Engagement with Adolescents:

Improving adolescent girls' health and nutrition, reducing early marriage and delaying the first pregnancy could help break the intergenerational cycle of under nutrition and improve birth outcomes. Investing in adolescent health could also help stem the rising tide of non-communicable diseases. India is home to 243 million adolescents, around 20% of the country's population. In Jharkhand, around one third of women aged 20-24 are married before the age of 18 and early childbearing is high[1]. Adolescent girls also face a high burden of under nutrition with 44% of them aged 15-18 with low BMI and 67% being anaemic[2]. India's adolescent health programme, the Rashtriya Kishor Swasthya Karyakram (RKSK), is part of the Government's Reproductive Maternal New-born Child and Adolescent (RMNCH+A) strategy. RKSK's community interventions mainly involve peer educators who conduct participatory group meetings, but there is currently no evidence-based model for such meetings and no evaluation to understand the impact.

Participatory Learning and Action (PLA) with women's groups is evidence based to improve maternal and new-born health and has been taken up by the National Health System Resource Centre (NHSRC) for scale up by the Accredited Social Health Activists (ASHAs). PLA method can be used with adolescent groups, but currently there is no tested model available for the same and no evaluation of its impact on adolescent health.

The 'JIAH' (Jharkhand Initiative for Adolescent Health) study in Khuntpani block of West Singhbhum district, in Jharkhand is a 3-year research project that was started in 2017 with the aim of developing and testing a scalable peer-led integrated community intervention using principles of PLA to improve the health, nutrition and well-being of adolescents (aged 10-19 years). Before starting the intervention, two reviews were done, the first a global literature search on existing peer-led community-based interventions in low and middle-income country settings to understand their impact on improving adolescent health. The second review collected information from published government documents of national and Jharkhand - specific interventions that could be embedded within RKSK or other government programs that focused on adolescent health and development.

1. NFHS 3 2005-2006
2. RSoC 2014

Needs assessment was done to understand issues related to health, nutrition and wellbeing among adolescents in the context of the project district (West Singhbhum, Jharkhand). Qualitative tools included Focus Group Discussions (FGDs) with boys and girls (aged 10-19); semi-structured interviews with married and unmarried boys and girls (aged 15-24); FGDs with caregivers of adolescents; with teachers and semi-structured interviews with frontline health workers. The tools for measuring violence were adapted from - International Society for the Prevention of Child Abuse and Neglect Child Abuse Screening Tool-Child Institutional (ICAST-C, 2006) and some items from the World Health Organisation (WHO) Multi Country Study on Women's Health and Domestic Violence against Women (Garcia-Moreno et al., 2005).

A baseline survey of 3324 adolescent girls from 40 villages was done to understand about issues related to education, financial resources, general health, nutrition, access to entitlements, sexual and reproductive health, gender norms and decision-making, violence and mental health. A collaborative workshop with several internal and external stakeholders helped to design the intervention for the adolescents.

The 40 villages were subsequently randomised to an intervention arm (20 villages) or a control arm (20 villages). After 32 months of intervention, an end-line cross-sectional survey will be done to assess the impact on key adolescent health indicators. During the intervention a process evaluation is also being done.

Finally, the lessons learned will be summarised for further implementation, evaluation and scale-up of the peer-led, PLA-based intervention to improve adolescent health.

Intervention strategy

The intervention is delivered through a Community Youth Team that conducts meetings every month on PLA with adolescent groups, youth leadership and livelihood promotion activities. Community Youth Team comprises of three people: (1) a peer facilitator aged 20-25 called a 'Yuva saathi', meaning friend of youth (one girl per 1000 population and one boy for 2000) chosen from the community; (2) a youth leadership facilitator (one for 6-7000); (3) and a livelihood promoter (one for 9-10000). PLA meetings and leadership activities with adolescent groups are done only in the intervention areas whereas livelihood activities are common to all 40 villages. An advisory committee with representatives from local governmental and non-governmental adolescent services, also advises and supports the teams.

Yuva saathis facilitate monthly participatory groups for adolescent girls and boys. In the first five meetings, they introduce the intervention, discuss social and economic factors that affect adolescents' health, how to involve vulnerable adolescents in the groups, gender norms and their consequences, and adolescents' needs and expectations. The initial meetings are open to all community members, teachers and frontline health workers. After that the groups work through four consecutive Participatory Learning and Action (PLA) cycles to cover four major themes: Education, Nutrition, Health and Violence. Each PLA cycle comprises five to seven meetings and has four phases: (i) Identifying problems affecting adolescents in the community; (ii) Identifying and deciding on strategies to address the problems; (iii) Implementing strategies; and (iv) Evaluating the process. The themes were selected on the basis of formative research and reflects the broad dimensions of adolescent health and development, as well as the content of the national curriculum for adolescent health (Rashtriya Kishore Swasthya Karyakram, or RKSK).

Our formative research also identified the need for adolescents to be engaged in complementary activities like fun and confidence-building activities. Leadership activities with the adolescents is initiated by the leadership facilitator every two months and are open to all girls and boys in the community, that include sports events like football tournaments, archery, run-a-thon, problem management sessions and nature walks.

Livelihood promoters are adults recruited for their skills in farming and environmental management with the aim to provide adolescents with practical family based skills that can be used in later life, to improve food security for families, and provide a common benefit to both intervention and control arms. Livelihood promotion activities that are run every three months are selected in consultation with communities and are family-focused, involving adolescents and their parents. They include paddy cultivation, multi-cropping, compost-making techniques, tree planting, rain water harvesting and the revival of farmer's committees and forest groups.

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