

**Kishori Shakti Yojana (KSY)  
UNDER THE AMBIT OF ICDS  
In Uttar Pradesh and Rajasthan**

**Executive Summary**

**2006**

**Ministry of Women and Child Development  
Government of India**

**Formative Research and Development Services  
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## **Executive Summary**

### **Background of Study**

Adolescence is not only a phase of transition and turning point of one's life but also a period of commitment, determination and dedication to fulfill the dreams. About one-fifth of developing world's young children under six years of age – approximately 200 million – reside in India. This segment constitutes almost one-sixth of India's population which alone is larger in population size than many countries of the world. However the health status of children and mothers in India, as also in many third world countries remain a matter of grave concern. About one-third of low birth babies of the developing world are born in India and one in every two children (below 4 years) are malnourished. Further, the disturbing phenomenon of declining sex-ratio, as revealed by the census, indicates gender-centric discrimination in early childhood. Understandably, it called for making intervention as early as possible to improve the situation for the child "yet to be born".

Founded on such realizations, the Government of India, Women and Child Development Department launched the Integrated Child Development Scheme (ICDS) in the year 1975, initially in 33 Blocks. It has gradually been expanded to 5652 Projects (Blocks) spread over 35 States/UTs of which 4930 projects, as per statistics provided by the department of Women and Child development, Government of India, became operational by 30 June, 2003. Currently, the services provided under the scheme covers about 41.5 million beneficiaries, comprising of about 35 million children (0-6 years) and about 6.6 million pregnant and lactating mothers through a network of about 6 lakhs Anganwadi Centres.

### **Adolescent Girls' Scheme**

ICDS, with its opportunities for early childhood development, has succeeded in enlarging its reach – both in terms of geographic as well as population coverage. In order to better address concerns for young women and girl child, it was felt necessary to design interventions for adolescent girls, in particular, using the ICDS infrastructures. Besides aiming at reducing gender-centric nutritional disadvantages, continuing since generations; the designed intervention focuses on school drop-outs, girls in the age group of 11-18 years, with a view to meet their needs of nutrition, health education, literacy, skill formation, recreation; providing thereof a supportive environment for self development. Special emphasis is also placed on reducing nutritional anemia among this group.

### **Kishori Shakti Yojana**

An intervention for adolescent girls (11-18 years) the Kishori Shakti Yojana (KSY) was launched in 2000-01 as part of the ICDS scheme. Kishori Shakti Yojana being implemented through Anganwadi Centres in both rural and urban areas. The scheme aims at breaking the intergenerational life-cycle of nutritional and gender disadvantage and

providing a supportive environment for self-development. The objectives of the Scheme are:-

- i. to improve the nutritional and health status of girls in the age group of 11-18 years;
- ii. to provide the required literacy and numeracy skills through the non-formal stream of education; to stimulate a desire for more social exposure and knowledge and to help them improve their decision making capabilities;
- iii. to train and equip the adolescent girls to improve/ upgrade homebased and vocational skills;
- iv. to promote awareness about health, hygiene, nutrition, family welfare, home management and child care, and to take all measures to facilitate their marrying only after attaining the age of 18 years and if possible, even later;
- v. to enable them to gain a better understanding of their environment related social issues and the impact on their lives; and
- vi. to encourage adolescent girls to initiate various activities to be productive and useful members of the society.

### **The Proposed Research and its Relevance**

The proposed study seeks to **document the details** (approach, components, technicalities, community response and participation etc.) of the Adolescent Girl's Scheme added on to the ICDS projects in State of **Rajasthan** (blocks of **Aburoad** and **Revdar** in **Sirohi district** and **Jhdol** and **Khairwara** in **Udaipur district**) and Uttar Pradesh (blocks of **Jasrana** and **Khairagarh** in **Firozabad district** and **Babaganj** and **Patti** in **Pratapgarh district**). It also proposes to **evaluate the outcome** of this specifically designed scheme, as add on under the ambit of only a **very few** ICDS Projects in the country, drawn to address the need of adolescent girls in focused manner. The evaluation shall attempt to cover all aspects/components of the scheme and make an **objective** assessment (quantitative as well as qualitative) about its benefits and overall impact on the target group.

Most family planning and reproductive health services in India, as elsewhere, target adult women. Consequently these services have neglected a critical subpopulation - adolescents. Despite the fact that as many as one-fifth of India's population are adolescents (10-19), their health (including reproductive health) needs are poorly understood and ill served. Given the gender-centric attitude towards health care, nutrition and education; the scope for adolescent girls for self development continues to remain very poor, more glaring the scenario being in rural areas among disadvantaged communities. What emerges out very clearly is the fact that little information is available on this significant section of population and that adolescents are rarely considered a distinct group with special needs apart from those of children and adults.

In India, traditionally, the transition from childhood to adulthood, and particularly among females, has tended to be sudden. On the one hand, as a result of poor nutritional status, menarche occurs relatively late, therefore, the biological onset of adolescence, at least among females, may be later in India than elsewhere. On the other hand, marriage and

consequently the onset of sexual activity and fertility occur far earlier in India than in other regions of the world, thrusting adolescent females early into adulthood, frequently soon after regular menstruation is established and before physical maturity is attained.

**Adolescent marriage and adolescent fertility rates are disturbingly high. Early marriage continues to be norm despite laws to the contrary.** Once married, there is tremendous pressure on young wives to bear child. According to a study by Jejeebhoy (TISS, Mumbai, 1996), 36% of married adolescents (13-16) and 64% of those adolescents aged (17-19) are already mothers or are pregnant with their first child. This corresponds to 17% of all adolescent females aged 13-19. However, not much is known about adolescent fertility but the sparse information emanating from various sources including hospital records reveal adolescent pregnancy outside marriage is increasing.

Adolescent sexual behavior, sexual awareness and attitudes remain poorly explored topics. So is the case regarding adolescent's knowledge about health and hygiene, including reproductive health; rendering them to have poor negotiation skills and decision making power in sexual relationship. Lack of basic education, low nutrition, lower self-esteem developed from gender-centric preferences and practices existing in the community, society at large – all these adversely influence adolescents development.

## **Research Design and Methodology**

Data from secondary sources envisages collection of information on details of scheme composition and components, implementation strategy guidelines (including beneficiaries coverage), if any, brought out by the Department of Women and Child Development, Government of India and/or ICDS Secretariat at the State/ district level or at the office of CDPO. Reason(s) for initiating Adolescent Girl's Scheme only at a few selected ICDS blocks/projects; additional infrastructure, resources including funding assistance provided for the same; criteria, if any, for selecting the particular ICDS projects/blocks for adding on (initiating) Adolescent Girl's Scheme; stated objectives, if any, of the scheme and defined parameters for scheme evaluation. Data from secondary sources was collected through personal interview (in-depth) of concerned official(s) both at Central Government level (Department of Women and Child Development) and also at the level of concerned State level Department. The Department of Women and Child Development, Government of India was therefore requested to issue necessary instructions to its official in the Department and also respective State Government(s) for extending necessary co-operations and provide the required information.

Data from primary sources have been collected by making visit to the ICDS block/project site using the following techniques:

- ? in -depth interview of the CDPOs;
- ? in-depth interview of Anganwadi Workers;
- ? interview of adolescent girls through structured questionnaire;

- ? focused group discussions (FGDs) among adolescent girls;
- ? focused group discussions (FGDs) among the parents of adolescent girls.

The entire study was completed in a period of 12 months starting from February 2005 to March 2006.

## **Results**

### **Background of Adolescents**

Ninety percent of the girl respondents belong to the age-group 12-18 years while only 5 percent are of age 11 and 4 percent above age 18. Mean age of the respondents is 15 years with a standard deviation of 2.13.

Approximately half (49.2 %) of the girls have been dropped out from the schools while 16.2 percent are illiterates. Thirty five percent of girls were students in various classes.

Among all girl respondents 12.8 percent were found to be currently married and the remaining 87.2 % were never married.

Among those who were married, approximately two-third (63.4%) belongs to Rajasthan and the remaining one-third (36.6%) belongs to Uttar Pradesh.

Majority of the girls (37.0%) belong to the Backward Category followed by General Category (28.7%), Scheduled Caste (20.2%) and Scheduled Tribes (14.1%).

Majority of the respondent girls (92.0%) belong to the Hindu family while only a small fraction (5.0%) of girls belongs to the Muslim family. The proportion of Hindu girls is found to higher in the state of Uttar Pradesh (96.1%) while Muslim girls are more in Rajasthan than in Uttar Pradesh.

Among the sample respondent girls, approximately one third (35.5%) belong to the BPL family while the remaining 64.5 percent belong to the non-BPL family. The proportion of BPL family was approximately half (45.5%) in Rajasthan while in Uttar Pradesh only approximately one-fourth girls belong to the BPL category.

## **Key Findings**

### **Awareness of Schemes and Services**

Approximately three-fourth (73.5%) of respondent girls answered affirmatively while remaining (26.5%) told that they were not aware about the services. The awareness was found to be much better in the state of Uttarpradesh (94.5%) than in Rajasthan (57.6%).

Approximately half (47.7%) of girls told that they visit AWC daily followed by once in a week (31.6%) and once in a month (10.5%). Approximately 9 percent told that they go to AWC when called up by AWW.

It seems from their replies that major activities under KSY in Rajasthan is stitching and weaving courses while in case of Uttar Pradesh the major focus of the scheme is to provide knowledge related to the health and hygiene to the adolescent girls.

Among those girls who were aware about the services provided at AWC, majority of them think that the AWC programs and services are basically meant for pregnant women. On the question related to the targeted beneficiaries of the schemes, approximately half (49.4%) of the girls reported that the main beneficiary for AWC services are the pregnant women followed by adolescent girls (4.3%), children below 5years (2.3%) and lactating mothers (1.7%). Approximately 15 percent girls were found to be not aware about the target beneficiaries of the scheme.

The girls who were found to be aware about KSY were only less than half (45.7%). Awareness in Uttarpradesh was found to be better (73.0%) than in Rajasthan (25.2%). AWWs are found to be most effective way of spreading the awareness about KSY among the girls as approximately 38.7 percent of girls told that they came to know about the scheme from AWWs. Approximately 8 percent of girls informed that they know about KSY from TV/radio, family members, friends, news papers, sector supervisors, etc.

Approximately 90 percent of the girls were found to be registered at AWC. More girls were registered in Uttar Pradesh (96.8%) than in Rajasthan (83.5%).

Girls were asked about their learning at AWC under KSY. Majority of the girls (43.1%) replied that the new learning have been in the area of health followed by education (29.7%), reproductive health (10.5%), vocational training (6.2%) and art and painting (6.1%). Some of the girls also replied that they learned about nutrition (1.8%) and environmental education (0.6%).

### **Exposure Visits**

In the state of Rajasthan, exposure visit program constitute a major part under KSY. Approximately two-third (65.6%) of the girl respondents reported that they have participated in the exposure programs organized under KSY. Most of the girls (63 percent) have gone for the exposure visit only for one day.

### **Vocational, Skill Development and Sports Activities**

In the state of Rajasthan, it was found that some activities related to the skill development have also been undertaken under KSY. Forty percent of the girls in Rajasthan informed that there have been some skill development program at the AWC.

Sports activities were found to be carried out in both the states. Approximately half (50.7%) of the girls reported about the sports activities being carried out at AWC for adolescent girls. In Uttar Pradesh, about 64 percent of girls reported about the sports activities at AWC while in case of Rajasthan it is only 40.7 percent.

### **Satisfaction from KSY**

All the girls were asked if they feel that they have been benefited by KSY. Only approximately half (49%) of the girls said that they have been benefited while the remaining did not feel so. In the state of Rajasthan, more girls (58.1%) admitted that they have been benefited from the KSY while in Uttar Pradesh, only 37 percent girls felt so.

While the satisfaction with the KSY has been found to be only by 50 percent of the respondents, approximately 80 percent of the girls reported to be satisfied by the work of AWC. The satisfaction was much higher in the state of Uttar Pradesh (98.7%) than in Rajasthan (65.9%).

All the girls were also asked about their expectations from AWC. It was found that majority of the girls (43.8%) expressed their desire to receive more knowledge related to the health followed by more vocational training (30.8%). Approximately one-fourth (25.4%) of all respondents also desired that the raw material for vocational learning should also be available at AWC. While in Rajasthan the stress was for the availability of raw materials, in Uttar Pradesh, majority of the girls desired for training in vocational courses.

Girls were further asked about their willingness to learn new things under KSY. More than half (56.8%) of the girls desired to learn about stitching followed by craft (23.2%) and to make home made items (20.0%) such as making papad, pickles, etc. In the state of Rajasthan, the emphasis was for stitching courses while in Uttar Pradesh, craft and home made items learning was much emphasized.

### **Program Impact and General Awareness**

Though the objective of this section is not exactly evaluating the program impact, but some ideas can be formed about the girls who are registered at AWC under the scheme.

### **Reading and Writing Skills**

Approximately 70 percent of the girls were able to read newspaper and could write a letter. The reading and writing skill in Uttar Pradesh was found to be higher (85 percent) than in Rajasthan (60 percent).

Seventy eight percent of the girls told that they were able do simple calculations even before joining the KSY and the remaining 22 percent who were not able to perform simple calculations were asked if they can do it now. Approximately 9 percent replied that they can do it now after attending the KSY scheme.

## **Socio-demographic Awareness**

To assess the general awareness about various socio-economic and demographic issues, some questions were asked from all the girls and the outcome of these questions are analyzed below.

On the question of how many children one couple should have, various answers were received. Table 3.4.2 presents the different responses. It is evident from the table that about half of the girls (55.2%) said that there should be two children in a family followed by three children (5.0%), four children (2.8%) and one child (1.4%). About 36 percent girls did not reply. There is not much state-wise variation on this issue.

When asked about the interval between two consecutive births to a woman, approximately half of the girls (47.9%) replied for three years. There was a substantial difference between the responses of the two states. While in Uttar Pradesh, more than half (55.3%) of the girls said that the interval should be for three years, in Rajasthan, only 42.4 percent replied for this interval. Also four and more years of intervals had been reported by 27 percent of girls in Uttar Pradesh while for same interval in Rajasthan, this percentage is only 3. Approximately one-third (32.4%) of the girls in Rajasthan replied that they were not aware of such birth interval while in case of UP, this percent is very small (1.3% only).

The girls were also asked about their feelings for equal rights of boys and girls in parental property. Approximately two-third (66.3%) of the girls replied for equal rights in the parental property. There was a large state-wise differential in this response. Whereas in UP, 78 percent girls said about the equal rights, in case of Rajasthan it is 57 percent.

All these girls were further investigated about their feelings for the equal rights of boys and girls in the society. The responses received were almost similar to the previous one.

When asked about the female reservation in Panchayat, almost all girls (98.7%) in Uttar Pradesh responded that there should be equal representation of females in the Panchayats while in the state of Rajasthan only 67 percent of girls gave similar reply.

The girls were also asked about the female infanticide, and surprisingly 2.3 percent of them approved it. Though this type of approval was much less (90.6%) in UP, it was quite high in Rajasthan.

Approximately three-fourth (72.8%) of the girls replied that they learned about gender equality during KSY training. Though there has been much variation in the responses between the two states. While in UP, approximately all (94.9%) girls replied that they learned about gender equality from KSY, only 56 percent of the girls in Rajasthan stated similarly.

## **Reproductive Health**

About two third (67.0%) of the girls reported that they have started menstruation. While in UP, about 80 percent girls reported about the menstrual cycle, in case of Rajasthan, this percent was only 57.

When probed about the care to be taken during the menstrual period, care for hygiene has been reported by maximum girls (24.0%) followed by avoiding to go to kitchen (17.0%), avoid spicy food (12.6%) and avoiding going to temple (11.2%). The responses vary state-wise. While in UP, hygiene has been reported by a maximum of girls (36.0%) followed by avoiding to go to temple (19.9%) and avoiding to eat spicy food. In state of Rajasthan, maximum response was for avoiding going to kitchen (24.9%) followed by care for hygiene (15.0%) and avoiding going to temple (4.6%).

On the question of 'whose responsibility should be for care of child', approximately two-third (67.0%) of the girls stated that it should be both – father and mother while 30 percent stated that only mother should take the responsibility for child caring. The similar responses have been observed in two of the study states.

Approximately forty percent of the girls were found to be aware of anemia. The awareness level among the girls of two states does not vary.

The girls who were aware about anemia, were further asked if they were aware how cure it. Most of the girls (15.6%) replied to take IFA tablets followed by eating green vegetable (14.9%), use of pulses (5.7%) and eating eggs (2.9%). There was not much variation in the responses from two states. While in the state of UP, more girls stated to have IFA tablets (18.6%), in the state of Rajasthan, use of green vegetables was stated by maximum girls (16.0%).

All the girls were also asked if they were aware of child immunization. Four out of five girls (81 percent) stated that child immunization is essential. In UP, approximately all (97 percent) stated for child immunization, in Rajasthan only 70 percent stated so.

The girls were further asked if they were aware how to delay or avoid pregnancy. Sixty three percent of the total girls were found to be aware of at least one method of delaying the pregnancy. Awareness was more in UP (68.8%) than in Rajasthan (59.3%).

The girls who were aware of a method of delaying the pregnancy, were further asked about the method she had heard of. Most of the girls were found to aware of oral pill (24.3%) followed by condom (18.5%), tubectomy (15.1%) and IUD (5.0%). A very few girls also reported about vasectomy and safe period method. In UP, most of the girls were found to be aware of condom (26.7%) and oral pill (24.8%), in Rajasthan, most of the girls (24.0%) were aware of oral pill and only 12 percent girls were aware of condoms.

Awareness about the RTI is very low. Only 8 percent of the girls were found to be aware of symptoms of RTI. In UP about 15 percent girls stated that they are aware of RTI, in Rajasthan the awareness was much lower. Only 3 percent of the girls in Rajasthan were aware of RTI symptoms.

All the girls were also asked if they have heard of HIV/AIDS. Fifty six percent of the girls were found to have heard of it. The awareness in UP was more (67.5%) than in Rajasthan (47.2%).

AWWs are found to be main source of providing awareness about HIV/AIDS among girls (24.3%), followed by television (18.5%). The television as a source of HIV awareness was more in UP (30.2%) than in Rajasthan (9.7%).

### **Training of AWW**

All the AWW had received general training for role of AWW in both the states. While only 41 percent AWWs had received the training under KSY. 85 percent AWW received training KSY training in Rajasthan while in UP only 4 percent AWWs reported to have received training under KSY.

Among the selected AWCs, most of them (62.8%) have completed more than one year of implementation of KSY followed by one year (22.2%), six months (8.3%) and 6.7 percent were currently under implementation. In the state of UP, almost all the AWCs have completed more than one year, while in Rajasthan, only half of the AWCs have completed one year.

### **Services Delivery at AWCs**

All the AWW were asked about the services for which adolescent girls visit the centre. Table 4.4.1 represents the various responses received from them. It is evident from the table that more than half of the girls (55 percent) visit AWC for IFA tablets.

### **Problems faced by AWWs in the implementation of the Scheme**

Most important problem the AWWs faced was the reluctance of girls to visit the centre. Seventy one percent of all AWWs stated that girls do not come to the centre. The problem faced was even if the girls come at the centre, they do not stay at the centre for long and the other problem was they do not pay attention what AWWs tell them.

Though all AWW had received trainings under the ICDS but they feel that this training was not sufficient for implementation of KSY. In the state of Uttar Pradesh, most of the AWWs reported that they have not been provided any specific training on KSY. Most of the AWWs reported that they are not aware what exactly the KSY is for. Also they feel they are overburdened by the responsibilities as AWW which makes them inefficient in delivering the services. Another problem stated by AWWs was that the parents of the

adolescent girls do not allow their daughters to come to the AWCs as the girls are not able to perform the household chores.

### **Suggestions received from AWWs - Rajasthan**

- ✍ Honorarium to the AWWs under the scheme is not sufficient and hence should be increased.
- ✍ Poor turnover of girls at AWC due to lack of interest. There is a need to increase the turnover.
- ✍ Not very good image of AWW among community. They think that the materials supplied for girls are not distributed properly.
- ✍ No proper monitoring of the scheme, even the supervisors do not ask for the activities under KSY.
- ✍ The girls are more interested in Vocational Training than on reproductive health and social issues.
- ✍ Lack of coordination by sector supervisors. When resistance by the community, the supervisors do not provide any cooperation.
- ✍ Even the Supervisor should be trained on various issues related to the KSY
- ✍ If separate master trainers can not be managed, in this situation two girls from each AWC should be given extensive training for at least three months on vocational/ IGP training so that these girls can provide the training to other girls at the AWCs.
- ✍ Girls do not show much interest on reproductive health issues.

### **Uttar Pradesh - AWW**

- ✍ Delayed and irregular payment of AWW's salary
- ✍ More workload
- ✍ No training under KSY, all AWW expressed the need for training
- ✍ About half of the AWW are not aware about the objectives of the scheme
- ✍ No clear cut guideline for the implementation of program
- ✍ Training centre is quite far from the AWC catchment area
- ✍ Duration of KSY should be longer than six month
- ✍ AWC should be provided some training equipments such stitching machine, raw material, etc.

### **Program Achievements**

- ✍ Some motivation for poor girls to learn some Income generating Program (IGP) skills
- ✍ Increased awareness about reproductive health, women's right, gender issues, social and environmental issues
- ✍ Exposure visit helped some girls to understand the life skill, legal rights, etc
- ✍ Reduced hesitation in discussing about the reproductive health issues
- ✍ Reduced misconceptions about the menstruation, family planning methods, RTI/ STI and HIV/AIDS
- ✍ Gender awareness increased

- ✍ Increased opportunity to interact among each other
- ✍ Increased awareness about need of schooling, child care, child labor, consequences of early marriage and pregnancy, nutrition, anemia, diarrhea, immunization

### **Recommendations of Study**

- ✍ Duration should not be limited for only six months or one year.
- ✍ According to the guideline for KSY provided by the GOI, 2 adolescent girls should be provided training for at least three months on the issues of KSY (following the guide lines issued by GOI) from each centre (AWC). These two girls after completing the training should be involved at AWC for providing training to the new girls at least for 3 years or as long as the KSY is in operation at that AWC.
- ✍ An honorarium along with a certificate should be given to these trainers.
- ✍ The training equipments shall be made available at each centre related to the training program girls have received.
- ✍ Sufficient raw materials should also be available for the related trades.
- ✍ The ANMs/ government health functionaries should be involved in providing the training on reproductive health and related issues. This can be done on a fixed day in month by having a meeting of AWW, ANM and Supervisors along with all the adolescent girls registered.
- ✍ CDPOs should also visit all AWCs at least once in six month to motivate girls for participating in KSY. She should also provide lessons on legal rights and gender issues.
- ✍ All the AWW along with supervisors and CDPOs should get extensive training on adolescent issues and KSY. They should also be provided refresher training after a certain interval.
- ✍ CDPOs and supervisor should also be trained for monitoring of the project.
- ✍ MIS system should be developed.
- ✍ Fund release should be more regularized and if feasible fund allocation can be revised according to the need, socio-cultural and geo-graphical location. Also fund can be allocated according to the activities undertaken in project.