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## ASSESSMENT OF IMPACT OF SABLA SCHEME ON BENEFICIARY ADOLESCENT GIRLS

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### **Abstract:**

Adolescent girls are not just individuals but represent a significant resource for the nation's growth. Investing in their health and development translates to the broader well-being of the country. Understanding their needs, both as a collective and as individuals, is crucial as they are the future contributors to society. Recognizing the unmet necessities of adolescent girls, the Rajiv Gandhi Scheme for Empowerment of Adolescent Girls - Sabla was introduced as a comprehensive initiative targeting girls aged 11-18, particularly those not attending school. This scheme focuses on various aspects such as nutrition provision, health check-ups, education on health and nutrition, guidance on family and child care, reproductive and sexual health education, life skills, and vocational training for older adolescent girls (16-18 years).

An investigation was conducted in Ramanathapuram District, Tamil Nadu, covering six blocks. The study sampled 200 registered girls in the Sabla Scheme using non probability convenience sampling and employed interview-based data collection methods. The results showcased that most beneficiaries had significant rural and moderate extension contacts. The utilization of nutritional components, Iron Folic Acid (IFA) Supplementation, guidance on family welfare, Adolescent Reproductive and Sexual Health (ARSH), Child Care Practices and Home Management, were identified as the major benefits of the Sabla scheme as perceived by the beneficiaries.

**Keywords:** Adolescent girls, Sabla scheme, Nutrition and health education, life skills, and vocational training



## 1. Introduction

Adolescence signifies a pivotal phase bridging childhood and adulthood, marked by multifaceted physical, mental, and social transformations (1). For girls, it is an essential transitional period between childhood and womanhood, spanning roughly from 10-12 years to 19-20 years. Acknowledged as a crucial developmental juncture, adolescence necessitates particular attention to nutritional, biological, and familial aspects (2).

India harbors the world's largest adolescent population, comprising 243 million individuals aged 10-19, constituting a significant 20% of the global adolescent population (5). Disturbingly, over half of India's adolescent girls face anemia, while almost half are underweight, exposing them to severe health risks. Early marriage, inadequate family planning, and deficient sexual health education further endanger the health of Indian adolescents. Around 27% of married adolescents aged 15-20 are unable to fulfill contraception needs (4). Malnourished adolescent girls are susceptible to diseases, early mortality, and lifelong health complications. In Bihar, 96% of adolescent girls suffer from anemia, highlighting a critical health concern (6,9). Despite numerous governmental initiatives, evaluating the effectiveness of these programs at the grassroots level remains essential.

Studies reveal widespread shortcomings in the access to quality education, essential sexual and reproductive healthcare, mental health support, disability care, protection against abuse, and opportunities for active participation among millions of adolescents. Adolescent girls represent a significant resource for national progress. Therefore, investing in their health and development translates into the country's greater well-being (7,8).

Recognizing the diverse needs of adolescent girls, the Rajiv Gandhi Scheme for Empowerment of Adolescent Girls – Sabla was launched as a comprehensive intervention, targeting 11-18-years-old mainly the out-of-school girls. Sabla aims to empower girls, improve their health and nutritional status, and impart knowledge about health, hygiene, reproductive health, and childcare. The program also focuses on enhancing life skills, vocational training, and integrating girls into the educational system. The scheme has positively impacted the self-esteem, health status, and decision-making abilities of adolescent girls. By December 2012, approximately 88.76 lakh adolescent girls were covered under the scheme's nutrition component, with thousands brought into the mainstream of school system (Pina). Implemented across 205 districts in India via the ICDS platform. An investigation was conducted in Ramanathapuram district to assess Sabla comprehensively. The current research aimed to study the scheme's impact on beneficiaries, offering insights to enhance Sabla's effectiveness and benefits further.

## 2. Methodology

### 1. Selection of the area.

The research study was conducted within the ICDS (Integrated Child Development Services) project of Ramanathapuram district, which is one of the nine districts included in the Sabla pilot project. Ramanathapuram district comprises 11 blocks, out of which six specific blocks such as Ramanathapuram, Bogalur, Mandapam, Thiruppullani, Kadaladi, and RS Mangalam were selected based on their composite index values. These blocks were particularly chosen for the identified needs among adolescent girls in various aspects such as education, health, economic conditions, among others. The indicators relevant to the condition of discrimination on adolescent girls across the district with economical uncertainty of the family, school dropout, lack of high school entry and also having less health seeking practices among adolescent girls.

### 2. Selection of the subjects

The subjects were randomly selected by using non probability convenience sampling 200 Sabla beneficiaries of 11 to 18 years both school going and out of school, and they were met in their respective Anganwadi centers, so that the subjects were conveniently available, easy to recruit and also it is cost effective. The beneficiary adolescent girls were approached with their parents concern, and explained about the aims of the study, need of their corporation. The data collection tools used were the interview schedule, self-administered questionnaire and