

Original Research Article

<https://doi.org/10.20546/ijcmas.2019.803.293>

Constraints Faced by Beneficiaries of ‘SABLA’ Scheme of Bikaner District of Rajasthan, India

Divya Rajpurohit*, Neena Sareen¹, Nisha Meena², Kanupriya Vyas³ and Jyoti Rajvi⁴

University of Agricultural and Horticultural Sciences, Shimoga-577204, Karnataka, India

*Corresponding author

ABSTRACT

Adolescence is a time of rapid physiological and psychological change of intensive readjustment to the family, school, work and social life and of preparation for adult roles. The term “adolescence” literally means “to emerge”, “to mature” or “achieve identity”. It is a significant phase of transition from childhood to adulthood, which is marked by physical changes accompanied by psychological changes. This is the time to make adolescents aware of and informed about various facets of life in order to promote a healthy way of living. Awareness of health, nutrition, lifestyle related behavior and adolescent reproductive & sexual health (ARSH) needs to be positioned in this phase of life in order to improve the health of adolescent girls and facilitate an easier transition to womanhood. During this period, nutritional problems originating earlier in life as well as those occurring during the period itself can be addressed. Going beyond this, AGs need to be viewed not just in terms of their needs but even as individuals who would become productive members of society in future. Recognizing the unmet needs of adolescent girls, Rajiv Gandhi Scheme for Empowerment of Adolescent Girls - Sabla has been launched as a comprehensive intervention for adolescent girls in the age-group of 11-18 years, with a focus on out of school girls. The objectives of the scheme are Nutrition Provision, Iron Folic Acid (IFA) Supplementation, Health check-up and Referral Services, Nutrition and Health Education, Guidance on Family Welfare, Adolescent Reproductive and Sexual Health (ARSH), Child Care Practices and Home Management, Life Skills Education and Accessing Public Services, Vocational Training (16-18 yrs). The present investigation was undertaken to know the Constraints of ‘SABLA’ scheme as faced by beneficiaries and get a clear picture of SABLA in Bikaner district so that the proper feedback could be given to the concerned personnel, institutions and agencies to make it more effective and beneficial. This study was conducted in six villages of Bikaner district of Rajasthan. Total sample size comprised of 120 registered girls in Sabla Scheme by using proportionate random sampling. Interview method was used for data collection. The results indicated that majority of beneficiaries belonged to upper age group (15-18 years), from nuclear family (80.83%), with monthly income of Rs. 6001 to 8000, belonged to general caste (35.83%), farming as family occupation, primary passed with medium level of mass media exposure, having land above 2.1-5 hectare. Majority of these beneficiaries had high level of urban contact, with medium level of extension contact and they had not participated in any training programme related to these activities earlier. Non availability of variety in the supplementary nutrition, Long gap of 3 months of health check-ups, Duration of vocational training is short, Lack of practical oriented knowledge on various aspects of nutrition and health and Lack of need based vocational trainings were the major constraints of SABLA as perceived by beneficiaries.

Keywords

Adolescent girls,
SABLA scheme,
Health and nutrition

Article Info

Accepted:
24 February 2019
Available Online:
10 March 2019

Introduction

Adolescence is a period of transition from childhood to adulthood and is characterized by efforts to achieve goals related to the expectations of the mainstream culture, and by spurts of physical, mental, emotional and social development (WHO, 1986). Adolescence is a crucial phase in the life of woman when a girl stands at the threshold of adulthood which is intermediary between childhood and womanhood. It extends roughly from 10-12 years of age till 19-20 for girls. Adolescence in girls has been recognized as a special period in their life cycle that requires specific and special attention in terms of nutritional, biological, and family life (Academia.edu, 2015).

India has the largest population of adolescents in the world by being home to 243 million individuals aged 10-19 years, the country's adolescents constituted 20 per cent of the world's 1.2 billion adolescents (UNICEF, 2011).

Studies show that millions of adolescents today do not enjoy access to quality education, basic sexual and reproductive health care and support for mental health issues and disability, protection from violence, abuse and exploitation, and forums for active participation. Adolescent girls are a core resource for national growth. Investment in their health and development is investment in the greater well-being of the country. Considering that several of these girls are out of school, get married early, face discrimination in accessing health, education and other services, work in vulnerable situation, and are influenced by peer pressure, they need special attention. The public health challenges for adolescents, which include pregnancy, risk of maternal and infant mortality, sexually transmitted diseases, reproductive tract infections, rapidly rising

incidence of HIV, etc. require influencing the health-seeking behavior of adolescent girls.

As health and nutrition is important for the adolescent girls but for overall development of girls, life skills and vocational skills are also required especially for rural girls. All adolescent girls need life skills for their better and holistic development.

They need to be looked at in terms of their needs both as a group as well as individuals as they are the future productive members of the society. Recognizing the unmet needs of adolescent girls, Rajiv Gandhi Scheme for Empowerment of Adolescent Girls – *Sabla* has been launched as a comprehensive intervention for Adolescent girls in the age-group of 11-18 years, with a focus on out of school girls. *Sabla*, a Centrally-sponsored scheme was approved by the Government on 16, Aug, 2010. To begin with, the Scheme was implemented in 200 districts of the country on a pilot basis and the scheme was started in Bikaner in January 2011 with bhilwara and dungarpur districts.

The present investigation was therefore undertaken to study the constraints of 'SABLA' as faced by beneficiaries.

Materials and Methods

The present study was conducted in Bikaner district of Rajasthan. There are seven Panchayat Samities in Bikaner District, out of them; Bikaner Panchayat samiti was selected purposely. In Bikaner panchayat samiti there are 40 gram panchayats. Out of these, six gram panchayats were selected randomly namely, Napasar, Norangdesar, Palana, Jaalwali, Jamsar, Kilchoo. One village from each selected gram panchayat was selected randomly. Thus six villages were selected for present investigation (Napasar, Norangdesar, Palana, Lakhusar, Jamsar, and Kilchoo). One

hundred twenty adolescent girls from the age group of 11-18 years who were registered under SABLA scheme were selected from these six villages by proportionate random sampling technique.

The responses related to constraints of SABLA were collected from beneficiaries on three point continuum ranging viz., Very Important, Important and Less important with score 3, 2 and 1, respectively.

Statistical analysis of data

Appropriate statistical methods and tools like frequency and percentage, Mean percent score (MPS), standard deviation, Range and 't' Test were used for the analysis of data.

Results and Discussion

Descriptive statistics of respondents

The results in table 1 reveal that nearly half of the beneficiaries (51.67%) were in the Upper age group (15-18 years) while 48.33 per cent beneficiaries were in the lower age group (11-15 years) with slightly more than half (55.00 %) of the beneficiaries having primary education, followed by 43.33 per cent having secondary education. It was encouraging to note that none of the beneficiaries was illiterate. The mass media exposure of beneficiaries revealed that nearly two-third of the beneficiaries had medium level of mass media exposure (67.50%), followed by 18.33 per cent with high exposure and only 14.17 per cent were having low level of mass media exposure. Further it is also revealed that slightly more than half of the beneficiaries had medium level of extension contact (61.67%) followed by one-fourth who belonged to low category and only 13.33 per cent respondents having high level of extension contacts. It was interesting to note that majority of the beneficiaries had not participated in any training program related to these activities

(89.17%) whereas only 10.83 per cent participated in training programs as is visible from table 1.

Constraints faced by the beneficiaries of SABLA

The present investigation shows that extent of constraints faced by the beneficiaries while getting the services of 'SABLA' Scheme. The results have been presented in following sectors:

Constraints related to

Constraints related to Nutrition provision
Constraints related to IFA supplementation
Constraints related to Health check-ups and referral services
Constraints related to Guidance on family welfare, reproductive health, nutrition and health education
Constraints related to Life skills education and Vocational training
The constraints have been ranked according to their mean scores.

Constraints faced by beneficiaries related to Nutrition provision

The data presented in table 2 showed that constraint of "Non availability of variety in the supplementary nutrition" was ranked first by the beneficiaries with mean score 2.75. The second most important constraint given by SABLA beneficiaries was "Non availability of Hot cooked meal" with 2.19 mean score. The constraint of "Irregular supply of Take home ration (THR) 15-18 yrs. Adolescent girls" was ranked third with 1.17 mean score by the beneficiaries.

Reason behind constraint of "Irregular supply of Take home ration (THR) 15-18 yrs. Adolescent girls" was due to long chain of suppliers.

The findings of Indian institute of management Bangalore (2005) support the present findings.

Constraints faced by beneficiaries related to IFA Supplementation

The data presented in table 3 showed that constraint of “Dislike the taste of IFA tablets” was ranked first by beneficiaries with 2.83 mean score. The second important constraint given by beneficiaries was “Lack of Provision of 100 adult tablets of IFA” with mean score 1.00.

The present study finds supported from the study conducted by Indian Institute of Management Bangalore (2005).

Constraints faced by beneficiaries related to Health Check-ups and Referral Services

The data presented in table 4 showed that constraint of “Timings of regular school and anganwadi center is same” was ranked first by beneficiaries with mean score 3.00. The second rank was given by SABLA beneficiaries to the constraint of “Long gap of 3 months of health check- ups” with 2.65 mean scores. The constraint of “Lack of transportation for health check-ups from nearby town/city” was ranked third with 2.43 mean scores. This was followed by the constraints of “Lack of getting feedback from beneficiaries”, “Quality of free medicines is not appropriate”, “Improper maintenance of health record of adolescent girls” and “Irregular visit of ANM/PHC staff at Anganwadi” with mean scores of 2.37, 1.54, 1.27 and 1.22 respectively. These were ranked as 4th, 5th, 6th, and 7th respectively.

The present investigation finds support from the findings of Ministry of Women and Child Development (2010) that also portray a similar picture.

Constraints faced by beneficiaries related to Guidance on Family Welfare, Reproductive Health, Nutrition and Health education

The data presented in table 5 showed that constraint of “Lack of practical oriented knowledge on various aspects of nutrition and health” was ranked first by beneficiaries with mean score 2.82. the second rank was given by SABLA beneficiaries to the constraint of “minimum use of audio visual aids for supporting the education” with 2.75 mean scores. The constraint of “Less coverage of aspects regarding family welfare, family planning and reproduction health” was ranked third with 2.69 mean scores. This was followed by the constraints of “Irregular educative sessions for adolescent girls”, “Irregular visit of experts for providing health and nutrition education” and “Lack of provision of skill in preparing locally available nutritious recipes” with mean scores of 2.47, 2.17 and 2.16 respectively. These were ranked as 4th, 5th and 6th respectively.

Constraints faced by beneficiaries related to Life skills education and Vocational training

The data presented in table 6 showed that constraint of “Duration of vocational training is short” was ranked first by beneficiaries with mean score 2.71. The second rank was given by SABLA beneficiaries to the constraint of “Lack of need based vocational trainings” with 2.7 mean scores. The constraint of “Lack of awareness regarding communication skills, confidence building” was ranked third with 2.57 mean scores. This was followed by the constraints of “Lack of awareness regarding rights and entitlement of adolescent girls”, “Lack of trained personnel for giving vocational trainings” and “Lack of visit public services as post office, bank, PHC and CHC” with mean scores of 2.55, 2.47 and 2.31

respectively. These were ranked as 4th, 5th and 6th respectively. The findings of Formative Research and Development Services, New Delhi (2009) and Report of NRHM (2012) supported the present findings.

Analysis of the overall view of Constraints perceived by beneficiaries of SABLA scheme

The data presented in 7 shows the extent of constraints faced by the beneficiaries on the basis of their rank as perceived by beneficiaries while getting the services of SABLA Scheme. Overall constraints were classified according to highest to lowest by ranking as perceived by SABLA beneficiaries have been presented in table 6. The constraints have been ranked according to their mean

scores. The data presented in table 7 shows that constraint of “Life skills education and vocational trainings” was ranked first by the beneficiaries with mean score 2.58. The second most important constraint given by SABLA beneficiaries was “Guidance on family welfare, reproductive health and nutrition” with mean score 2.51. The constraint of “Health check-up and referral services” was ranked third with 2.07 mean score by the beneficiaries. This was followed by the constraint of “Nutrition provision” and “IFA supplementation” with mean scores of 2.04 and 1.92 respectively. These were ranked as 4th and 5th respectively. It may be concluded from the findings that the Life skill education and vocational trainings were least covered in ‘SABLA’ programme.

Table.1 Descriptive statistics of the beneficiaries

n = 120

Categories	Frequency (f)	Percentage (%)
Age group		
Lower age group 11-15	58	48.33
Upper age group 15-18	62	51.67
Educational level		
Illiterate	0	0.00
Literate	2	1.67
Primary level	66	55.00
Secondary level	52	43.33
Mass media exposure		
Low (below 8)	17	14.17
Medium (8-16)	81	67.50
High (above 16)	22	18.33
Extension contact		
Low (below 21)	30	25.00
Medium (22-25)	74	61.67
High (above 25)	16	13.33
Training		
Yes	13	10.83
No	107	89.17

Table.2 Extent of constraints faced by beneficiaries related to nutrition provision

n = 120

S. No.	Constraints	Extent of intensity			MS	Rank
		Very important (3)	Important (2)	Less important (1)		
		f	f	f		
1	<u>Nutrition provision</u>					
(i)	Non availability of variety in the supplementary nutrition	90	30	0	2.75	1
(ii)	Non availability of Hot cooked meal	45	53	22	2.19	2
(iii)	Irregular supply of Take home ration (THR) 15-18 yrs. Adolescent girls	0	20	100	1.17	3

f = frequency, MS = Mean Score

Table.3 Extent of constraints faced by beneficiaries related to IFA supplementation

n = 120

S. No.	Constraints	Extent of intensity			MS	Rank
		Very important (3)	Important (2)	Less important (1)		
		F	f	f		
2	<u>IFA Supplementation</u>					
(i)	Dislike the taste of IFA tablets	100	20	0	2.83	1
(ii)	Lack of Provision of 100 adult tablets of IFA	0	0	120	1.00	2

f = frequency, MS = Mean Scores

Table.4 Extent of constraints faced by beneficiaries related to health check-ups and referral services

n = 120

S. No.	Constraints	Extent of intensity			MS	Rank
		Very important (3)	Important (2)	Less important (1)		
		f	f	f		
3	<u>Health Check-ups and Referral Services</u>					
(i)	long Gap of 3 months of health check- ups	87	24	9	2.65	2
(ii)	Timings of regular school and Anganwadi center is same	120	0	0	3.00	1
(iii)	Lack of transportation for health check-ups from nearby town/city	82	8	30	2.43	3
(iv)	Improper maintenance of health record of adolescent girls	0	33	87	1.27	6
(v)	Irregular visit of ANM/PHC staff at Anganwadi	4	19	97	1.22	7
(vi)	Quality of free medicines is not appropriate	19	27	74	1.54	5
(vii)	Lack of getting feedback from beneficiaries	57	51	12	2.37	4

f = frequency, MS = Mean Scores

Table.5 Extent of Constraints faced by beneficiaries related to Guidance on Family Welfare, Reproductive Health, Nutrition and Health Education

n = 120

S. No.	Constraints	Extent of intensity			MS	Rank
		Very important (3)	Important (2)	Less important (1)		
		f	f	f		
4	<u>Guidance on family welfare, reproductive health, nutrition and health education</u>					
(i)	Irregular educative sessions for adolescent girls	84	9	27	2.47	4
(ii)	Lack of practical oriented knowledge on various aspects of nutrition and health	98	22	0	2.82	1
(iii)	Lack of provision of skill in preparing nutritious recipes from locally available food stuffs	51	37	32	2.16	6
(iv)	Irregular visit of experts for providing health and nutrition education	20	100	0	2.17	5
(v)	minimum use of audio visual aids for supporting the education	80	29	11	2.75	2
(vi)	Less coverage of aspects regarding family welfare, family planning and reproductive health	92	19	9	2.69	3

Table.6 Extent of constraints faced by beneficiaries related to Life Skills Education and Vocational Training

n = 120

S. No.	Constraints	Extent of intensity			MS	Rank
		Very important (3)	Important (2)	Less important (1)		
		f	f	f		
5	<u>Life skills education and Vocational training</u>					
(i)	Lack of trained personnel for giving vocational trainings	89	9	27	2.47	5
(ii)	Lack of provision of awareness regarding rights and entitlement of adolescent girls	79	28	13	2.55	4
(iii)	Lack of need based vocational trainings	91	22	7	2.7	2
(iv)	Lack of provision of awareness regarding communication skills, confidence building	87	14	19	2.57	3
(v)	Duration of vocational training is short	94	17	9	2.71	1
(vi)	Lack of visit public services as post office, bank, PHC and CHC.	53	51	16	2.31	6

f = frequency, MS = Mean Scores

Table.7 Analysis of the overall view of constraints faced by beneficiaries of SABLA

S. No.	Constraints	Mean Score	Rank
1	Constraints related to Life skills education and Vocational training Nutrition provision	2.04	4
2	Constraints related to Life skills education and Vocational training IFA supplementation	1.92	5
3	Constraints related to Life skills education and Vocational training Health check-up and referral services	2.07	3
4	Constraints related to Life skills education and Vocational training Guidance on family welfare, reproductive health and nutrition	2.51	2
5	Life skills education and vocational trainings	2.58	1

Constraints faced by beneficiaries of ‘SABLA’ and other programmes for adolescent girls

The major findings of the present study revealed that in general information majority of beneficiaries belonged to upper age group, from the nuclear family, up to 5 members, monthly income Rs. 6001 to 8000, belonged to general Caste, families were doing farming, passed primary level, medium level of mass media exposure, had above 2.1-5 hectare land, high level of urban contact, had medium level of extension contact and had not participated in any training programme related to the activities.

Beneficiaries faced some constraints like Non availability of variety in the supplementary nutrition, Long gap of 3 months of health check- ups, Duration of vocational training is short, Lack of practical oriented knowledge on various aspects of nutrition and health and Lack of need based vocational trainings etc.

In conclusion, SABLA scheme for adolescent girls is a unique programme that endeavours to have adolescent girls with enhanced self esteem, improved nutrition and health status with enhanced skills and the capacity to make

informed choices, through various components included in it. *Sabla*, the government is investing in the health, nutrition and development needs of adolescent girls to advance their rights to education, health and protection which will help them to build a future of gender equality and justice. All this, will in turn help in building of a self-reliant and confident women citizenry. The present investigation conclude that majority of the beneficiaries were getting the benefit of the scheme and perceived it as an important initiative. Beneficiaries faced some constraints like Non availability of variety in the supplementary nutrition, Long gap of 3 months of health check- ups, Duration of vocational training is short, Lack of practical oriented knowledge on various aspects of nutrition and health and Lack of need based vocational trainings etc. The present investigation felt that incorporation of the suggestions related to nutrition provision i.e. majority (93.33%) of beneficiaries suggested that “variety should be added in supplementary nutrition for adolescent girls”. The suggestions related to health checkups and referral services i.e. majority (96.67%) of the beneficiaries suggested that “quality of free medicines should be good.” The suggestions related to

guidance on family welfare, reproductive health, nutrition and health education i.e. majority (85.00%) suggested that “proper transport facilities should be provided in village”. The suggestion related to life skills education and vocational training i.e. majority (97.50%) of beneficiaries were suggested that “vocational training should be organized according to available time by the adolescent girls” so it would further enhance the quality of this scheme. It is recommended that similar study can be conducted in other district along with a large number of samples. A comparative study can be done on the topic “performance of SABLA scheme in rural and urban areas”. Awareness programme could be planned on the functions of SABLA scheme.

References

- Administrative Staff College of India (2013). “Evaluation of SABLA Scheme” A Report Submitted to Ministry of Women and Child Development. Government of India. Hyderabad, September. Available at http://wcd.nic.in/sites/default/files/1-SablaEVAReportver5.1_0.pdf
- Anonymous (2002). “Evaluation study on AG scheme implementation in Kerala, Shodh Ganga”. Available at

- www.shodhganga.com
- Formative Research and Development Services (2010). “Adolescent Girl’s Scheme in UP and Rajasthan”. Kishori Shakti Yojana (KSY) under the ambit of ICDS in Uttar Pradesh and Rajasthan’; Executive Summary, Ministry of Women and Child Development, Government of India, New Delhi
- Malhotra, (2010). “Process-outcome evaluation study on the KSY implementation done in North India in year the 1999-2002”. available at <http://www.icrw.org/files/publication>
- Rajiv Gandhi scheme for empowerment of adolescent girls (RGSEAG) –Sabla, (2010). “Implementation guidelines, Dec, Ministry of women and child development”. Government of India, New Delhi, available at <http://wcd.nic/schemes/SABLA-guidelines>
- WHO (1986). “Young people’s health: a challenge for society” A Report of a WHO study group on young people and “health for all by the year 2000”. World health organization, Geneva, Switzerland. World health organization technical report series 731. Available at http://apps.who.int/iris/bitstream/10665/41720/1/WHO_TRS_731.pdf

How to cite this article:

Divya Rajpurohit, Neena Sareen, Nisha Meena, Kanupriya Vyas and Jyoti Rajvi. 2019. Constraints Faced by Beneficiaries of ‘SABLA’ Scheme of Bikaner District of Rajasthan, India. *Int.J.Curr.Microbiol.App.Sci*. 8(03): 2478-2483. doi: <https://doi.org/10.20546/ijcmas.2019.803.293>