

RAPID ASSESSMENT:

CREATING ADOLESCENT FRIENDLY COMMUNITIES TO IMPROVE SEXUAL REPRODUCTIVE HEALTH OUTCOMES THROUGH STRENGTHENING RKSK PROGRAM IN CHHATISGARH

Rationale of the Study:

The dipstick study assesses the work of the 10to19 Collaborative to strengthen the implementation of the Rashtriya Kishor Swasthya Karyakram and contribute to the all-round development of the adolescents in the state Chhattisgarh.

Respondents were selected from intervention districts for each age group, namely: **Bilaspur and Sarguja**, where the program was run by the **Centre for Catalyzing Change (C3)**. C3 was selected as key state implementation partners on the basis of their long-standing success with adolescent and child-focused programming to carry-out a multi-year grassroots program. Implementation on ground began in 2019 as did the work at the state level which involved:

- On-ground implementation in 2 districts (Bilaspur, Surguja) with support provided to district and block administrations on adolescent issues related to health, education, safety and empowerment
- Support to the NHM to trickle up key learnings, provide consultation and technical support as needed.

A baseline was conducted in the state prior to implementation, indicating poor knowledge and awareness of the RKSK scheme and limited health-seeking behaviour.

State Profile: Chhattisgarh

Chhattisgarh has traditionally had a low sex ratio, and is characterized by low rates of female and male literacy. The National Family Health Survey indicates that the district of Bilaspur has had an especially low rate of female literacy at 53%. Bilaspur also has a heightened rate of child or early marriage with over 43% of women being married before the age of 18. Rates of teenage pregnancy are low in both districts.

Sexual and Reproductive Health*	Chhattisgarh	Bilaspur	Sarguja
Women age 20-24 years married before 18	55%	21.4%	42.8%
Women age 15-19 years who were already mothers or pregnant at the time of the survey	15.9%	7.5%	9.5%
Use of condom within married women (age group 15-49 years)	2.9%	8.3%	2.8%
Use of oral contraceptive pills within age group 15-19 years	1.4%	2.6%	1.4%

*Data from State and District Factsheets, National Family Health Survey – 4 (NFHS-4), 2015-16.

Findings from the dipstick survey



RKSK related Awareness and Practice

Responses to the endline survey indicate significant positive knowledge and awareness of the RKSK program. Respondents indicated that they were aware of and had participated in group meetings and engaged with peer educators. Knowledge of Adolescent Friendly Health Clinics (AFHCs), however, was still low.



% of Girls using 2. 1. 3. 4. different things While 99.1% of 80.4% of adolescents Health information **Mental Health:** during mensuration responding girls surveyed received received from an 45% boys said they had heard of the health information ASHA in the last were feeling down, government's or services from a vear: sad, depressed or 15.7% - Body change scheme for sanitary doctor or nurse in hopeless nearly napkins, only 31.8% school in the last one including every day in the last of girls surveyed in menstruation and 15 days. On the other vear. 72.2% the dipstick stated menstrual hygiene: hand, 60% girls said that they had 82% that they have not received sanitary - Nutritious food been feeling that way 84.3% related information: napkins under the at all in last 15 days. **RKSK scheme in the** 74% Locally prepared Napkins - General health last one year (among Use Cloth and hygiene related aware). Use Sanitary Napkins information-72%

Findings on parental interactions, agency and decision-making

Data indicates that adolescents are able to have **open** conversations around issues such as health and wellbeing, agency and decision-making. For example, most girls (96%) said that in the past one year they have discussed about menstruation with their mother or female guardian.

However, despite the increase in open conversation and sharing, **3/4th of the responding girls said that parents/ guardians should** discuss these things with them before deciding on their marriage, **but had not** discussed the same.

Similar trends exist around mobility: A lower proportion of girls are allowed to go out alone as compared to boys, especially outside the village or ward. Most of the boys (98%) are allowed to go to a shop or market or visit a friend/relative inside their village/ward alone, while only 79% girls are allowed to do so. Most likely to talk about problems with: for problems in private parts such as itching or burning while passing urine or pain during menstruation



Trends in access to mobile phones, however, are promising. While a higher proportion of boys (81%) as compared to girls (47%) have own mobile phone, **almost all the adolescents have access to a mobile phone.** In contrast, while **daily or regular internet access was prevalent among 77.1%** of respondents, 17% girls said that they access internet rarely or not at all.

	Total	Boys	Girls
Base: All respondents	223	115	108
Yes, have own mobile	64.6%	80.9%	47.2%
Yes, can access family member's mobile	35.0%	18.3%	52.8%
No	0.4%	0.9%	0.0%

Key Takeaways

- Overall, the study indicates that knowledge of schemes and services particularly around RKSK (94%)

 is high among adolescents who had participated in C3's programs, with 63% having sought services from an AFHC. 99% of those who sought services found them useful.
- However, while there is high knowledge of schemes such as the Menstrual Health Scheme, access to sanitary napkins is still low at only 31%.
- Adolescents who participated in the program also showed high levels of awareness of SRHR (across all parameters) and have increased access to information and resources around the same.
- They also show high rates of positive interactions with parents (with 96% able to talk to their parents about personal things), and healthcare workers (with 82% having received some health information from an ASHA). This indicates that adolescents feel comfortable having open conversation and interactions around sensitive issues.

About the Organisations



Dasra is catalyzing India's strategic philanthropy movement to transform a billion lives with dignity and equity since 1999. The 10to19: Dasra Adolescents Collaborative (DAC) is a high-impact platform that unites funders, technical experts, the government, and social organizations to reach 5 million adolescents, and move the needle on four outcomes key to adolescent empowerment: delaying age at marriage; delaying age of first pregnancy/birth; completing secondary education; and increasing agency.

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Centre for Catalyzing Change (C3), formerly known as Centre for Development and Population Activities (CEDPA), India, started working in India in 1987. Since then, C3 has emerged as a key change-making organization working towards empowering girls and women across various high-burdened and resource-poor states of India so they can access opportunities, realize their rights, become self-sufficient, and achieve gender equality.

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