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Constraints faced by beneficiaries of 'SABLA' scheme for adolescent girls (11-18 years) in Bikaner district: A review

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Abstract

Adolescents are a main resource for national development. Investing in their health and development is investment in the greater good of the country. They should be seen in terms of their needs as a group and as a productive member of society in the future. Recognizing the unexpected needs of adolescent girls, the Rajiv Gandhi Scheme for Employment of Adolescent Girls-Sabala has been started as a comprehensive intervention for the adolescent girls in the age group of 11-18 with the attention of the school girls.

In the Bikaner district, the current investigation was conducted to understand the clear picture of SABLA so that appropriate personnel, institutions and agencies could be given appropriate response to make it more effective and more beneficial. The present study was conducted in Bikaner district. Six villages were selected (Napasar, Norangdesar, Palana, Lakhusar, Jamsar and Kilchu) for the current investigation. In the Sabla scheme, 120 registered girls were considered by using all the sample sizes proportional random sampling technique from all six villages. Interview method was chosen to get opinions of beneficiaries from different colors.

- The major findings of the current study have shown that most beneficiaries, upper age groups, 5 members from the nuclear family, monthly income were related to general information in general information. From 6001 to 8000, were of the general caste, the families were cultivating, passed from the primary level, in middle-level mass media exposure, over 2.1-5 hectares of land, high level of urban contact, the level of expansion contact was And they did not participate in any training program related to activities.

- The beneficiaries had to face some obstacles such as unavailability of diversity in supplementary nutrition, a 3-month gap of health checkup, short term vocational training, lack of practical oriented knowledge on different aspects of nutrition and health, and lack of need based business Training etc.

Thus, it can be said that with some improvements, that SABLA scheme can empower the lives of Adolescent girls.

Adolescence is the period of transition from childhood to adulthood and is attributed to attempts to achieve goals related to expectations of mainstream culture, and physical, mental, emotional and social development (WHO, 1986). Adolescence in girls has been recognized as a special period in their life cycle which requires special attention in terms of nutrition, biological and family life. (Academia. 2015)

Keywords: SABLA' scheme, adolescent girls, supplementary nutrition

Introduction

Adolescent are a main resource for national development. Investing in their health and development is investment in the greater good of the country. They should be seen in terms of their needs as a group and as a productive member of society in the future. Recognizing the unexpected needs of teenage girls, the Rajiv Gandhi Scheme for Employment of Adolescent Girls - Sabala has been started as a comprehensive intervention for the Adolescent girls in the age group of 11-18 with the attention of the school girls.

Sabla enhanced the girls of adolescence with self-esteem, with the ability to nurture and health status with better skills and the ability to make informed choices. By the end of December 2012, about 88.76 lakh adolescent girls have been covered under the nutrition component of 'Sabla' scheme of the Ministry of Women and Child Development. Under the Rajiv Gandhi

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Yojana, under the empowerment of Adolescent girls, it is also known as 'Sabla'. Under the non-nutritional component of the scheme, 14,654 youth were brought to mainstream in the school system in 2012-13. This scheme is being implemented in 205 selected districts across the country using the ICDS platform.

Therefore, in the Bikaner district, the current investigation was taken to understand the clear picture of SABLA so that appropriate personnel, institutions and agencies can be given appropriate response to make it more effective and more beneficial.

Objectives of the paper

This paper is written by conducting a review of literature on the following objectives - Benefits of 'SABLA' and other programs for adolescent girls, Obstacles faced by the beneficiaries of 'SABLA' for girls of adolescence and other programs, Correctional measures to make 'SABLA' and other programs for Adolescent girls more effective

Methodology

Literature was collected from various secondary sources of information such as articles, thesis, websites, books, magazines and proceedings of seminars / conferences.

Literature review

If the related literature is directly or indirectly affected, the investigation has been scanned and organized under different heads:

1. Benefits of 'SABLA' and other programs for adolescent girls
2. Obstacles faced by the beneficiaries of 'SABLA' for girls of adolescence and other programs
3. Correctional measures to make 'SABLA' and other programs for Adolescent girls more effective

Constraints faced by beneficiaries of 'SABLA' and other programmes for adolescent girls - 'an evaluation study of adolescent girls scheme in Kerala' which done by the 'Solidarity among Women on Adolescent girls scheme implementation', showed that only 3.57% of the Adolescent girls were illiterate. It was found that the greatest problem Adolescent girls faced were lack of support from parents and the timings of the scheme. Nearly 58% of the girls wanted to study more about health related issues like growing up, AIDS, pregnancy, etc. Nearly 40% Adolescent girls wanted to know more about job oriented programmes. The study team observed that lack of monetary assistance was the greatest problem hampering the success of the scheme. Tribal girls were the real beneficiaries of the scheme. However, they were not active in the scheme, they were hesitant to participate and the workers were not very keen on their participation. Non-beneficiaries, mothers of the adolescent girls and the local leaders had very little idea about the scheme. All the Anganwadi workers faced shortage of funds and trained resource persons published by Sodh Ganga^[10].

The supplementary nutrition (SN) and Amylase Rich Food (ARF) was not of good quality and distribution was not regular. Storage facilities, measuring scales and cooking facilities were not available or were inadequate Proper scales to measure supplementary nutrition (SN), and standing scales to weigh pregnant women and adolescent girls need to be supplied, concluded in an assessment report by Indian Institute of Management Bangalore^[11].

Approximately three fourth (73.5%) of the girls were aware

about the Adolescent Girls' (AG) Scheme while the remaining (26.5%) mentioned that they were not aware about the services. Around 49% of the girls mentioned that they had benefited from Kishori Shakti Yojana (KSY), while the remaining Adolescent Girls' did not feel so. Majority of the girls (43.8%) mentioned that they wanted to receive more knowledge related to health, followed by more vocational training (30.8%). Around 72.8% girls mentioned that they learnt about gender equality during Kishori Shakti Yojana (KSY) training. The study group found that the parents of Adolescent Girls' did not allow their daughters to come to Anganwadi Centers as the girls were not able to perform household chores. Timing for girls under Kishori Shakti Yojana should be separated from the other activities at Anganwadi center for better implementation of the programme. Awareness about the rest of parameters under study i.e. menstruation, pregnancy, lactation and HIV/AIDS as well as social issues did not register any significant improvement revealed by Formative Research and Development Services, New Delhi^[12].

Adolescent girls go to school and the timings of the Anganwadi Centers (AWC) were the same as school timings, therefore they had little time to spend in AWCs. 10.5% beneficiaries came to anganwadi centers only for supplementary nutrition. All the supervisors, Child Development Project Officers (CDPOs), 60% of the local leaders, and Anganwadi workers (AWWs) stressed that the most beneficial and effective part of the scheme was providing Nutrition Health Education (NHED). The drawback of the scheme, as revealed by the project level functionaries, was the lack of training. The study also revealed that poor recognition given to the work of the adolescent girls at the Anganwadi, made it less attractive for them revealed by Sen^[13].

It has been noticed during their study that implementation of these welfare schemes is also defective. It is clear from the study that 80% of the respondents were having complete knowledge about welfare schemes. Though majority of the respondents were aware of welfare schemes yet they don't know the method to avail these benefits. This is mainly due to illiteracy, unawareness and ignorance on part of respondents and low publicity of these schemes is also responsible for this. Majority of the respondents felt that there was corruption, political interference and delay in sanctioning of amount and distribution of commodities and this corruption and delay was caused by inadvertent manners of the officials. Some of the respondents felt that procedure to avail various benefits available under welfare schemes is very complex and lengthy reported by Singh and Lamba^[14].

A process evaluation of the Kishori Shakti Yojana scheme carried out along with this study revealed weak implementation of the scheme. The functionaries had neither received proper training and nor were they fully aware of the services to be provided. The delivery of services was partial and through inadequate activities revealed by Malhotra^[15].

Adolescent girls (11-18 years) have considerable unmet needs in terms of education, Health (mainly reproductive health) and nutrition. This is largely due to the lack of targeted health services for adolescents and widespread gender discrimination that prevail and limit their access to Health services as well as the practice of early marriage and child bearing that persists and puts adolescent girls and their children at increased risk of adverse outcomes reported by Ministry of Women and Child Development^[16].

Quick Assessment of Adolescent Anemia Control Program

(AACCP), that Due to lack of proper supervision of LSs, the anganwadi Workers could not execute contextual strategy for mobilization and IFA supplementation of adolescent girls. Balika Mandals were either not formed or were inactive. Monthly educative session of adolescent girls was not undertaken which has adverse impact on their knowledge level and affects the weekly supervised IFA supplementation as founded by TMST (Technical and management support team) Orissa^[17].

Evaluation Report on ICDS and Anganwadis that 99% of the Adolescent Girls mentioned that vocational training was hardly addressed by anganwadi workers. 88% of them said there was no Balika Mandal in their village. About 70% Adolescent Girls were familiar with the symptoms of anemia. About 60% of the children were found to be malnourished, 96% anganwadi workers provided HNE (Health and Nutrition Education) to target groups. They faced problems of irregular supply of food (12%), irregular supply of drugs (12%), and referral units were found to be suffering due to non-availability of funds. The amount earmarked for the purpose, Rs. 10,000 per annum, was considered too small an amount and was found largely unspent as reported by NRHM^[18].

Even though, we are rich in adolescent girls schemes there still exists a wide gap between the goals of the empowering programmes for adolescent girls and the situational reality of the status of them in India. Gender disparity manifests itself in various forms. Discrimination against adolescent girls still persists. The entire adolescent scheme paid less attention on educational, emotional and self-development of the girls. Reproductive health of the adolescent girls is not in a satisfactory level as founded by Nath^[19].

In spite of the existing plans and programmes, many in India are not aware of these Government initiatives. Also, non-availability of transportation facility, accommodation in hostels, distance from home and other family constraints further hamper women's participation were evaluated by Sangar^[20].

Maximum gap in registration (93.52%) was observed in adolescent registration. Supplementary nutrition distribution was 84.94%. HNE (Health and Nutrition Education) and distribution of supplementary nutrition was observed excellent but Services for adolescent girls were not at all proper revealed by Singh^[21].

Conclusion

A review of the above literature suggests that most SABLA recipients regularly benefit from the benefits of IFA supplementation and nutrition. Which are very important for the health of the beneficiaries. Although the beneficiaries faced barriers such as lack of diversity in complementary nutrition, a 3-month health check, lack of professional training, lack of practical knowledge of various aspects of nutrition and health, training, etc. The profession should be organized according to the available time of the beneficiary girls. The value of value-added foods should be given in the context of nutrition education, income-based business training should be regularly required. This will help them become more interested in health and nutrition education and enable them to generate income through vocational training. Thus, it can be said that with the help of SABLA, the country can ensure a healthy and secure future for adolescent girls. In case of disaster, the SABLA system will fail due to inappropriate transport facilities, the condition of adolescent girls will be bad. It will not be easy to give them SABLA benefits. Basic requirements will be required. SABLA agents will sometimes

be powerless to deal with the situation such as GOVT. Disaster problems, etc. Not all goals will succeed in this situation as adolescent girls constitute a precarious population in the physical population at that time. The Purpose of the Plan a) to enable the development and empowerment of adolescent girls on their own. B) improve their nutritional and health status; (C) Awareness-raising in the areas of adolescent health, hygiene, nutrition, reproduction and sexual health and care of the family and the child; D) Improve skills based on the skills, life skills and business skills of your home; E) In formal / non-formal general education, ensure that girls in school do not go to school; f) Inform and guide existing public services, such as PHC, CSC, EC, banks, police stations, etc. a) Enabling adolescent girls to flourish and support themselves-If this goal is well-considered by beneficiaries, it can overcome the problems caused by disasters (such as earthquakes and floods). income-generating activities, etc. b) To improve their nutritional status and health status - If they know what they need based on their age, they can prepare healthy national nutrition products, such as mix, us, millet. Used by the drying process of vegetables (Kaachar, guarphali, etc.) for pickles laddoo, saangari and ker, some foods available locally and any future calamity. And health care, hygiene, nutrition, Adolescent Reproduction and Sexual Health (ARSH), and care of family and child. Diet that can be easily accessed, they will have the knowledge about the benefits of sanitary napkins and they will be available monthly. Monthly problems, ARSH and family care and child care, such as child immunization, feed; have benefits of colostrums and their family members. D) Develop their home based skills, life skills and business skills, which will also help in the situation of their economic status like earthquakes, flood etc. E) In formal / non-formal education to bring girls to society - this helps to encourage girls to formal education and education of this education is better than non-formal education, but non-formal education if they are not able to cope with problems (usually means of transport, safety and security, quality of education, social pressure, etc.). F) To inform and guide existing public services, such as PHC, CHCs, EC, banks, police stations, etc. - According to this goal, adolescent girls will be able to use existing public services close to their reach, etc. They have basic information about the knowledge of these services for their accessibility, health, communication, financial aspects, complaints, etc. In order to know and understand the clear picture of SABLA in Bikaner district, a survey was opened so that an appropriate response could be given to the staff, institutes and agencies concerned to make it more efficient and effective.

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