POLICY ENVIRONMENT FOR ADOLESCENT HEALTH IN INDIA

India is home to over 250 million adolescents (between the ages of 10 and 19) who constitute 20 percent of the total population, making adolescent health crucial to achieving the country's Sustainable Development Goals (SDGs).

Risks to adolescents health

Risk Factors

- Injuries: 28% (10–14 years), 44% (15–19 years)
- Self-harm and interpersonal violence deaths: Boys: 4.4% (10–14 years), 15.06% (15–19 years)
- Girls: 5.7% (10–14 years), 23.9% (15–19 years)
- Malnutrition in the form of thinness is considerably higher among boys (58.1%) compared wit girls (46.8%), while obesity rates are similar for both boys and girls at 0.2%; overweight prevalence is higher in girls (2.4%) than boys (1.7%).
- Anaemia prevalence is significantly higher among girls (54.1%) in comparison with boys (29.2%).
- Tobacco use among adolescents is at 4%.
- Alcohol consumption is about 10% among 12–16-year-olds.
- Adolescents with special needs and vulnerable adolescents in tribal settings are not attended to by any programme.
- Demand for contraception among adolescents is 40%.

National Policies and Programs

Background Context - Evolution of AH services in India to 2001 when AFHS was initiated. It was a critical component of a multifaceted approach to improve AH. In 2001, a Global Consultation on AFHS was held. After this, a WHO-supported pilot project on AFHS initiatives in states/ union territories was conducted. Later in 2005, an implementation guide on ARSH strategy (with a focus on AFHS) was developed. Implementation started in 2006 as part of the National Reproductive and Child Health Strategy with the support of states/union territories. Finally, it got shaped into the form of a national AH programme (Rashtriya Kishor Swasthya Karyakram), which was launched in 2014.

Rashtriya Kishor Swasthya Karyakram (RKSK) launched in 2014. The programme had adopted a multisectoral approach and further complemented the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH) programme under National Health Mission.

Following the Government of India's "Call to Action (CAT) Summit" in February, 2013, the Ministry of Health & Family Welfare launched Reproductive, Maternal, Newborn Child plus Adolescent Health (RMNCH+A) to influence the key interventions for reducing maternal and child morbidity and mortality. The 'Plus' in the strategic approach denotes the :

(1) inclusion of adolescence as a distinct 'life stage' in the overall strategy
(2) linking of maternal and child health to reproductive health and other components (like family planning, adolescent health, HIV, gender and Preconception and Prenatal Diagnostic Techniques (PC&PNDT)
(3) linking of community and facility-based care as well as referrals between various levels of health care system to create a continuous care pathway, and to bring an additive /synergistic effect in terms of overall outcomes and impact.

The adolescent Program was earlier limited to sexual and reproductive health but with RKSK the programme framework addressed six thematic areas as follows: nutrition, injuries and violence (including gender based violence), non-communicable diseases, mental health and substance misuse.

India is one of the few countries which has addressed all health issues of importance for adolescents at the national level under a single comprehensive programme.

RKSK is a paradigm shift from the existing clinic-based services to promotion and prevention and reaching adolescents in their own environment, such as in schools, families and communities.

Policy Interventions under RKSK

Adolescent Friendly Health Clinics (AFHC)

- The programme's facility based approach focus upon strengthening AFHC's.
- It was initiated in 2006 under RCH II in the form of Adolescent Reproductive Sexual Health (ARSH) Clinic to provide counselling on sexual & reproductive health issues.
- But now it has been extended the clinical and counselling services on diverse adolescent health issues ranging from Sexual and Reproductive Health (SRH) to Nutrition, Substance abuse, Injuries and Violence (including Gender based violence, Non Communicable Diseases and Mental Health.
- Adolescent Friendly Health Clinics will have strong linkages with Peer Education Programme.

Peer Education Programme

- The adolescents in the community are covered through Peer Education (PE) Programme.
- The selected Peer Educators called Saathiya ensure that adolescents benefit from regular and sustained peer education.
- It aims to cover of out of school adolescents in addition to the school going adolescents.

Weekly Iron and Folic Acid Supplementation (WIFS)

- Ministry of Health and Family Welfare launched this Weekly Programme to meet the challenge of high prevalence and incidence of anaemia amongst adolescent girls and boys.
- The long term goal is to break the intergenerational cycle of anaemia, the short term benefits is of a nutritionally improved human capital.
- The programme, implemented across the country both in rural and urban areas.

Menstrual Health Hygiene Scheme

- Scheme was introduced for promotion of menstrual hygiene among adolescent girls in the age group of 10-19 year in rural areas.
- The funds are now being provided to States/UTs under National Health Mission for decentralized procurement of sanitary napkins packs for provision to rural adolescent girls at a subsidized rate.

Access to Health Benefits/Information

Facility Based Approach

- RKSK envisaged to deliver Adolescent Friendly Health Services through trained service providers- MO, ANM and Counsellors at AFHCs located at Primary Health Centers (PHCs), Community Health Centers (CHCs) and District Hospitals (DHs) and Medical Colleges.
- Counselorsplay a crucial role in operationalization of Adolescent Friendly Health Clinics (AFHCs).

School Based Approach

- Peer Educator Intervention - Under the PE programme, four peer educators (two boys and two girls) are selected per village/1000 population/ASHA habitation to reach out to adolescents.
- Provision of Sanitary Napkins through ASHA workers.
- Strengthening of school based health activities.
- Weekly Iron Folic Supplements and Deworming during National Deworming Day.

Community Based Approach

- PE intervention for out of school/ vulnerable Adolescents.
- Adolescent Friendly Clubs
- Quarterly Adolescent Health Day
- Provision of Sanitary Napkins through ASHA workers.
- Weekly Iron Folic Supplements and Deworming during National Deworming Day.

Facility Based Approach - AFHC mandates facility based clinical and counselling services for adolescents. Focus is on strengthening AFHC's at district level which will be designated as Adolescent Health Resource Centre (where apart from services as well as act as resource centre for capacity building of healthcare providers) and Community Health Centres. PHC's will continue to provie services while healthcare providers at sub centre will be sensitised to adolescent health issues.

School Based Approach - Intensifies preventive and promotive school health activities through school health promotion activities, health screening, range of services such as vaccination, providing sanitary napkins, IFA tablets etc, maintaining electronic health records, upgrading emergency care skills.

Other interventions

- Under WIFS programme, out of school adolescent girls in age group of 10-19 years (married and unmarried) will be reaching out through ICDS system.
- Some of the community based programme have been outsourced to NGO's which are selected by state.
- Adolescent Helpline - Many states already have set up helpline for providing health related information to adolescents and a national helpline is being established.
- Sathiya Salah a mobile based app has been developed.

Implementational capacity

Implementation Gaps

Communication
Organisations working on adolescent health can often fail to align their programme messaging with the needs of adolescents. Outreach staff who are older lack knowledge in the language that is easily understandable for adolescents.
This is a significant weakness, as issues like reproductive and sexual health can be highly sensitive and require empathetic language to communicate.

Streamlining Programmes
While measuring indicators of adolescent health in India, too many indicators are often taken up, which may overburden systems – given the staff shortages – and lead to discrepancies in outcomes. The first step to streamline programming would be to acknowledge the needs of adolescents in a more holistic way. There should be a set of indicators to fine-tune programming through ongoing assessment – a task which government agencies can take up in consultation with programme donors.

Measurement
Another major issue with programmes for adolescents relates to the measurement tools. While there are measurement tools available, most of them follow Western benchmarks. Adapting such tools to Indian social conditions is important.
Robust process-based indicators, starting from the pilot phase, help in strong monitoring and evaluation. Resource allocation is also crucial, as it is important for evaluations to not become tedious and expensive. Online measurement tools can also be used efficiently to help cut down costs during research.

Promoting Adolescent Health: State Experiences
Programmes should be accessible to the "last adolescent" – especially those in the margins, including the poorest, the homeless, and those in institutions with little or no access to health services. Success should be defined by the extent to which resources reach the very last adolescent.

Other partnerships and programs

COVID-19 pandemic and social crisis

UNICEF in collaboration with the Government of India, also seeks to build India's 253 million adolescents as active participants, rather than passive beneficiaries, in the process of their empowerment. They are the leaders of today, not tomorrow. The aim is to develop their skills and bring their voices more prominently in the public domain so that they can influence policies and programmes concerning them now and in the future.

The aim is to institutionalise adolescent participation through formal platforms at the block, district, state and national level and through informal platforms such as youth-led networks. To stregnthen adolescent participation an equal number of girls and boys must participate. Engaging peer support leaders is key to adolescent participation and skilling. The focus is also on ensuring adolescents have opportunities to develop employable skills, both in school and out of school.

Multi-sectoral approach

The Adolescence Education Programme (AEP)

At the national level, the Adolescence Education Programme (AEP) is co-ordinated by the National Council of Educational Research and Training (NCERT) in partnership with the Ministry of Education (MoE) and United Nations Population Fund (UNFPA).
This programme is a major initiative within the larger Quality Improvement in Schools Scheme of MHRD.

The guiding principles of Adolescence Education clearly articulate that adolescents should be recognised as a positive and valuable resource that needs to be respected and appreciated rather than being treated as a problem, AEP should contribute towards realising the transformational potential of education and that the programme should enable adolescents to articulate their issues, know their rights, counter, shame and fear, build self-esteem and confidence, and develop ability to take on responsibility for self, relationships and (to an extent) the society around them. The guiding principles also recommend that AEP should influence the entire school curriculum and ethos rather than being a stand-alone program.

AEP Implementation Strategy

The interventions include support for integration of life skills and adolescent concerns in the learning materials of National Institute of Open Schooling (NIOS) at the secondary level. The other important program component is implemented through schools in the Navodaya Vidyalaya Samiti (NVS) and Kendriya Vidyalaya Sangathan (KVS). This program component works through a cascade training approach that has created a pool of school system and board specific master trainers who orient nodal teachers who are further entrusted with the responsibility of transacting life skills based education to school students (classes 8, 9 and 11, ages 13 through 18) using interactive methodologies.

To facilitate the nodal teachers to transact life skills based education in the classroom, NCERT, with support from UNFPA has developed training and resource materials that recommend a minimum of 23 hours of transaction around the themes of understanding changes during adolescence and being comfortable with them, establishing and maintaining positive and responsible relationships, understanding and challenging stereotypes and discrimination related to gender and sexuality, recognizing and reporting abuse and violation, prevention of substance misuse and HIV/AIDS. To create an enabling environment for the implementation of the AE programme, advocacy sessions are organized with principals of participating schools and sensitisation sessions are held with parents.

Reproductive and Child Health (RCH)

Reproductive and Child Health (RCH) programme is a comprehensive sector wide flagship programme, under the umbrella of the Government of India's (GoI) National Health Mission (NHM), to deliver the RCH targets for reduction of maternal and infant mortality and total fertility rates. RCH programme aims to reduce social and geographical disparities in access to and utilisation of quality reproductive, maternal, newborn, child and adolescent health services. Launched in April 2005 in partnership with the State governments, RCH is consistent with Government of India's National Population Policy-2000, the National Health Policy-2001 and the Millennium Development Goals. Six key components of the RCH programme are Maternal Health, Child Health, Nutrition, Family Planning, Adolescent Health (AH) and PC- PNDT.

Sources/Links

http://nhm.gov.in/images/pdf/RMNCH+A/RMNCH+A_Strategy.pdf.