STUDY OF THE CHALLENGES AND OPPORTUNITIES OF RASHTRIYA KISHOR SWASTHYA KARYAKRAM (RKSK) PROGRAMME IN DISTRICTS OF MARATHWADA

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Abstract:-

Adolescents (10-19) are important age group of India's population. It contributes one fifth of total population of India. It is very significant age group to address their concerns, hence Ministry of Health and Family Welfare (GoI) has launched Rashtriya Kishor Swasth Karyakram (RKSK).RKSK is comprehensive health package for adolescent group which focuses on their nutrition, Sexual and reproductive health, mental health, substance abuse, violence and injury along with non-communicable diseases.

The issues of adolescents are very sensitive and need to address in effective manner therefore this study aimed to understand challenges and opportunity in selected five districts of Marathwada.

The study conducted with the help of multiple choice questions, open /closed ended and rating scale questionnaire formatted for stake holder and beneficiary of RKSK program of public health system of five districts .All study participants are from government health facility, village, block and district. Considering the problems and challenges observed during the research study of RKSK program, it has scope to scale up the programme in the districts. The gaps observed in the progarmme implantation and suggestion to overcome it noted in this study.

Key Word: Adolescents, RKSK, Beneficiary, Stakeholders

Introduction:-

According to 2011 census data, there are 253 million adolescents in the age group 10-19 years, which comprise little more than one-fifth of India's total population. This age group comprises of individuals in a transient phase of life requiring nutrition, education, counseling and guidance to ensure their development into healthy adults. Considering demographic potential of this group for high economic growth, it's critical to invest in their education, health, and development.

Government of India has recognized the importance of influencing health-seeking behavior of adolescents. The health situation of this age group is a key determinant of India's overall health, mortality, morbidity and population growth scenario. Investments in adolescent reproductive and sexual health will yield dividends in terms of delaying age at marriage, reducing incidence of teenage pregnancy, meeting unmet contraception need, reducing the maternal mortality, reducing STI incidence and reducing HIV prevalence. It will also help India realize its demographic dividends, as healthy adolescents are an important resource for the economy.

Adolescent Health programme was first discussed in 8th five-year plan that is in 1992-1997 where one day orientation for school teachers at district level for sensitization. National Youth Policy 2003 was in further detail focused on age group of 13 to 19 years to be covered in all programmes including health. Adolescent Reproductive Sexual Health (ARSH) was identified as key strategy under RCH- II programme. It has key focus on Reproductive and Sexual Health.

Call to Action Summit was purposefully/ intentionally developed strategy for Adolescent which laid focus on "Continuum of care" across all life stages. The strategy of RMNCH+A was helpful to strengthen adolescent Health Activity. All these above activities had their specific focus with limitation related to adolescent Health where the need of Adolescent is a mix of all those strategy's and policy.

Rashtriya Kishor Swasthya Karyakram (RKSK)

In order to ensure holistic development of adolescent population, the Ministry of Health and Family Welfare launched Rashtriya Kishor Swasthya Karyakram (RKSK) on 7th January 2014 to reach out

to 253 million adolescents - male and female, rural and urban, married and unmarried, in and out-of-school adolescents with special focus on marginalized and undeserved groups. The programme expands the scope of adolescent health programming in India - from being limited to sexual and reproductive health, it now includes in its ambit nutrition, injuries and violence(Including gender based violence), non-communicable diseases, mental health and substance misuse. The strength of the program is its health promotion approach. It is a paradigm shift from the existing clinic-based services to promotion and prevention and reaching adolescents in their own environment, such as in schools, families and communities. Key drivers of the program are community based interventions like, outreach by counselors; facility based counseling, Social and Behavior Change Communication; and strengthening of Adolescent Friendly Health Clinics across levels of care.

Objectives of study:-

- To study Challenges in implementation of RKSK programme
- To study the opportunities for the development in implementation of in RKSK programme

Research Methodology:-

Looking at the nature of the topic and its scope, the methodology of study is mainly based on primary and secondary data. The library research was aimed at survey of literature, compilation of secondary sources of information and cutting out the theoretical information that was helped in building up to conceptual foundation of the subject. A multistage purposive random sampling method was used to collect the appropriate sample from the selected five districts of Marathwada. Selection of the AFHC / AH facilities were done randomly. Data is collected from beneficiaries and service providers with the help of Pre-designed questionnaire. The study intends to evaluate the management of RKSK in all the selected Aurangabad District of Maharashtra State.

This research was based on both quantitative and qualitative data mainly from secondary sources, due to time and resource constraints. For primary data, information gathered direct from beneficiaries and stakeholders of RKSK with the personnel involved the implementation of the scheme. The secondary data available from various books, journals, and internet sources and mainly available with State MIS was used for quantitative analysis. Study refer to FY 2016-2017to2017-2018

Sampling Design:

Government of Maharashtra has selected nine districts under RKSK programme. These nine districts is the population for the district. There are various stakeholders in RKSK. These are Adolescents, Parents, School Heads and Programme management unit members etc.These adolescents who are covered under RKSK at various centres, are the population for the adolescents. Another component of RKSK is the programme management. Here, there are various stake holders like DRCHO, RMO, AFHC counsellor, Medical Officers, LHV, ANM, MPW, Peer educator and ASHA. Each and every such stakeholder under RKSK programme is the population.

Category – I Adolescents/ Beneficiary *Sample Size:*

Selection of adolescents is based on services rendered at each of selected facilities like AFHC, PHC, SC and Peer Groups. Adolescents are selected using simple Random Sampling (SRS) method. About 385 adolescents (who have received services under RKSK) from health facilities are selected .

Adolescents (Beneficiary)

Category – II Stakeholders Sample Size

To study the management of the programme, about 10 type of service providers like District Reproductive Child Health Officer (DRCHO), Resident Medical Officer (RMO), Specialists Adolescent Health Counsellor, Medical Officers(MOs), Leady Health Visitors (LHVs) , Auxiliary Nurse Midwives (ANMs) , Multi-Purpose Worker Health (MPW) Accredited Social Health Activists (ASHA) and Peer Educator are selected by random sampling method.

Data tools

Questionnaires has been formatted with multiple choice options, open-ended questions, closed-ended questions, rating scale questions. District level Officials: This questionnaire mainly focuses on program management, scheme RKSK program in the district. This was used to get responses from district like DRCHO, RMO, and District RKSK Coordinator. *Stakeholders Questionnaire*: This questionnaire helps to know service providers like AFHC Counselor, Medical Officer, ANM, LHV, Staff Nurse, ASHA, MPW and Peer Educator. *Beneficiaries Questionnaire*: This has been developed to understand awareness, impact, challenges and opportunity of RKSK program from adolescent beneficiaries. This questionnaires covers school going out of school, married, unmarried adolescent.

Data Analysis:-

Data cleaning, editing and coding done manually and data entry of quantitative data was done in soft form of excel sheets. Data was analyzed with help of simple classification and frequency table with percentage. Identified themes, patterns and relationships of responses of various stakeholders and beneficiaries recorded for qualitative data analysis. The qualitative data analysis will be reflected in finding and suggestions of this report.

Data analysis and statistical tools: -

Collected data is entered in excel sheets and then SPSS is used to analyse the data. The fallowing statistical tools are used

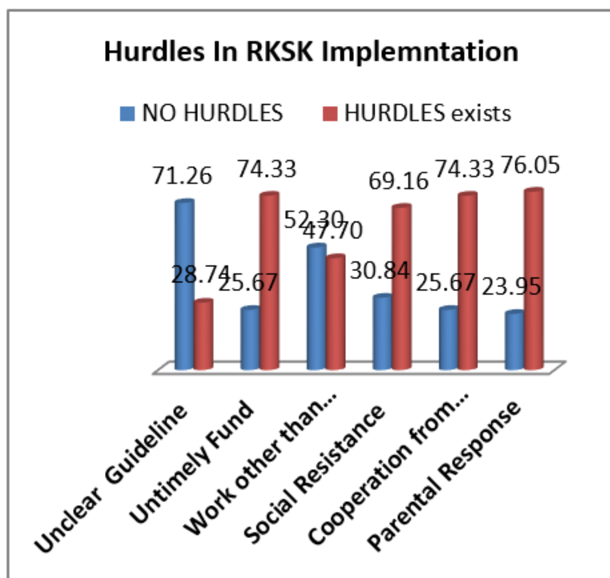
Simple classification and frequency table

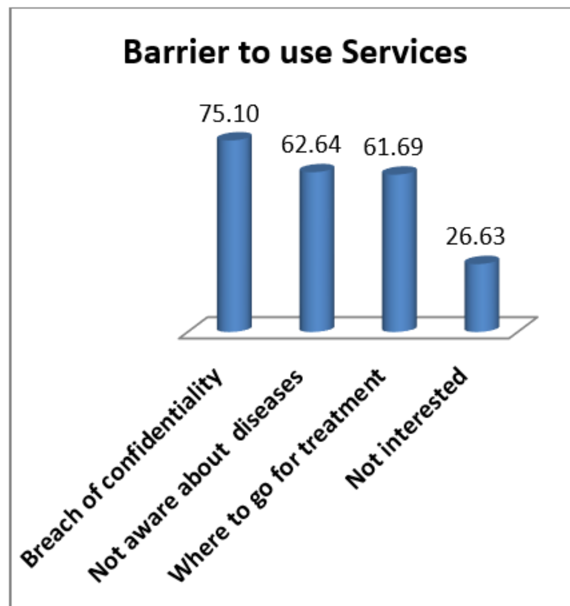
Percentage “Z” tests for proportion Chi square Test Average, standard deviation for Likert Scale Weighted average and weighted total Coefficient of association.

Study Area

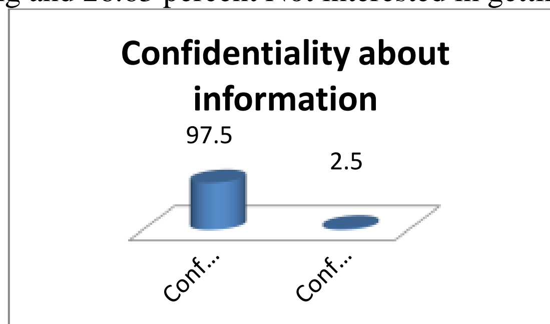
Observing the population, and geographical scope in Marathwada region, all five districts from the same region are being selected, thus as far as the districts are considered from Marathwada region, a census survey is considered. Maharashtra has selected nine districts under RKSK programme in first phase of implementation. Out of nine, five districts are from the Marathwada region. (100% Marathwada for RKSK) These districts of Marathwada region are High Priority Districts and with good combination of Rural, Urban, Tribal and Nontribal population. The district are Aurangabad, Jalna , Beed , Hingoli and Nanded

The Graphs display the hurdles exits in the RKSK programme.There are various blockages to for smooth function of RKSK programme. There are unclear/Incomplete Programme Guideline Untimely Fund Release Priority /Responsibility of other programme than RKSK Resistance from community like Parental resistance/social Stigma , Limitation of access to girls Cooperation from other Department like Education, ICDS, Panchayat Raj, Social Justice etc Parental Response it can be seen in there are UNCLEAR GUIDELINE No Hurdles71.26 percent &28.74 percent hurdles exists ,UNTIMELY FUND RELEASE No Hurdles 25.67 percent & 74.33 percent hurdles exists , WORK Other than RKSK No Hurdles 52.30 percent & 47.70 percent hurdles exists , SOCIAL RESISITANCE No Hurdles 30.84 percent & 69.16 percent hurdles exists ,COOPERARTION from other DEPARTMENT No Hurdles 25.67 percent & 74.33 percent hurdles exists and PARENTAL RESPONSE No Hurdles 23.95 percent & 76.05 percent hurdles exists .

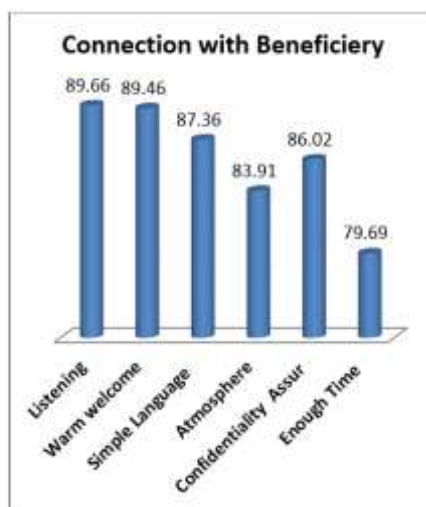




Above Graphs display the BARRIERS TO USE SERVICES under RKSK programme from the perspective of service providers. There are some important which stop adolescent to utilize the health services under RKSK. Health worker inform to their family member (Breach of confidentiality) 75.30 percent has big obstacle for coming to AFHC. According to service providers 62.64 Adolescent not aware about any diseases to them and 61.69 percent not aware about where to go for treatment and checking and 26.63 percent Not interested in getting health information.

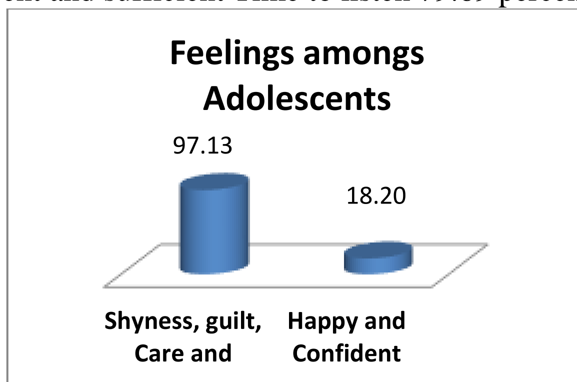


Above Graph display the Confidentiality of Information maintained for the beneficiary. From the angle of service providers confidentiality being maintained 97.5 percent whereas 2.5 percent service providers unable to maintain it.



Above Graph display how the good rapport developed with adolescents. According to Service Providers Listening carefully to understand adolescents ,Friendly, warm welcome, no bias

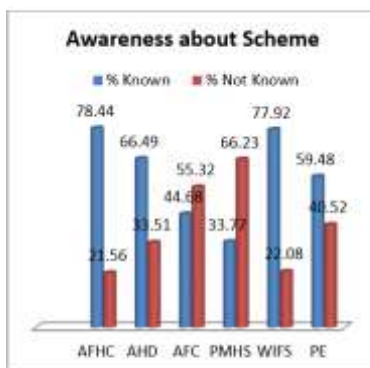
receptive and positive way of Counselling and services ,Local and simple under stable language of communication , Easy and Comfortable atmosphere, Assurance about CONFIDENTIALITY ‘ Enough Time Listing are very important. It can be seen Listening 89.66 percent, warm welcome 89.46 percent, simple Language 87.36 percent comfortable Atmosphere 83.91 percent , Confidentiality 86.02 percent and sufficient Time to listen 79.69 percent.



Above Graph display Feelings amongst adolescents while attending the Adolescent Friendly Health Services Clinic (AFHC). From the view of stakeholders it can be seen 97.13 percent adolescent carries the feeling of Shyness, Guilt and Fear where as happy and confident adolescent 18.20 percent.

Problem and challenges

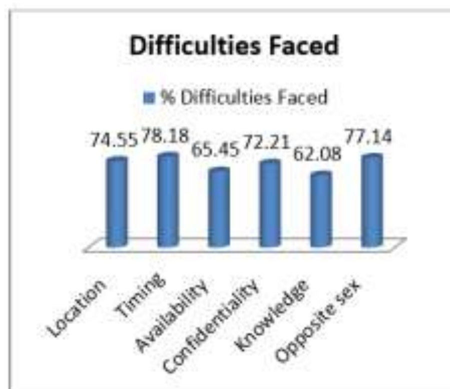
- In adequate Human Resource leads to multiple tasks
- Issue in dealing with opposite Gender adolescents’ beneficiaries.
- Issues noticed by implementers and service providers are poor response from parents/families, panchayat Raj Institutions and members.
- There are still existence of cultural belief, social stigma and myths which act as barrier while programme implementation
- Adolescents nature of shyness restrict them to openup for sharing their issues .
- There is demand for the provision of motivational inputs to activists such as peer educators and others.
- IEC material Flipchart/Banner posters handbook not provided
- Limited communication skill, awareness of programme
- Supply of Sanitary pads and other logistics(Medicine ,Contraceptives) and PE Kits and support not provided
- Limited or no space to conduct the activity (Space/privacy Distance between health facility and beneficiary)
- School timing overlapping with OPD timing
- Record keeping formats were provided



Above Graph display Awareness about the Schemes under RKSK Programs. The researcher has chosen this variable to understand the whether adolescents are aware about the various scheme being implemented for them .There are Adolescents’ Friendly Health Clinic (AFHC), Adolescents Health

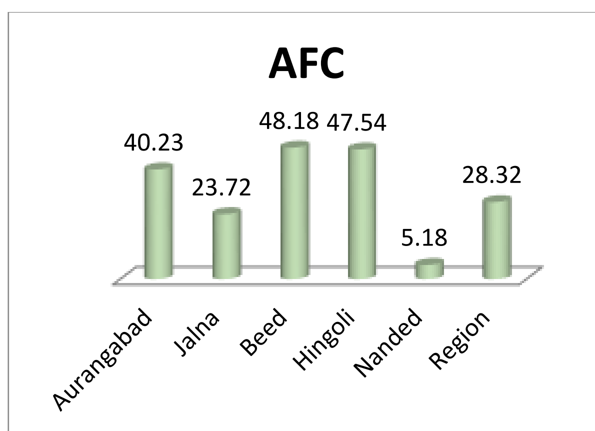
Day (AHD), Adolescent Friendly Health Club (AFC) Promotion Of Menstrual Hygiene Scheme (PMHS),Weekly Iron Folic Acid (WIFS) Supplementation Programme, Peer Educator Programme (PE) under RKSK.

It can be seen the awareness about AFHC scheme amongst adolescent is Known 78.44 percent, Not Known 21.56 percent.It can be seen the awareness about AHD scheme amongst adolescent is Known 66.49 percent, Not Known 33.51 percent.It can be seen the awareness about AFC scheme amongst adolescent is Known 44.68 percent, Not Known 55.32 percent.It can be seen the awareness about PMHS scheme amongst adolescent is Known 33.77 percent, Not Known 66.23 percent.It can be seen the awareness about WIFS scheme amongst adolescent is Known 77.92 percent, Not Known 22.08 percent.It can be seen the awareness about PE scheme amongst adolescent is Known 59.48 percent, Not Known 40.25 percent



Above Graph display Difficulties faced by adolescents while using services and activities of RKSK Programs. The researcher has chosen this variable to understand the difficulties / problem faced by the beneficiaries while utilising services offered under the programme considering the major concern the few listed here as AFHC – Location, AFHC – Timing, AFHC –Availability of Service Providers, AFHC- Maintaining of Confidentiality of Adolescent information, AFHC- Knowledge of Counsellor and service provider about Adolescent Health and AFHC- Opposite sex Service Provider

It can be seen, Adolescents faced the difficulties in AFHC- Location 74.55 percent , AFHC- Timing 78.18 percent, Availability of Service Providers 65.45 percent Maintaining of Confidentiality 72.21 percent Knowledge of Counsellor 62.08 percent and AFHC- Opposite sex Service Provider 77.14 percent.



Above Graph display Adolescent Friendly Clubs (AFC) meetings conducted in the study area. The researcher has chosen this variable to understand the important community like AFC is organized or not as per the target given to the concerned districts under the programme. The village level activity to be conducted jointly with stakeholders (service providers) and beneficiaries.

It can be seen; Aurangabad District 40.23 percent, Jalna District 23.72 percent, Beed District 48.18 percent, Hingoli District 47.54 percent and Nanded District 5.18percent.

Altogether the regional performance is about 28 Percent

Findings:-

- Out of the six components of RKSK programme the following are the most benefitted to least benefitted programmes in the order.
  - I. Peer Educator programme
  - II. Promotion Of Menstrual Hygiene Scheme (PMHS),
  - III. Adolescents Health Day (AHD)
  - IV. Adolescents' Friendly Health Clinic (AFHC) and
  - V. Weekly Iron Folic Acid Supplementation Programme (WIFS) benefitted equally to beneficiaries.
  - VI. Adolescent Friendly Health Club (AFC).
- The guidelines regarding programme management were clear with all service providers. About half of service providers had other responsibility than RKSK programme. Untimely fund release, community resistance, social stigma and parental response still exist as barrier in RKSK programme. Intersectoral coordination amongst other departments like ICDS, Educations, Social Justice, and Police etc is poor.
- Adolescents cannot utilize the public health facility /AFHC because they have fear of Breach of confidentiality. Most of them are not aware about their illness and where to go for treatment. Most of the Adolescents are interested in getting information about their health and concerns.
- Maintaining confidentiality is very important for personal life of beneficiaries, it's being maintained most of the time with very few exceptions.
- Most of the adolescents carry the feeling of Shyness, Guilt and Fear while attending Adolescent Friendly Health Services Clinic (AFHC). Very few are happy and confident
- Benefieries faced the fallowing difficulties
  - I. The AFHC – Timing &Location,
  - II. Availability of the only Opposite sex Service Provider at the AFHC
  - III. Maintaining Confidentiality of Adolescent information

Non -availability and Weak Knowledge of Counselor

- Adolescents' Participation in the important Community health initiative of RKSK like Adolescent Health Day (AHD) was found poor. Only half of the sample could attend such an important community activity.

Suggestions:-

- Adolescent Friendly Health Club (AFC) activity is one of the important initiatives needs to focus for organizing AFC meetings.
- Married Boys and Out of School Girls least benefitted from RKSK programme therefore need to focus on coverage of the RKSK especially to these categories of adolescents.
- Ensuring sufficient availability of funds, Peer Educators Kits and Sanitary Pads is needed. To create better awareness Hand-outs and Flipcharts are also be provided for IEC under Adolescent Health programme
- There is scope of increasing the Knowledge, Planning Decision making skills at individual level. For that matter a soft skill training which can be strategy to overcome it.
- There is scope to improve knowledge, skill and attitude of Anganwadi and ASHA workers. Both of these village level functionaries should have specially designed training programme to bring them in the flow of programme management.
- Adolescents should be motivated to attend the health facility by creating awareness in the community. The adolescent should be sensitised and made comfortable before they share their concerns.
- The expected knowledge level of the topics like Pregnancy, Contraceptives and Govt MTP Centres RTI/ STI, Anaemia Communicable Diseases and Non Communicable Disease is very poor amongst adolescents so extra efforts need be to take place to make them aware. Teachers, AWWs and the Peer Educators shall be effective to reach them.

- The information about contraceptive with respect to what are the types, when should be used, How to use /dispose and where it gets.
- Though the majority of respondents express that, they have high confidence and high knowledge about the programme, still the adolescents response to the programme by married Boys , and out of school girls is very less. So the service providers and implementers should take the note of this.
- Adolescent Health Day (AHD) of RKSK programme is important Community health initiative of RKSK so to increase participation, there is need to make community aware about its importance along with when and whereit's being organised.
- The convenient Adolescent friendly Health Clinic (AFHC) – Timing, Location and ensuring Confidentiality of Adolescent information need to be ensured.
- Both male and female service providers should be available to avoid opposite sex hesitations amongst adolescents.
- Teachers and Anganwadi Workers (AWW) are important stakeholders but unable to provide information and services to adolescent hence to make them as functional unit separate plan of action needed.
- Drinking water arrangement at clinic and camp should be arranged for attending beneficiaries
- Organize camps for adolescents on regular basis
- Ban on sale of tobacco, alcohol & other such substance.
- Need to improve the programme coverage, Need to involve the urban adolescents.
- Local level Information Education and Communication (IEC) of programme should be provided with TV , banner, booklet pamphlet flipchart etc
- There is need to appoint Volunteers at School and college to educate to peers. Preferably one Male and one female .
- It should be ensured active engagement of Panchayat Raj Institutes, community and NGOs at possible levels
- RKSK Services and activities should be planned at mutually convenient time of beneficiaries to avoid overlapping of OPD and School timings.

Area of Further Research:-

The comprehensive health approach of RKSK programme gives the scope to evaluate each component. There are health components like Reproductive and Sexual Health, Nutrition, Injuries and Violence, Mental Health, Non Communicable diseases and Parental Counseling. There are other aspects to progarmme implementation such as Coverage, Communities, Clinic, Counseling Communication, Content and Convergence. There are still rooms for investigating any of the above components with respect its implementation and benefit to adolescents. Considering the importance of each of the above health components and the methodology to implement RKSK programme, there still gaps to reach 1/5 th population of India.

References:-

1) Strategy Handbook. Rashtriya Kishor Swasthya Karyakram Adolescent Health Division Ministry of Health and Family Welfare Government of India. January 2014 [Internet]. [cited 2014 September 8]. Available from:https://www.dropbox.com/s/0oj4p422y7st4ku/RKSK%20Strategy%20Handbook.pdf. [Ref list]
www.ncbi.nlm.nih.gov/pmc/articles/PMC4413087/figure/F1/
2) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4413087/figure/F5/ link of Indian adolescent figures
3). Francis PT, Gill JS, Chowdhory. Knowledge, beliefs and attitudes regarding AIDs, STDs and human sexuality among senior secondary students in Delhi. Indian Journal of Community Medicine 1994; 39:17 – 20.
4) Herman B. Sex education for adolescents. Lancet 1995; 34: 86 –88.
5) A strategic approach to reproductive, maternal, newborn, child and adolescent health in India. MOHFW; 2013.pp 13-14.