

**Course Name: Adolescent Health and Well-being: A Holistic Approach**

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### **Lecture 15 - National Initiatives related to Adolescents**

Hello everyone. I am back again with another new lecture on National Initiatives related to Adolescents. The various concepts that we will be covering in today's lecture are, why is the need for separate health program for Adolescents? Then we will go through the various health programs for Adolescents like RMNCHA, Rastriya Kishor Swasthya Karyakram or the RKSK, the Anaemia Mukh Bharat, Kishori Shakti Yojana, Balika Samriddhi Yojana, National AIDS Control Programme and the Adolescent Friendly Health Clinics. The various keywords used in this lecture are; Anaemia, Deworming, Menstrual Hygiene, Peer Educator, Adolescent Friendly Health Clinics and Anemia Mukh Bharat. Why is there a need for separate health program for Adolescents? We have been dealing with Adolescents various issues throughout this course. By now you have understood the gravity of the situation, the various issues in hand and the various health problems that adolescents are grappling with.

Now, we all know that Adolescents are a lot of malnourished and anemic lot. There is a lot of unintended pregnancies and unsafe abortions as far as Adolescents in India are concerned. Also there is a higher maternal mortality, higher infant mortality among the young mothers. Also the high risk behaviour that is addictions, high risk sexual behaviours among the Adolescents is on the rise.

So mental health issues such as anxiety, depression, all this leading to suicide and other self inflicted injuries, behaviour; all this is again on the rise. They are more prone, Adolescents are prone to accidents, injuries and violence as well. So all these issues together make it very pertinent to have a separate health program for Adolescents. Now what are the various Adolescent health programs in India? So they are RMNCHA, Rashtriya Kishor Swasthya Karyakram, Anaemia Mukh Bharat, Kishori Shakti Yojana, Balika Samriddhi Yojana, National Adolescent Control Program, National AIDS Control Program and Adolescent Friendly Health Clinics. So let's have a look at these one by one.

Now first coming to RMNCHA. The Ministry of Health and Family Welfare launched the

RMNCHA in 2013. Now this was as a follow up to the Government of India's Call to Action Summit in 2013. The RMNCHA strategy is built upon a continuum of care concept. Now it was felt that somewhere this Adolescent group is lacking.

The continuum is lacking right from reproductive health to maternal, neonatal and child health the continuum was missing. So the adolescent health was added. So this RMNCHA is holistic in design which encompasses all interventions aimed at reproductive, maternal, newborn, child and adolescent health as well. And this focuses on this strategic life cycle approach. Now what is this plus within this RMNCHA strategy? This plus basically is inclusion of Adolescents as a distinct life stage.

Basically this is linking maternal and child health to reproductive health and other components like family planning, adolescent health, HIV, gender and preconception and prenatal diagnostic techniques. This is about linking the home and community based services to the facility based services as well and ensuring linkages, referrals and counter referrals between and among various levels of healthcare system to create a continuous care pathway. So the continuum is among the various levels of healthcare system, also the various stages of life. Now what are the key features of RMNCHA strategy? Now basically this is health system strengthening which focuses on infrastructure, human resources, supply chain management and referral transport measures, prioritizing of high impact interventions for various lifestyle changes be it reproductive, maternal, newborn, child or adolescent health and increasing the effectiveness of these investments by prioritizing various geographical areas based on available evidence. Now, the other key features being integrated monitoring and accountability through good governance.

Now, this is essential through the use of available data sets, community involvement and various steps to address the grievances. Broad based collaboration and partnerships with various ministries, departments, the development partners, civil society and other stakeholders. Now what are the five pillars in this RMNCHA strategy? So basically they are reproductive health, maternal health, neonatal health, child health and adolescent health. So basically it is a continuum of care across these five pillars. Now in the RMNCHA we have a 5 by 5 matrix for high impact interventions.

So this consists basically of reproductive health, maternal health, newborn health, child health and adolescent health. The five pillars along with health system strengthening and cross cutting interventions when implemented with high coverage and high quality. So this is the 5 by 5 matrix for the high impact RMNCHA intervention. We will focus more on adolescent health. So basically the priority intervention being addressing teenage pregnancy and increasing contraceptive prevalence in the adolescents, introducing the community based services through peer educators, strengthening the adolescent reproductive and sexual health clinics, rolling out national iron plus initiative including weekly iron folic acid supplementation and promotion of menstrual hygiene.

So now let us have a look at these priority intervention. Beginning with the adolescent nutrition that is the iron and folic acid supplementation. So under this there is a national iron plus initiative. This is the basic target being adolescents 10 to 19 years both who are in the school or outside school. Those who are in school will be reached through the weekly iron and folic acid supplementation scheme that is the WIFS and the out of school adolescents will be reached through the Anganwadi centers.

The iron and folic acid tablet for adolescents is colored blue or also known as iron ki neeli goly and this is different from the red colored IFA tablet that is for pregnant and lactating women. Then we have the WIFS that is the weekly iron folic acid supplementation. Basically supervised weekly iron and folic acid supplements are given to adolescents and these consist of 100 mg elemental iron and 500 µg folic acid. Under this scheme there is screening of target groups for moderate or severe anemia and referral of those cases to an appropriate health facility. Also there is biannual deworming with albendazole 400 mg in the Adolescents.

Coming to the other priority interventions, we have the facility based Adolescent reproductive and sexual health services or the adolescent health clinics. We will be discussing this in greater detail later on in this lecture. Information and counseling on adolescent sexual reproductive health and other health issues. So under the purview of this we have life skills education provided to the Adolescents in schools, Anganwadi centers, also in outreach programs. Counseling to the Adolescents is given regarding promotion of healthy lifestyles, prevention of high risk behaviors and reduction of gender based violence and so on.

There are peer educators from among the community itself to counsel the Adolescents. The other priority interventions being menstrual hygiene where the knowledge about use of sanitary napkins and the availability of quality products that is quality sanitary napkins to the Adolescent girls is given and preventive health checkups for adolescents where biannual health screening, the basic health services and referrals provided to the adolescents, adolescent immunization services, deworming and micronutrient supplementation is also provided to the Adolescents. So that was all about RMNCHA.

Next coming to the Rashtriya Kishor Swasthya Karayakram or the RKSK. Basically this was launched by the Ministry of Health and Family Welfare on 7th Jan 2014 and this basically was developed to strengthen the adolescent component of the RMNCHA strategy.

Now what are the strategic priorities under this program with relevant objectives. The first being improving nutrition. The relevant objectives under these priority being reducing the prevalence of malnutrition among adolescent girls and boys, reducing the prevalence of iron deficiency anemia among adolescent girls and boys. The next priority being improving the sexual and reproductive health of adolescents. So under this, the objectives being improving the knowledge, attitudes and behavior of the adolescents in relation to sexual and reproductive health, reducing teenage pregnancies, improving the birth preparedness,

complication readiness and providing early parenting support for the adolescent parents.

Enhancing mental health, another strategic priority under the RKSK. Next is preventing injuries and violence. So under this, the objective being promoting favorable attitudes for preventing injuries and violence which includes gender based violence as well among the adolescent group. Preventing substance misuse. So basically it is increasing the awareness of adolescents of the adverse effects and consequences of the substance misuse which is highly prevalent among the adolescent age group.

Addressing non communicable diseases. So basically promoting a behavior change in the adolescents to prevent non communicable diseases such as hypertension, diabetes, stroke and cardiovascular diseases. So what are the various services under RKSK. Basically we have the WIFS, that is Weekly Iron folic acid supplementation, Adolescent friendly health clinics and counseling, peer education, the celebration of adolescent health day and the menstrual hygiene scheme.

Now weekly Iron Folic Acid supplementation. The salient feature of this being to reduce the prevalence and severity of anemia in the adolescent population from 10 to 19 years. The target group for the same being school going adolescent girls and boys in class 6 to class 12 who are enrolled in government or government aided or municipal schools can be out of school student as well and belong to both urban and rural areas. The various interventions under the WIFS we have already studied in the previous slides that is supervised Weekly Iron Folic acid supplementation, screening of target groups for moderate or severe anemia and referral and biannual deworming.

Coming to peer education. So basically the formation of group of 15 to 20 boys or girls from the community known as peer educators for this peer education priority intervention to improve life skills.

Basically this is there to improve the life skills, knowledge and attitude of adolescents and these peer educators refer the adolescents to the Adolescent friendly health clinics for their issues. Coming to the celebration of Adolescent health day. So basically this should be organized in every village to increase awareness among the adolescents, their parents, their families and other relevant stakeholders and this should be organized once every quarter on a convenient day for everyone, preferably it can be a Sunday. Venue can be any community space be it Angarwadi centers and the services should be offered to all the Adolescent target groups be it male or female 10 to 19 years of age, be it school going or drop out and married adolescents as well. Now coming to the menstrual hygiene scheme under the RKSK.

Basically this aims to increase awareness regarding menstrual hygiene among the rural adolescent girls. This also aims to increase access to and normalize the use of quality sanitary napkins. So basically this is still not normal at many rural and backward areas in India and also at affordable prices among the rural adolescent girls and ensuring safe disposal of sanitary napkins. While normalizing the use of quality sanitary napkins is

essential, all the more essential is ensuring the safe disposal of the same. Now let's have a quick look at the various intervention under the RKSK.

So we have Adolescent friendly health clinics. This we will be discussing in greater detail in the upcoming slides. We have the weekly iron and folic acid supplementation program where weekly iron and folic acid supplements and biannual deworming for in school girls and boys in 6th to 12th class and out of school girls in 10 to 19 years is given. Information and counseling to improve dietary intake and actions for the prevention of worm infestation, also management and referral for those diagnosed with mild to severe anemia is done.

Next, the scheme for promotion of menstrual hygiene. There, the aim is to increase awareness about menstrual hygiene among the rural adolescent girls, increasing access and normalizing the use of quality sanitary napkins at affordable prices and ensuring safe disposal of the same.

Then there is the peer educator program which we have discussed. There is formation of a group of 15 to 20 boys or girls from the same community and conducting 2 hour sessions per week and organizing and also participating in the quarterly adolescent health days and referring the adolescents to adolescent friendly health clinics for counseling and clinical services by the peer educators. Then the celebration of quarterly adolescent health day organized in every village once every quarter for awareness and peer educators, ASHAs and Anganwadi workers should mobilize adolescents, parents and other stakeholders for celebration of the adolescent health days. So that was all about RKSK.

Next moving to a very recent program by the Government of India, Anaemia Mukh Bharat. So this was launched by the Ministry of Health and Family Welfare, Government of India to accelerate the decline of anaemia across various age groups. This is a primary objective of the POSHAN Abhiyan that was launched in March 2018 and this Anaemia Mukh Bharat was first launched in 1970 as the National Nutritional Anemia Prophylaxis Program. So basically under the Anaemia Mukh Bharat, this works under the 6 x 6 x 6 strategy that is there are 6 beneficiaries, 6 interventions and 6 institutional mechanisms for Anemia Mukh Bharat. Now what are the 6 beneficiaries under this program? So basically there are children 6 to 59 months, the another beneficiary being children 5 to 9 years, adolescent boys and girls that is 10 to 19 years, pregnant women, lactating mothers and reproductive age group women.

All this amounting in 2018 to 450 million people. So that's quite huge number that this program tried to cater to or targeted. The 6 interventions for Anaemia Mukh Bharat are as follows. Prophylactic iron folic acid supplementation for the beneficiaries, periodic deworming of children, adolescents and pregnant women, intensified year round behaviour change communication campaign with a solid body, smart mind and delayed cord clamping, testing of anemia using various digital methods and point of care treatment, mandatory provision of the iron and folic acid fortified food in various public health programs and

addressing non-nutritional causes of anemia in endemic pockets with a special focus on malaria, various hemoglobinopathies and fluorosis as well. Now what are the 6 institutional mechanisms under the Anaemia Mukh Bharat? So there is the intra-ministerial coordination.

So under this, there is expansion of the already existing National Steering Committee for RKSK to the Anaemia Mukh Bharat National Steering Committee. Then there is the National Anaemia Mukh Bharat Unit to strategize and to coordinate with the states and monitor them for implementation of this Anaemia Mukh Bharat. Then the National Centre of Excellence and Advanced Research on Anaemia Control housed by AIIMS New Delhi. Convergence with other ministries as part of institutional mechanisms. Strengthening the supply chain and logistics and the Anemia Mukh Bharat Dashboard and Digital Portal which is a one stop shop for anemia. So that was all about Anemia Mukh Bharat.

Let's move on to Kishori Shakti Yojana. So another scheme which was launched in 2000. This Yojana seeks to empower adolescent girls so as to enable them to take charge of their own lives. This Yojana was basically a redesign of the already existing Adolescent Girls Scheme and this is implemented as a component under the ICDS scheme that is the Integrated Child Development Services Scheme. Now what are the objectives of Kishori Shakti Yojana? The objectives being basically to improve the various nutritional, health related and developmental status of the adolescent girls to promote awareness of health, hygiene, nutrition and family care among the adolescent girls, to link them to opportunities for learning life skills going back to the school and to help them gain a better understanding of their social environment and take initiatives to become productive members of the society. The basic target group for the Kishori Shakti Yojana being adolescent girls from 11 to 18 years of age.

Next coming to Balika Samriddhi Yojana. Now this Yojana was launched by the government of India in 1997. The objectives of this Balika Samriddhi Yojana being basically to change the negative family and community attitudes which is there towards the girl child even today in India at birth and also the negative attitude towards the mother. So this is still prevalent in lot of rural areas and other societies in India.

So basically the objective is to change this attitude to improve enrollment and retention of girl children in schools, to increase the age of marriage of girls and to assist the girl to undertake income generation activities and become self-sufficient. Now who are the beneficiaries under these Yojana? So beneficiaries being the girl child belonging to families below the poverty line, those who are born on or after 15th August 1997 and the benefits basically are restricted only to two girl children in a household irrespective of the number of children in the household. Important is two girl children. The payment is made on attaining the age of 18 years and the benefits are withdrawn if the girl gets married at the age less than 18 years and in case of death.

Now what are the benefits for the eligible girl child? A post-birth grant amount of 500 rupees is done and when the girl child is born on or after 15th August 1997 and covered under the Balika Samriddhi Yojana who starts attending the school, so she becomes entitled to annual scholarships to the tune of rupees 300 per annum for studying class 1st to 3rd for each class rupees 300. For class 4th the amount of scholarship is rupees 500 per annum. For class 5th it is rupees 600 per annum. For class 6th to 7th it is rupees 700 per annum for each class. For class 8th it is rupees 800 per annum and for class 9th and 10th is rupees 1000 per annum for each class. This is the amount of scholarship for attending the schools for each class.

Next coming to the National AIDS Control Program. Under NACO or the National AIDS Control Program, the Adolescence Education Program was launched in 2005. This was a key mainstreaming initiative by Ministry of Human Resource Development that is MHRD in collaboration with NACO. This initiative was initiated in all the government schools in the country for students of class 9th and class 11th with the aim of building up the life skills of adolescents basically to cope with the physical and various psychological changes associated with growing up more so at this tender, transformative adolescent age. Now what are the salient features of this Adolescence Education Program? Basically it is co-curricular adolescence education imparted in the classes 9th to 11th, life skills education provided to these children in classes 1st to 8th, inclusion of HIV prevention education in various pre-service and in-service teacher training and teacher education programs as well and inclusion of HIV prevention education for out of school adolescents and young persons as well so that even they are not left out. So that was all about the Adolescence Education Program under NACO.

Next coming to Adolescent Friendly Health Clinics or the AFHCs. So we have already discussed this under RKSK. So we will be discussing this in greater detail here. So basically the RKSK or the Rashtriya Kishor Swasthya Karyakram, this highlights the need for strengthening of the Adolescent Friendly Health Clinics under its facility based approach. The objectives of these AFHCs are addressing the stigma behind assessing the adolescent services.

Various services provided under AFHCs are counseling services and the curative services as well. So various counseling services provided under this clinics to the adolescents are regarding nutrition, puberty related issues regarding RTI or sexually transmitted infection prevention issues and contraception and delaying marriages and so on. The various curative services offered at these AFHCs are treatment of severe malnutrition, treatment of common RTI or sexually transmitted infection problems, treatment of menstrual disorders, various sexual concerns of the males and females, various mental health services, treatment of non-communicable diseases, the management of injuries which are related to accidents and violence and the management of substance misuse among the adolescents. These are the various curative services. Now what is the key friendly component of the AFHC? This basically mandates facility based clinical and counseling services for adolescents.

So few of which are equitable, that is the services are provided to all the adolescents who need them. Accessibility - that is ready accessibility to AFHCs by adolescents, that is AFHCs should be established where adolescents can go without hesitation. So basically these should not be placed beside the ICTCs, they should not be placed beside labor rooms or STI clinics etc. So that makes it more hesitant for the adolescents to go to them. Acceptable - the health providers meet the expectation of adolescents who use the services.

Appropriate- that is the required appropriate care is provided and any unnecessary and harmful practices basically they are avoided. Effective - so this means healthcare produces positive change, basically a positive change in the status of adolescents and services are efficient services and high quality. Comprehensive services under the AFHCs, so basically care provision covers promotive, preventive and curative aspects as well. Now how is this delivery of adolescent friendly health clinics and how is this services delivered? So basically at the sub-center level this delivery is done by ANM, at the primary health center level by medical officer and ANM through adolescent information and counseling center and at CHC and above we have the adolescent counselors at the adolescent health clinics. Now what is the way forward as far as adolescent health programs in India is concerned? So basically there should be increased budget allocation for adolescent health and development programs as such and strengthening of the already existing adolescent health programs considering the adolescent health issues.

Social awareness is the need of the hour. Creating awareness among communities, teaching children and parents about various adolescent health programs is essential. Now this is the collective responsibility of parents, government, healthcare workers, educators and all relevant stakeholders that they should work together and ensure that the India's adolescent population gets the much needed support it needs to thrive and to grow. So coming to the take home message from this lecture, so basically as we have gone through various adolescent health programs in India be it RMNCHA, RKSK, be it Anaemia Mukta Bharat or be it the other program that we have seen. So India has made positive strides to improve adolescent health and development through its various government initiatives and policies. As we look at the future there should be more targeted programs and a focus on the marginalized and vulnerable population needs to happen.

Culturally sensitive policies, greater funding to the programs and advocacy regarding the health programs of adolescents will help tackle the persistent issues of adolescent health.

So these are my few references for this lecture. So that is all from my end for this lecture.

Thank you.