International Journal of Science and Research (IJSR)
ISSN: 2319-7064
Impact Factor 2024: 7.101

Awareness and Utilization of the Kishori Shakti Yojana among Baiga Tribal Adolescent Girls in Chhattisgarh

A Varoda[1], R. Venugopal[2]

[1]Research Assistant, Centre for Women's Studies, Pt. Ravishankar Shukla University, Raipur-492010, Chhattisgarh, India.
Email: *aniksha1988[at]gmail.com*

[2]Professor of SoS in Physical Education and Director of Centre for Women's Studies, Pt. RavishankarShukla University, Raipur-492010, Chhattisgarh, India.
Email: *reetavenugopal[at]yahoo.com*

Abstract: ***The Kishori Shakti Yojana (KSY) under Integrated Child Development Scheme (ICDS) is a comprehensive initiative implemented by the Indian government to empower adolescent girls and address their diverse needs. The purpose of the present study was to assess the utilization of the KSY for adolescent girls. A total of 360 adolescent Baiga girls aged 10-18 years, with 40 participants from each age group, were recruited for the study. The findings of the study indicate that 70.8% of Baiga adolescent girls were aware of the Kishori Shakti Yojana, Additionally, 28% of the girls were registered under the scheme, and 68.3% possessed Kishori cards. Regarding healthcare services, 83.1% of the adolescent girls availed themselves of health check-ups. Furthermore, 63.3% of the girls had awareness about Iron and Folic Acid (IFA), an essential nutrient for adolescent girls. In terms of dietary practices, 44.6% of the adolescent girls used ready-to-eat food for preparing meals. Interestingly, the study revealed that only 33.7% of the adolescent girls had actually benefited from the Kishori Shakti Yojana, while 66.3% reported not receiving any benefits from the scheme. This suggests a gap between awareness and utilization of the nutritional schemes among the target population. The findings emphasize the importance of proper monitoring and evaluation of the Kishori Shakti Yojana to ensure its effective implementation and address the low utilization rates.***

Keywords: Adolescent Girls (AG), Kishori Shakti Yojana (KSY), and Integrated Child Development Scheme (ICDS)

1. Introduction

The Kishori Shakti Yojana (KSY) is an initiative aimed at empowering adolescent girls and enabling them to take charge of their lives. It is a holistic program designed to bring about a positive difference in their lives and provide them with opportunities to realize their full potential. The scheme is a redesign of the existing Adolescent Girls (AG) Scheme, which is implemented as a component under the Integrated Child Development Services (ICDS) Scheme, a centrally sponsored initiative. http: //impart. org. in/project/kishori-shakti-yojna/

The primary goal of the Indian government through this intervention is to address the various needs of adolescent girls, including nutrition, health education, literacy, skill development, and recreation. The scheme utilizes the infrastructure of the ICDS, particularly the Aanganwadicenters, to create a supportive environment for the self-development of adolescent girls (Khapre et al., 2019). Special emphasis is given to addressing the issue of nutritional anemia among early adolescents who are registered with the KSY. https: //nhm. gov. in/index1. php?lang=1&level=2&sublinkid=818&lid=221

The objectives of the scheme include improving the nutritional and health status of girls aged 11-18 years, enhancing their home-based and vocational skills, promoting their overall development, and raising awareness about health, personal hygiene, nutrition, family welfare, and management. Each ICDS project is provided with an annual budget of Rs.1.1 lakh for implementing the scheme. The scheme targets 2-3 adolescent girls per Aanganwadicenter, and the state governments provide supplementary nutrition to these girls. (Kapil & Pradhan 1999; Sachdev & Dasgupta 2011).

Adolescent girls require access to information and services related to nutrition, reproductive health, family planning, and general health. Various avenues, such as schools, workplaces, marriage registration systems, and youth-oriented health programs, can be utilized to disseminate this information to girls. (Swayam et al., 2021). Research suggests that promoting feminine education and literacy can play a significant role in addressing these challenges. (Rose-Clarke et al.2019).

The KSY aims to break the intergenerational cycle of nutritional and gender disadvantages and provide a supportive environment for the self-development of adolescent girls. The ultimate goal is to improve their quality of life and ensure their well-being. (Scheme for Adolescent Girls-Administrative Guidelines 2018)

The primary objective of this research study is to assess the utilization of the KSY by adolescent girls and identify the reasons for non-participation, the challenges they face in accessing the program, and the perceived impact of the scheme on their lives. By understanding these dynamics, the study aims to provide insights for enhancing participation rates and improving the overall effectiveness of the KSY.

2. Material & Method

The present study is a cross-sectional community-based research aimed at describing the awareness regarding KSY among Baiga adolescent girls in selected districts of Chhattisgarh.

Three districts were chosen for thepresent study, namely Kabirdham, Bilaspur, and Mungeli. From each district, two blocks were selected, and within these blocks, 10 schools were identified based on a higher concentration of the Baiga population. A total of 360 adolescent girls aged 10-18 years, with 40 participants from each age group, were recruited for the study.

Before collecting data, the investigators obtained ethical approval from the Institutional Ethical Committee for Human Resource at Pt. Ravishankar Shukla University in Raipur. Additionally, written consent was obtained from all the study participants.

To assess the awareness and utilization of the Kishori Shakti Yojana, a self-structured questionnaire was developed for the adolescent girls. The questionnaire aimed to gather information about their demographic profile which included variables such as age, gender, educational status, socio-economic status, toilet facilities, occupation, and family size, etc. and their knowledge of Kishori Shakti Yojana. The study design and data collection process were conducted in accordance with ethical guidelines and procedures.

3. Result and Discussion

The result of the study has been presented in the following points

1) Awareness of the KSY
2) Awareness and use of health check-ups and Referral services.
3) Information about Iron and Folic Acid (IFA) supplements.
4) Distribution of supplementary food by Anganwadi.
5) Use of Ready to Eat Food.
6) Participation of the responded in the training programe.

Table 1: Assessment of the status of community-based nutritional schemes targeted for Baiga adolescent girls.

S. No.	Information		Frequency
1.	Knowledge of Kishori Shakti Yojana (N=360)	Yes	255 (70.8%)
		No	105 (29.2%)
2.	If yes got information from where? (N=255)	Aganwadi centre	109 (42.7%)
		School	45 (17.6%)
		Health Centre	30 (11.8%)
		Friend & Family Member	55 (21.6%)
		Social Media	16 (6.3%)
3.	Register under this? (N=360)	Yes	101 (28%)
		No	259 (72%)

Table 1 above table shows the knowledge, awareness, and utilization of KSY among the Baiga adolescent girl. It shows that 70.8 % of the respondents were aware of the KYS and 29.2%. While enquiring the source of information about the KSY 42.7% of adolescent girls reported the source to be Anganwadi center (AC) and 21.6 percent from friends and family members. The involvement of the Baiga adolescent girls in terms of registration in the KSY indicated that only 28% of sample selected were registered under this scheme. Out of the registered participants 68.3% were issued Kishori cards.50.5% of the girls had the information of Kishori Diwas a day dedicated to adolescent girls. The findings underscore the importance of effective communication channels, such as the Anganwadi center and interpersonal networks, in disseminating information about the scheme. The percentage of registered participants and possession of Kishori cards indicates a level of engagement with the scheme among the respondents. However, there is room for improvement in increasing awareness and ensuring broader participation among Baiga adolescent girls.

Table 2: Information about Availing Health Check-up and referral services

Health check-ups (Under the Kishori Shakti Yojana) (N= 101)	Frequency
Health Check-up	84 (83.1%)
Type of health check-up (N=84)	
Height/weight	77 (91.7%)
BP test	54 (64.2%)
Hb test	53 (63.1%)

Table 2 shows the utilization of health check-up services provided under KSY.83.1% of adolescent girls availed the facility. The table also shows that almost all the respondents (91.7%) were examined for height & weight.64.2% were examined for BP and 63.1% of respondents availed the facility to test Hb.

Table 3: Information about Iron and Folic Acid (IFA) supplementation (Under the KSY)

S. No	Information about Iron and Folic Acid (IFA) supplementation		Frequency
1	Iron and Folic Acid (IFA) supplementation (N=101)		81 (80.2%)
2	Number of IFA tablets consumed (N=81)	1-30	38 (47%)
		31-60	30 (37%)
		>60	13 (16%)
3	Source of distribution of tablets (N=81)	Anganwadi worker/ Mitanin	60 (74.1%)
		ANM	17 (21%)
		School	00
		PHC	4 (4.9%)
4	Reason for incomplete and non-consumption of IFA	Stomach upset/constipation	14 (17.3%)

	tablets (N= 81)	Odour not liked	16 (19.8%)
		Burning sensation of feet	04 (4.9%)
		Fever with vomiting sensation	20 (24.7%)
		Carelessness	08 (9.9%)
		Feeling of unconsciousness	19 (23.5%)

The study findings indicated that a significant proportion of Baiga adolescent girls, approximately 80.02%, reported consuming iron and folic acid (IFA) tablets.

Regarding the source of distribution of tablets, the study revealed that 74.1% of the girls received the tablets from anganwadi workers/ Mitanin, 21% from ANM (Auxiliary Nurse Midwife), and 4.9% from PHC (Primary Health Center).

In terms of the number of IFA tablets consumed, the study found that 47% of the girls consumed 1-30 tablets, 37% consumed 31-60 tablets, and only 16% consumed more than 60 tablets. However, none of the girls consumed the required complete dose, indicating a gap in meeting the recommended dosage for IFA supplementation.

Though 80.02%, reported consuming iron and folic acid (IFA) tablets, but all did not completed the required dosage the However, when questioned about the reasons for incomplete usage or non-consumption of these tablets, several factors were identified. Among the respondents, 24.7% mentioned experiencing fever with vomiting sensation after consuming the tablets. Another 19% believed that IFA tablets were not essential for their health. Additionally, 19.8% of the Baiga girls disliked the odours of the tablets, while others reported complaints such as stomach upset/constipation, a burning sensation in their feet, and feelings of unconsciousness.

These findings shed light on the challenges and concerns related to the consumption of IFA tablets among Baiga girls. The reported side effects, such as fever with vomiting sensation, highlight the need for monitoring and addressing any potential adverse reactions to the tablets. The belief among a portion of the respondents that IFA tablets are unnecessary emphasizes the importance of raising awareness and providing education on the benefits and significance of these supplements for their health.

Table 4: Availing of supplementary food distributed by Anganwadi centre

S. No.	Supplementary food (N=101)		Frequency (%)
1	Local supplementary food distributed by anganwadi centre (Fruit, vegetables and khichdi (N=101)	Yes	41 (40.6%)
		No	36 (35.6%)
		Some times	24 (23.8%)
2	Ready to eat food (Daliya) distributed by anganwadi centre (N= 101)	Yes	73 (72.3%)
		No	5 (4.9%)
		Some times	23 (22.8%)

The present study revealed that 40% of the participants availed local supplementary food at Anganwadi center. Out of these participants 72.3% availed ready-to-eat food at Anganwadi.22.8% of the participants availed sometimes ready-to-eat food at Anganwadi Center.

Table 5: Details based on the use of ready to eat food (Daliya) by Kishori Shakti Yojana

S. No.	Supplementary food ready to eat food (Daliya) (N=96)		Frequency (%)
1	Use of ready to eat food (Daliya) (N=96)	Yes	56 (58.3%)
		No	40 (41.7%)
2	Details based on usage (N=56)	Roti (chapati)	25 (44.6%)
		Halwa	15 (26.8%)
		Other	16 (28.6%)
3	Details based on taste (N=56)	Very Good	07 (12.5%)
		Good	12 (21.4%)
		Bad	35 (62.5%)

Under Kishori Shakti Yojana, 58.3% of adolescent girls take regular ready-to-eat food.41.7% of the adolescent girls do not take it regularly. Ready-to- eat food is provided 4 times a month by Anganwadi.44.6 % of the adolescent girls used it to make chapatti, 26.8% prepared halwa and 28.6% made other preparations from ready-to-eat food. The study showed that the highest number of adolescent girls, 62.5% did not like the taste of ready-to-eat food.21.4% reported the taste to be good. These findings shed light on the utilization patterns and perceptions regarding ready-to-eat food among the adolescent girls under the KSY.

Table 6: Percentage of Adolescent girls who had availed training (N =101)

S. No.	Training (N=101)	Frequency (%)
1	Home management and Life skills education	32 (31.7%)
2	Counseling/Guidance on family welfare	36 (35.6%)
3	Child care practices	24 (23.8%)
4	Nutrition & Health Education (NHE)	56 (55.4%)

The study revealed that 31.7% of sample with training related to Home management and life skills education and 35.6% participants availed training related to Counseling/Guidance on family welfare, 23.8% Child care practices and 55.4% Nutrition & Health Education (NHE) provided under KSY. According to most of the adolescent girls the training is not given regularly.

The study findings indicate that under the Kishori Shakti Yojana, various types of training and education are provided to adolescent girls. It was observed that 31.7% of the girls receive training related to home management and life skills education. This suggests that a significant proportion of the respondents have the opportunity to enhance their knowledge and skills in areas such as household responsibilities, personal development, and practical life skills.

However, it is important to note that according to the majority of adolescent girls, the training provided is not given regularly. This feedback suggests that there may be challenges in consistently delivering the training sessions or

maintaining a regular schedule for educational activities under the KSY.

Table 7: Reasons for not availing the facility of the schemes (101)

S. No.	Reasons for not availing the facility of the schemes	Frequency (%)
1	Distance of anganwadi centre from their residence	31 (30.7)
2	Timing could not be adjusted between anganwadi and School.	39 (38.6)
3	Lack of interest	23 (22.8)
4	Other	08 (7.9)

The reasons for not availing training provided by KYS 30.7% participants reported clash in time of anganwadi and school.22.8% girls failed to show any interest to avail the facility of KSY.

This response suggests a lack of engagement or motivation among a significant portion of the adolescent girls. Understanding the underlying reasons for this lack of interest is essential to address potential barriers and to design interventions that can effectively capture the attention and participation of these girls. Efforts should be made to raise awareness about the benefits and opportunities offered by the KSY, and to tailor the program in a way that appeals to the interests and needs of the adolescent girls.

Addressing the clash in timing between Anganwadi and school activities, as well as enhancing interest and engagement, are crucial aspects that need to be considered for optimizing the utilization and effectiveness of the KSY. By addressing these challenges, the program can better cater to the needs of the adolescent girls and ensure that they can fully benefit from the available facilities and services.

4. Conclusion

These findings emphasize the importance of comprehensive training and education for adolescent girls under the KSY, covering areas such as home management, life skills, family welfare, child care practices, and nutrition and health education. Efforts should be made to ensure the regular and consistent provision of these training programs, as perceived by the majority of the respondents. Regular training sessions can contribute to empowering adolescent girls with valuable knowledge and skills, enabling them to make informed decisions and lead healthier lives.

Overall, the findings highlight the need for comprehensive strategies to address the challenges associated with the consumption of IFA tablets among Baiga girls. This may involve improved monitoring and management of side effects, raising awareness about the importance of IFA supplementation, exploring alternative supplement options, and providing necessary support to ensure the safe and effective utilization of these tablets for improving the health and well-being of Baiga adolescent girls.

In conclusion, the study provides valuable baseline data on the awareness and utilization of nutritional schemes among Baiga adolescent girls in Chhattisgarh. The results highlight the need for awareness programs targeted at other tribes in the region. By addressing the gaps identified in this study, policymakers and stakeholders can work towards improving the health and nutritional outcomes for adolescent girls, ultimately contributing to their overall well-being and development. Further study can be conducted on other tribe of the region.

References

[1] Adolescent country profile. https: //www.who. int/data/maternal-newborn-child-adolescent/documents/mca.
[2] Clarke K. R, Pradhan H, Rath S, Samal S, Gagrai S, Nair N, Tripathy P and Prost A (2019). Adolescent girls' health, nutrition and wellbeing in rural eastern India: a descriptive, cross-sectional community-based study. *BMC Public Health*, 19, 673: 1-11
[3] Guidelines for implementation of scheme 2018. Ministry of Women and Child Development. https: //wcd. nic. in/detailed-guidelines-implementation-scheme.
[4] http: //impart. org. in/project/kishori-shakti-yojna/
[5] https: //nhm. gov. in/index1. php?lang=1&level=2&sublinkid=818&lid=221
[6] Kapil U & Pradhan R (1999). Integrated Child Development Services scheme (ICDS) and its impact on nutritional status of children in India and recent initiatives. *Indian J Public Health*.43 (1): 21-5.
[7] Maternal and adolescent health, Ministry of health and family welfare, New Delhi, India; 2017.
[8] Meenakshi P. Khapre, Kishore S, and Sharma A (2019). Utilization of ICDS program by adolescent girls and implementation barriers in Urban Rishikesh, India, *J Family Med Prim Care*.8 (11): 3584–3590.
[9] Sachdev Y, and Dasgupta J (2011). Integrated Child Development Services (ICDS) Scheme. *Med J Armed Forces India*, 57 (2): 139–143.
[10] Scheme for Adolescent Girls-Administrative Guidelines 2018 Government of India Ministry of Women & Child Development.
[11] Swayam P Parida, Gajjala A, and Prajna P Giri (2021). Empowering adolescent girls, is sexual and reproductive health education a solution? *J Family Med Prim Care*.10 (1): 66–71.