

## Original Research Article

# Advantages of 'SABLA' Scheme as Perceived by the Beneficiaries of Bikaner District of Rajasthan, India

Divya Rajpurohit\*, Neena Sareen, Seema Tyagi and Deepali Dhawan

(HSc. Extn.), CHSc, SKRAU, Bikaner, Rajasthan, India

*\*Corresponding author*

## ABSTRACT

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. They need to be looked at in terms of their needs both as a group as well as individuals since they are the future productive members of the 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 under taken to know the advantages of 'SABLA' scheme as perceived by the 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. Iron Folic Acid (IFA) Supplementation, Guidance on Family Welfare, Adolescent Reproductive and Sexual Health (ARSH), Child Care Practices and Home Management, Nutrition Provision were the major advantages of SABLA as perceived by beneficiaries.

### Keywords

Adolescent girls,  
SABLA scheme,  
health and  
nutrition

## 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 under taken to study the advantages of 'SABLA' as perceived by beneficiaries.

### **Research Methodology**

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, Lakhuser, 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 advantages 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.

### **Different components of SABLA as perceived by the beneficiaries**

The advantage of the sabla scheme as perceived by the beneficiaries has been

presented in table 2. On the aspect of nutrition provision, Take home ration (THR) for 15-18 years adolescent girls was ranked first with a mean score of 6.09. The lowest rank was given to hot cooked meal with mean score of 4.47, indicating that the presence of adolescent girls was to carry this ration home rather than eating hot cooked meal at the centre. Because by this they could cook it according to their personal taste and have it at a time of their choice. The response of the beneficiaries towards the advantage related to IFA Supplementation was perceived as most important provided under 'SABLA' Scheme. Provision of 100 adult tablets of IFA was also perceived by 50 per cent beneficiaries with mean score of 6.33. The advantage related to *Health Check-ups and Referral Services* provided under 'SABLA' Scheme showed that the Provision of general health check-ups once in three months on kishori divas was ranked first by the beneficiaries with mean score of 5.67. Under the 'SABLA' Scheme related to Provision of Nutrition and Health Education first rank was allotted by beneficiaries to Identification of locally available nutritious food with mean score of 6.33. The other advantage i.e. Information about nutrient deficiency disorders and their prevention was assigned lowest rank with mean score of 3.26. The probable reason of which may be attributed to the fact that they don't have knowledge about nutrients and nutrient deficiency. Saxena *et al.*, (2009) also found that through training to adolescent girls, the various nutritional issues (symptoms of anemia, food items that prevents anemia, vitamin A rich food, hygiene practices and self-confidence increased to a considerable extent.) the end line results of the project revealed that substantial changes took place not only in the information and knowledge base of the girls but also in their attitudes and practices.

**Table.1** Descriptive statistics of the beneficiaries

n = 120

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

**Table.2** Extent of advantages perceived by the beneficiaries with respect to different aspects of the SABL scheme

n = 120

S. No	Advantage	Extent						MS	Rank
		Very important (3)		Important (2)		Less important (1)			
		f	%	f	%	f	%		
<b>1</b>	<b>Nutrition provision</b>								
(i)	Supplementary nutrition for 300 days	28	23.33	48	40.00	44	36.67	5.21	2
(ii)	Take home ration (THR) 15-18 years. Adolescent girls	22	18.33	98	81.67	0	0.00	6.09	1
(iii)	Hot cooked meal	14	11.67	48	40.00	58	48.33	4.47	3
<b>2</b>	<b>IFA Supplementation</b>								
(i)	Provision of 100 adult tablets of IFA	60	50.00	36	30.00	24	20.00	6.33	
<b>3.</b>	<b>Health Check-ups and Referral Services</b>								
(i)	Provision of general health check-ups once in three months on <i>kishori Divas</i>	38	31.67	36	30.00	18	15.00	5.67	1
(ii)	Provision of deworming tablets	38	31.67	0	0.00	62	51.67	3.81	3
(iii)	Record of height and weight measurement on	58	48.33	64	53.33	36	30.00	5.26	2

	Kishori Divas								
<b>4</b>	<b>Nutrition and health education</b>								
(i)	Information about balanced diet and recommended dietary intake	20	16.67	60	50.00	40	33.33	4.19	5
(ii)	Information about nutrient deficiency disorders and there prevention	40	33.33	0	0.00	80	66.67	3.26	6
(iii)	Identification of locally available nutritious food	40	33.33	76	63.33	4	3.33	6.33	1
(iv)	Awareness about nutrition during pregnancy and for infants	60	50.00	20	16.67	40	33.33	5.12	4
(v)	Information about Exercise/Yoga	40	33.33	36	30.00	44	36.67	5.40	3
(vi)	Importance of healthy cooking and eating habits	40	33.33	56	46.67	24	20.00	5.40	3
(vii)	Importance of use of safe drinking water and sanitation	40	33.33	56	46.67	24	20.00	5.86	2
<b>5</b>	<b>Guidance on family welfare ARSH, Child care practices and home management</b>								
(i)	Knowledge about problems during menarche	41	34.17	76	63.33	3	2.50	6.33	4
(ii)	Awareness about the physiological changes during menarche	20	16.67	56	46.67	44	36.67	4.00	7
(iii)	Awareness to keep body clean, avoid wearing tight clothes etc.	80	66.67	36	30.00	4	3.33	7.26	1
(iv)	Awareness about marriage and pregnancy at right age	80	66.67	36	30.00	4	3.33	7.26	1
(v)	Awareness about family planning	43	35.83	6	5.00	71	59.17	4.05	6
(vi)	Awareness to promote institutional delivery among family members	40	33.33	20	16.67	60	50.00	3.72	8
(vii)	Essentiality of required immunization card for new born baby at health centers	66	55.00	14	11.67	40	33.33	5.63	5
(viii)	Colostrum must be given just after birth to new born baby	80	66.67	36	30.00	4	3.33	7.26	1
(ix)	Importance of mother's milk	80	66.67	36	30.00	4	3.33	7.26	1

(x)	Breast feeding should be continued till 6 <sup>th</sup> month	68	56.67	48	40.00	4	3.33	6.98	2
(xi)	Supplementary feeding after 6 <sup>th</sup> months with breast feeding	48	40.00	68	56.67	4	3.33	6.51	3
<b>6</b>	<b>Life skills education and accessing public services</b>								
(i)	Awareness about importance of education	84	70.00	32	26.67	4	3.33	7.35	1
(ii)	Awareness about formal and non formal school	20	16.67	40	33.33	60	50.00	3.63	9
(iii)	Formal education is better than non-formal education	20	16.67	60	50.00	40	33.33	4.56	7
(iv)	Awareness about health check-ups at PHC and CHC's	28	23.33	68	56.67	24	20.00	5.12	5
(v)	Provision of free medicines, delivery services, timely check-ups and immunization	24	20.00	55	45.83	41	34.17	3.07	11
(vi)	Hygienic environment at health centers	60	50.00	56	46.67	4	3.33	6.33	3
(vii)	Awareness about post office	32	26.67	40	33.33	48	40.00	4.47	8
(viii)	Awareness about bank	64	53.33	20	16.67	36	30.00	5.40	4
(ix)	Awareness about PHC and CHC	68	56.67	40	33.33	12	10.00	6.60	2
(x)	Essentiality of confidence building	48	40.00	28	23.33	44	36.67	5.12	5
(xi)	Aware about self awareness and self esteem	48	40.00	28	23.33	44	36.67	5.12	5
(xii)	Information about decision making and critical thinking	48	40.00	0	0.00	72	60.00	3.35	10
(xiii)	Communication skills are helpful in confidence building / increasing living standards	48	40.00	20	16.67	52	43.33	4.93	6
(xiv)	Awareness about rights and entitlement	44	36.67	0	0.00	76	63.33	3.07	11
<b>7</b>	<b>Vocational training(16-18 yrs adolescent girls)</b>								
(i)	Awareness about vocational training	48	40.00	0	0.00	72	60.00	3.35	1
(ii)	Improve economic condition	48	40.00	0	0.00	72	60.00	3.35	1
(iii)	Upgrade home based skills	44	36.67	0	0.00	76	63.33	3.07	2
(iv)	Upgrade vocational skills	24	20.00	20	16.67	76	63.33	2.60	3

**Table. B (II) Level of advantages of SABLA**

N= 120

S. No.	Categories	Frequency (f)	Percentage (%)
1	Low (<55)	32	26.67
2	Medium (55-112)	68	56.67
3	High (>112)	20	16.67

**Table. B (III) Overall advantages of SABLA scheme reveals the significance of advantages of SABLA scheme**

S. No	Advantages	Mean Score	MPS	Calculated 't' value
1	Nutrition provision	5.26	63.15	52.98**
2	IFA Supplementation	6.33	76.67	61.36**
3	Health Check-ups and Referral Services	4.91	63.15	48.56**
4	Nutrition and health education	5.08	62.54	50.33**
5	Guidance on family welfare ARSH, Child care practices and home management	6.02	73.03	58.41**
6	Life skills education and accessing public services	4.86	60.63	47.18**
7	Vocational training (16-18 yrs adolescent girls)	3.09	56.94	32.76**

\*\*significant at 1% level of significance

**Overall Advantages as perceived by beneficiaries of SABLA scheme**

S. No.	Advantages	Mean Score	Rank
1	Nutrition provision	5.26	3
2	IFA supplementation	6.33	1
3	Health check-up and referral services	4.91	5
4	Nutrition and health education	5.08	4
5	Guidance on family welfare ARSH, child care practices and home management	6.02	2
6	Life skills education and accessing public services	4.86	6
7	Vocational training (16-18 yrs)	3.09	7

The table 2 further highlights that regarding advantages related to guidance on family welfare ARSH, child care practices and home management provided under 'SABLA' Scheme, the beneficiaries ranked as awareness about keeping body clean, avoiding tight clothes to wear etc., awareness about marriage and pregnancy at right age, colostrums feeding just after birth to new born baby and Importance of mother's milk at first position with mean score of 7.26. Lowest rank was given to awareness to promote institutional delivery among family members with a mean score of 3.72.

The present study finds supported from the study conducted by Indian Institute of Health Management (2000).

The data in table also brings to the notice that with regard to advantages related to life skills education and accessing public services provided under 'SABLA' Scheme, awareness about importance of education was ranked first by beneficiaries with mean score of 7.35. The lowest rank was given to the advantage of awareness about rights and entitlement with mean score of 3.07.

Life skill education and accessing public services objective of sable scheme is supported by Pujar *et al.*, (2014) where it was concluded that intervention on life skill education was helpful for the rural adolescent girls to take positive actions and improving their coping skills of stress and problem solving ability.

When the beneficiaries were probed regarding ranking the advantages related to vocational training (16-18 yrs adolescent girls) provided under 'SABLA' Scheme, the results revealed that awareness about vocational training and improve economic condition were ranked first with mean score

of 3.35. The lowest rank was given to the advantage of upgrade vocational skills with mean score of 2.60.

### **Beneficiary categories on the basis of levels of benefits perceived of SABLA scheme**

Table portrays that the more than half of the beneficiaries (56.67%) were in the category of medium benefit with mean percent score of 78.56, followed by 26.67 percent having low level of benefit with mean percent score of 94.34 and 16.67 percent were in the category of high benefit with mean percent score of 32.51 from SABLA. The low, medium and high levels of advantages were made on the basis of mean score (83.2) and standard deviation (28.52).

### **Distribution of beneficiaries by their overall perception of advantages of SABLA scheme**

### **Significance of advantages of the SABLA scheme**

The data in table B (II) clearly highlights that all the seven advantages of SABLA scheme were highly significant as the uniformity of 't' calculated value was highly significant at 1% level of significance.

### **Overall advantages of SABLA scheme**

Table B (IV) clearly indicates that highest mean score (6.33) was given by the beneficiaries to the advantage i.e. IFA supplementation and therefore it was ranked as number one amongst all the advantages while the lowest score (3.09) was given to vocational training (16-18 yrs) by the beneficiaries that ranked on last place.

The present investigation finds support from the findings of Press Information Bureau



(2000) and one India Portal (2006) that also portray a similar picture.

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. Majority of the beneficiaries were getting the benefit of the scheme and perceived it as an important initiative. 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](http://wcd.nic.in/sites/default/files/1-SablaEVAReportver5.1_0.pdf)
- Baiju, K. Nath 2013. “Empowering Adolescent Girls In India – Policy Perspective. Available at <http://universityofcalicut.academia.edu/BaijuKnath>
- Indian Institute of Health Management, 2000. “ICDS and Anganwadis”: A review of relevant literature Baseline Survey for World Bank Assisted ICDS-III Project in Rajasthan. Jaipur: IIHMR, Topic 4, 55, Shodh Ganga. Available at [www.shodhganga.com](http://www.shodhganga.com)
- One India portal 2006. ‘48,000 girls benefitted from Kishori Shakti Yojana’, CHANDIGADH Sunday, July 9. Available at <http://www.oneindia.com/2006/07/09/48000-girls-benefitted-fromkishori-shakti-yojana-1152469036.html>
- Press Information Bureau, 2000. “Reaching the adolescent girls”, Government of India, features ‘37’ Available at <http://pib.nic.in/feature/feyr2000/fnov2000/f231120001.html>”
- Pujar, L.L., Hunshal, S.C. and Bailur, K.B. 2014. “AICRP on Child Development”. College of Rural Home Science, University of Agricultural Sciences, Dharwad, *Karnataka J. Agric. Sci.*, 27 (1): (93-94)
- UNICEF, 2011. “Briefing Paper Series: Innovations, Lessons and Good

Practices), The Adolescent Girls Anemia Control Programme.” Breaking the Inter-Generational Cycle of Under nutrition in India with a focus on Adolescent Girls. 10. Available at <http://unicef.in/Uploads/Publication/Report>

Vartika Saxena, B. Maithili, Praveer Saxena and Roy, D. 2009. “Empowering adolescent girls through Yuvansh kit”, *Indian J. Prev. Soc. Med.* Vol. 40 No.1

& 2 June.

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](http://apps.who.int/iris/bitstream/10665/41720/1/WHO_TRS_731.pdf)