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### Title of the paper

## CONTEXTUALIZED ANALYSIS OF A CENTRALLY SOPNSORED SCHEME FOR ADOLESCENT GIRLS IN INDIA

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CONTEXTUALIZED ANALYSIS OF A CENTRALLY SOPNSORED

SCHEME FOR ADOLESCENT GIRLS IN INDIA

**ABSTRACT** – Dr. Renu

Adolescent girls form an extremely important and vulnerable segment of society. Due

to gender inequality in Asian countries like India, it is relevant to have a

contextualized analysis of public policies for empowering girls. The main objective of

this paper is to analyze the influence of socio-cultural factors on the implementation

of SABLA Scheme of Indian government for adolescent girls in Punjab state. Both

primary and secondary sources of data were used. It is certainly a welcome step

towards breaking the vicious cycle of intergenerational malnutrition but an attitudinal

and cultural change in the society is essential for its successful implementation.

Keywords: Adolescent girls, gender inequality, malnutrition, cultural change.

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#### **ABBREVIATIONS**

CSSs : Centrally Sponsored Schemes

CDPO : Community Development Porgramme Officer

AWCs : Aanganwadi Centres

AWHs : Aanganwadi Helpers

ANM : Auxiliary Nurse Mid Wife

AWWs : Aanganwadi workers

AGs : Adolescent girls

BSY : Balika Samridhi Yojana

KSY : Kishori Shakti Yojana

NPAG : Nutrition Programme for Adolescent Girls

RGSEAG : Rajiv Gandhi Scheme for Empowerment of Adolescent

Girls (SABLA)

ICDS : Integrated Child Development Service Scheme

NHED : Nutrition and Health Education

MWCD : Ministry of Women and Child Development

DPO : District Project Officer

NGO : Non-Governmental Organizations

IFA : Iron Folic Acid

MC : Municipal Counsillor

RRS : Rapid Report System

BBBP : Beti Bachao Beti Padhao

# CONTEXTUALIZED ANALYSIS OF A CENTRALLY SOPNSORED SCHEME FOR ADOLESCENT GIRLS IN INDIA

#### Dr. Renu

Adolescence is an area of special importance for the public policy makers because "In this 'youthful, human resource' lies the promise and potential of becoming a healthy, strong and egalitarian society." (HT, 26-2-2011). Adolescence is the transition period from childhood to adulthood which can be viewed differently in different societies; however, according to WHO, it is between 10 and 19 years of age. Along with biological changes, it encompasses many other changes like psychological, social and neuronal developments. Adolescent girls particularly form an extremely important and vulnerable segment of society. For girls, puberty—the biological onset of adolescence—brings not only changes to their body but also new vulnerabilities. The changes in adolescence have so profound health consequence that can have life-long impact. "A teenage girl whose rights are respected and who is able to realize her full potential is a girl who is more likely to contribute to the economic and social progress of her community and nation." (www.unfpa.org)

According to the UNICEF Report 2011, nine out of ten among the 1.2 billion adolescents live in the developing world and India has the largest population of adolescents in the world. "Today, 1.2 billion adolescents stand at the crossroads between childhood and the adult world. Around 243 million of them live in India. As they stand at these crossroads, so do societies at large – the crossroads between losing out on the potential of a generation or nurturing them to transform society. As adolescents flourish, so do their communities, and all

of us have a collective responsibility in ensuring that adolescence does in fact becomes an age of opportunity. In India adolescents, young people between the ages of 10 and 19, account for nearly one quarter of the total population. They deserve our attention as they hold the key to breaking entrenched cycles of poverty, inequity and deprivation (UNICEF Report, 2011). The value of the UN slogan of World Population Day 11<sup>th</sup> July in 2016 "*investing in teenage girls*" is crucial in any society not only for the adolescent girls but for the whole world due to their role in shaping the health and well being of the present as well as future generations.

But unfortunately, in many Asian countries like India, the discrimination against girls begins even before their birth. By the time they reach adolescence, deprivation of proper nutrition, health care and education get further aggravated by gender discrimination - both at the household and the community level. The root of the problem is - "Gender and nutrition are inextricable parts of the vicious cycle of poverty. *Gender inequality can be a cause as well as an effect of hunger and malnutrition.* Not surprisingly, higher levels of gender inequality are associated with higher levels of under-nutrition, both acute and chronic under-nutrition. Gender and nutrition are not stand-alone issues; agriculture, nutrition, health and gender are interlinked and can be mutually reinforcing. ("Gender and Nutrition," FAO, October, 2012) Gender inequalities are, in fact, resulting in many disturbing trends.

#### **GENDER INEQUALITY**

It is important to first clearly understand the concept of 'gender inequality'. To quote (website) "Gender is a socio-cultural term referring socially defined roles and behaviours assigned to 'males' and 'females' in a given society; whereas, the term 'sex' is a biological and physiological phenomenon which defines man and woman. In its social, historical and cultural

aspects, gender is a function of power relationship between men and women where men are considered superior to women. Therefore, gender may be understood as a man-made concept, while 'sex' is natural or biological characteristics of human beings. Gender inequality, in simple words, may be defined as discrimination against women based on their sex. Women are traditionally considered by the society as weaker sex. She has been accorded a subordinate position to men. She is exploited, degraded, violated and discriminated both in our homes and in outside world." Amy S. Wharton opines, "One inadvertent consequence of an individualist view of gender is that women and men are often portrayed as either villains or victims - oppressing, exploiting, or defending against each other. While inequality does not just happen, how it happens is more complex than this. Just as gender must be viewed as not solely a property of individuals, so, too, gender inequality must be understood as the product of a more complex set of social forces. These may include the actions of individuals, but they are also to be found in the expectations that guide our interactions, the composition of our social groups, and the structures and practices of the institutions that surround us in daily life. These forces are subject to human intervention and change but are not always visible, known, or understood. They are subtle, may be unconscious, and are reproduced often without conscious intent or design. As we learn how gender operates, however, we will be better equipped to challenge it and remake it in ways we desire." (Wharton, 2012)

#### THE INDIAN EXPERIENCE

Discrimination against women is prevalent everywhere in the world in different forms and Asian countries like India exhibit some peculiar forms, like female foeticide, female infanticide, and malnourishment in girls. In Asian countries, son-preference attitude is the dominant cultural factor and India is not an exception. The reality is that even in the 21<sup>st</sup> century,

we proudly celebrate when a boy is born but in case of a baby-girl, subdued or no celebration is the norm in our society. Son-preference has made us mindlessly kill our daughters at birth or before birth with the help of technology, and if, somehow she survives, she is discriminated against throughout her life in different forms. Their health and education are extremely neglected. Though in our religious beliefs, the small and young girl is put on a high pedestal of a goddess of strength (*Shakti*) and worshipped right from childhood (*Kanya-poojan*), yet in reality, it is shameful that we fail to recognize her even as a human being. Thus, she is not given good treatment and discriminated against in various forms. Sadly, it results in a kind of hypocrisy which makes us a society of people with double-standards so far as attitude towards women is concerned. It is appropriate to quote the former Prime Minister Manmohan Singh said in the National Meeting on 'Save the Girl Child', "...We are an ancient civilisation and we call ourselves a modern nation and yet, we live with the ignominy of an adverse gender balance due to social discrimination against women."

A look at the declining sex-ratio reflects it too. The Population Census of India, 2011 showed an alarming decline in the child sex ratio. The number of girls per 1,000 boys (0-6 years) has reduced to 919; down from 927 in 2001. The problem of declining child sex-ratio in India is not an isolated phenomenon but must be seen in the context of the low status of women and the girl child as a whole, within the home and outside. India has some of the most distorted sex-ratios in the world. Surprisingly, the census figures illustrate that it is some of the richer states of the country where the problem is most acute such as Punjab which has only 895 girls per 1,000 boys. The state of Punjab was cited as the worst offender, says one of the UN children's agency UNICEF's annual reports. Besides, Punjab despite being a prosperous and quite advanced state, ranked 21st out of 36 states and UTs of India in 2011 Census.

Historically speaking, women have seen much variation in their status and position in Indian society from time to time. However, after attaining Independence in 1947, the people of India gave themselves a new Constitution of the new Indian Republic in 1950, which gave equal status to the woman with the man. It included Universal Adult Franchise and guarantee of equality, justice and non-discrimination. Women have equal right to vote in our political system. Article 15 of the Constitution provides for prohibition of discrimination on grounds of sex also apart from other grounds such as religion, race, caste or place of birth. Article 15(3) authorizes the Sate to make any special provision for women and children. Moreover, the Directive Principles of State Policy also provides various provisions which are for the benefit of women and provides safeguards against discrimination. There was an assumption that with the nondiscrimination and equal opportunities guaranteed as Fundamental Rights and the Social and Economic Rights included in the Directive Principles of State Policy, the guarantees and opportunities provided by the state will be accessed by everyone who wanted. The Directive Principles of State Policy clearly reflect the concerns about nutrition, health and care of people especially tender age children as given in the Articles 39 and 47. It has been the policy of the government of India that girls must be given equal treatment and opportunity with boys from the very beginning. The successive governments in India took many initiatives to improve the lot of the women.

The former Prime Minister of India, Smt. Indira Gandhi declared 24<sup>th</sup> January, 1966 as *Girl Child Day* and since then, 24<sup>th</sup> January is being celebrated as National Girl Child Day. The theme of 2015 celebration was 'Adolescent Girls: Issues and Challenges'. The National Girl Child Day is celebrated to enhance the awareness among people about all the inequalities faced by the girls in the society. These initiatives help towards ensuring that girls are born, loved and

nurtured and grow up to become empowered citizens of this country with equal rights and opportunities.<sup>3</sup> Government of India started National Girl Child Day as a national girls' development mission. This mission raises awareness among people all over the country about the importance of girls. It helps in enhancing meaningful contribution of girls in decision making process by active support of the parents and the community members. In 2015, some postage stamps were issued to highlight this issue also.

Despite good intentions, many schemes for the welfare of girls and women by various state governments could achieve a limited success only due to serious flaws at implementation level, lack of commitment of the staff implementing them, lack of political will at various levels to get them implemented sincerely and the appalling apathy of the masses. So CSSs were introduced.

#### **Centrally Sponsored Schemes**

Centrally sponsored scheme is a specific scheme of central government in which a certain percentage of the funding is borne by the center and states in the ratio of 50:50, 70:30, 75:25, 90:10 and the implementation is done by the state governments. Centrally sponsored schemes are formulated in subjects from the State List to encourage states to prioritize in areas that require more attention. Funds are routed either through Consolidated Fund of states and/or are transferred directly to state/district level/autonomous bodies/ implementing agencies. As per the Baijal Committee Report of April, 1987, CSSs have been defined as the schemes which are funded directly by the Central Ministries/Departments and implemented by states or their agencies, irrespective of their pattern of financing, unless they fall under the centre's sphere of responsibility i.e., the Union List.<sup>8</sup>

In India, nutrition-specific or direct interventions are delivered through Centrally Sponsored Schemes (CSS) of the Ministries of Health and Family Welfare (National Health Mission) and Women and Child Development (Integrated Child Development Services (ICDS) and SABLA etc. Major schemes formulated by Central Government are: Integrated child development scheme, Balika Samridhi Yojana, Nutrition Programme For Adolescent Girls, Short-stay Homes for Women and Girls, Mahila Mandals, Sampoorna Grameen Rojgar Yojana, Support to Training and Employment Programme for women, Swavlamban, Swa-Shakti, Kishori Shakti Yojana, Productive Health Care, Mahila Samakyha Scheme, District Primary Education Programme, Sarva Shiksha Abhiyan, National Old Age/Widow Pension Scheme, National Maternity Benefit Scheme etc. Similarly the schemes launched by Punjab Government are old age pension scheme, Mahila Jagriti yojana, Kishori Shakti Yojana (Nutrition), Kishori Shakti Yojana (Training), Concessional Bus Travel Facility to Women, Dhanlakshmi, Awareness Programme for improving adverse sex ratio and Kanya Jagriti Joti Scheme (KJJS) and Rajiv Gandhi Scheme for Empowerment of Adolescent Girls. A brief account of a few of these schemes is as under:

#### Balika Samridi Yojana (BSY)

It was launched in 1997-98 with the objective to raise status of the girl child in the family and to bring about a positive attitudinal change towards her in the community as a whole. Under the scheme maximum of two girls born on or after 15 August 1997 in a family living below poverty line are covered and as assistance grant of Rs. 500 as post-birth is given to the mother. When the child covered under the scheme starts attending the school, she becomes entitled to annual scholarship of Rs. 300/-, and Rs. 500/-, Rs. 600/-, Rs. 700/-, Rs. 800/- and Rs. 1000/- for each successfully completed year of schooling starting from Ist class onwards.

#### **Protection Home for Girls**

The Juvenile Justice Act, 1986 has been repealed by Juvenile Justice (Care and Protection of Children) Act, 2000. Under this Act, five Children Homes at Gurdaspur, Bathinda, Jalandhar, Patiala at Rajpura and Ropar, two Juvenile Homes at Jalandhar and Hoshiarpur, two State After-Care Homes each at Ludhiana and Amritsar and two Special Homes each at Hoshiarpur and Amritsar have been set up in the state. Since these Homes are meant for girls only, the very purpose behind establishing such homes is to afford all type of protection and care to girls of tender age from the forces inimical to them.

#### 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 the rural and the urban areas. The scheme aims at breaking the intergenerational life cycle of nutritional and gender disadvantage and providing a supportive environment for self-development to the girls.

#### **Nutrition Programme For Adolescent Girls (NPAG)**

The Scheme was launched to provide supplementary nutrition to the mal-nourished adolescent girls. Government of India approved the implementation of this scheme on a pilot basis in 51 districts of the country and in the districts of Jalandhar and Hoshiarpur of Punjab for the year 2005-06. Under this scheme 6 kg of food grains is provided to the malnourished adolescent girls between the age-group of 11 to 19 years, weighing less than 35 kg continuously for 3 months. The food grains are to be distributed through the public distribution system (PDS). Last Year an amount of Rs. 135.51 lacs was spent to provide food grains to 43994 malnourished

adolescent girls.

# Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG) (Renamed as SABLA)

SABLA is a CSS sponsored by the Ministry of Women and Child Development (GOI) of 11-18 years, merging the two schemes, namely Nutrition Programme for Adolescent Girls (NPAG) and Kishori Shakti Yojana (KSY). This scheme was introduced by Central Government on 1<sup>st</sup> April, 2011. This is a complete nutrition programme for the adolescent girls in age-group of 11-18 years. The implementation of the scheme has been entrusted to the Anganwadi workers, Supervisors and Child Welfare Project officers.

There are two components/parts of this scheme:

- 1) To impart training to the adolescent girls. (The whole expenditure to be paid by the Central Government)
- The expenditure to be incurred on component of nutrition will be equally financed by the central as well as state government respectively. Scheme's objectives include Supplementary Nutrition, Health Check-up, Nutrition & Health Education, counseling/Guidance on family welfare, Child Care practices and home management, Life Skill Education and Accessing public services.

Alarmed by the sharp and unabated decline in CSR since 1961, the govt. of India launched the scheme *Beti Bachao*, *Beti Padhao* (Save daughter, educate daughter) on 22<sup>nd</sup> January, 2015. Launching his pet project BBBP, the Prime Minister Shri Narender Modi said that '*Beta Beti ek saman*' should be everyone's *mantra*. The overall goal of the BBBP scheme is

to celebrate the girl child and enable her education. The objectives of the scheme are as under:

(a) prevent gender biased sex selective elimination; (b) ensure survival and protection of the girl child; (c) ensure education of the girl child. It is a tri-ministerial effort of Ministry of Women and Child Development, Health and Family Welfare and Human Resource Development.

It is heartening that the problem of girl-child is on the policy agenda and pursued seriously by the govt. However, it is a matter of grave concern that most of the schemes for the welfare of girls and women by various state governments could achieve partial success only. It brought more thinking and reflection on the reasons. It brought to focus the view that given gender's broader social and cultural roots and its effect, merely initiating a scheme may not work. Therefore, it is relevant to have a contextualized analysis of public policies and schemes designed for empowering girls. Hence, the relevance of the present study.

#### SABLA SCHEME IN PUNJAB

Punjab state is one of the prosperous states of India and called *granary* of India. But Punjab has also got the dubious distinction of having one of the lowest sex ratio in the country. Rajiv Gandhi Scheme For Empowerment of Adolescent girls or SABLA, (formed on Ist July, 2010) merging the erstwhile KSY and NPAG schemes was formulated to address the multi-dimensional problem of adolescent girls like malnutrition, lack of education etc. and SABLA was implemented initially in 200 districts selected across the country. The particulars of these districts (state-wise) are given below (Economic Survey, 2011-12):

Districts Covered initially under Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG)

Sr.	State/UT Name	No. of	District Name
No.		Distt.	
1.	A & N Island	1	Andamans
2.	Andhra Pradesh	7	Mahbubnagar, Adilabad, Anantapur,
			Visakhapatnam, Chitoor, West Godavari, Hyderabad
	Arunachal Pradesh	4	Papum Pare, Lohi, West Kameng, West Siang
3.	Assam	8	Dhubri, Darang, hailakandi, Kokrajhar, Karbi Anglong,
			Didrugarh, Kamrup, Jorhat
4.	Bihar	12	Katihar, Vaishali, Pashchim Champaran, Banka, Gaya,
			Saharsa, Kishanganj, Patna, Buxar, Sitamarhi, Munger,
			Aurangabad
5.	Chandigarh	1	Chandigarh
6.	Chhattisgarh	5	Surguja, Bastar, Raipur, Raigarh, Rajnandgaon
7.	D&N Haveli	1	Dadra & Nagra Haveli
8.	Daman & Diu	2	Diu and Daman
9.	Delhi	3	North West, North East, East
10.	Goa	2	North Goa, South Goa
11.	Gujarat	9	Banaskantha, Dohad, Kachchh, Panch Mahals,
			Narmada, Ahmadabad, Jamnagar, Junagadh, Navsari
12.	Haryana	6	Kaithal, Hisar, Yamunanagar, Ambala, Rewari, Rohtak
	1	1	1

13.	Himachal Pradesh	4	Chamba, Kullu, Solan, Kangra
14.	Jammu & Kashmir	5	Anantnag, Kupwara, Kathua, Jammu, Leh (Ladakh)
15.	Jharkhand	7	Giridih, Sahibganj, Garhwa, Hazaribagh, Gumla,
			Pashchimi Singhbhum, Ranchi
16.	Karnataka	9	Gulbarga, Kolar, Bangalore, Bijapur, Bellary,
			Dharward, Chikmagalur, Uttara Kannada, Kodagu
17.	Kerala	4	Malappuram, Palakkad, Kollam, ldukki
18.	Lakshadweep	1	Lakshadweep
19.	Madhya Pradesh	15	Sheopur, Rajgarh, Sidhi, Neemuch, Jhabua,
			Tikamgarh, Rewa, Bhind, Damoh, Indore, Sagar,
			Jabalpur, Bhopal, Betul, Balaghat
20.	Maharashtra	11	Beed, Nanded, Mumbai, Nashik, Gadchiroli, Buldana,
			Kolhapur, Satara, Amravati, Nagpur, Gondiya
21.	Manipur	3	Chandel, Senapati, Imphal West
22.	Meghalaya	3	West Garo Hills, South Garo Hills, East Ghasi Hills
23.	Mizoram	3	Lunglei, Saiha, Aizawl
24.	Nagaland	3	Mon, Tuensang, Kohima
25.	Orissa	9	Korapur, Gajapati, Mayurbhanj, Sundargarh,
			Kalahandi, Bhadrak, Puri, Cuttack, Bargarh
26.	Pondicherry	1	Karaikal

27.	Punjab	6	Patiala, Faridkot, Gurdaspur, Mansa, Jalandhar, Hoshiarpur
28.	Rajasthan	10	Bhilwara, Jodhpur, Banswara, Udaipur, Jhalawar, Dungarpur, Bikaner, Jaipur, Barmer, Gangangar,
29.	Sikkim	2	North, East
30.	Tamil Nadu	9	Salem, Tiruvannamalai, Cuddalore, Ramanathapuram, Madurai, Tiruchirappalli, Coimbatore, Chennai, Kanyakumari
31.	Tripura	2	West Tripura, Dhalai
32.	Uttar Pradesh	22	Shrawasti, Bahraich, Maharajganj, Lalitpur, Agra, Sonbhadra, Sitapur, Mirzapur, Chandauli, Deoria, Chattrapati Shahuji Majaraj Nagar, Mahoba, Pilibhat, Rae Bareli, Banda, Farrukhabad, Bulandshahar, Saharanpur, Jalaun, Bijnor, Lucknow, Chitrakoot
33.	Uttaranchal	4	Hardwar, Uttarkashi, Chamoli, Nainital
34.	West Bengal	6	Maldah, Purulia, Nadia, Koch Bihar, Jalpaiguri, Kolkata
	TOTAL	200	

SABLA is for welfare of the girls in the age group of 11-18 years. The implementation of the scheme is undertaken by Child Welfare Project Officers, supervisors and workers of ICDS and Anganwadi workers. The main objectives of the SABLA scheme as outlined in the scheme

#### are as under:

- 1. Enable self-development and empowerment of Adolescent girls.
- 2. Improve their nutrition and health status
- 3. Spread awareness among them about health, hygiene, nutrition, Adolescent Reproductive and Sexual health (ARSH) and Family and Child care.
- 4. Upgrade their home-based skills, life skills, and vocational skills.
- 5. Mainstream of out-of-school Adolescent Girls into formal/non-formal-education.
- Inform and guide them about existing public services, such as Primary Health Centres,
   CHC, Post office, Bank, Police Station, etc.

#### **Target Group under the Scheme**

The scheme aims at covering Adolescent girls in the age group of 11 to 18 years under all ICDS projects in selected 200 districts across India on pilot basis. Keeping in view the needs of different ages, the target group may be subdivided into two categories. viz. 11-14 and 15-18 years. The scheme focuses on all out of school Adolescent girls, who would assemble at the AWCs as per timetable and periodically as decided by the State Governments/UTs concerned. Here, they will receive life skills education, nutrition and health education, awareness about socio-legal issues etc. ICDS Infrastructure will be used for implementation of SABLA, AWC will be the Focal point for delivery of services under the scheme. Where infrastructure and facilities like appropriate space, toilet, drinking water etc. at the AWC are not adequate, the scheme may be implemented using alternate arrangements available at the schools building,

panchayat building, community building etc. For this, the DPO/CDPO may take support from Panchayat members.

#### **Services**

- Nutrition provision
- IFA Supplementation
- Health check-up and Referral services.
- Nutrition and Health Education.
- Counseling/Guidance on Family Welfare, ARSH, Child care practices,
- Life Skill Education and accessing Public services
- Vocational training under National Skill Development Program. (NSDP)

For school going AGs 11-18 years, the services at ii) (a) will be provided twice a month in school days and four times a month in vocations.

SERVICE	SERVICE PROVIDER
Nutrition Provision Rs. 5 per day (600 calories and 18-20 gram of protein)	AWW/AWH/Peer leaders
IFA Supplementation	ANM/AWW/Health System

Health Check up and Referral Services	ANM/MO/AWW
Nutrition and Health Education	AWW/ANM/ASHA/MNGO
Counselling/Guidance on Family Welfare, ARSH, child care practices and home management	MNGO/ANM/NRHM Setup/AWW
Life Skill Education and accessing public services (also includes efforts to mainstream into formal/non-formal education	MNGO/Education Set up/Youth Affairs/ AWW/Supervisor
Vocational Training (for girls aged 16 and above) using existing infrastructure of other Ministries Department. NSDP	Through NSDP to Ministry of Labour, Supervisor/CDPO: to co-ordinate.

#### INPUTS ABOPUT THE PERFORMANCE OF SABLA IN PUNJAB STATE

This scheme is vital for the upliftment of the status of the girl child so far as health education and nutrition point of views in Punjabi society, ridden with discriminatory attitudes towards the girl children since they are conceived. Adolescent girls are particularly vulnerable to malnutrition as they need protein, iron, and other micronutrients to support the adolescent growth

spurt. Assistance to the girls given under SABLA in the stage of adolescence can address the special nutritional requirements the adolescent girls have. **However, unfortunately,** the review of literature shows that not much research work is available in this crucial field particularly in Punjab. In a few studies available, one Report submitted to Ministry of Women and Child Development, Govt. of India, in September, 2013 is considerably relevant as it evaluated SABLA Scheme in 12 states including Punjab. It analysed that how SABLA performed in Punjab. Punjab covered more than two-thirds of target beneficiaries in 2012-13 and also increased its overall coverage from the preceding year. Punjab performed well on all delivery parameters except for Convergence with Labour and Employment. Punjab recorded shortages in *Kishori Cards*. Some improvements were suggested too.

An empirical work ( Kaur, 2016) conducted under my supervision is another important work which gives a comprehensive view of SABLA and ICDS schemes, their working and perceptions of the beneficiaries of it along with the point of view of the officials connected with the working of this scheme. It dealt with the important issue of nutrition and health education of the girls including the girls becoming school drop-outs. It is based on the primary data collected in 2014 through interviews of a sample of 300 girl-beneficiaries under SABLA and ICDS programme and 50 officials in two Blocks of Patiala district of Punjab. Its findings need special mention as research studies on SABLA Scheme specifically in Punjab are few. To sum up its major points, it can be said that there is no doubt that both the SABLA and ICDS (CSSs) are very useful for the girl-child in the matter of providing them SN, health check-up and educational facilities but they were beset with many hurdles like shortage of ration at some AWCs, lack of timely grant, lack of good buildings, clean toilets, clean drinking water, separate kitchen for AWCs. Mostly AWCs were housed either in kacha building or rented building or

village inn or schools where there is no space for storage of SN ration. It was sad to observe that food items get spoiled or wasted due to moisture, seepage, rats, insects and infestation.

Informally, it was found that packets of 1kg *Panjiri* are usually distributed to the beneficiaries but in many cases not only the beneficiary but the whole family actually eats up the *Panjiri*. So the girls remained deprived of the nutrients meant for their healthy growth. The medical checkup system took long time and it was not seriously done at times. Regarding the officials, the study found that AWCs' staff had to resort to agitations and protests several times in the past with their demands for regularizing their jobs, wage hike, arrears and pension facility. (IE, 10-8-2014) But nothing has been given to them by the govt. except the assurance so far. Dissatisfied workers cannot do their best in the jobs which are very demanding and related to the crucial area of girls' welfare.

Both the above schemes deserve to be promoted liberally, Kaur concluded. Both these schemes were in the interest of the AGs and they could have good education, good health and proper medical facilities but it was shocking to find that AW staff felt helpless when villagers did not send their daughter to AWCs due to their orthodox thinking and narrow-mindedness.

Therefore, full benefits of the schemes did not reaching the needy girls esp. of low income strata.

This finding actually served as a strong motivation and hypothesis to explore this field further that resulted in the present survey given below.

#### SCOPE AND LOCALE OF THE SURVEY

The present paper focuses on only one CSS namely Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (SABLA) of the Indian government, providing supplementary nutrition ration and health education to girls of 11-18 years. The scope is limited

in the present study to two components of SABLA: i) Supplementary Nutrition and ii) Nutrition and Health Education out of the total six components.

The locale of the study is the north-western state of Punjab where the scheme is working from a long time. The state of Punjab has an area of 50,362 sq. km with a Density of 550 per sq km. From the research point of view, it is important as it has quite low sex ratio despite having high levels of economic growth and per capita income. The male/female ratio in Punjab is 895 which is much lower than the national ratio of 940. It has a total population of 2.77 crores and is divided into 22 districts. As per figures of 2011, the male population is 1,46,34,819 and female population is 1,30,69,417. The projected mid-year value for Punjab population 2017 is 3.02 crores.

#### **Objectives of the Study**

- 1. To make in-depth study of SABLA Scheme in Punjab by examining the perceptions of beneficiaries as well as the officials related with its implementation.
- 2. To find out socio-cultural factors at play in the implementation of SABLA in Punjab.
- **3.** To give suggestions for the improvement of implementation of SABLA

#### **Research Methodology**

Out of Punjab state of India, the study is concerned about the implementation of the scheme SABLA in Patiala. Patiala is the 4th most populated district of the Punjab as according to the Population Census of India, 2011, Patiala district has a population of 1,895,686 which is

roughly equal to the population of some nations! Patiala has a sex ratio of 891 females for every 1000 males and child sex ratio (0-6 Age) of 837. The average literacy rate of Patiala is 75.28% and female literacy is 69.80% only as compared to male literacy of 80.20%.

The present study is mainly based on primary data from the beneficiaries and the officials related with SABLA scheme from one Block namely, Patiala Urban of Patiala district which was selected randomly out of its 9 blocks as it was at the top in literacy but quite low in sex ratio in the Population Census, 2011. 50 AGs beneficiaries of SABLA Scheme and Officials related to SABLA coming under eight Anganwadi Centers from Patiala (Urban) block of Patiala district were chosen through convenience sampling and were interviewed with a help of two Schedules for gleaning information about the influence of the possible socio-cultural factors Observation Method was also used by the researcher during the field visits to collect data. Besides, it has been supplemented with secondary sources of data like books, journals, reports and websites.

#### FINDINGS OF THE SURVEY

In 2017, a small survey was conducted to ascertain the socio-cultural factors influencing the implementation of SABLA. Its findings are:

# Profile and Perceptions of Girl-Beneficiaries (11-14 Years and 15-18 years) regarding SN Ration and NHED under SABLA

1. In the sample, 50% girl-beneficiaries belonged to Hindu and 48% were Sikhs, 1% from Islam Religion and 1% were Christians. A majority of the girl-beneficiaries belonged to low income group and the rest of the girls were from middle income group. A high

- majority of the girl-beneficiaries belonged to joint families and 25% to nuclear families and 3% to quasi-families.
- 2. A majority of 69% girl-beneficiaries were aware about the government running a scheme for the betterment of the girls but the rest of the girl- beneficiaries were only enrolled in AWCs but did not have any awareness.
- It was shocking to find that a high majority of girl-beneficiaries did not receive SN ration regularly.
- 4. Regarding items of SN ration, almost all of the girl-beneficiaries mainly got Panjiri, rice, sugar, milk and ghee whenever available.
- 5. A high majority of girl-beneficiaries said that they consumed all given food items while 25% girls consumed only some quantity of given food items.
- 6. It was found that the girls shared the given food items with their family. When asked that was it because they were girls that they must share, most of them confidently said that one should always share the food-items with the family; it is good. When asked further that if they knew that this nutrition diet has been determined by the doctors which any AG required at their stage and they must have it, they expressed their ignorance.
- 7. A very high majority of the girl-beneficiaries never got SN ration regularly. When cross-checked with the AWWs, it was found that SN ration was not being supplied by the govt. regularly and from two years; its supply was very irregular and insufficient.

- 8. A majority of the girl-beneficiaries felt that their health improvement to a large extent while a few also dismissed this question.
- 9. On being asked whether they agreed that the health of AGs was of crucial importance, every girl nodded her head seriously, affirming it. When asked to explain 'why', interesting replies came like health is important because a girl has to do many works in future; because she has to study; because she has to study as well as to shoulder many responsibilities at home and; because nothing can be done in life without good health.
- 10. Asking a direct question on socio-cultural restraints they might have faced regarding the good diet of girls, barring 6%, all the AGs totally denied having faced any of the discriminatory comments from their family. Only 6% AGs admitted that boys were given preference when it comes to nutritious diet as they were the ones to earn and run the family/household in future and that they themselves did not eat much due to psychological pressure to remain slim.
- 11. Further, the AGs were asked about the status of girls in their family, (outside family) in society, in religion, in social customs/traditions and in their own perception. It was interesting to note that 99% girls were self-assured that their status is equal to boys in all the counts and some even remarked that it is higher than boys as in the present times; girls/daughters are the ones looking after parents and family later. When this seemingly socially correct answer was probed deeper, some AGs admitted that in the society, girls were being given a lower social status than the boys and most of them had no answer to why social traditions of celebrating a child's birth in the family was not done in their cases. It indicated many things.

- 12. A majority of 80% AGs said that they felt good being an AG in today's society whereas the rest of them, mostly in their late teens, felt insecure and fearful being an AG in today's society.
- 13. A majority of girl-beneficiaries received IFA tablets, de-worming tablets, B Complex and multi-vitamin capsules. The school-going AGs mostly got them from schools or PHCs and OOS girls got them from AWCs but many of them did not get them and expressed ignorance about it. When cross-checked with the concerned AWW, it was found that though AWW had received the supply of Iron and Folic Acid Tablets but she had yet to distribute them. It gave an inkling of the possibility of delay or corrupt practices at the grassroots level.
- 14. A majority of the girl-beneficiaries reported that their medical check-ups were done regularly but only a small percentage of AGs utilized the facility under SABLA. Same was the case with clinical lab test facility.
- 15. A low majority (60%) of the AGs confirmed that AWCs' staff contacted them regularly while the rest denied it.
- 16. A majority of the AGs said that they found an improvement in their diet and body changes due to SABLA. But 20% did not agree.
- 17. 95% of the sample said that their parental advice on the food intake influenced their dietary habits while the remaining 5% admitted to the influence of advertisements on TV so far as their dietary habits were concerned.

- 18. 85% of the selected sample revealed that they have menstruation and 99% of them approached their mothers in case they have to clarify any doubts related to it. Only 1% went to their teachers/AWW.
- 19. 97% of the AGs felt sort of dirty during the menstruation while the rest felt that it was natural and ok.
- 20. When asked about socio-cultural restrictions in home during the menstruation like not entering kitchen, not entering temple/Gurudwara, not going to school, one must not eat nutritious diet these days, almost the entire sample admitted to only one, that is, not going to temple/Gurudwara during the menstruation.
- 21. All the AGs were positive that they knew about the importance of personal hygiene as well as cleanliness of their surroundings for health and took good care of that.
- 22. It was asked and observed also that 45% of AGs had height and weight according to their age but most of the AGs had only one parameter right. Many girls were thin or underweight. 10% did not know their weight or height. Most of the AGs were able to tell their HB but it was mostly on the lower side. However, they did not look sad or depressing.
- 23. It was good to find that procedure for getting facilities under RGSEAG were perceived as easy by all AGs.
- 24. It was good to note that all the girl-beneficiaries said that SABLA scheme should be continued.

25. When asked to give any suggestions for improvement, all the answers suggested that more awareness should be created among the parents/society about all the advantages and facilities of the SABLA scheme and regular supply of Supplementary ration and IFA tablets must be there.

#### OFFICIALS VIEWS REGARDING SABLA

- 1. The main problems faced by the officials were less procurement of SN material, irregular supply from the approved agencies, poor packing of the material. There was a problem of storage at some AWCs. Some officials complained that community did not come forward to avail the services through centers as much as it should. They explained that people don't have time due to their busy lives and sometimes, both parents are doing jobs and many times, it is plain ignorance or indifference.
- 2. For improvement, they recommended that supply of the SN ration and medicines must be regular; the use of mass-media and *nukadd natak* and plays should be more; AW own buildings should be constructed.
- **3.** AWWs especially have many responsibilities at the grassroots level in the implementation of the schemes like SABLA but they were sore about their jobs being not regular and keenly wanted that their various grievances right from fresh recruitment to increasing their meager emoluments and to make them entitled for a pension must be redressed by the govt.
- 4. SABLA scheme must be continued according to all the officials. It is very beneficial for the AGs. However, from some replies of AWWs, it appeared that the monitoring of the

implementation of the Scheme was not so strict and there was a scope for malpractices and delays.

5. It was gleaned from the officials that the social scene at the grassroots is changing positively for the girls and they perceived a sea change in the social status of girls as many couples are increasingly feeling satisfied with a single girl child; preference for a male child is somewhat fading as daughters are proving to be good at studies and more caring than sons. Even in joint families, mothers are withstanding the pressures from older generation to give a good upbringing to the daughters, many AWWs working at grassroots level revealed.



Researcher doing the Survey, 2017.

#### INSIGHTS FROM THE SURVEY

The survey provided many interesting findings. Though many things looked rosy in the beginning and all replies seemed to be of positive nature, yet scratching below the surface one finds that many replies were given just not to been in a bad light and they did not convey the reality. It is right that "understanding gender requires us to go beyond the obvious and to reconsider issues we may think are self-evident and already well understood." (Wharton, 2010). "The declining sex ratio within any community automatically poses a question—why girls/women are so much unwanted in that society. To answer that, one needs to look at many Gender and Development (GAD) issues embedded in multifarious socio-cultural-religious and economic system of the society. Earlier researches conducted on increasing masculinity in Punjab population point out reasons [though many of them are common to other population also] as under:

- Patriarchy Women's social status and social position
- Religious directions Rights of males in rituals of birth, death, marriage etc.
- Cultural practices Continuity of lineage through male line
- Social values Giving away a girl in marriage puts the girls family in socially
- inferior position with respect to boy [groom's] family
- Preference for male [son] in Agricultural societies
- Social evils Dowry, Lack of assets/property
- Community Attitude Sons as assets and daughters as liabilities. Social/old age
- security through male child
- Girls as property of family of procreation [Paraya Dhan]
- Violence [verbal & physical] against women is traditionally accepted tool for
- putting down the rivals/opponents/enemies in situations of conflicts, stroke,
- war.
- Economic viability of girls in the absence of proper education & skills, as also

- associated social prejudice
- Women's work [Domestic & outside] are mostly without economic return
- Domestic violence against women Socially accepted actions
- Protection of girls against sexual abuse within the community
- Legal biases within the personal laws (Report; October, 2008)

Keeping the focus limited to the socio-cultural operational environment in the Patiala district's Block in Punjab, many questions covering the major social prejudices were asked during the survey. It was felt that people in Punjab are aware of their shameful record of adverse sex ratio and they try their best to project that they value girls equally as they cherish boys. It is good that at least, it is working as a pressure on their minds. The social customs still celebrate the birth of the son (in Lohri festival, for instance) but the politicians as well as NGOs are coming forward to start a trend of celebrating the birth of the girl child also. Fundamentally, gender is a multilevel system whose effects can be seen at various levels of life; it can be perceiving sharing food items with family as a virtue; feeling 'impure' during menstruation; projecting the family as progressive to protect its prestige. Many girl-beneficiaries were found to be under-weight or under-height and having low HB indicated the ineffectiveness of the SABLA Scheme to a large extent. Inadequate nutrition can wreak havoc not only on girl's own health but also on the health of the future generation.

In addition to inadequate infrastructure, irregular supply and distribution of supplementary nutrition ration, insufficient availability of health supplements, over-burdened workers at the grassroots level, there was lack of community co-operation coupled with concealed deep-rooted socio-cultural biases. The adolescent girls remained vulnerable to

malnutrition in our patriarchal society obsessed with sons like many Asian countries. Some positive change regarding the girls' health status and social status could be identified too which is welcome. Overall, it was sad to find that the government measure to uplift the AGs was marred by many problems to a large extent.

#### **SUGGESTIONS**

The following recommendations are given on the basis of the present study:

- 1. It is imperative to spread more awareness among the people through radio, Television, newspapers and public address system so that more and more families can avail of the benefits for their daughters. Nukkad nataks, plays and speeches by the popular local figures and leaders can be used to dispel the superstitions, wrong notions and orthodox cultural beliefs the people secretly nurture in their minds so that the community can come forward in a bigger way to participate in the SABLA scheme.
- 2. Care must be taken that not only nutritious diet has to be given to the girls but it has to be provided at proper time intervals. It is recommended that for the success of these CSSs, the govt. must ensure a steady and regular supply of the SN ration, health supplements and important medicines otherwise they will remain on the paper only.
- 3. There must be proper buildings for AWCs and sufficient and clean sitting-space in them for the AGs. It is a must to have clean and safe drinking water supply at all the AWCs and proper and clean toilet facilities for the staff as well as the beneficiaries.
- 4. It should be considered that packaged food is provided to the beneficiaries in Anganwadis and as Mrs. Maneka Gandhi suggested "We can put iron or folic acids into these regular foods like *poha*, so that children can get hygienic and nutritious food." Till

- it is implemented, it is suggested that separate kitchen to cook meals for the beneficiaries and storage facility to safely keep the supply of SN ration must be there.
- 5. Training of the Anganwadi workers must be meticulous. They must be aware of the details of the scheme, the rules, requirements and the importance of hygiene, nutritious food and the crucial nature of their duty.
- 6. Medical check-ups of the target beneficiaries must be regular and the ANMs should be equipped with the required medical equipments. The govt. should introduce Annual Card System to record all information provided to the girl children right from their birth to attaining of maturity.
- 7. The prolonged strikes, rallies and demonstrations of AWWs for the fulfillment of their demands make the beneficiaries suffer and are a setback to the implementation of the schemes. Union Minister for Women and Child Development Mrs. Maneka Gandhi in her visit to Patiala on 31 May 2016 emphasized that the Union Govt. has extended several benefits to AWWs such as promotion after ten years of services, uniforms to all the workers. (TOI, 31-5-2016) But she ruled out hike in honorarium for AWWs who number around 24 lakhs across the country. All India Federation of Anganwadi Workers and Helpers remained disappointed. In addition, AWWs must not be over-burdened with ever-increasing duties not related to their primary jobs of their looking after children as it seriously affected their performance. The govt. must resolve the long pending demands of the AWWs.
- 8. Strict supervision and surprise checks on the AWCs must be made to curb corrupt practices. To promote transparency, RRS must be extended to SABLA as soon as possible. The Union Ministry of Women and Child Development has launched the new

Rapid Reporting System (RRS) to monitor the implementation of ICDS on monthly basis where it is mandatory to complete assigning and uploading of the 11 digit unique code to each Anganwadi Centre (AWC) in the country so that data of Anganwadi Monthly Progress Reports (AW-MPR) from the month of March 2016 can be entered online.

9. Sensitization is a must to have a right kind of attitude so that AGs don't grow up with any embarrassment for being a female. Counseling and informative health related lectures must be organized for the whole community.

Undoubtedly, addressing the special nutrition needs of adolescent girls is certainly a welcome step towards breaking the vicious cycle of intergenerational malnutrition and persistent diseases but an attitudinal and cultural change in the society is a pre-requisite to ensure its successful implementation and utilization of the services provided. Without undermining the importance of good infrastructure, adequate funds and well-paid staff, it is emphasized that public policies should utilize inputs from social research to deal with the social bias against AGs. The unique nature and importance of adolescence demands special attention of the public policy makers as nutrition deprivation in AGs can have far-reaching consequences for the society.

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