- 4) Participants in the fourth group conduct informational sessions in rural and urban slum schools which focus in support system schemes. Their opinion about the same is taken into account and used in making future initiatives.
- 5) Few of the participants of the consultation conducted spoken English classes for students in the rural districts of their state, and they would encourage the students they teach to teach their peers who do not go to school.

### **Policy Working Groups**

Towards the end of the consultation, the participants were informed about the initiative of the Policy Working Groups (PWGs) for Adolescent Health, which was sent to the Central Government of India, which is planned to be implemented across all states in India. This is an initiative from the YP Foundation to create a youth network to link social organizations and people into one platform for more efficient working and results.

The objectives of the PWGs are as follows:

- Advocacy for issues faced by adolescents

- Regulating the schemes in place and providing accountability to the work done in that regard
- Creating a safe space for adolescents to voice their opinion and their ideas to tackle the issues they face.

The participants were told that they were free to sign up for the initiative as long as they were below 35 years of age and joined as individuals irrespective of their organizational affiliation.