

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

(Final Report)

Ministry of Women and Child Development
Government of India

Formative Research and Development Services
New Delhi

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Chapter I

Introduction

1.0 Background

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".

Accepting such grave situation deserving of serious attention, the National Policy for Children (1974) acknowledged it as top priority, as majority of these children live in poverty impeding their proper development. The policy stressed that focused child-centered interventions were required to address the needs of children and women, in specific, from disadvantaged community group.

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. **Curently, 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.**

Today, ICDS represents one of the world's largest and most unique programme for early childhood development and has come to be a vehicle for addressing rights issues of young children, as defined in UN Charter on the Rights of the Child, to which India acceded to in 1992. A network of Anganwadi Centres provide basic health services, nutrition, and early childhood care and development services to address the interrelated needs of children below the age of six years, adolescent girls and expectant and lactating mothers from disadvantaged communities.

Also, ICDS has come to assume many meanings for the community- a homely child care center, a play/learning center, a peripheral health center, a place providing supplementary feeding, a meeting place for women/ mothers. Thus it can be seen as a vehicle to address rights of children- to survival, protection, development and participation- in the community and society, at large.

1.1 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.

A revised adolescent girl's scheme – a redesign scheme of the already existing Adolescent Girl (AG) Scheme being implemented as a component under the centrally sponsored Integrated Child Development Services (ICDS) Scheme. The new scheme dramatically extends the coverage of the earlier scheme with significant content enrichment, strengthens the training component and enhanced self perception. It also fosters convergence with other sectoral programs, addressing the interrelated needs of adolescent girls and women. The scheme later renamed as Kishori Shakti Yojana (KSY).

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 is 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 KSY was sanctioned in 2000 ICDS projects by the year 2004. As on date the scheme has been expanded to all the 6118 ICDS projects across the country.

1.2 The Proposed Research and its Relevance

? The Proposed Study

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 **Khaiwara** 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.

? Relevance of the Study

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.

As it is, adolescents are not only a significant proportion of our country's population but also the future citizens- **adolescent girls constituting almost half of the group**. Also needless to mention, a well aware, informed and healthy adolescent is crucial for reducing many ills/ problems associated with healthy bearing and rearing of children. Understandably, **investment in adolescent girls**, in terms of their overall development- education including reproductive health education, nutrition, awareness, skill formation etc.- assume vital significance for any community and society at large with long term positive implications and benefits.

Introduction of Adolescent Girl's Programme under the ambit of ICDS or its expansion in scope to address and cover need of girl child/ adolescent girls (who shall be mothers in immediate future) is not only very essential but also highly thoughtful on the part of managers/ administration of ICDS in the country. Further, not many studies have been conducted in the past except one study of the scheme by NIPCCID during 1997. The scheme is monitored at the state and central level.

Seen in these contexts, the proposed study shall be of immense utility not only in terms of documentation of the scheme but equally significantly, in making a critical review of the implementation strategy(ies), programme strength and weaknesses, community response and participation (particularly mothers of adolescent girls benefiting under the scheme) and positive outcome of the scheme in terms of a few identified, suitable indicators. Understandably, such analysis and reviews will provide significant directions and guidelines for suitably strengthening (shaping and modifying) of the scheme and would also be helpful for policy decisions with regard to replication of Adolescent Girl's Scheme (its expansion to) in more ICDS blocks/ projects.

1.3 Research Objectives

The objectives of the proposed research are as follows:

- a) To document the Adolescent Girl's Scheme components- activities and services, programme initiation and implementation strategy(ies), coverage of adolescent girls under different services initiated under the scheme in each Anganwadi Centre of the ICDS blocks/ projects selected for the proposed study; variation, if

- any, in approach/ strategy and services provision and coverage among various ICDS blocks/ projects under study;
- b) To make a critical review of programme (scheme) design and assess it's strength and weaknesses vis-à-vis it's relevance/competence to address the micro issues and problems faced by adolescent girls in the particular area/community;
 - c) To define the objectives underlying provision of various services under the Adolescent Girl's Scheme and accordingly define suitable indicators for measuring the success (output) of the intervention;
 - d) To assess the achievement of objectives so defined (identified) in light of the services provided under the Adolescent Girl's scheme and make an evaluation of overall impact of the scheme intervention;
 - e) To identify gaps, if any, in the programme services and suggest needed changes /strengthening of the Adolescent Girl's Scheme, if required; and
 - f) To assess capabilities of ICDS (Anganwadi Center) staff members vis-à-vis proper implementation of Adolescent Girl's Scheme.

Chapter II

Study Area, Methodology and Study Design

2.0 Research Design, Methodology and Scope

2.1 Research Design and Methodology

Research design and methodology consists of collecting data from both secondary as well as primary sources. 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.

Interview of CDPOs, Health Visitors and Anganwadi Workers were conducted using a semi-structured questionnaire/ guidelines developed for the purpose and focus on scheme design, its components, activities and services provided there under. It also focuses on initiation of the scheme implementation, strategies adopted, selection/ identification of adolescent girls and their number under the scheme (scheme beneficiaries) in each Anganwadi center. Enquiries were also made about any target having been provided under the scheme for each Anganwadi center, monitoring of the scheme, if in vogue and reporting format, periodicity and system. Qualitative discussion made attempt to ascertain their own perception about the scheme, its usefulness, community response and seeming benefits and impacts. Suggestions, if any, of these officials were also probed in order to fine tune the scheme to make it better positioned and responsive to the micro- issues and problems experienced by adolescent girls in the particular area/community.

Interview of beneficiary adolescent girls were conducted by administering structured questionnaire developed for the purpose. The attempt was made to gauge adolescent girl's (beneficiaries) perception about the scheme and its (likely) benefits, benefits derived by them from the scheme activities and services. It also tried to assess their knowledge and awareness about current affairs of the country, aspects surrounding health and hygiene including reproductive health, their literacy level (basics- in terms of reading and writing abilities, doing most basic arithmetic), skill training received under the scheme/ skills acquired etc.

The study also made effort to make an assessment of their knowledge and attitude towards certain vital aspects of one's life such as education, skill training and participation in economically gainful activities, age at marriage, dowry system, right age for motherhood, reproductive health and hygienic practices, family size, child care and rearing practices besides women's rights and responsibilities.

2.2 Scope of the study

The study is limited in scope in the sense that it is done in the State of Rajasthan covering the ICDS blocks of **Aburoad** and **Revdar** in Sirohi district and **Jhadol** and **Khaiwara** in Udaipur district where Adolescent Girl's Scheme are operational. In case of Uttar Pradesh, the ICDS blocks of **Jasrana** and **Khairagarh** in Firozabad district and **Babaganj** and **Patti** in Pratapgarh district had been selected for the study.

2.3 Sample coverage

The following sample coverage are proposed to be made for interviews/ FGDs for the proposed study:

(i) Rajasthan

Survey Mode/ instrument	No. of interviews	No of Respondents	No. of Blocks/ villages to be covered
A. In- depth interviews			
- CDPOs	3	3	4 (Blocks)
- AWWs	81	81	80 (Villages)
B. Survey of adolescent girls (beneficiaries)	826	826	80(Villages)
C. FGDs of adolescent girls (beneficiaries)	6	60	6 (Villages)
D. FGDs of Parents of adolescent girls	6	48	6 (Villages)

(ii) Uttar Pradesh

Survey Mode/ instrument	No. of interviews	No of Respondents	No. of Blocks/ villages to be covered
E. In- depth interviews			
- CDPOs	3	3	4 (Blocks)
- AWWs	99	99	99(Villages)
F. Survey of adolescent girls (beneficiaries)	622	622	99(Villages)
G. FGDs of adolescent girls (beneficiaries)	6	60	6 (Villages)
H. FGDs of Parents of adolescent girls	6	48	6 (Villages)

2.4 Research Duration

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

Chapter III

Adolescent Girls: Result and Analysis

3.1 Background Characteristics

As mentioned earlier, the number of girls interviewed from various study blocks was different. The following table 3.1 shows the number of girl respondents interviewed from various study blocks. In Rajasthan, maximum respondents are from Abu Road block while in Uttar Pradesh, maximum number of respondents are from Jashrana block. Fifty seven percent of the girls belong to Rajasthan while UP has little smaller share (43.0%) among the total respondents.

Table 3.1 Number of Adolescent Girls interviewed by block

Name of Blocs	Frequency	Percent
Abu Road	380	26.2
Reodar	98	6.8
Jhadol	154	10.6
Khairwada	196	13.5
Jashrana	178	12.3
Khairgarh	128	8.8
Babagunj	158	10.9
Patti	156	10.8
Total	1448	100.0

3.1.1 Age structure

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. The following table 3.1.1 shows the distribution of girls according to their age.

Table 3.1.1 Distribution of Girls according to their Current Age

Age in years	Frequency	Percent	Cumulative Percent
11	74	5.1	5.1
12	110	7.6	12.7
13	196	13.5	26.2
14	246	17.0	43.2
15	220	15.2	58.4
16	220	15.2	73.6
17	184	12.7	86.3
18	142	9.8	96.1
19	34	2.3	98.5

20	18	1.2	99.7
21	4	.3	100.0
Total	1448	100.0	

Fig 3.1 Age of Adolescent Girls

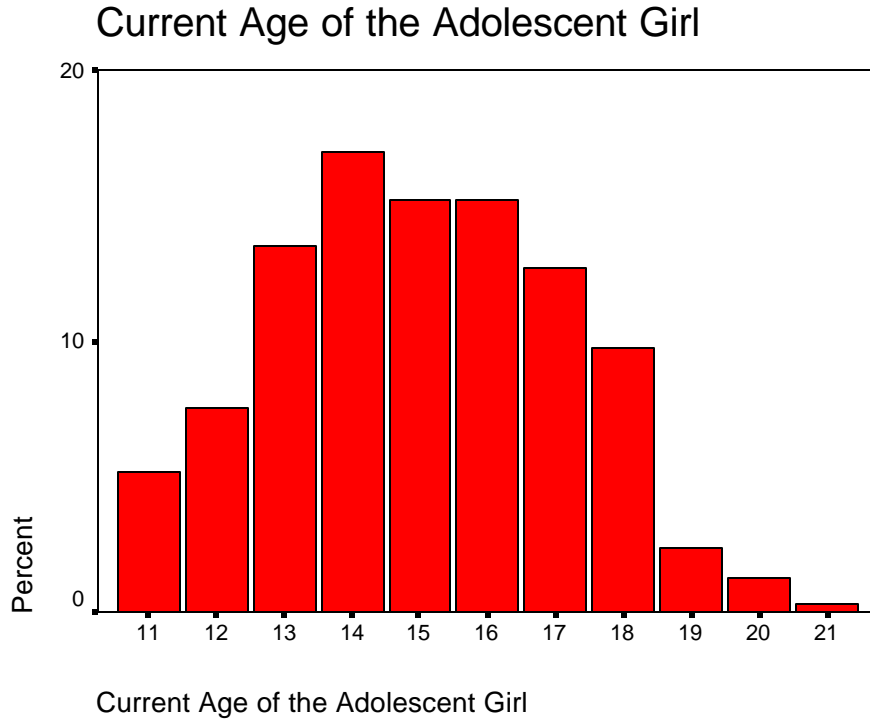
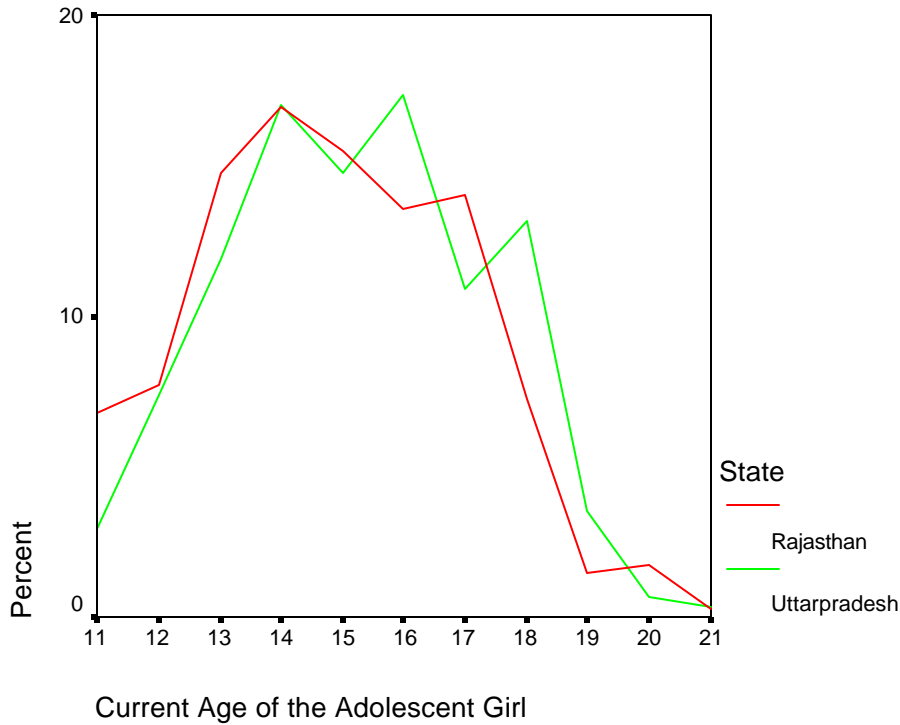


Fig: 3.2 Age-structure of adolescent girls by state



3.1.2 Educational Status

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.

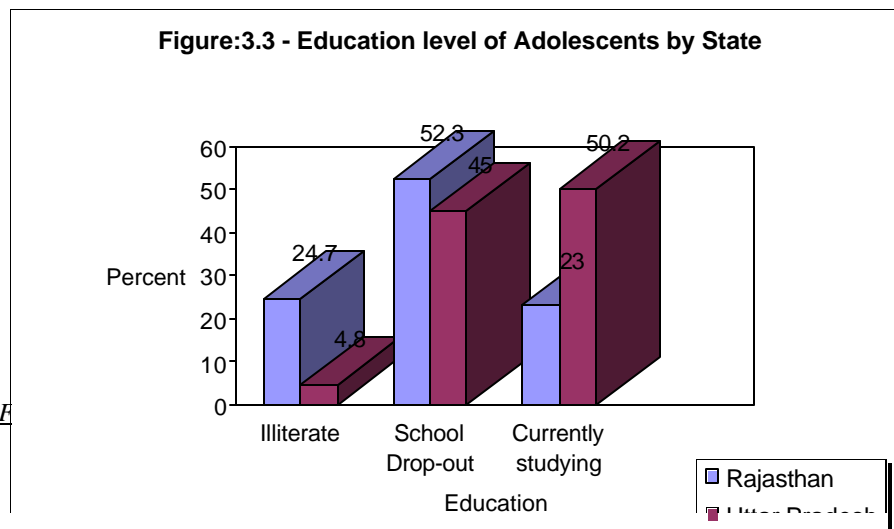
Table 3.1.2 Distribution of Girls according to their Educational Status

Level of Education	Frequency	Percent
Illiterate	234	16.2
School Dropout	712	49.2
Currently Studying	502	34.7
Total	1448	100.0

3.1.3 Marital Status

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

Table 3.1.3 Marital Status of Girl Respondents among All Girls



Marital Status	Frequency	Percent
Currently Married	186	12.8
Never Married	1262	87.2
Total	1448	100.0

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

Table 3.1.4 State-wise distribution of Girl's according to their Marital Status

	Marrital Status		Total
	Currently Married	Never Married	
Rajasthan	118	708	826
	63.4%	56.1%	57.0%
Uttarpradesh	68	554	622
	36.6%	43.9%	43.0%
Total	186	1262	1448
	100.0%	100.0%	100.0%

3.1.4 Social Group

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%).

Table 3.1.5 Distribution of Girls according to the Social Group

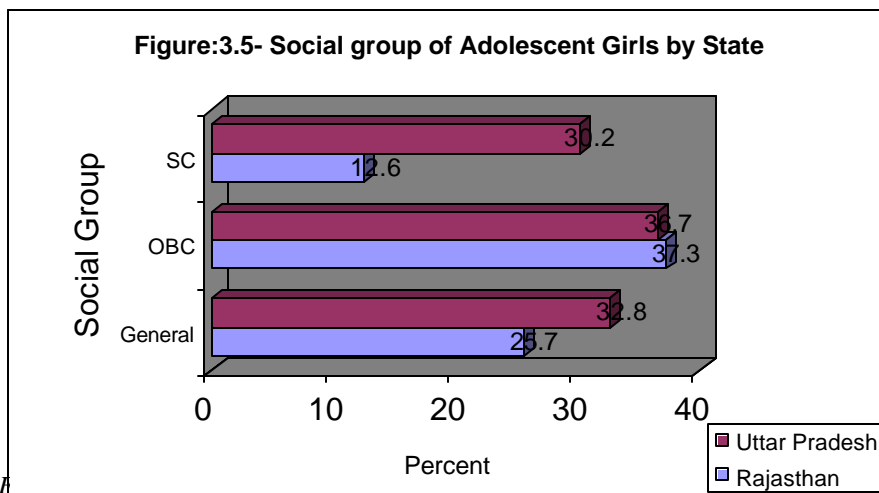
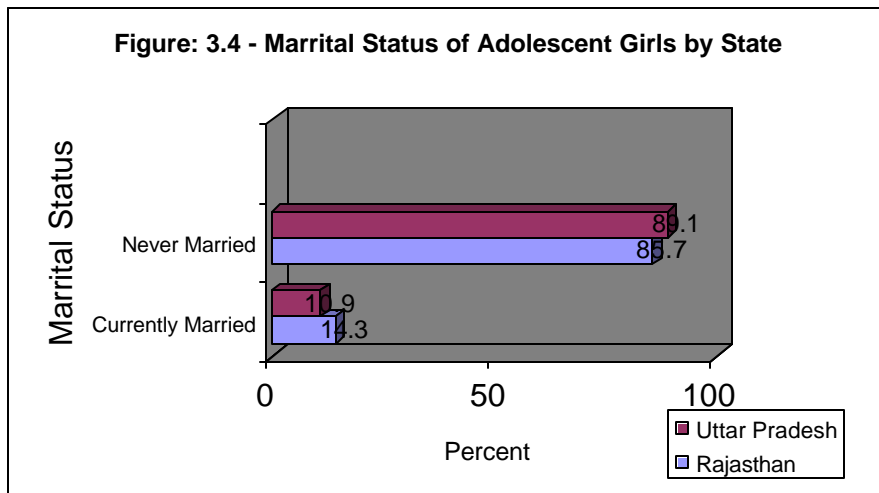
Social Group	Frequency	Percent
General	416	28.7
OBC	536	37.0
Schedule Caste	292	20.2
Schedule Tribe	204	14.1
Total	1448	100.0

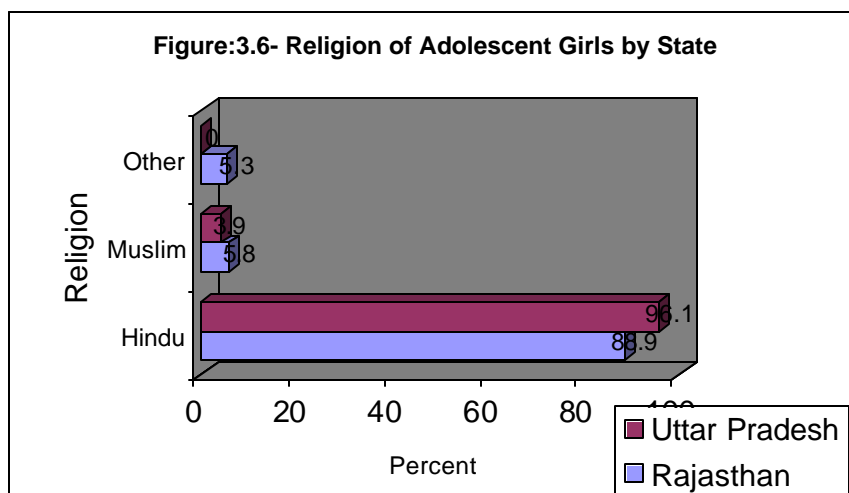
3.1.5 Religion

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.

Table 3.1.6 State-wise Distribution of Girls according to their Religion

	Religion			Total
	Hindu	Muslim	Others	
Rajasthan	734	48	44	826
	88.9%	5.8%	5.3%	100.0%
Uttarpradesh	598	24		622
	96.1%	3.9%		100.0%
Total	1332	72	44	1448
	92.0%	5.0%	3.0%	100.0%





3.1.6 Status of BPL Family

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.

Table 3.1.7 State-wise Distribution of Girls according to their BPL Status of Family

	BPL Family		Total
	Yes	No	
Rajasthan	376	450	826
	45.5%	54.5%	100.0%
Uttarpradesh	138	484	622
	22.2%	77.8%	100.0%
Total	514	934	1448
	35.5%	64.5%	100.0%

3.2 Awareness of Schemes and Services under ICDS

The study made an effort to understand if the adolescent girls were aware about the schemes and services being provided at the AWC. 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%).

Table 3.2.1 Distribution of girls according to their level of awareness about the Schemes and Services under ICDS at AWC by state

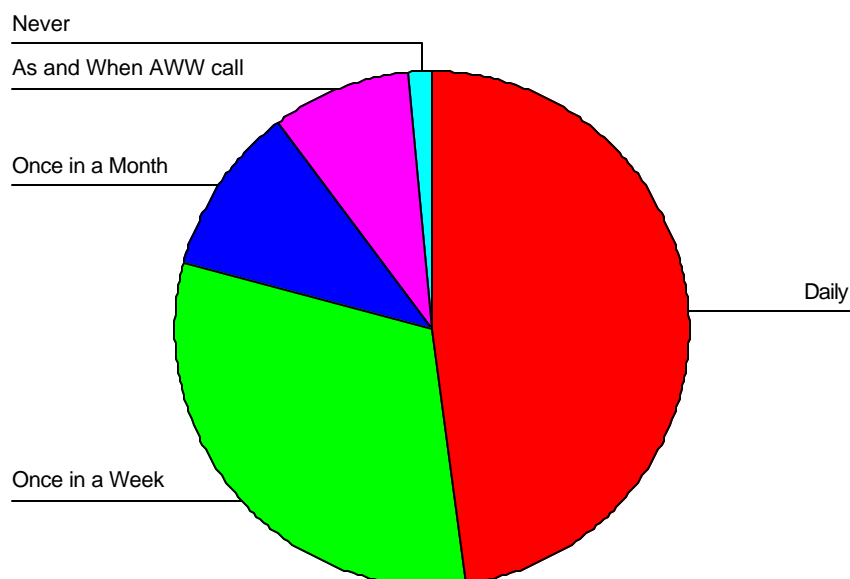
Awareness	State		Total
	Rajasthan	Uttarpradesh	
Yes	476 57.6%	588 94.5%	1064 73.5%
No	350 42.4%	34 5.5%	384 26.5%
Total	826 100.0%	622 100.0%	1448 100.0%

The girls were also asked if they visit to AWC and the frequency of such visits. 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 and a very small percent (1.4%) of girls told that they never visited any AWC.

Table 3.2.2 Distribution of Girls Respondents according to their Frequency of Visiting to AWC by state

Frequency of visit	State		Total
	Rajasthan	Uttarpradesh	
Daily	292 35.4%	398 64.0%	690 47.7%
Once in a Week	266 32.2%	192 30.9%	458 31.6%
Once in a Month	144 17.4%	8 1.3%	152 10.5%
As and When AWW called me	106 12.8%	22 3.5%	128 8.8%
Never	18 2.2%	2 .3%	20 1.4%
Total	826 100.0%	622 100.0%	1448 100.0%
	57.0%	43.0%	100.0%

Fig: 3.7 Distribution of Girls Respondents according to their Frequency of Visiting to AWC



The girls were further asked about the purpose of visiting at AWC. 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. It was found that in the state of Rajasthan the main purpose of visiting an AWC was for learning about stitching and weaving while in case of Uttar Pradesh the purpose reported by girls are more on learning about health and hygiene.

Table 3.2.3 Purpose of the visit of AWC by state

Purpose	State		Total
	Rajasthan	Uttarpradesh	
To learn stitching and weaving	784 54.1%	2 .1%	786 54.3%

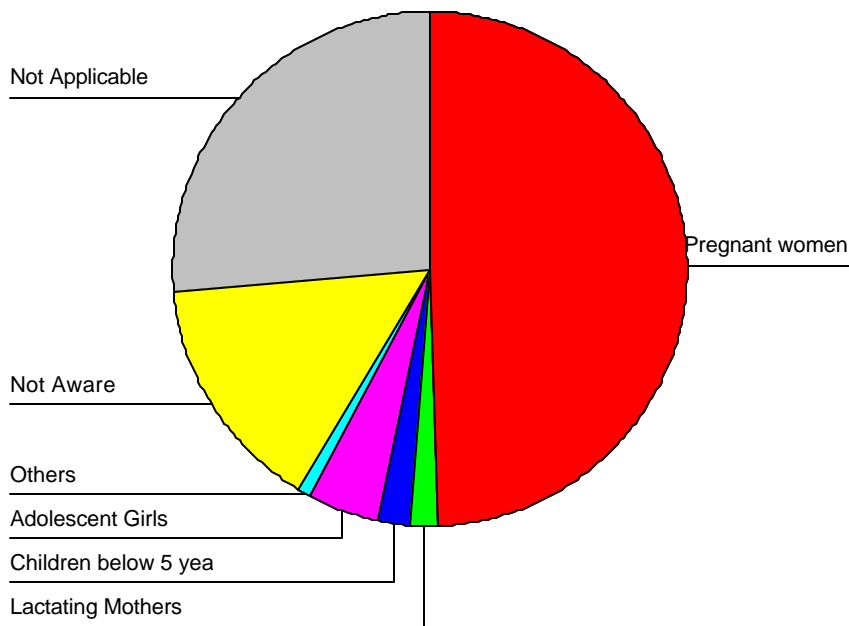
To play	42 2.9%	4 .3%	46 3.2%
To learn about health and hygiene		616 42.5%	616 42.5%
Total	826 57.0%	622 43.0%	1448 100.0%

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.

Table 3.2.4 Beneficiary of the Services by State

Beneficiary	State		Total
	Rajasthan	Uttarpradesh	
Pregnant women	330 40.0%	386 62.1%	716 49.4%
Lactating Mothers	14 1.7%	10 1.6%	24 1.7%
Children below 5 years of age	30 3.6%	4 .6%	34 2.3%
Adolescent Girls	54 6.5%	8 1.3%	62 4.3%
Others	12 1.5%		12 .8%
Not Aware	36 4.4%	180 28.9%	216 14.9%
Not Applicable	350 42.4%	34 5.5%	384 26.5%
	826 100.0%	622 100.0%	1448 100.0%

Fig: 3.8 Beneficiary of Services by State



3.3 Program Awareness and Participation under KSY

The present section analyzes about the KSY program awareness and participation by the girl respondents in two study states.

3.3.1 Awareness about KSY

All the girl respondents were asked if they were aware about the KSY scheme in their village. 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.

Table 3.3.1 Awareness about KSY by State

Awareness	State		Total
	Rajasthan	Uttarpradesh	
Yes	208 25.2%	454 73.0%	662 45.7%
No	618 74.8%	168 27.0%	786 54.3%
Total	826 100.0%	622 100.0%	1448 100.0%

Table 3.3.2 Sources of Awareness by state

Source	State		Total
	Rajasthan	Uttarpradesh	
Not Applicable	618 74.8%	168 27.0%	786 54.3%
TV/ Radio	42 5.1%	2 .3%	44 3.0%
News Paper	10 1.2%		10 .7%
AWW	110 13.3%	450 72.3%	560 38.7%
Sector Supervisor	10 1.2%		10 .7%
Family Member	18 2.2%		18 1.2%
Friends	18 2.2%	2 .3%	20 1.4%
Total	826 100.0%	622 100.0%	1448 100.0%

3.3.2 Registration and Participation

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%). The remaining 10 percent were not aware about their registration status at AWW. For

most of the girls (73.9%) the AWWs have been the main motivator to join KSY. While approximately for all (87.0%) girls told that their parents are family members did not oppose to join the scheme rather they also encouraged.

3.3.3 New Learning

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%).

Table 3.3.3 Learning under KSY by state

Learning	State		Total
	Rajasthan	Uttarpradesh	
Education	144 17.4%	286 46.0%	430 29.7%
Health	446 54.0%	178 28.6%	624 43.1%
Reproductive Health	148 17.9%	4 .6%	152 10.5%
Nutrition	2 .2%	24 3.9%	26 1.8%
Environmental Education	6 .7%	2 .3%	8 .6%
Art/ Painting	50 6.1%	38 6.1%	88 6.1%
Vocational Training	4 .5%	86 13.8%	90 6.2%
Others	26 3.1%	4 .6%	30 2.1%
Total	826 100.0%	622 100.0%	1448 100.0%

3.3.4 Exposure Visits

All the girl respondents were also asked if they had ever participated in any of the exposure visits organized under KSY. There has been no such program in the state of Uttar Pradesh. However, 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.

Table 3.3.4 Gone for exposure visit by state

Exposure visit	State		Total
	Rajasthan	Uttarpradesh	
Yes	542	2	544

	65.6%	.3%	37.6%
No	284	620	904
	34.4%	99.7%	62.4%
Total	826	622	1448
	100.0%	100.0%	100.0%

Most of the girls (63 percent) have gone for the exposure visit only for one day while only a very small fraction (3.1%) reported they have gone for the exposure visit for two day.

3.3.5 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.

Table 3.3.5 Sports organized at AWC by state

Sports organized	State		Total
	Rajasthan	Uttarpradesh	
Yes	336	398	734
	40.7%	64.0%	50.7%
No	490	224	714
	59.3%	36.0%	49.3%
Total	826	622	1448
	100.0%	100.0%	100.0%

3.3.6 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.

Table 3.3.6 Benefited through KSY by state

Satisfaction	State		Total
	Rajasthan	Uttarpradesh	
Yes	480	230	710
	58.1%	37.0%	49.0%
No	346	392	738
	41.9%	63.0%	51.0%

Total	826	622	1448
	100.0%	100.0%	100.0%

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 AWW. The satisfaction was much higher in the state of Uttar Pradesh (98.7%) than in Rajasthan (65.9%).

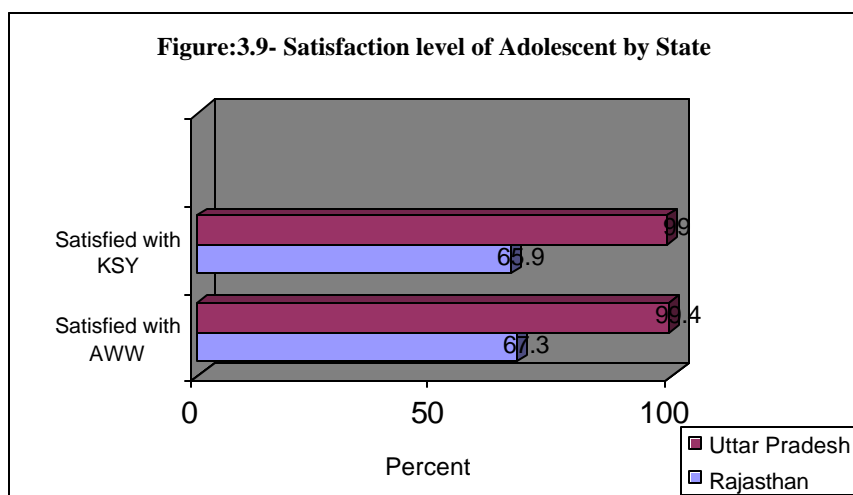


Table 3.3.7 Satisfaction from AWW by state

Satisfaction	State		Total
	Rajasthan	Uttarpradesh	
Yes	544 65.9%	614 98.7%	1158 80.0%
No	282 34.1%	8 1.3%	290 20.0%
Total	826 100.0%	622 100.0%	1448 100.0%

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.

Table 3.3.8 Expectations from AWC by state

Expectations	State	Total
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	Rajasthan	Uttarpradesh	
More knowledge on health	372	262	634
	45.0%	42.1%	43.8%
More vocational skill	120	326	446
	14.5%	52.4%	30.8%
Raw material for vocational training	334	34	368
	40.4%	5.5%	25.4%
Total	826	622	1448
	100.0%	100.0%	100.0%

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.

Table 3.3.9 Willingness about new learning

Willingness	State		Total
	Rajasthan	Uttarpradesh	
Stiching	820	2	822
	99.3%	.3%	56.8%
Craft	4	332	336
	.5%	53.4%	23.2%
To make some homemade items i.e. papad, pickkals..	2	288	290
	.2%	46.3%	20.0%
Total	826	622	1448
	100.0%	100.0%	100.0%

3.4 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.

3.4.1 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).

Table 3.4.1(a) Can read newspaper

Read	State		Total
	Rajasthan	Uttarpradesh	
Yes	500	528	1028
	60.5%	84.9%	71.0%
No	326	94	420

	39.5%	15.1%	29.0%
Total	826	622	1448
	100.0%	100.0%	100.0%

Table 3.4.1(b) Can write letter

Write	State		Total
	Rajasthan	Uttarpradesh	
Yes	502	508	1010
	60.8%	81.7%	69.8%
No	324	114	438
	39.2%	18.3%	30.2%
Total	826	622	1448
	100.0%	100.0%	100.0%

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.

3.4.2 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.

Table 3.4.2 No. of children in family by state

Number of children	State		Total
	Rajasthan	Uttarpradesh	
No Response	344	172	516
	41.6%	27.7%	35.6%
One	10	10	20
	1.2%	1.6%	1.4%

Two	434	366	800
	52.5%	58.8%	55.2%
Three	12	60	72
	1.5%	9.6%	5.0%
Four +	26	14	40
	3.1%	2.3%	2.8%
Total	826	622	1448
	100.0%	100.0%	100.0%

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).

Table 3.4.3 Interval between two children by state

Interval	State		Total
	Rajasthan	Uttarpradesh	
Not Aware	268	8	276
	32.4%	1.3%	19.1%
One Year	24	12	36
	2.9%	1.9%	2.5%
Two Year	158	90	248
	19.1%	14.5%	17.1%
Three Year	350	344	694
	42.4%	55.3%	47.9%
Four or more years	26	168	194
	3.1%	27.0%	13.4%
Total	826	622	1448
	100.0%	100.0%	100.0%

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.

Table 3.4.4 Equal right in Parental Property

Equal rights	State		Total
	Rajasthan	Uttarpradesh	
Yes	474	486	960
	57.4%	78.1%	66.3%
No	352	136	488
	42.6%	21.9%	33.7%

Total	826	622	1448
	100.0%	100.0%	100.0%

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.

Table 3.4.5 Equal right to male & female in society

Equal Rights	State		Total
	Rajasthan	Uttarpradesh	
Yes	572 69.2%	610 98.1%	1182 81.6%
No	254 30.8%	12 1.9%	266 18.4%
Total	826 100.0%	622 100.0%	1448 100.0%

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.

Table 3.4.6 Agree with female reservation in panchayat

Agree	State		Total
	Rajasthan	Uttarpradesh	
Yes	554 67.1%	614 98.7%	1168 80.7%
No	272 32.9%	8 1.3%	280 19.3%
Total	826 100.0%	622 100.0%	1448 100.0%

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.

Table 3.4.7 Agree with Female Infanticide

Agree	State		Total
	Rajasthan	Uttarpradesh	
Yes	30	4	34

	3.6%	.6%	2.3%
No	796	618	1414
	96.4%	99.4%	97.7%
Total	826	622	1448
	100.0%	100.0%	100.0%

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.

Table 3.4.8 learned gender equality under KSY

Gender equality	State		Total
	Rajasthan	Uttarpradesh	
Yes	464	590	1054
	56.2%	94.9%	72.8%
No	362	32	394
	43.8%	5.1%	27.2%
Total	826	622	1448
	100.0%	100.0%	100.0%

3.4.3 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.

Table 3.4.9 Onset of Menstruation

Menstruation	State		Total
	Rajasthan	Uttarpradesh	
Yes	470	500	970
	56.9%	80.4%	67.0%
No	356	122	478
	43.1%	19.6%	33.0%
Total	826	622	1448
	100.0%	100.0%	100.0%

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%).

Table 3.4.10 Care during menstruation

Type of Care	State		Total
	Rajasthan	Uttarpradesh	
Not Applicable	356 43.1%	122 19.6%	478 33.0%
Avoid to take spicy food	74 9.0%	108 17.4%	182 12.6%
Avoiding to go in kitchen	206 24.9%	40 6.4%	246 17.0%
Avoiding to go temple	38 4.6%	124 19.9%	162 11.2%
Avoiding participation in religious ceremony	18 2.2%	4 .6%	22 1.5%
Sleeping alone	6 .7%		6 .4%
More care of hygiene during those days	124 15.0%	224 36.0%	348 24.0%
Avoiding excercise	2 .2%		2 .1%
Others	2 .2%		2 .1%
Total	826 100.0%	622 100.0%	1448 100.0%

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.

Table 3.4.11 Responsibility of child care

Responsibility of child	State		Total
	Rajasthan	Uttarpradesh	
Mother	228 27.6%	198 31.8%	426 29.4%
Father	26 3.1%	18 2.9%	44 3.0%
Both	566 68.5%	404 65.0%	970 67.0%

Others	6	2	8
	.7%	.3%	.6%
Total	826	622	1448
	100.0%	100.0%	100.0%

Approximately fifty percent of the girls were found to be aware of diarrhea. This awareness was much higher in UP (59.2%) than in Rajasthan (45.3%).

Table 3.4.12 Aware about Diarrhea

Aware	State		Total
	Rajasthan	Uttarpradesh	
Yes	374	368	742
	45.3%	59.2%	51.2%
No	452	254	706
	54.7%	40.8%	48.8%
Total	826	622	1448
	100.0%	100.0%	100.0%

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.

Table 3.4.13 Aware about Anemia

Aware	State		Total
	Rajasthan	Uttarpradesh	
Yes	328	242	570
	39.7%	38.9%	39.4%
No	498	380	878
	60.3%	61.1%	60.6%
Total	826	622	1448
	100.0%	100.0%	100.0%

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%).

Table 3.4.14 How Anemia can be cured

Cure	State		Total
	Rajasthan	Uttarpradesh	
IFA	110	116	226
	13.3%	18.6%	15.6%
Green vegetable	132	84	216
	16.0%	13.5%	14.9%
Pulse	52	30	82
	6.3%	4.8%	5.7%

Egge	32	10	42
	3.9%	1.6%	2.9%
Milk	2	2	4
	.2%	.3%	.3%
Not Applicable	498	380	878
	60.3%	61.1%	60.6%
Total	826	622	1448
	100.0%	100.0%	100.0%

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.

Table 3.4.15 Child immunization is essential

Child immunization	State		Total
	Rajasthan	Uttarpradesh	
Yes	574	600	1174
	69.5%	96.5%	81.1%
Not Aware	252	22	274
	30.5%	3.5%	18.9%
Total	826	622	1448
	100.0%	100.0%	100.0%

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%).

Table 3.4.16 Aware of delaying or avoiding pregnancy

Aware	State		Total
	Rajasthan	Uttarpradesh	
Yes	490	428	918
	59.3%	68.8%	63.4%
No	336	194	530
	40.7%	31.2%	36.6%
Total	826	622	1448
	100.0%	100.0%	100.0%

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.

Table 3.4.17 Method-wise awareness

FP methods	State		Total
	Rajasthan	Uttarpradesh	
Condom	102 12.3%	166 26.7%	268 18.5%
Oral Pill	198 24.0%	154 24.8%	352 24.3%
Copper-T	62 7.5%	10 1.6%	72 5.0%
Vasectomy	2 .2%	4 .6%	6 .4%
Tubectomy	124 15.0%	94 15.1%	218 15.1%
Safe Period	2 .2%		2 .1%
Not Applicable	336 40.7%	194 31.2%	530 36.6%
Total	826 100.0%	622 100.0%	1448 100.0%

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.

Table 3.4.18 Aware about symptoms of RTI

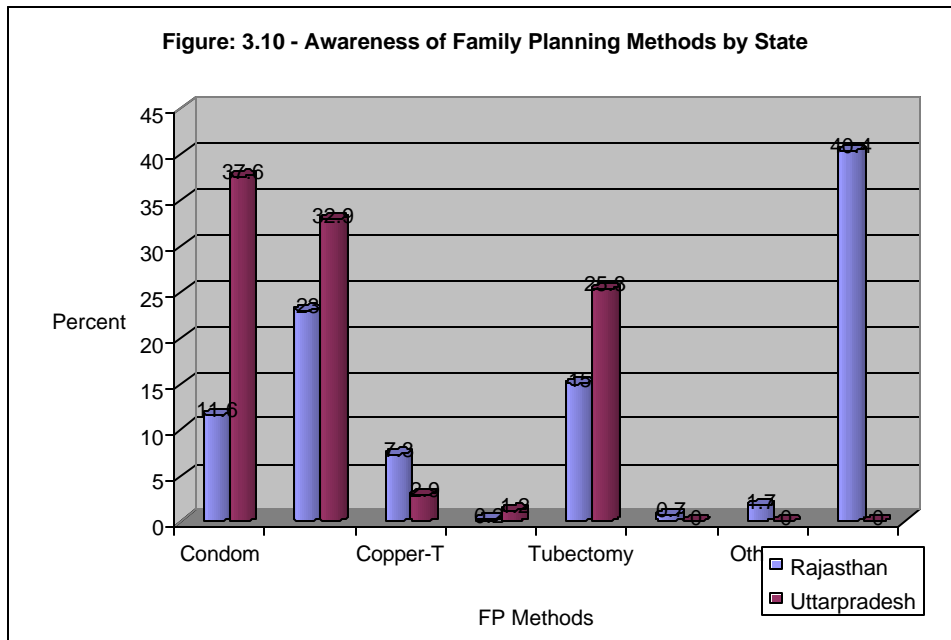
Aware	State		Total
	Rajasthan	Uttarpradesh	
Yes	28 3.4%	94 15.1%	122 8.4%
No	798 96.6%	528 84.9%	1326 91.6%
Total	826 100.0%	622 100.0%	1448 100.0%

White discharge and abdominal pain were reported as the symptoms of RTI.

Table 3.4.19 Symptoms of RTI

Symptoms	State		Total
	Rajasthan	Uttarpradesh	

Not Applicable	798	528	1326
	96.6%	84.9%	91.6%
White Discharge	2	86	88
	.2%	13.8%	6.1%
Abdominal Pain	26	8	34
	3.1%	1.3%	2.3%
Total	826	622	1448
	100.0%	100.0%	100.0%



Awareness about STI was little higher than RTI. About 11 percent of all the girls stated that they were aware of STI and this proportion varies among states. While in UP 22 percent girls reported to be to be aware of STI, in Rajasthan only 2 percent were found to be aware of STI.

Table 3.4.20 Aware about STI

Aware of STI	State		Total
	Rajasthan	Uttarpradesh	
Yes	20	136	156
	2.4%	21.9%	10.8%

No	806	486	1292
	97.6%	78.1%	89.2%
Total	826	622	1448
	100.0%	100.0%	100.0%

Irregular menstruation and sores on vagina have been stated as the symptoms of STI.

Table 3.4.21 Symptoms STI

Symptoms of STI	State		Total
	Rajasthan	Uttarpradesh	
Not Applicable	806	486	1292
	97.6%	78.1%	89.2%
Sore	6	76	82
	.7%	12.2%	5.7%
irregular menstruation	14	60	74
	1.7%	9.6%	5.1%
Total	826	622	1448
	100.0%	100.0%	100.0%

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%).

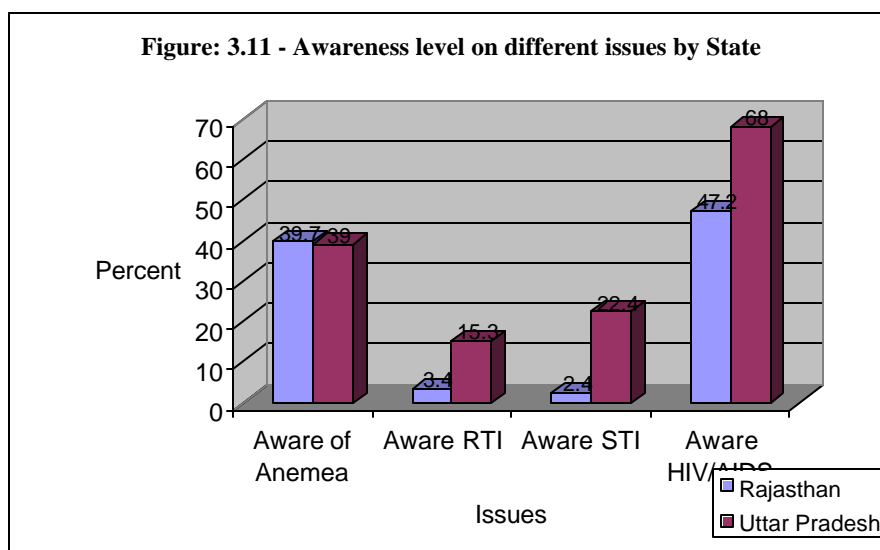
Table 3.4.22 Heard about HIV/AIDS

Heard of HIV/AIDS	State		Total
	Rajasthan	Uttarpradesh	
Yes	390	420	810
	47.2%	67.5%	55.9%
No	436	202	638
	52.8%	32.5%	44.1%
Total	826	622	1448
	100.0%	100.0%	100.0%

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%).

Table 3.4.23 Source of awareness

Source	State		Total
	Rajasthan	Uttarpradesh	
Not Applicable	436 52.8%	202 32.5%	638 44.1%
AWW	208 25.2%	144 23.2%	352 24.3%
Friends	28 3.4%	4 .6%	32 2.2%
Family Member	8 1.0%	6 1.0%	14 1.0%
Television	80 9.7%	188 30.2%	268 18.5%
Redio	6 .7%	66 10.6%	72 5.0%
Newspaper	6 .7%	4 .6%	10 .7%
Wall paintings	30 3.6%	8 1.3%	38 2.6%
Others	24 2.9%		24 1.7%
Total	826 100.0%	622 100.0%	1448 100.0%



3.5 Gender Related Issues

All the girls were asked about their opinion regarding the issues related to the gender. The various responses received are presented in table 3.4.6.

Table 3.5 Opinion regarding gender issues

Issues	Strongly agree	Agree	Disagree	Strongly disagree	Can't say
There should be at least one male child in the family	46.5	34.4	5.2	4.0	9.8
Children are gifts of the god, it is not in our hand	19.5	36.0	12.2	20.6	11.7
Frequent deliveries effects women's health adversely	57.0	28.2	2.1	0.6	12.2
Having small family means better facilities for the children	58.4	29.6	0.4	0.8	10.8
It is sole responsibility of the mother to look after the children	60.6	29.0	0.3	0.4	9.7
Mother's milk is best for child	63.0	25.4	0.1	1.0	10.4
Boys should be fed more than girls	9.7	5.9	36.6	38.7	9.1

Equal education should be provided to son and daughter	69.1	20.2	0.4	0.8	9.5
Dowry system is an evil in our society	50.6	26.4	7.6	2.3	13.1
Women should have the same opportunities as men to work in society, and hold leadership position.	58.6	26.9	0.7	0.7	13.1
It is only the right of the husband on making choice of having a baby.	13.5	5.5	35.6	29.3	16.0
Only boys have the responsibility of taking care of their parents at grown up age	33.1	18.1	18.0	18.2	12.6
To have a physical relation before marriage.	6.1	3.3	36.2	37.7	16.7

3.6 Focus Group Discussions among Parents

The study was aimed at assessing the impact of the project on Adolescent Girl's Scheme (KSY) under the ambit of Department of Women and Child Development. The study was primarily quantitative in nature aimed at documenting the details and evaluates the outcomes of the specified indicators to assess the achievements of the program. The respondents mainly constituted of adolescents in the age group of 11-19 years irrespective of their marital status.

It however could not put much emphasis on the perception, attitude and behavior of the parents of the adolescents who were covered under the scheme. To overcome this shortcoming, six FGDs were conducted with the mothers and fathers of the beneficiaries.

The group in the FGD of women consisted of 8 participants on an average. However, the participants in the FGD group of fathers of the adolescents were 8 on an average. The researchers faced difficulty in getting the standard 10 participants per group for each FGD because the adults, mostly male members refused to participate on the grounds that they do not know anything about the scheme or that they have other works to do.

The key findings of the 12 FGDs, six with mothers and six with fathers is given:

3.6.1 Fathers of Adolescents

The most important finding in the FGDs with fathers of adolescents is that they are apprehensive about their children getting an exposure to people from 'outside' or cities. They fear that this will breed indiscipline among their children. This fear was showed an

expression when the adolescent girls had to undergo training at the blockheads and the AWW had to accompany the girls because the fathers did not want to leave them out for six days.

When asked about what do they recall about the ICDS program in their village, they could not recall much about the objectives but had a fair memory of the activities in the area of intervention. The activities that had the highest recall was the exposure visit conducted in the intervention area in Rajasthan. Fathers reported noticing increased enthusiasm in their girls.

One man said that he had been to the exposure visit himself on his own and was quite impressed by the 'learnt' people who had come to inform the girls about various issues.

Another major component that had a good recall was the skill development activities. More than half of the people in each FGD said they were aware of the skill development workshops in their area and about their daughters being better off than they usually would have been without the scheme.

However, some others expressed disappointment and hopelessness with the exercise that they had not heard of before but said that it has not been of any help now that they know that it is organized. They felt that the girls learn these skills anyway at home.

The FGD also shows that while parents are potentially an important source of information and support to their children on sexual issues, in practice many parents feel that they lack the skills and confidence to play a direct role in these matters. Given the social scenario in India, especially in rural areas, the fathers never talk about these 'taboo' issues to their daughters. They were comfortable about married girls getting informed about sexual and reproductive health, but most of them exhibited strong aversion to the idea of children/unmarried adolescents getting exposed to the idea of reproductive and sexual health and that too by persons not belonging to their family.

One man, who looked quite young to be in the focus group of fathers, was asked about his age. He was 31 year old and had a daughter who was 12 year old. He had been married around 17 years of age. He said that programs like *KSY* where girls 'get to know a lot' about sex were responsible for moral deterioration. He tried to justify it with the argument that such information can incite an urge to explore the things learnt in the program and make adolescents have sex before the 'right time'. Interestingly, none of the other participants countered him.

When asked about their comments, views on the argument, many men supported it saying that they learnt everything on their own and never felt the need to have a guide.

All of the participants had heard about the AWC and *KSY* but very few had any idea about their daughters' registration at AWC. However, when the activities and objectives of the Center were explained, many men said they knew their daughters were going to the center and getting some 'honorarium'.

The FGD also tried to assess the change in attitude and behavior of fathers towards key objectives such as Reproductive and sexual health, early marriage/pregnancy, access to health care facilities, educational/career needs etc.

Views regarding early marriage varied widely. Most of the respondents in UP said that they were against the idea of early marriage. When asked about the right age of marriage, the response ranged from 17-21 years.

In Rajasthan, there was an almost equal distribution of participants for and against the idea of early marriage. The participants who were for early marriages said that it was important to keep the society morally healthy and it also lifted off the 'burden' of the daughter from the shoulders of parents.

The fathers who were against the concept of early marriage said that it should not be done as it put unnecessary and avoidable pressure on the youth. However, when asked about what they meant by early marriage, many respondents said marriage before the age of 15 years.

They showed positive attitude towards AWCs in general.

Observation: Though utmost care was taken to have a homogenous group, the groups showed clear hierarchy, which was governed by age, educational status and social status of the person. The people who were educated exhibited a tendency to dominate the discussion, whereas the people who were less educated preferred to remain silent. The young also showed resilience to talk in front of old.

This shortcoming was done away with in FGDs done later by taking people with same educational background and in the same age group.

3.6.2 Mothers of Adolescents

When compared to their husbands, the mothers did not show much apprehension about their girls having an exposure with the people and to different locations. They feel that such exposures increase awareness in children about the 'world'. They showed greater satisfaction with the objectives but lesser with the performance.

When asked about what they can recall from the trainings that their daughters undergo, they reported almost all the areas covered under the scheme. However, they did not seem to be impressed by the staff at the AWC. They said that they should have better facilities and better trainers. Some women also proposed that the trainers of the AWC should be trained first about the latest in the fields and also the latest in terms of health-care.

About the healthcare information, especially the reproductive health, the women expressed dissatisfaction about 'just information' being imparted. They said that there

should be regular visits by a lady doctor to the AWC. This demand was more vocal in Rajasthan than in UP.

They said that it gets difficult and embarrassing for their adolescent daughters to seek the help of a medical practitioner at the Government dispensary or hospital because of various social issues and because of the taboo that is associated with the sexual health. A facility like AWC, where women are provided IFA tablets and some other medicines should also have a doctor where a girl can freely discuss her problems.

About the skill development trainings at AWC and under KSY in Rajasthan, they expressed average levels of satisfaction but called for a need for better and more varied skills. They said the AWWs train the girls either about age-old techniques or about the novel methods that have no applicability like candle making.

The mothers of the girls also wished that the material for training be provided at the AWCs as it often becomes difficult for their daughters to fend money needed for the training.

A very novel and interesting suggestion came up in an FGD with women in Rajasthan. Though the women had no awareness about the self-help Group concept, one woman suggested that the girls should be provided raw material on loan. They can take up the material, process it and then sell it through AWC and be able to pay the loan back.

In UP, the women, especially the young mothers expressed the need for literary activities at the AWC. They said that due to several reasons, their daughters are not usually able to go to school on a regular basis and it would really benefit them if they could learn to read and write at the AWC.

The women also called for a need to increase the duration of the training hours and also for making the timings more flexible.

They expressed satisfaction with the AWC staff. The satisfaction was more in UP than in Rajasthan. However, in Rajasthan, many women said that AWC should have more space and be better equipped with medicines and nutritional supplements.

Observation: In general women in both states showed more progressive attitude and better awareness about AWC and KSY. There were lesser hierarchy dynamics and better cooperation. There was also a high expectation level associated with AWC and KSY.

Chapter IV

Anganwadi Workers: Result and Analysis

4.1 Background Characteristics

General Information

As mentioned earlier, the present study covered 180 AWCs from two states spread over four districts and eight blocks in total. From the state of Rajasthan a total of 81 AWCs had been selected while from UP, the total number of AWCs was 99. Table 4.1 presents the number of AWCs selected from each state

Table 4.1.1(a) State-wise distribution of AWCs

State	Number	Percent
Rajasthan	81	45.0
Uttarpradesh	99	55.0
Total	180	100.0

Table 4.1.1(b) District-wise distribution of AWCs

District	Frequency	Percent
Sirohi	40	22.2
Udaipur	41	22.8
Firozabad	55	30.6
Pratapgarh	44	24.4

Total	180	100.0
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Table 4.1.1(c) Block-wise distribution of AWCs

Block	Frequency	Percent
Abu Road	20	11.1
Reodar	20	11.1
Jhadol	21	11.7
Khairwada	20	11.1
Jashrana	26	14.4
Khairgarh	29	16.1
Baba Gunj	23	12.8
Patti	21	11.7
Total	180	100.0

Age structure of AWW

Majority of the AWWs belong to the age group 30-50 years. In Rajasthan, the age structure is more dispersed than in UP.

Table: Age structure of AWWs by state and district

Age Group	Rajasthan		Uttar Pradesh		Total
	Sirohi	Udaipur	Firozabad	Pratapgarh	
25-29	5.0	4.9	3.6	2.3	3.9
30-34	15.0	17.1	32.7	31.8	25.0
35-39	20.0	34.1	30.9	36.4	30.6
40-44	22.5	22.0	18.2	15.9	19.4
45-49	22.5	19.5	12.7	13.6	16.7
50-54	5.0	0.0	1.8	0.0	1.7
55-59	10.0	2.4	0.0	0.0	2.8
Total	22.2	22.8	30.6	24.4	100.0

Education

Majority of the AWWs (36.1%) are found to be educated up to primary level of education followed by intermediate (20.0%), graduate (16.7%), middle (12.8%), only literate (7.8%) and high school (6.7%). The proportion of AWWs up to primary level of education is very similar in both the states. There have been large state-wise differentials between two states. Whereas in UP, 37 percent of AWWs were educated above intermediate and graduation, this proportion in Rajasthan is only 3.7 percent. Also not a

single AWW in UP had been found to uneducated, in contrast in Rajasthan, about 8 percent of AWW had not attended school.

Table 4.1.2 Distribution of AWWs according to their level of Education by State

Education	state		Total
	Rajasthan	Uttarpradesh	
Literate	14		14
	17.3%		7.8%
Primary	29	36	65
	35.8%	36.4%	36.1%
Middle	23		23
	28.4%		12.8%
High School	12		12
	14.8%		6.7%
Intermediate	2	34	36
	2.5%	34.3%	20.0%
Graduate	1	29	30
	1.2%	29.3%	16.7%
Total	81	99	180
	100.0%	100.0%	100.0%

Social Category

Among all the AWWs, about half (52.8%) of them belong to general category followed by OBC (23.9%), Schedule Caste (18.9%) and Schedule Tribe (4.4%). Similar pattern has been found in both the states except in the state of Rajasthan approximately 10 percent of AWWs belong to the scheduled tribe. No any scheduled tribe AWW was found in UP.

Table 4.1.3 Distribution of AWWs according to Social Group by State

Social Group	state		Total
	Rajasthan	Uttarpradesh	
General	45	50	95
	55.6%	50.5%	52.8%
OBC	16	27	43
	19.8%	27.3%	23.9%
Schedule Caste	12	22	34
	14.8%	22.2%	18.9%
Schedule Tribe	8		8
	9.9%		4.4%
Total	81	99	180
	100.0%	100.0%	100.0%

Marital status

Table 4.1.4 represents the marital status of AWWs by state. It is evident from the table that majority of the AWWs (85 percent) were found to be currently married followed by widowed (12.8%) and divorced (2.2%). 3 AWWs in Rajasthan and 1 in UP were found to be divorced. The share of widowed and divorced is more in the state of Rajasthan than UP.

Table 4.1.4 Distribution of AWWs by Marital Status and by State

Marital Status	state		Total
	Rajasthan	Uttarpradesh	
Currently Married	64	89	153
	79.0%	89.9%	85.0%
Widow	14	9	23
	17.3%	9.1%	12.8%
Divorced	3	1	4
	3.7%	1.0%	2.2%
Total	81	99	180
	100.0%	100.0%	100.0%

Residential Status

A question was asked from all the AWWs if they used to stay in the same village where the AWC was located or in some other village. The responses received are shown in table 4.1.5. It is clear from the table that about three-fourth of the AWW were staying in the same villages where AWC was located. The state-wise difference had also been observed in the residential status of the AWWs. While in UP only 18 percent of AWWs were staying in other village, in case of Rajasthan, this proportion was much higher (28.4%).

Table 4.1.5 Residence of AWWs by State

Residence	state		Total
	Rajasthan	Uttarpradesh	
Same Village	58	81	139
	71.6%	81.8%	77.2%
Nearby Village	23	18	41
	28.4%	18.2%	22.8%
	81	99	180
	100.0%	100.0%	100.0%

4.2 Basic Facilities and Amenities at AWC

Most of the AWWs informed that there are no utensils for cooking and no trunk for storage of various small things. Many of them do not even have medical kit and in case if some have a medical kit, it is outdated and expired. About 57 percent of AWCs were having one room space for their activities followed two room set (22.2%), one room with Verandah (10.6%). Ten percent of the AWC were found to be operating from open space. There were state-wise variations in the availability of space at AWC. While in UP, 74

percent AWCs had one room for its operation, in Rajasthan only 36 percent AWCs were found to be operating from one room. Proportion of AWCs having two rooms was much higher in Rajasthan (43.2%) than in UP (5.1%). Also 20 percent of the AWCs in Rajasthan were having one room with verandah while in case of UP only 3 percent AWCs were having such verandah.

Table 4.2.1 Space Available for AWC

Space at AWC	state		Total
	Rajasthan	Uttarpradesh	
One Room	29	73	102
	35.8%	73.7%	56.7%
Two Room	35	5	40
	43.2%	5.1%	22.2%
One Room with Verandah	16	3	19
	19.8%	3.0%	10.6%
Open Space	1	17	18
	1.2%	17.2%	10.0%
Others		1	1
		1.0%	.6%
Total	81	99	180
	100.0%	100.0%	100.0%

Table 4.2.2 represents the availability of basic facilities and amenities at AWC in two states. It is evident from the table that kitchen facility is not available at most of the centres. Only 13 percent centres reported to have kitchen facilities. In Rajasthan, approximately one fourth (23.5%) AWC reported to have kitchen while in case of UP, only 4 percent AWC were having kitchen facility.

Availability of toilet facility at AWC is an important factor for girls to visit the centre. Less than half (42.2%) of the AWCs were found to be having toilet facilities. Availability of toilet facilities is better in Uttar Pradesh (62.6%) than in Rajasthan (17.3%).

Table 4.2.2 Percentage distribution of AWCs according to the availability of basic facilities and amenities

Facilities available	Rajasthan	Uttarpradesh	Total
Kitchen	23.5	4.0	12.8
Toilet	17.3	62.6	42.2
Utensils	78.8	64.6	70.9
Plates	67.5	63.6	65.4
Glass	63.8	62.2	62.9
Box	57.9	65.9	62.3
Weighing Machine	62.0	70.6	66.7
Medicine Kit	21.3	81.4	53.4
Wall Chart	24.5	90.3	60.0
Toys	92.9	100.0	98.6
Attendance Register	97.5	99.0	98.3
Immunization Register	96.3	98.0	97.2
Supplementary Food Register	98.7	98.0	98.3

Birth Death Register	97.4	99.	98.3
Stock Register	98.6	100.0	99.4

Almost all the AWCs (more than 98 percent) reported to have attendance registered, immunization register, supplementary food register, birth-death register and stock register. About half of the AWCs (53.4%) were having medicine kit and approximately two-third (66.7%) had weighing machine.

Ninety percent of the AWCs had hand pumps for drinking water. The hand pumps are available equally in both the states.

Table 4.2.3 Facility of Drinking Water

Drinking water facility	State		Total
	Rajasthan	Uttarpradesh	
Facility of Drinking Water			
Hand Pump	86.4	91.9	89.4
Tap Water	4.9	--	2.2
Open Well	1.2	--	0.6
Other	7.4	8.1	7.8

4.3 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.

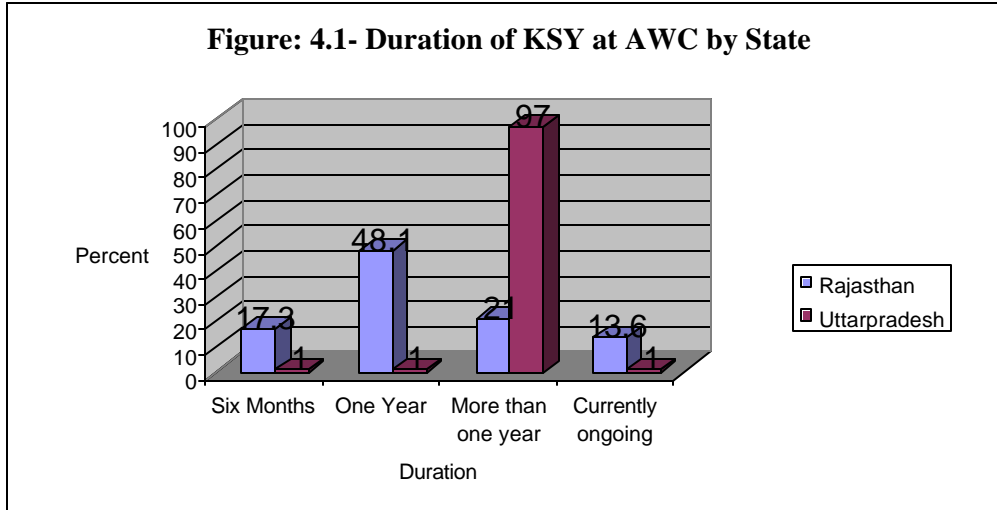
Table 4.3.1 Status of training received by AWWs by state

	Rajasthan	Uttar Pradesh	Total
General Training Received	100.0	100.0	100.0
KSY Training Received	85.2	4.0	40.6

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.

Table 4.3.2 Duration of KSY at AWC by state

Duration of KSY at AWC	state		Total
	Rajasthan	Uttarpradesh	
Six Months	17.3	1.0	8.3
One Year	48.1	1.0	22.2
More than one year	21.0	97.0	62.8
Currently ongoing	13.6	1.0	6.7

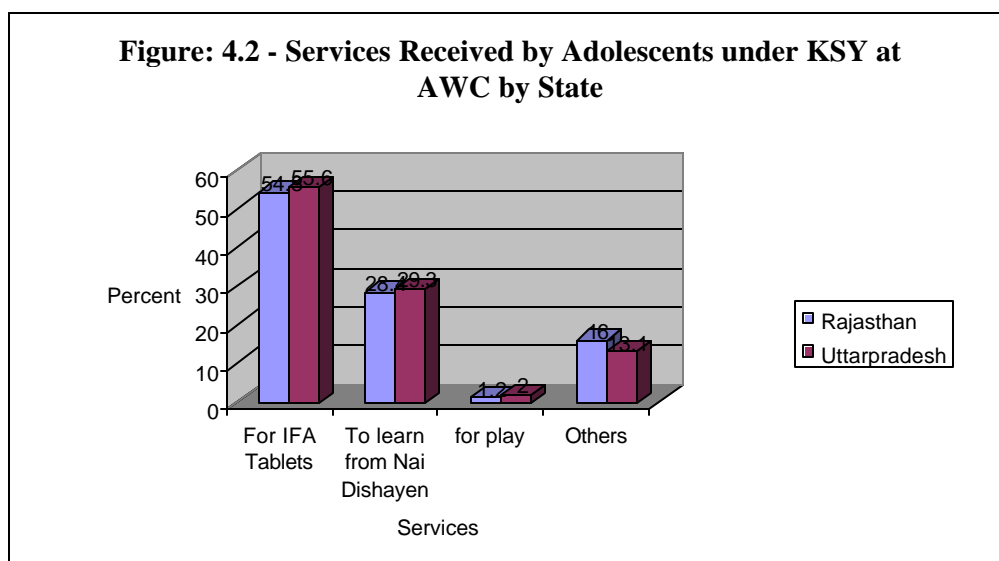


4.4 Services Delivery at AWCs

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.

Table 4.4.1 Purpose of visiting AWC by state

Services	State		Total
	Rajasthan	Uttarpradesh	
For IFA Tablets	54.3	55.6	55.0
To learn from Nai Dishayen	28.4	29.3	28.9
for play	1.2	2.0	1.7
Others	16.0	13.1	14.4

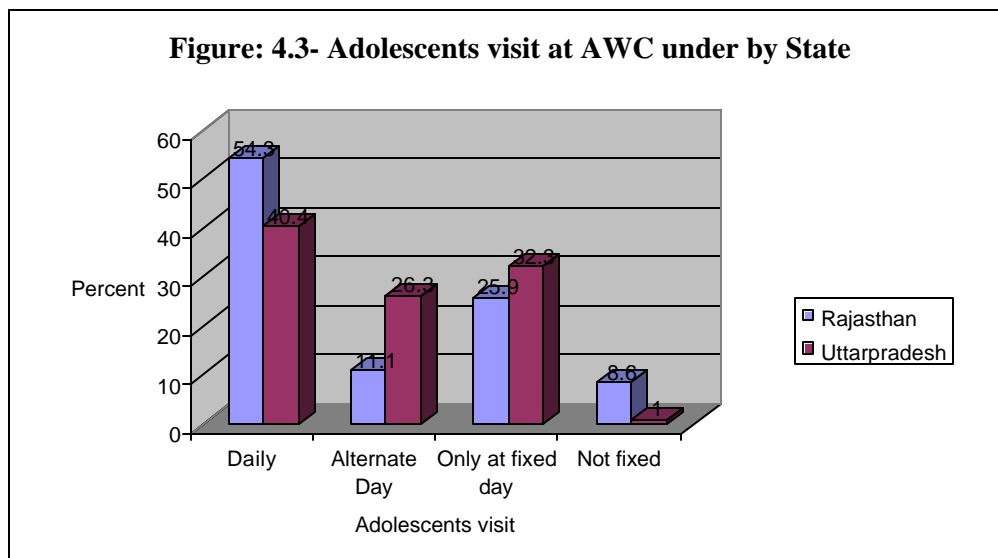


Frequency of Visit at AWC

All the AWCs were asked how frequently the adolescent girls visit the centre. It was reported by 47 percent of AWW that girls visit daily, followed by a fixed day (29.4%), alternate day (19.4%) and no regularity (4.4%).

Table 4.4.2 Frequency of visit at AWC

Frequency of Visit	State		Total
	Rajasthan	Uttarpradesh	
Daily	54.3	40.4	46.7
Alternate Day	11.1	26.3	19.4
Only at fixed day	25.9	32.3	29.4
Not fixed	8.6	1.0	4.4



Duration of Stay

Most of the girls (46 percent) came to the centre for one to two hours followed by more than two hours (28 percent) and less than one hour (10 percent). 16 percent respondents stated that there was no fixed timing for visiting the centre.

Table 4.4.3 Duration of Stay at AWC

Duration	State		Total
	Rajasthan	Uttarpradesh	
Less than two hour	14.8	6.1	10.0
One to two hour	51.9	40.4	45.6
More than two hour	4.9	47.5	28.3
No fixed time	28.4	6.1	16.1

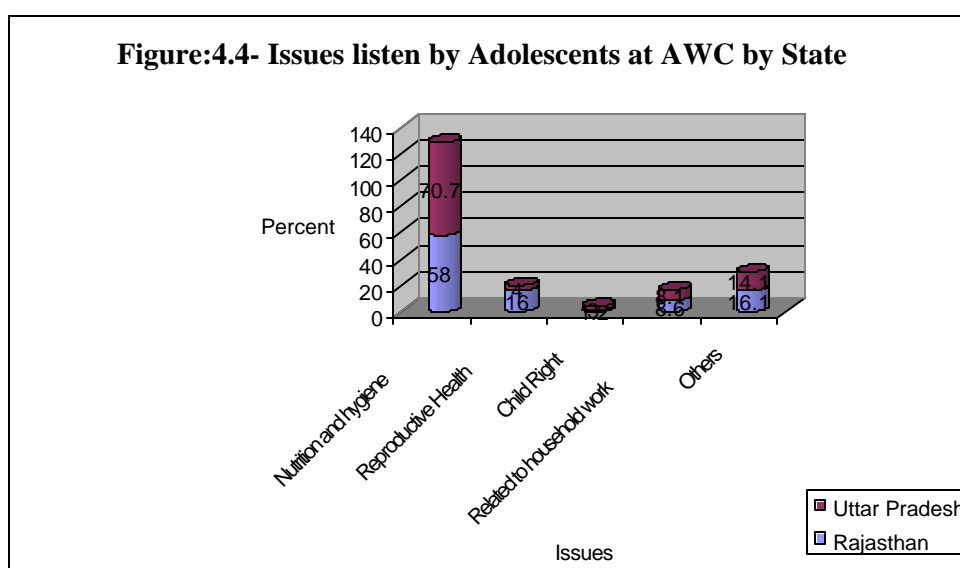
Issues at AWC

All the AWWs were asked about the issues adolescent girls listen more interestingly. The answers received are presented in table 4.4.4. It is evident from the table that nutrition and hygiene has been the most important issue the girls came to learn at AWC followed by reproductive health issues (9.4%) and works related to household (8.3%). Some girls also like to learn on the issues of child labor.

Table 4.4.4 Issues of interest to the girls at AWCs

Issues of Interest	State
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	Rajasthan	Uttarpradesh	Total
Nutrition and hygiene	58.0	70.7	65.0
Reproductive Health	16.0	4.0	9.4
Child Right	1.2	3.0	2.2
Related to household work	8.6	8.1	8.3
Others	16.1	14.1	15.0



4.5 Problems faced in the implementation of the Scheme

All the AWWs were asked about the problems they faced in the implementation of KSY. Table 4.5 represents the distribution of various problems faced by the AWWs. It is evident from the table that 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.

Table 4.5 Problems faced by State

Problem	Rajasthan	Uttar Pradesh	Total
Girls do not come to the center	77.5	20.0	71.1
Girls do not listen carefully	5.0	0.0	4.4
They do not stay at centre for sufficient time period	7.5	20.0	8.9
They do not come regularly at the centre	2.5	20.0	4.4
Attendance is very low	2.5	0.0	2.2
They do not follow time table	0.0	40.0	4.4
Girls are not literate	5.0	0.0	4.4

Though all AWW had received trainings under the ICDS but hey 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.

Chapter V

Findings from ICDS Officials and Functionaries

For the purpose of understanding the KSY in two states, formal discussions with CDPOs were also conducted during the field visit. A total of 6 CDPOs (3 from each state) were contacted and their views on KSY were discussed.

In the state of **Uttar Pradesh**, KSY has been implemented at AWC level after conducting survey of BPL families. Only 3 adolescent girls are selected for training under the scheme from one AWC for every six months. Generally those girls are preferred who have less number of years of schooling and shown interest in joining the KSY at AWC. Training on health and hygiene are provided by government doctors and ANM at block office for three days while the vocational trainings are provided by local NGOs for 60 days. The NGOs are selected by District Program Officer (DPO) and Chief Development Officer (CDO). It was stated by CDPOs that under the scheme the trainings are being provided for stitching, embroidery; and education related to the health of adolescent girls, life style and cleanliness. Specifically, the training is provided on vocational training and health education. The vocational training is provided for 60 days while the health education is provided only for 3 days. The adolescent girls receive a stipend of Rs 400 in addition to the refreshment during the training.

The scheme is monitored by Sector Supervisors, CDPOs and DPOs. Reporting is done by AWW to Supervisor then CDPOs and the final report goes to DPO office.

In the state of **Rajasthan**, KSY has been implemented at 20 AWCs at a time every year. 30 adolescent girls are selected from school drop-outs, orphaned and BPL families. The adolescent girls are provided knowledge and awareness about literacy, behavior related cleanliness, hygiene, environmental pollution, etc. Trainings are provided to all AWWs for 5 days at the block. The girls are provided knowledge and awareness about their own health and hygiene on fixed days of the week. Girls are also provided IFA tablets at the AWCs. Sports activities are also organized for adolescent girls at AWCs. Girls were also taken for an exposure visit under the scheme. Two girls from each AWC under the scheme had been selected for a five day training at the block level. AWWs were also accompanied during the training as the parents of girls did not allow their daughter to go to the block alone for 5 days.

The training had been provided on the following issues:

- ✍ Gender sensitization
- ✍ Child rights
- ✍ Sex trade
- ✍ Girl trafficking
- ✍ Safety from disease
- ✍ Personal hygiene, health and nutrition
- ✍ Physical and emotional changes during adolescence
- ✍ Menstruation
- ✍ Conception, safe abortion, family planning
- ✍ RTI/ STI and HIV/AIDS
- ✍ Skills to say 'NO'

The CDPOs in **Rajasthan** expressed their views that they have been making their efforts to the success of the KSY but there have been various problems in the smooth intervention of the scheme. Their suggestions are as follows:

- ✍ Duration of scheme should be longer. It should be extended for 2 years.
- ✍ There should be Master trainer in each project for the Vocational training program.
- ✍ There is a delay in the release of funds by which functioning of the scheme also get suffered.
- ✍ The master trainers are outsourced. Independent master trainers for Vocational Training should be hired by the project personnel.
- ✍ Five days training is organized at the block level, it is suggested that this training program should be organized at Panchayat level where 4-5 AWCs can be provided with the training together. This will help in better participation of girls. Because of young girls, their parents do not allow the daughters to go to the block. There is also transportation problem to reach the girls at the block.
- ✍ Timing for girls under KSY should be separated from the other activities at AWC.
- ✍ Raw materials and necessary equipments are not available for vocational training. This should be made available at AWC.
- ✍ When girls come at the centre, most of them are generally working girls. The participation under KSY (visiting AWCs) cause suffering to their income. Hence it was suggested that some money should be given to the working girls or all the girls.
- ✍ The quality of training to the AWW should be given more extensive and better under KSY
- ✍ The funds available for exposure visit seem to be not sufficient. It was suggested that this activity, being so important, should be allocated more funds.
- ✍ Community should be sensitized on reproductive health issues for better coordination from the community.
- ✍ Most of the AWWs themselves are not literate. Hence it's difficult for them to understand and explain the scheme to the girls. Another female educated person should be attached with the AWW for specific job under KSY at such centres.

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.

CDPOs from Uttar Pradesh

- ✍ Delay in fund release
- ✍ Political interference too much in the appointment of master trainers, AWWs
- ✍ With Political approach, training organizations get the assignment and in actual they do not perform the work properly. Again due to the political approach, during the monitoring of the program, they try to influence the officials. Due to this proper monitoring is not done.
- ✍ Mostly supervisors and AWW are also having link with political persons and hence are not honest in performing their duties
- ✍ In UP, the KSY has been treated as the vocational training program only. The other health and social issues do not get proper attention.
- ✍ Even the selection process of adolescents for KSY is not fair. Only those girls get opportunity who are directly or indirectly related to the AWW.
- ✍ No proper guideline for implementation of the scheme
- ✍ Delay in release of installment
- ✍ No training for CDPOs for monitoring, fund utilization
- ✍ Responsibility of one CDPO for 2-3 projects – Firozabad DPO is CDPO for 2 blocks and Abu Rd CDPO is also in charge of Pindwara block. Similarly Jhadol CDPO is in charge of Kotada block. DPO Pratapgarh was also in charge of CDPO Patti. This hampers the overall activities of the CDPO and hence KSY.
- ✍ No conveyance facility at block level. If available, it is not in use because of old and deformed.
- ✍ No guideline/ training module is available for CDPO, Supervisor and AWW.

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.

Chapter VI

Program Achievement and Recommendations

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-geographical location. Also fund can be allocated according to the activities undertaken in project.

