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Study of the awareness and impact of Rastriya Kishor Swasthya Karyakram (RKSK) in Aurangabad district of Marathwada on Adolescents' health

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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, Ministry of Health and Family Welfare (GoI) has launched Rashtriya Kishor Swasth Karyakram (RKSK). RKSK is comprehensive health package to this age group which focuses on 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 awareness about RKSK program and its impact on adolescents selected district.
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 district, Aurangabad. All study participants are at government health facility located at village, block and district. The findings/ observations are purely based on primary data collected from the beneficiary and stakeholders.
RKSK program in district helped to create the awareness, knowledge, and behavioral changes amongst adolescents. Their adoption of after RKSK programme benefited lot in generating positive health impact. There is still scope to reach few concerns like RTI/STI, anemia, Pregnancy and safe abortion services needed to make it effective.

Keywords: 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 understand the awareness of RKSK amongst Adolesce
- To study the impact of RKSK program in the district

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 Aurangabad district 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 sampling design for the present study is as follows: For the purpose of detailed investigation Aurangabad district of Maharashtra state was selected. There were 9 blocks Aurangabad district;

Table: Selection of Sample for Study: District Aurangabad

Sr. No.	Survey	Number
1.	AFHC Counselor	129
2.	MO AFHC/PHC	
3.	LHV	
4.	ANM	
5.	MPW/ASHA	
6.	Peer Educator	
	Survey Questionnaire	
7.	Beneficiaries	63
	Stakeholder Survey Questionnaire	
8.	AFHC counsellor (District RKSK coordinator)	01
9.	Medical Officer AFHC/PHC	04
10.	District Reproductive Child Health Officer	01
11.	Residential Medical Officer	01

Data tools have been prepared as follows

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.

Study Area

Aurangabad District

Aurangabad District is bordered by the districts of Nashik to the west, Jalgaon to the north, Jalna to the east, and Ahmednagar to the south. Aurangabad is the headquarters and principal city. The district covers an area of 10,100 km², out of which 141.1 km² is urban area and 9,958.9 km² is rural. Aurangabad districts have 9 Tehsils. At the district level, collector is the Administrative chief and at Tehsil level, Tehsildars are looking after the administration as per collector's instructions. Aurangabad district is part of the Aurangabad division (one of the six administrative divisions of the state) of Maharashtra state. As per 2011 Census, the total population of the district is 37, 01, 282 which is 3.3 percent of the total population of the state. The literacy for the district is 80 percent. The child sex ratio in the district is very low at 858 female children per 1000 male children in the age group 0-6. The percentage of Scheduled Caste and Scheduled Tribe population in the district is 14.5 percent and 3.8 percent respectively. Forty-four percent of the population in the district is living in urban areas. The population density of the district is 366 persons per Sq/km.

Table 2: Health and Demographic Profile of Aurangabad Source: Census of India (2011)

Sr. No.	Indicator	Aurangabad
1	No. of Blocks	9
2	No. of Villages	1314
3.1	Population – Total	37,01,282
3.2	Population – Male	19,24,469
3.3	Population – Female	17,76,813
3.4	Total Adolescent	747602
3.5	Adolescent Boys	388648
3.6	Adolescent Girls	358954
4.1	Literacy Rate – Total (%)	80
4.2	Literacy Rate – Male (%)	89
4.3	Literacy Rate – Female (%)	70
5	Sex Ratio (f/m)	917
6	Child Sex Ratio(f/m)	858

Primary Data Analysis

Primary data analysis prominently based on the collected information from adolescent (beneficiaries) and adolescent health service providers (stakeholders). Primary database of significant finding is expressed in the form of graphs. The graphical representation is based on percentage of responses received through data collection tools.

Primary data collection of adolescent beneficiaries based on 63 respondents to questionnaires where 33 male and 23 female adolescents out of 7 were married, 53 unmarried and 52 school going and 11 out of school adolescent. It has been noticed that

out of married and out of school adolescent participation is poor as compared other adolescent beneficiaries.

Primary data collection of program stakeholders based on 129 respondents to questionnaires including AFHC Counselor, Medical Officer ANM, LHV, Staff Nurse along with ASHA, MPW and Peer Educator.

Awareness among Adolescents about RKSK (Beneficiaries Perspective): N=63

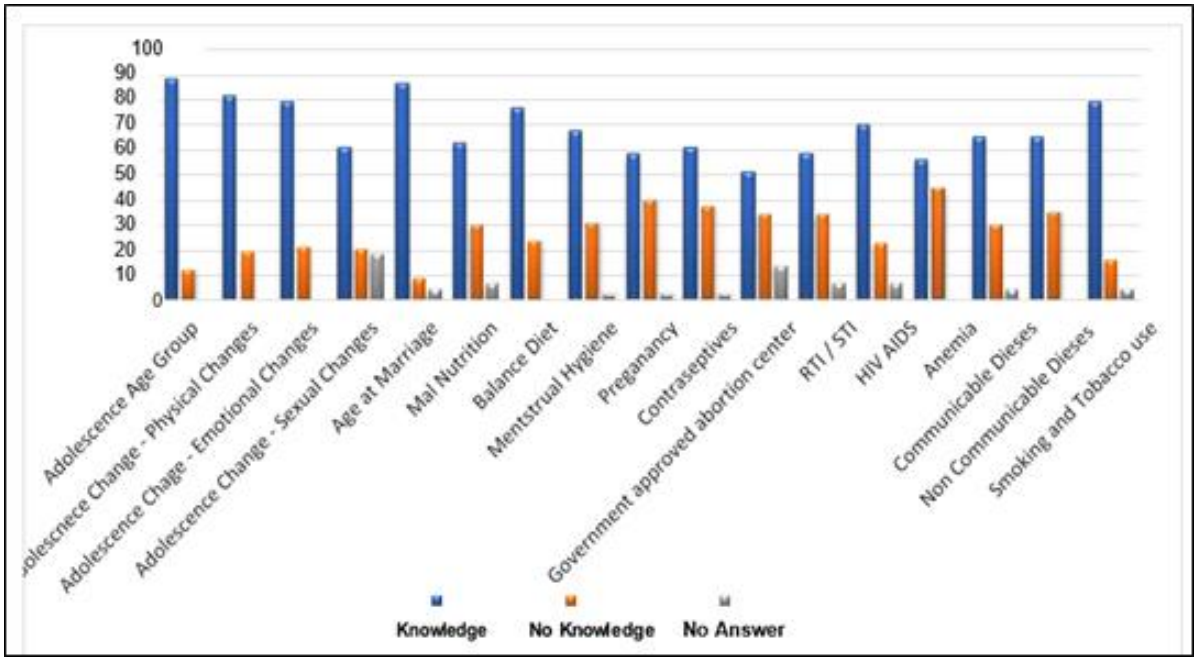

Fig 1

The information about various topics covered under adolescents health will lead to better awareness of RKSK amongst target group.

The above graph shows the awareness on topic likes Adolescent Age group, Physical and Emotional changes, Age at Marriage, Smoking and Balanced Diet were very good (above 75%) as compared other health topic. It is also noticed that there were concerned about RTI /STI, Anemia, Pregnancy, Govt. Approved Abortion Centers and Non-Communicable Diseases based on responses (less than 70%).

Coverage of RKSK among Adolescents (Beneficiary perspective)-N=63

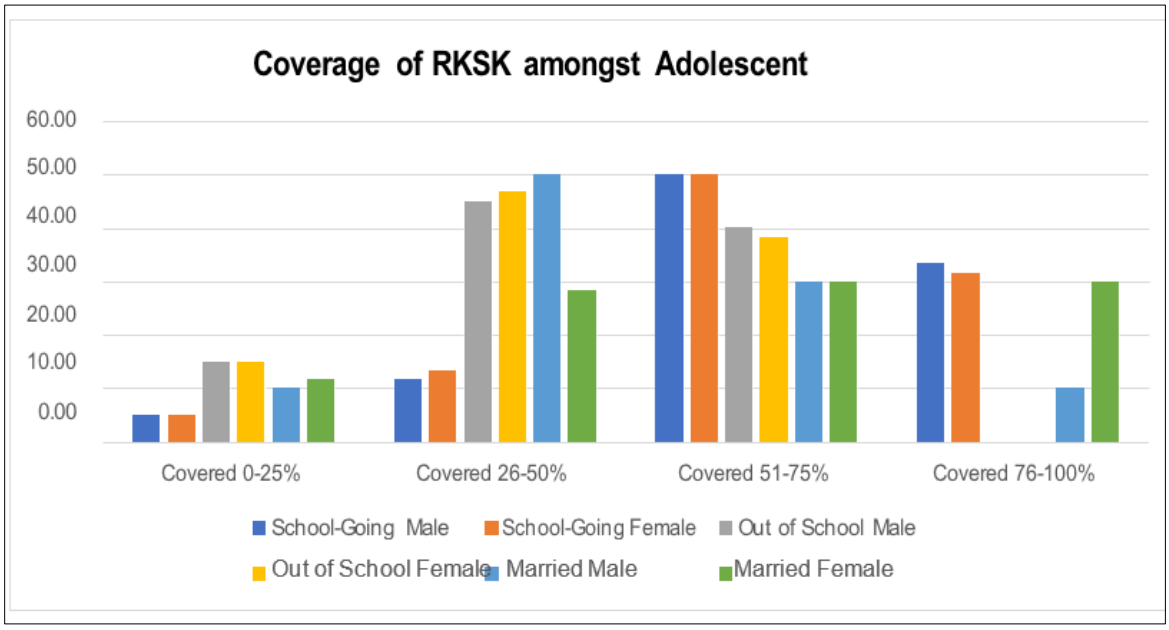

Fig 2

The population in the axge group of 10-19 years including vulnerable group offered RKSK progamme.

To understand the coverage, we explored beneficiaries. It was noticed that school going male and female benefited in the range of 51-75%, Out of school Male / Female benefited in range 26-50% Married male benefited in range 26-50% and Married Female benefited most in range 76-100%.

Behavioral Change among Adolescents (Beneficiaries Perspective): N=63

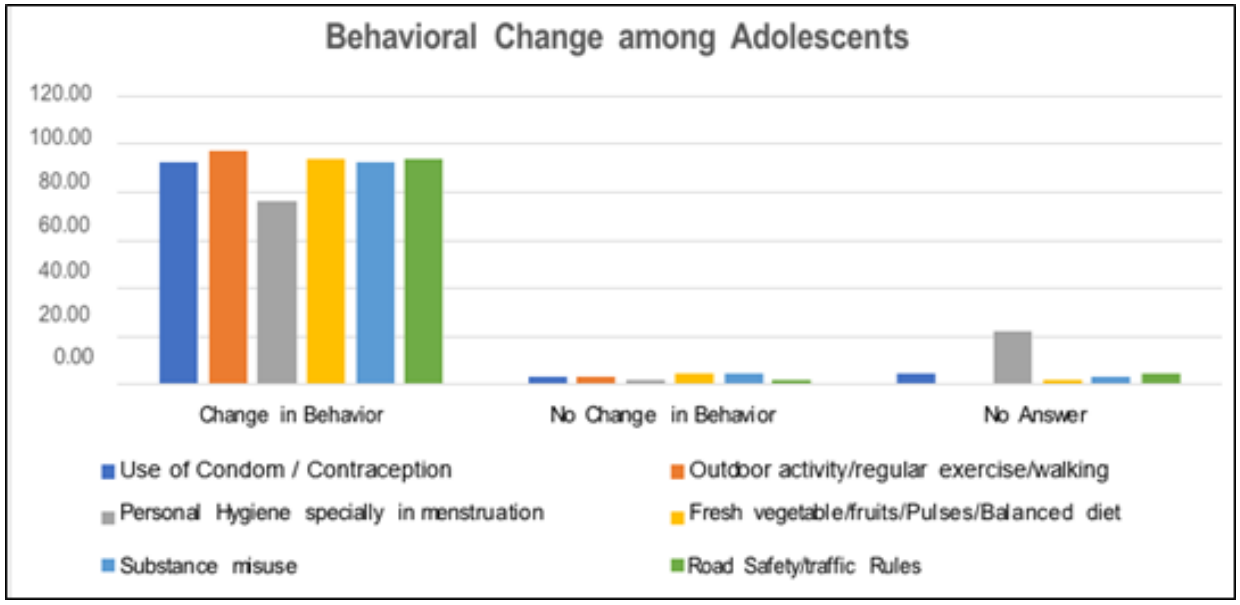

Fig 3

Impact of RKSK program can be measured from this behavioral change amongst adolescent.

It is noticed that there was positive impact of RKSK programme in view of the adolescents their health in the form of use of condom and contraception, personal hygiene Specially in menstruation, substance misuse, road safety use of vegetables fruit pulses or balanced diet and outdoor activities including regular exercise.

All above indicator of good health with well adaptivity express the positive change in behavior and successful in health promotions

Satisfaction Level of Adolescent about RKSK Programme (Beneficiaries Perspective): N=63

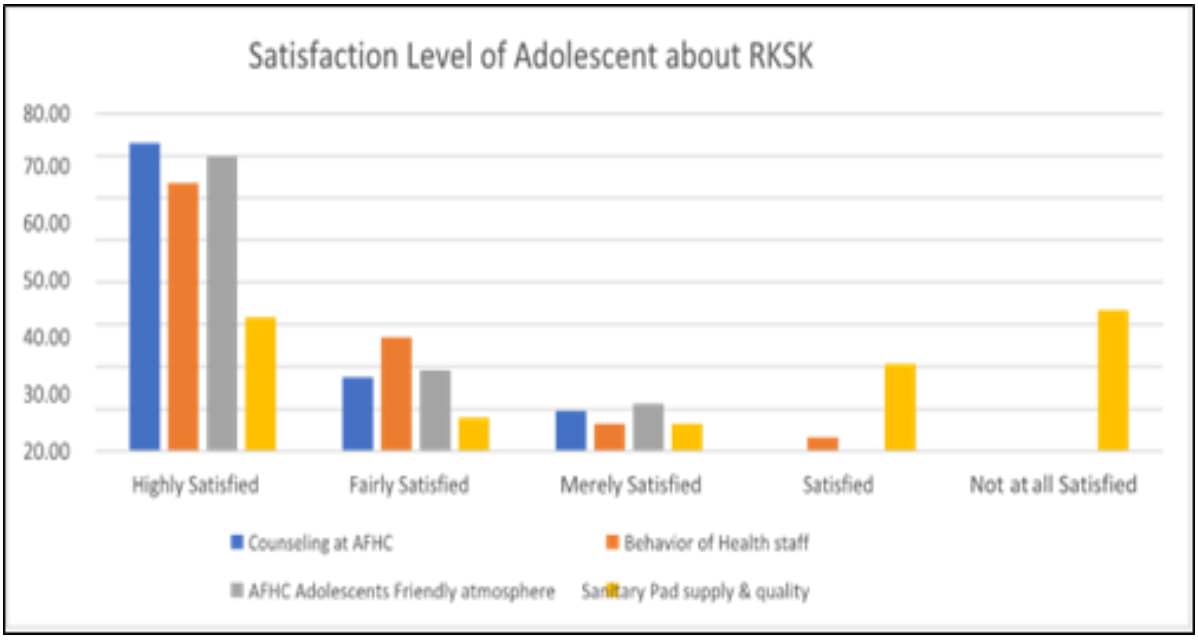

Fig 4

Adolescents were highly satisfied about, Counseling and behavior of health staff at AFHC whereas sanitary pad supply and quality was not as per the expectation of adolescent.

Benefit of RKSK Schemes among Adolescents (Stakeholders perspective)

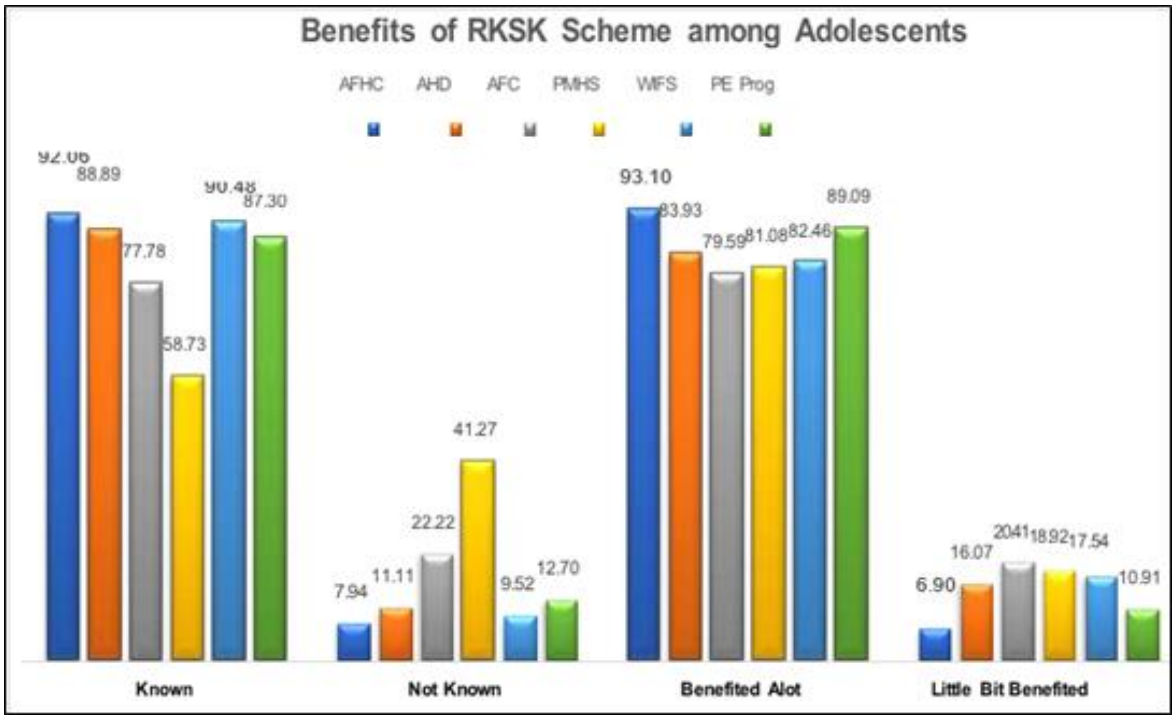

Fig 5

Adolescents were well aware about Adolescent Friendly Health Clinic(AFHC), Adolescent Health Day (AHD) , Weekly Iron Folic Acid Supplementation(WIFS) and Peer Educator (PE)Programme as compared to Adolescent Friendly Club (AFC) and Promotion of Menstrual Hygiene Schemes (PMHS). It is also noticed that adolescent get more benefited in AFHC, ADH, WIFS and PE Program where as PMHS and AFHC not benefited much compared to other schemes of RKSK. It is significantly noticed that promotional of menstrual hygiene schemes, was not known and not much benefitted too.

Adolescent Benefitted through RKSK Scheme (Stakeholders Perspective): N=129

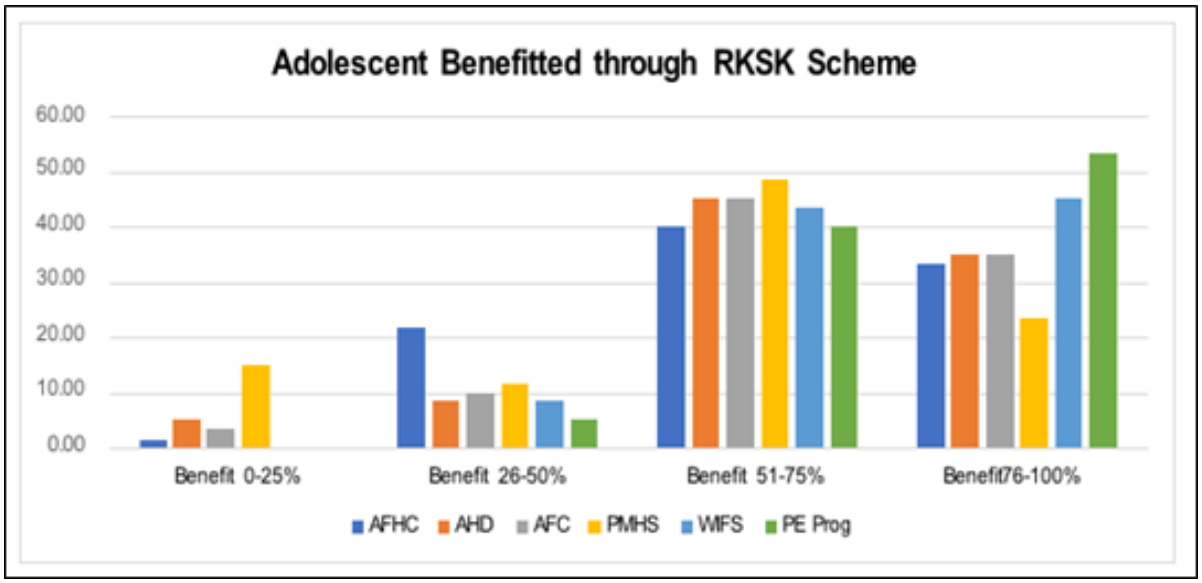

Fig 6

According to stakeholder responses Adolescent get benefitted 76 to 100% benefits comes under PE program followed by WIFS, whereas PMHS was lowest benefit taken by the adolescents. AFHC and AHD benefited adolescent in the range of 51 to 75%.

Findings of the Study

- There is very good understanding and awareness about health Indicators like Adolescent age group, Physical, emotional and sexual changes, age at marriage, smoking and balanced diet which help to avoid morbidity in adulthood
- RKSK programme helped adolescents to adopt positive changes in their behavior at individual and social level.
- The covered population in the age group of 10-19 years including vulnerable group helped generate better impact of RKSK programme
- RKS Peer Educator (PE) Programme and Adolescent Friendly Health Clinics (AFHC) are most effective and benefited along with other approaches RKSK programme.

Suggestions

- Health concerns like RTI /STI, anemia, Pregnancy, Govt. approved abortion centers and non-communicable diseases need to be focused more amongst adolescent.
- Motivational inputs like incentives, adolescent educational kits participatory certificates should be provided to all Service provider specially active Peer Educator working under PE program
- Periodic refresher training for all stakeholder including Teachers should be the part of the RKSK programme.
- Need based IEC and BCC should be developed and provided to all health facilities to create awareness of RKSK program.
- Community participation should be increased by active engagement of PRIs, community and NGO's at possible levels.

Area for further study

Adolescents were informed and benefited about Adolescent health to various approaches under RKSK. There are few more components need to evaluate the awareness and impact assessment

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