A Policy Brief on

IMPROVING HEALTH AND NUTRITION STANDARDS AMONG ADOLESCENT GIRLS

A CRITICAL NEED

Written by
Shristy Singh

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SUMMARY

Adolescent girls in India have suffered from the highest school dropout rates, early marriages and pregnancy-related issues, along with inadequate nutrition levels. Nearly 30% of adolescent girls in India suffer from malnutrition, while about 54.2% suffer from anaemia. This is a significant increase from the NFHS-4 survey conducted between 2015-2016, which reported a prevalence of 50.3%.[1] Hence, there is a dire need to educate and empower adolescent girls so as to enable them to become self-reliant and improve their health and nutritional standards. This policy brief highlights key issues around the current health and nutrition levels among them, along with existing government interventions and policy recommendations to tackle them.

Key Issues:

Low productivity, poor education outcomes and complicated pregnancies are some of the effects of inadequate nutrition standards among adolescent girls in India.

Some of these reasons have also been prevalent in higher school drop out rate of girls in rural areas.

Existing Schemes:

The government has taken key initiatives to tackle this issue including Weekly Supplements program, Scheme for Adolescent Girls, Saksham Aanganwadi and POSHAN 2.0. Despite these efforts there is a huge potential for further improvement.

Recommendations:

A whole life cycle approach can be adopted for better health outcomes among women and girls. Additionally, the challenges in service delivery could be minimised by direct benefit cash transfers to poor families with adolescent school going girls.

INTRODUCTION

The World Health Organisation (WHO) defines adolescence as the period of life between 10 and 19 years of age. This is a critical stage of development during which individuals experience significant physical, cognitive, emotional, and social changes. With the largest adolescent population of 253 million[2], India has a huge potential to benefit socially, politically, and economically by providing quality education, safety, health benefits, and access to information and life skills. Additionally, with a relatively young population, the country has huge incentives to invest in the upcoming generation.

Adolescent girls stand as an extremely large, invisible group. Healthy adolescent girls are more likely to have healthy and well-educated children. This can have intergenerational benefits and help break the cycle of poverty. A report by Dasra, *Owning her future- Empowering adolescent girls in India*[3] highlighted the dire need for intervention in the states of Bihar, Uttar Pradesh and Rajasthan, where almost half of the adolescent girls were vulnerable to marriage before the age of 18.

KEY ISSUES

India faces a range of challenges related to low economic productivity, high healthcare costs, high rates of maternal and infant mortality, and a cycle of malnutrition that is passed down from generation to generation. These issues are particularly acute among teenage girls, **with more than half of them experiencing undernourishment**.

Adolescent girls are at a critical stage of growth and development, and malnutrition during this period can have long-term consequences on their health and wellbeing. In order to enable successful interventions and meet the Sustainable Development Goal of eradicating malnutrition by 2030, it is critical to address the issue of malnutrition in teenage girls.[4]
According to a UNICEF research titled "Adolescents, Diets and Nutrition: Growing Well in a Changing World", adolescent girls in particular experience several nutritional deprivations, which increase as they age.[5]
This is a major public health concern that requires urgent attention from policymakers, healthcare providers, and other stakeholders

70% of girls suffer from moderate to severe anaemia.

Adolescents' growth, infection resistance capability, cognitive development, and productivity at work are all negatively impacted by anaemia. 56% of India's adolescents are anaemic[6], and 50% have a body mass index that is below normal. More than 70% of girls in 15 states have moderate to severe anaemia which along with low BMI impair immunity, lower productivity, and put girls at an increased risk of obstetric problems and maternal death.

Early marriage and pregnancy set a higher risk of maternal and newborn diseases.

Adolescent girls who get pregnant have to compete with their developing bodies for a finite supply of nutrients. They carry a high risk of causing early childhood stunting in their unborn children. If appropriate measures are not taken to end the cycle, malnutrition is maliciously inherited from one generation to the next, leading to a lifetime of social and economic hardship.

The Ministry of Health and Family Welfare (MoHFW) launched the ***Weekly Iron and Folic Acid Supplementation*** **(WIFS)** scheme in 2013 to address this issue. By providing regular doses of iron and folic acid, the WIFS programme aimed to improve the overall health and well-being of adolescents and their academic performances. By addressing anaemia and other micronutrient deficiencies, the programme also aimed to contribute to the long-term health and development of India's adolescent population.

Nevertheless, the above-mentioned UNICEF research, points out that out of all school-based schemes that target health and nutrition (mid-day meals, health check-ups, deworming and WIFS), around 25% of the adolescent population do not receive any of these benefits.

The ***Scheme for Adolescent Girls (SAG)***, another centrally financed programme, was introduced in 2010 with the goal of improving the social and economic conditions of adolescent girls between the ages of 11 and 14.

In addition to other non-nutritional advantages, the programme supplied nutrition to school dropout girls in the form of hot prepared meals or take-home rations.
The previous ***SAG*** plan was abolished on March 31, 2022, and a redesigned scheme was put under ***Saksham Aanganwadi*** and ***POSHAN 2.0***.

However, given the system's inefficiencies in execution and gaps in service delivery, the government's programmes and schemes to support services for enhancing health and nutritional standards failed to effectively address the issue prevailing over the years.

RECOMMENDATIONS

The government must consider a whole life cycle strategy to address the unique requirements of women's health.

A whole 'life cycle approach' aims to look after the health of women right from their childhood, adolescent years, reproductive phase, adulthood up until old age. This would require a comprehensive approach that would take into account the specific health needs of this population group. It must include targeted interventions such as health education programmes, counselling services, and access to healthcare services that are tailored to their needs.

With a special emphasis on the adolescent years, investing in all the phases of a woman's health enriches the country's human capital and builds an enabling environment that increases productivity. In addition to this, a whole life cycle strategy would also recognise the importance of promoting healthy behaviours and lifestyles among young people. This might involve promoting physical activity, healthy eating, and other behaviours that can help prevent chronic diseases and promote overall health and well-being.

Cash transfers to adolescent girls from poor families.

Cash transfer programmes across the world have been an innovative and in-demand way of governance delivery.

In the past, several state government schemes like Assam's *Majoni*, Jharkhand's *Mukhyamantri Laxmi Ladli Yojana*, Karnataka's *Bhagyalaxmi* Scheme, and many others have used cash transfer mechanisms to tackle female foeticide, improve education of girls, prevent early marriage, and improve the sex ratio. A similar cash benefit transfer scheme could also go a long way in addressing the problem of inadequate health and nutrition levels among female adolescents.

A UNICEF study[7] analysing ten different CBT schemes provided by different state governments for children in India highlighted that it is an effective strategy to build an environment of solutions and encourage behavioural changes.

The proposed cash transfers can be conditional on certain behaviours, such as regular school attendance or visits to healthcare clinics. This could also have a positive impact on school dropout rates of adolescent girls.

This can help to incentivise families to prioritise the education and healthcare of their daughters, and can also help to reinforce the value of education and healthcare in the community. It is crucial that the government ensure and guarantee appropriate public delivery of superior supplementary services. Only then can money in people's hands be transformed into practical advantages.

Many studies on the benefit of cash transfers conducted in the last few years indicate that these programmes can have a significant impact on improving health standards.[8]

POLICY IMPLICATIONS

Creating awareness and enhancing the capacity of adolescent girls to better comprehend and regulate their nutrition levels could contribute significantly to their improvement.

A whole life cycle approach recognises the importance of ensuring sexual and reproductive health services for women throughout their lives, including access to family planning, contraception, and safe abortion services. It also recognises the importance of addressing social determinants of health, including poverty, education, and access to health care, in order to improve women's health outcomes across the life course.

CBT schemes can lead to a more efficient delivery of social welfare programs by reducing the administrative costs associated with in-kind transfers. It can improve the transparency of social welfare programmes, as the direct transfer of cash allows for better tracking of the distribution of benefits.

Additionally, it can provide beneficiaries with greater choice and autonomy in how they spend their benefits, which can lead to better outcomes and greater satisfaction.
These policies could only be effective if the larger ecosystem promotes and incentivises households to have better healthcare.
The reasoning behind the amount of cash provided by the government as welfare is often not very transparent. Evaluation and monitoring must be stringent and grievance redressal mechanisms must be reviewed periodically.

Providing free or significantly subsidised goods and services can be an effective way to combat malnutrition among adolescent females. In addition to addressing financial barriers, it can also help address social and cultural barriers that can prevent girls from accessing healthcare and nutritious foods. For example, in many cultures, girls may not be allowed to eat certain foods or may not have access to healthcare services due to cultural norms. Providing free or subsidised goods and services can help to challenge these norms and empower girls to make their own decisions about their health and well-being.

Keeping child health and a robust adolescent strategy at the forefront, the government must make a policy commitment to adolescent girls to combat malnutrition in what it refers to as "mission mode". All the stakeholders in the implementation process must come together effectively to drive changes on a large scale.

CONCLUSION

Empowering women is crucial to achieving India's social and economic prosperity.

Adolescent girls have for long been neglected by policies focusing on women or female children. However, the demands and requirements in terms of physical well-being, nutritional levels, and mental health of an adolescent are very different from those of an adult.

The government must continue to concentrate on outreach and performance, in addition to scaling up social welfare schemes like ***Saksham Aanganwadi*** and ***POSHAN 2.0***. It also needs to enhance the current system and look into other effective implementation methods, as it is high time to support an empowered and healthy population of female adolescents in India.

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