CHAPTER – 1

INTRODUCTION

1.1 Introduction

The Rashtriya Kishor Swasthya Karyakram (RKSK), launched by the Government of India in 2014, is a landmark initiative aimed at addressing the diverse and evolving needs of India's adolescents, a group comprising nearly 21% of the country's population. Adolescence is a critical phase of life that lays the foundation for healthy adulthood. Recognizing this, RKSK adopts a comprehensive and inclusive approach to empower adolescents aged 10-19 years to make informed choices, enhance their health and well-being, and contribute productively to society.

RKSK's approach encompasses six thematic areas to holistically address adolescent health challenges. These include nutrition, sexual and reproductive health (SRH), non-communicable diseases (NCDs), substance misuse, injuries and violence (including gender-based violence), and mental health. Each thematic area is backed by targeted interventions aimed at fostering resilience and reducing health disparities among adolescents.

One of the key highlights of the RKSK program is its emphasis on community-based strategies. Initiatives like peer education, Adolescent Health Days, and the establishment of Adolescent Friendly Health Clinics (AFHCs) create a supportive ecosystem where young people can access essential services in a stigma-free environment. The program also places significant importance on intersectoral collaboration, working in synergy with various ministries and state governments to ensure comprehensive coverage.

By addressing the multifaceted dimensions of adolescent health, RKSK aspires to nurture a generation that is healthy, informed, and empowered to contribute to India's sustainable development goals. The program's focus on preventive, curative, and promotive healthcare establishes it as a critical driver in transforming the adolescent health landscape of the nation.

1.2 Background

India, with its large adolescent population, faces significant challenges in promoting the health and well-being of its youth. Adolescents, who constitute a major portion of the country's

demographic, are at a critical juncture in their development, where their health choices can have long-lasting impacts on their adult life. Despite the increasing attention on adolescent health, many young people, especially in rural areas, still lack access to essential health services, nutrition, and knowledge about their sexual and reproductive health, leading to poor health outcomes.

In response to these issues, the Government of India launched the Rashtriya Kishor Swasthya Karyakram (RKSK) in 2014. The program was designed as part of the National Health Mission and seeks to address the diverse needs of adolescents aged 10-19 years. This initiative is centered on providing adolescents with appropriate knowledge and services that can help them make informed decisions about their health, well-being, and life choices.

RKSK focuses on six core thematic areas: nutrition, sexual and reproductive health, non-communicable diseases (NCDs), substance misuse, mental health, and injuries and violence, including gender-based violence. These areas were identified to be critical in the overall health and well-being of adolescents, many of whom face substantial barriers in accessing health education and services.

A critical aspect of RKSK is its emphasis on creating an integrated and youth-friendly health system that can be easily accessed by young people, particularly those in rural and underserved urban areas. The program's strategy includes the establishment of Adolescent Friendly Health Clinics (AFHCs) and outreach through peer educators and youth-led initiatives, ensuring that services are not only available but also tailored to the needs of adolescents. These clinics aim to provide comprehensive health services, including counselling on sexual and reproductive health, mental health support, nutrition guidance, and preventive care for non-communicable diseases.

The need for such a program is underscored by alarming statistics related to adolescent health. In rural areas, the challenges include early marriage, high rates of malnutrition, lack of sanitation, and limited access to mental health services. In addition, the issue of menstrual hygiene is a significant barrier to adolescent girls' health and school attendance. RKSK addresses these concerns through various interventions aimed at empowering adolescents, particularly girls, to lead healthier lives and access critical services.

Despite the program's extensive reach, challenges persist in terms of implementation. Rural areas often face infrastructural limitations, which make it difficult for healthcare workers to engage effectively with adolescents. Furthermore, entrenched social and cultural barriers, such as taboos around discussing sexual and reproductive health, continue to hinder the effectiveness of the RKSK. There is also the need for improved community participation to support the program's long-term success and sustainability.

Given these challenges, RKSK remains a crucial intervention in India's efforts to ensure the well-being of its adolescents. With ongoing efforts to integrate RKSK with other health initiatives and to build a more robust and inclusive health system, the program aims to provide a platform for adolescents to receive the necessary care and guidance during these pivotal years.

1.3 Origin

The Rashtriya Kishor Swasthya Karyakram (RKSK) was launched by the Government of India in 2014 under the National Health Mission to address the health and development needs of adolescents aged 10-19 years. This initiative aims to improve the health and well-being of this crucial demographic, which faces challenges such as limited access to healthcare, poor nutrition, mental health issues, and lack of knowledge about sexual and reproductive health.

RKSK addresses these gaps by empowering adolescents to make informed health decisions, thereby improving their life outcomes. The program aligns with the United Nations' Sustainable Development Goals, focusing on health, gender equality, and education, ultimately aiming to reduce adolescent mortality rates and prevent health issues affecting this age group.

The Mission's Goals: RKSK's multifaceted approach focuses on six key areas:

- **Nutrition**: Ensuring adolescents, particularly girls, have access to proper nutrition and addressing issues such as anemia and stunting.
- **Sexual and Reproductive Health**: Providing adolescents with access to age-appropriate, culturally sensitive sexual and reproductive health education and services.
- **Non-Communicable Diseases (NCDs)**: Promoting preventive healthcare measures to combat growing risks such as hypertension and diabetes.
- **Substance Abuse**: Raising awareness about the harmful effects of substance abuse and offering rehabilitation support for affected adolescents.

- **Mental Health**: Providing psychological support and interventions to manage stress, anxiety, depression, and other mental health concerns.
- **Injuries and Violence**: Reducing the incidence of violence, including gender-based violence, and promoting safety in schools and communities.

RKSK not only focuses on healthcare but also encourages behavioral change through community-based interventions and services like Adolescent Friendly Health Clinics (AFHCs), peer education, and outreach programs in schools and rural areas. The program empowers adolescents to take charge of their health and promotes gender equality by providing tailored services for both boys and girls.

While RKSK has made significant progress, challenges persist, particularly in reaching remote areas and overcoming stigma around sexual health. Nevertheless, the program's success in engaging both rural and urban communities offers a positive outlook for adolescent health in India. RKSK aims to empower adolescents through improved access to healthcare and education, contributing to a healthier, more informed generation.

1.4 Aim

The aim of the Rashtriya Kishor Swasthya Karyakram (RKSK) is to improve the health and well-being of adolescents in India by addressing their health needs, including nutrition, sexual and reproductive health, mental health, and disease prevention. The program empowers adolescents with the knowledge and services needed to make informed health decisions, promoting healthier behaviors and improving access to healthcare for a stronger, healthier future generation.

1.5 Objectives of Rashtriya Kishor Swasthya Karyakram

The Rashtriya Kishor Swasthya Karyakram (RKSK) has several key objectives aimed at improving adolescent health and well-being in India. The program focuses on:

- Improving Nutrition: To reduce the prevalence of malnutrition, particularly iron-deficiency anemia (IDA), among adolescent boys and girls.
- Enhancing Sexual and Reproductive Health (SRH): To improve knowledge, attitudes, and behaviors related to sexual and reproductive health, reduce teenage pregnancies,

and support adolescent parents through early parenting education and readiness for childbirth.

- Promoting Mental Health: To address and support mental health concerns among adolescents, ensuring access to counseling and mental health resources.
- Preventing Injuries and Violence: To promote positive attitudes and behaviors to prevent injuries and violence, including gender-based violence (GBV), among adolescents.
- Preventing Substance Misuse: To raise awareness about the harmful effects of substance misuse and reduce its prevalence among adolescents.
- Addressing Non-Communicable Diseases (NCDs): To promote behavior change that prevents the onset of NCDs such as hypertension, stroke, cardiovascular diseases, and diabetes among adolescents.
- Improving Health Knowledge and Behavior: To provide adolescents with the necessary information and services that will empower them to make informed health decisions, leading to better health outcomes.

These objectives aim to create a healthy and empowered adolescent population, equipped with the knowledge and resources to lead healthy lives and contribute positively to society.

1.6 Objectives of the study

1 To assess awareness and understanding of the RKSK program and its targeted age group among rural community members.

2 To evaluate perceptions of RKSK's effectiveness in addressing adolescent health issues like nutrition, sexual health, mental health, substance misuse, and violence prevention in rural areas.

3 To examine awareness and accessibility of RKSK programs focused on non-communicable diseases, community-based, and facility-based interventions for adolescents in rural regions.

4 To investigate perceptions of RKSK's impact on social behavior change and adolescent health in rural communities.

1.7 Benefits

The Rashtriya Kishor Swasthya Karyakram (RKSK) has had a profound impact on various aspects of adolescent health and well-being in India:

Health Benefits:

- **Improved Nutrition**: By addressing malnutrition and anemia, especially among adolescent girls, the program has significantly improved nutritional outcomes, leading to better physical development.
- **Enhanced Sexual and Reproductive Health**: RKSK has contributed to improved knowledge and practices related to sexual and reproductive health, reducing the incidence of teenage pregnancies and promoting safer health choices.
- **Better Mental Health**: The program's focus on mental health has provided adolescents with resources and support to manage stress, anxiety, and depression, fostering overall emotional well-being.
- **Injury and Violence Prevention**: RKSK has raised awareness and fostered attitudes that help reduce injuries and violence, including gender-based violence (GBV), among adolescents.

Social Benefits:

- **Improved Health Knowledge and Behaviors**: The program has empowered adolescents with information about healthy lifestyles, promoting positive behaviors that prevent non-communicable diseases (NCDs) such as hypertension and diabetes.
- **Gender Equality**: RKSK has played a significant role in promoting gender equality by providing girls and boys with equal access to health education and services, empowering them to make informed decisions.

Socioeconomic Benefits:

- **Improved Quality of Life**: By promoting better health and access to services, RKSK has enhanced the overall quality of life for adolescents, especially in underserved areas.
- **Social Empowerment**: The program has empowered adolescents, particularly girls, by providing them with the tools and knowledge needed to improve their health and life outcomes.

Cultural Benefits:

- **National Impact**: RKSK has contributed to a sense of national unity by focusing on the health and well-being of the younger generation, setting a foundation for a healthier future.
- **Global Recognition**: Through its success, RKSK has enhanced India's image globally as a nation committed to improving adolescent health and well-being.

By addressing the multifaceted needs of adolescents, RKSK has made significant contributions to the overall health, empowerment, and development of India's future generations.

1.8 Method of Implementation of Policy

The implementation of the Rashtriya Kishor Swasthya Karyakram (RKSK) involves a multi-faceted strategy designed to address the health needs of adolescents across India. At its core, RKSK emphasizes the integration of policy frameworks, healthcare infrastructure, and community engagement to ensure effective implementation. The government has set clear guidelines and roles for local health workers, schools, and communities to ensure the provision of essential health services for adolescents, including nutrition, mental health, and sexual and reproductive health.

One of the key components of RKSK is the establishment of Adolescent Friendly Health Clinics (AFHCs) in both urban and rural areas. These clinics are designed to provide adolescents with easy access to healthcare services, including reproductive health education, mental health support, and treatment for malnutrition. Subsidies and incentives are provided for states and local bodies to create adolescent health spaces that are both accessible and culturally sensitive, ensuring that youth from all backgrounds can benefit from the program.

Behavioural change plays a central role in RKSK's success. Awareness campaigns, targeting adolescents and their communities, are a critical part of the program's approach. These campaigns include school-based programs, social media outreach, and community engagements to educate adolescents about health issues such as nutrition, mental well-being, substance misuse, and sexual health. Peer educators and youth volunteers are trained to provide support and disseminate knowledge, further increasing the reach and impact of the program.

Sustainability is built into RKSK through continuous monitoring, community participation, and the involvement of various stakeholders. The program leverages technology to monitor

health outcomes and ensure the effective use of resources. Regular assessments and data collection help track progress, while local community leaders, especially women, are empowered to take responsibility for the program's long-term success, ensuring the program remains a sustainable initiative for adolescent health.

1.9 Current Statistics

Since its launch in 2014, the Rashtriya Kishor Swasthya Karyakram (RKSK) has made significant strides in improving adolescent health outcomes across India. Although specific statistics for RKSK may not be as readily available as those for other national initiatives, the program has seen notable progress in addressing critical health issues among adolescents.

1 Adolescent Health Clinics (AFHCs) and Outreach Programs:
   As of 2023, RKSK has expanded its network of Adolescent Friendly Health Clinics (AFHCs) in both rural and urban areas. These clinics are essential in providing adolescents with access to sexual and reproductive health services, mental health support, and nutritional guidance. Additionally, outreach programs targeting schools and community centers have been instrumental in reaching adolescents in remote regions, especially in states like Uttar Pradesh and Bihar, where adolescent health issues are more prevalent.
2 Health Education and Behavioural Change:
   RKSK has placed a strong emphasis on awareness campaigns to change health behaviors, particularly related to sexual and reproductive health, nutrition, and substance misuse. The program's focus on community-based interventions has led to increased participation of youth, particularly young women, in health promotion activities. These programs have contributed to better knowledge and attitudes regarding healthy behaviors, and there is an observable shift in the communities' acceptance of health services, as highlighted in various studies and surveys.
3 Nutritional and Mental Health Improvements:
   The program's efforts in tackling malnutrition and addressing mental health issues have led to a decrease in cases of iron-deficiency anemia and improved awareness of mental health challenges among adolescents. Local health workers have been actively involved in spreading this knowledge, and the success of these initiatives is reflected in reports from the Ministry of Health and Family Welfare and other health organizations.
4 Future Challenges and Focus Areas:

Despite the progress made, challenges remain in ensuring the sustainability of RKSK's impacts. Key focus areas for the coming years include the continued expansion of AFHCs, addressing barriers to accessing health services in remote areas, and integrating RKSK with other health programs to ensure comprehensive care. Additionally, the program aims to focus more on mental health and behavioral change to reduce the incidence of adolescent-related health issues, particularly in rural and underserved urban areas.

1.10 Improvement in Developing Nation in India

Improving adolescent health in India's developing regions under the Rashtriya Kishor Swasthya Karyakram (RKSK) requires a strategic approach to address challenges such as inadequate healthcare infrastructure, limited resources, and cultural barriers. One of the key steps is ensuring that adolescents, particularly in rural or economically disadvantaged areas, have access to appropriate healthcare services. This involves expanding the network of Adolescent Friendly Health Clinics (AFHCs) and ensuring that services are accessible through mobile health units and community-based outreach programs. In areas with limited healthcare infrastructure, these community clinics and outreach programs become especially critical in providing reproductive health services, nutrition counseling, and mental health support.

Another significant focus of RKSK is improving health education and awareness. In many rural areas, misconceptions and lack of knowledge about sexual and reproductive health contribute to health disparities. To address this, RKSK emphasizes community engagement, especially through youth-led initiatives and peer education programs. These efforts help change long-standing social habits and promote better health behaviors. Training local youth, especially girls, as peer educators ensures that the health messages are culturally relevant and reach the most vulnerable groups.

Mental health is another area that RKSK targets, especially in underserved regions. The program addresses mental health issues through counseling services in schools and communities. Additionally, RKSK promotes mental well-being by integrating it into general health services and providing adolescents with resources to cope with stress and anxiety.

Technology and innovation also play an important role in RKSK's strategy. The program integrates digital tools, such as mobile health apps, to monitor health progress and track issues

like malnutrition and substance misuse. Moreover, the use of telemedicine helps bridge the gap in regions with limited healthcare professionals.

Finally, sustainability remains a core focus, with efforts to train local health workers and community members in maintaining services and ensuring the continuity of adolescent health programs. RKSK's long-term goal is not only to address current health issues but to establish resilient, healthier communities for India's future generations.

1.11 Importance

The Rashtriya Kishor Swasthya Karyakram (RKSK) is crucial for the health and development of adolescents, particularly in India's underserved regions. Improving adolescent health through RKSK is vital for reducing preventable diseases, promoting healthy behaviors, and ensuring safer environments. By providing adolescents with access to essential healthcare services, including reproductive health education, mental health support, and nutrition counseling, the program directly addresses the critical health challenges faced by youth, especially in rural and economically disadvantaged areas.

The importance of RKSK lies in its focus on marginalized groups, particularly girls and young women, who often face barriers to accessing healthcare and education. The program promotes gender equality by ensuring that both boys and girls receive equal health education and services. Moreover, RKSK's community-driven approach encourages local participation, fostering long-term sustainability and empowering youth to take charge of their health and well-being.

Beyond health, RKSK contributes to social and economic development by improving education, empowering youth, and enhancing productivity. By addressing adolescent health issues, the program not only improves quality of life but also contributes to a healthier, more equitable society, ultimately boosting India's social and economic growth.

1.12 Policy Belongs to Which Ministry

The Rashtriya Kishor Swasthya Karyakram (RKSK) falls under the Ministry of Health and Family Welfare, Government of India. This ministry is responsible for the overall implementation, monitoring, and evaluation of the program. The RKSK program aims to

address the health needs of adolescents, with a focus on areas such as nutrition, mental health, sexual and reproductive health, and disease prevention.

Additionally, the RKSK aligns with the National Health Mission (NHM), which ensures that healthcare services are accessible to all adolescents, especially in rural and underserved urban areas. The program is implemented in collaboration with state governments, local bodies, and community organizations to ensure comprehensive coverage and sustainability.

Both ministries work together to ensure the success of RKSK, improving the health outcomes of India's adolescent population.

S. No.	Ministries and Adolescent Health Programmes	Services
1	Ministry of Health and Family Welfare	a. Adolescent Reproductive and Sexual Health (ARSH): Preventive, promotive, curative, and counseling services for reproductive and sexual problems. b. School Health Programme: Nutritional interventions, promoting healthy lifestyle, counseling, and immunization.
2	Ministry of Women & Child Development	a. Kishori Shakti Yojana: Services improving health, nutritional, and educational status of girls. b. Balika Samridhi Yojana: Services to raise the age of marriage and improve enrollment and retention of girls at school. c. Rajiv Gandhi Scheme for Empowerment of Adolescent Girls: Iron and Folic Acid supplementation, nutrition & health education, ARSH, life skills education, and vocational training for girls aged 16 and above under the National Skill Development Program. d. Integrated Program for Street Children: Shelter, nutrition, education, healthcare, and recreation facilities for street children. Child Help Line Service (1098).
3	Ministry of Human Resource Development	a. Sarva Shiksha Abhiyan: Free and compulsory education for children aged 6-14 years. b. Mahila Samakhya Programme: Provides equal educational opportunities for women. c. Adolescent Education Program: Creates awareness and positive attitudes to

		develop skills enabling response to real-life situations.
4	Ministry of Youth Affairs & Sports	a. Nehru Yuva Kendra Sangathan: Empowerment of rural youth. b. The National Service Scheme: Personality development of students through community service. c. National Program for Youth and Adolescent Development: Leadership qualities and personality development of youth.
5	Others	a. Narcotic Drugs & Psychotropic Substances Act, 1985 - AH Strategy: Prohibition on the sale of narcotics to minors. b. National AIDS Control Programme Phase – III: Appropriate referral of HIV/AIDS and RTI/STI cases.

Table 1: Ministries and Adolescent Health Programmes

1.13 Statement of Problem

Despite progress made through the Rashtriya Kishor Swasthya Karyakram (RKSK), the health and well-being of adolescents in many parts of India remain a challenge due to inadequate healthcare infrastructure and services. A significant portion of India's adolescent population, particularly in rural and economically disadvantaged regions, lacks access to critical health services, including sexual and reproductive health care, nutrition counseling, and mental health support. Many adolescents, especially girls, face barriers to healthcare due to social stigma, lack of awareness, and cultural norms that restrict their access to necessary resources.

The absence of adolescent-friendly health services, particularly in rural areas, is exacerbated by poor health literacy and inadequate educational support. Additionally, the mental health of adolescents is often neglected, with limited access to counseling and support systems. As a result, issues like stress, depression, and anxiety are prevalent but largely unaddressed.

Another challenge lies in the lack of behavioral change regarding sexual and reproductive health, with many adolescents unaware of the risks associated with early pregnancy, sexually transmitted infections (STIs), and the importance of hygiene. While RKSK has made efforts to promote health education, the lack of sustained community involvement, cultural taboos, and gender-based barriers continue to hinder the success of these programs. Tackling these issues

requires improving infrastructure, education, and community participation to ensure comprehensive health services and empower adolescents to take control of their health and well-being.

1.14 Need of Study

This study is necessary due to the persistent challenges in achieving sustainable adolescent health improvements, especially in rural and underserved areas of India. Despite efforts like the Rashtriya Kishor Swasthya Karyakram (RKSK), gaps in healthcare infrastructure, access to sexual and reproductive health services, and mental health support remain. Socio-cultural barriers, lack of awareness, and limited community involvement hinder the program's effectiveness. This study seeks to identify these barriers and explore solutions to enhance the reach and sustainability of RKSK, ultimately improving health outcomes and empowering adolescents, particularly marginalized populations.

1.15 Scope of Study

The scope of this study focuses on the implementation and impact of the Rashtriya Kishor Swasthya Karyakram (RKSK) in rural and underserved urban areas, with an emphasis on improving adolescent health outcomes. The study will analyze the effectiveness of RKSK in addressing key health challenges such as reproductive health, nutrition, mental health, and disease prevention. It will evaluate the role of government policies, healthcare infrastructure, and community engagement in achieving adolescent health goals. Additionally, the study will examine the involvement of local communities, particularly youth and women, in the success of the program. The research will also explore the sustainability of healthcare services, barriers to access, and the need for innovative solutions. Social, economic, and health outcomes from RKSK will be assessed, identifying gaps in service delivery and recommending strategies for improving accessibility, inclusivity, and sustainability in adolescent health services.

CHAPTER - 2

LITERATURE REVIEW

2.1 Introduction

The Rashtriya Kishor Swasthya Karyakram (RKSK), launched in 2014, is India's flagship program aimed at addressing the diverse health needs of adolescents. The initiative focuses on critical areas such as nutrition, mental health, sexual and reproductive health, and the prevention of substance misuse and non-communicable diseases. Studies have explored RKSK's objectives, implementation strategies, and impact, highlighting progress in improving adolescent health outcomes.

Despite achievements, challenges remain, including limited access to healthcare in rural areas, insufficient awareness, and cultural barriers. Research emphasizes the importance of targeted health education, behavioral change initiatives, and community engagement to overcome these obstacles. Effective implementation of RKSK requires a nuanced understanding of the interplay between health infrastructure, social norms, and adolescent needs. By addressing these issues, RKSK has the potential to significantly improve adolescent health and well-being, contributing to India's broader developmental goals.

2.2 Review of Literature

Kansara et al.'s 2024 study explores the implementation challenges and potential improvements of Rashtriya Kishor Swasthya Karyakram (RKSK) using the ABCDE Theory of Change framework in Gujarat's Sabarkantha district. The article emphasizes the importance of adolescent health in national development and evaluates the systematic organization of Adolescent Health Days (AHDs) to enhance RKSK's effectiveness. Previous studies by the Population Council (2016) and regional assessments (2017) identified weak interdepartmental convergence and insufficient community engagement as major barriers. Kansara et al. adapted the ABCDE approach—assess, build, create, deliver, and evaluate—to address these issues, focusing on formative research, stakeholder collaboration, and improved service delivery. The study underscores the role of teachers, proper scheduling, and biomedical waste management in achieving program goals. The findings reveal increased participation and satisfaction among stakeholders, demonstrating the potential of structured methodologies to strengthen adolescent

health initiatives. The study recommends broader application of this model for RKSK's success.

In their 2016 study, Hoopes, Agarwal, Bull, and Chandra-Mouli address the critical health needs of adolescents in India, with a focus on sexual and reproductive health, nutrition, and mental health. They highlight the challenges faced by rural and marginalized communities, where healthcare access remains limited due to socio-cultural barriers, economic constraints, and lack of awareness. The authors emphasize the importance of community-based approaches, such as the Rashtriya Kishor Swasthya Karyakram (RKSK), to provide accessible, youth-friendly services and promote behavior change. They argue that improving adolescent health outcomes requires a multifaceted approach, integrating health education, social mobilization, and local leadership. Despite the progress made, persistent issues like deeply ingrained societal norms and inadequate infrastructure continue to hinder the success of health interventions. The authors advocate for tailored, evidence-based programs that address these challenges and ensure sustainability by involving local communities and empowering youth. They conclude that achieving lasting improvements in adolescent health in India requires a shift in social attitudes, multi-sectoral collaboration, and a focus on both healthcare provision and behavioral change, ensuring that adolescents, especially girls, are equipped with the knowledge and services necessary to lead healthy lives.

The study by Sivagurunathan, Umadevi, Rama, and Gopalakrishnan (2015) explores the current status of adolescent health in India and the effectiveness of various health programs. The authors identify critical issues such as malnutrition, reproductive health, mental health concerns, and substance abuse as the most significant challenges faced by Indian adolescents. They highlight the inadequacy of healthcare infrastructure, particularly in rural areas, and the cultural barriers that prevent young people from accessing essential services. The authors emphasize the role of integrated health programs like the Rashtriya Kishor Swasthya Karyakram (RKSK) in addressing these issues by providing comprehensive healthcare services, including sexual and reproductive health education, nutrition support, and mental health care. The study also underscores the importance of community participation and behavior change to improve health outcomes. Despite the progress made in health policies, the study stresses that more needs to be done to ensure accessibility, especially for marginalized groups. The authors conclude by calling for a more robust healthcare framework that includes education, outreach programs, and youth engagement to enhance the health and well-being of

adolescents across India. This study lays the foundation for developing more effective strategies to improve adolescent health by bridging the gaps in healthcare access, education, and social attitudes.

The 2020 study by Barua, Watson, Plesons, Chandra-Mouli, and Sharma provides a comprehensive review of adolescent health programming in India, highlighting both successes and challenges in addressing the health needs of adolescents. The authors discuss various initiatives, such as the Rashtriya Kishor Swasthya Karyakram (RKSK), which aim to improve sexual and reproductive health, nutrition, and mental health for adolescents, particularly in rural areas. Despite the progress, the study identifies several barriers, including inadequate healthcare infrastructure, social stigma, and lack of awareness. It emphasizes the need for a more integrated approach that combines policy support, community engagement, and improved healthcare access. The authors stress that for such programs to be successful, they must be culturally appropriate, address the specific needs of different adolescent groups, and involve local communities in the design and implementation of health services. Furthermore, they point out the need for strengthening coordination between different sectors, including education, health, and youth services, to ensure that adolescents have access to a comprehensive range of services. By focusing on these areas, the study suggests that India can achieve more sustainable improvements in adolescent health and well-being. The review also recommends regular monitoring and evaluation to track the impact of existing programs and inform future policy and interventions, ensuring that adolescent health programming evolves in response to emerging challenges. The study concludes by highlighting the importance of sustained efforts to reduce health inequities, improve service delivery, and engage adolescents in decisions about their health.

The 2022 study by Shah, Prajapati, and Shah provides a situational analysis of the Rashtriya Kishor Swasthya Karyakram (RKSK) in one of Gujarat's districts, evaluating the program's implementation and effectiveness in improving adolescent health. The authors emphasize that while the RKSK program has made strides in promoting sexual and reproductive health, mental health, and nutrition, significant barriers remain. These include inadequate healthcare infrastructure, lack of consistent community involvement, and social and cultural resistance, particularly concerning reproductive health and sexual education. The study identifies the need for strengthening healthcare access in rural areas, ensuring proper training for healthcare providers, and fostering greater community engagement to achieve lasting health outcomes.

Additionally, the authors advocate for a more integrated approach, including mental health services, to comprehensively address the diverse health needs of adolescents. They suggest that better community involvement, including involving adolescent peer groups and local leaders, can lead to improved service delivery. The study also underlines the importance of monitoring and evaluation to track progress and ensure that health services are sustained and reach those in need. Ultimately, the authors argue that while RKSK has laid a foundation for improving adolescent health, overcoming these challenges is crucial for achieving long-term success. The study concludes that the program can significantly improve adolescent health if these systemic challenges are addressed through collaborative efforts at local, regional, and national levels.

The study by Deepika and Reddy (2019) explores the awareness of government nutritional programs among adolescent girls in Mahabubnagar district, Telangana, focusing on the impact of existing nutritional initiatives like the Integrated Child Development Services (ICDS) and the Mid-Day Meal schemes. The research reveals that while these programs aim to improve the nutrition of adolescent girls, there is a significant gap in awareness, particularly in rural areas. Many girls are unaware of the nutritional resources available to them, leading to limited participation and utilization. This lack of awareness has contributed to high rates of malnutrition and anemia among adolescent girls, with long-term implications for their physical and cognitive development. The authors emphasize the need for more effective outreach programs to raise awareness about these government initiatives. They argue that community-based interventions, especially those involving women's self-help groups and local health workers, could play a crucial role in improving awareness. Additionally, the study highlights the importance of empowering adolescent girls with knowledge about healthy nutrition practices and how to access these programs. By improving access to proper nutrition, the authors suggest that the overall health outcomes for adolescent girls in Mahabubnagar can be significantly enhanced, leading to improved well-being and development. The research concludes by recommending localized interventions tailored to the unique needs of rural communities, calling for stronger collaboration between government agencies and local organizations to ensure that these programs reach the most vulnerable populations.

The 2024 study by Nayak et al. explores the knowledge, attitude, and practices (KAP) of adolescents and peer educators (PEs) in relation to the National Adolescent Health Program (RKSK) in India. The study investigates how peer education influences adolescents' understanding and behaviors concerning health issues such as nutrition, sexual health, mental health, substance abuse, and non-communicable diseases. Findings indicate that PEs generally

have higher knowledge levels than adolescents they educate, particularly in areas like substance misuse, while sexual and reproductive health, and injury prevention, remain areas with limited knowledge. The study underscores the importance of peer educators in bridging gaps in health knowledge and suggests that engagement with the RKSK program improves nutritional and non-communicable disease practices, especially among highly engaged participants. However, it also reveals that attitudes toward violence and sexual health remain suboptimal and need greater attention in future programming. The study highlights the role of gender in influencing health practices, with boys demonstrating better practices related to NCDs, but girls showing better nutritional practices. The research emphasizes the need for a comprehensive, gender-sensitive approach to adolescent health programming, leveraging peer education for behavior change and greater engagement in RKSK's thematic areas.

The 2017 study by Dhawan, Pattanayak, Chopra, Tikoo, and Kumar explores the pattern and profile of substance use among children in India, shedding light on the rising issue of child substance abuse. The research reveals that children from varying socio-economic backgrounds, including those from rural and urban areas, are engaging in substance use, with tobacco, alcohol, cannabis, and inhalants being the most commonly abused substances. The study highlights that the initiation age is increasingly becoming younger, particularly among street children. The authors stress that socio-economic challenges, peer pressure, and the lack of awareness regarding the risks of substance abuse contribute to the growing problem. Furthermore, the research emphasizes the need for early intervention strategies, including integrating substance use education into school curricula and expanding access to mental health and substance abuse treatment programs. The study also suggests that community-based awareness programs and targeted initiatives for vulnerable children, such as street children, can significantly help in reducing substance use. The authors recommend improving access to specialized treatment and rehabilitation services and addressing the stigma surrounding substance abuse, which often prevents children from seeking help. Finally, the study advocates for policy changes that provide greater support for children affected by substance use, highlighting the need for comprehensive national strategies to tackle this growing epidemic.

The 2022 study by Shelat and Choudhury examines the critical role of community participation, communication, and local engagement in the successful implementation of the Rashtriya Kishor Swasthya Karyakram (RKSK) in rural Gujarat. The authors emphasize that adolescent health programs in rural settings must be tailored to the community’s specific needs to be effective. They argue that community leaders, peer educators, and adolescents themselves

should be actively involved in promoting health programs, as local participation enhances program effectiveness and sustainability. The study highlights that culturally sensitive communication strategies are essential to overcome barriers and ensure that health messages are understood and accepted. These strategies help build trust within communities, leading to better acceptance of health services. Furthermore, the study discusses the importance of integrating local knowledge and practices with government health programs to increase their relevance and success. In rural Gujarat, where healthcare access is often limited and socio-cultural norms can restrict adolescents' access to health services, community-based approaches ensure that health information and services reach the intended population. The authors suggest that the involvement of adolescents in their health education creates a model of empowerment that encourages healthier behavior and improves overall health outcomes. The research underscores the necessity of community engagement and culturally appropriate communication in adolescent health programming, which can help address the specific challenges faced by adolescents in rural areas and lead to more effective and lasting health improvements.

The UDAYA and Samvaad initiatives focus on enhancing adolescent health and nutrition by addressing gaps in program implementation at the community and school levels. The Samvaad project highlights district-level interventions in areas such as Varanasi, Lucknow, and Madhubani, aimed at strengthening the Rashtriya Kishor Swasthya Karyakram (RKSK). These interventions focus on improving adolescent access to health services, entitlements, and counselling on critical issues like nutrition, reproductive health, and anaemia prevention.

In Varanasi, adolescents engaged with health workers and district officials to highlight gaps in Village Health and Nutrition Days (VHNDs) and Adolescent Friendly Health Clinics (AFHCs). Through advocacy campaigns and events such as International Youth Day, adolescents raised awareness about RKSK services, leading to commitments from officials to improve health service delivery. Key activities included signature campaigns and medical camps, where adolescents received gynaecological check-ups and entitlements.

In Lucknow, the interventions emphasized enhancing awareness about Weekly Iron Folic Acid Supplementation (WIFS) and ensuring access to AFHCs. Adolescents conducted community monitoring exercises and engaged local officials to address gaps in service delivery. Media campaigns and public events further amplified awareness about RKSK programs, leading to organized health days and improved outreach.

In Madhubani, the focus was on strengthening in-school WIFS implementation and addressing barriers such as inadequate knowledge among teachers and poor toilet facilities. Advocacy meetings with stakeholders resulted in commitments to regularize WIFS services and improve infrastructure. Youth committees and peer educators were established to sustain these efforts.

The UDAYA data, combined with Samvaad's community-driven approach, underscores the importance of participatory strategies for addressing adolescent health challenges. These interventions demonstrate how collaborative efforts involving adolescents, local health workers, and policymakers can significantly enhance the accessibility, quality, and sustainability of RKSK services across diverse communities.

CHAPTER – 3

RESEARCH METHODOLOGY

3.1 Methodology

The research methodology provides a structured framework guiding the entire investigation into the implementation and impact of the Rashtriya Kishor Swasthya Karyakram (RKSK). The approach includes research design, data collection, sampling techniques, analysis methods, ethical considerations, validity and reliability assessments, results interpretation, and documentation.

Research Design:

A descriptive design was adopted to explore the socio-economic and health-related impacts of RKSK among adolescents in selected communities. The study examined areas such as reproductive health, nutrition, mental health, substance abuse, and social behavior change.

Population and Sample:

- **Target Population:** Adolescents aged 11-19 years in selected rural areas implementing RKSK.
- **Sample Size:** 59 participants, chosen to represent diverse socio-economic and demographic groups.
- **Sampling Method:** Convenience sampling, allowing face-to-face interviews with adolescents in households and schools.

Questionnaire Design:

The questionnaire focused on demographic details, awareness of RKSK, perceptions of program effectiveness, and its impact on specific areas such as mental health, NCDs, and substance misuse. It also assessed adolescent experiences with Adolescent Friendly Health Clinics (AFHCs) and Village Health and Nutrition Days (VHNDs).

Data Collection:

Primary data was collected through structured questionnaires administered during face-to-face interviews. A pilot study was conducted to refine the questionnaire for clarity and relevance. Fieldwork was carried out over one week in November 2024.

Data Analysis:

Quantitative data was analysed using statistical methods to identify trends and relationships. Qualitative insights were gathered to understand personal experiences and challenges. Data was categorized based on key themes like program awareness and service utilization.

Ethical Considerations:

Ethical approval was obtained, and participant consent was secured. Confidentiality and anonymity were maintained throughout the study.

Validity and Reliability:

Pilot testing ensured the reliability of tools, and measures were taken to validate data through cross-verification.

Documentation:

Findings were systematically documented to present actionable insights for improving RKSK implementation and adolescent health outcomes.

3.2 Research Questions

1. What is the level of awareness and understanding of the RKSK program among rural community members?
2. How do rural communities perceive the effectiveness of RKSK in addressing adolescent health issues, including nutrition, sexual health, mental health, substance misuse, and violence prevention?
3. How accessible are RKSK programs focused on non-communicable diseases, community-based, and facility-based interventions for adolescents in rural areas?
4. What are the perceptions of rural community members regarding RKSK's impact on social behavior change and adolescent health?

CHAPTER – 4

ANALYSIS AND FINDINGS

4.1 Introduction

This chapter consists of quantitative and qualitative analysis of the data collected from the respondents of the village. There are certain interpretation and findings from the data collected. The interpretation is done based on bar graphs and pie charts and on personal observation and interaction with the respondents.

4.2 Quantitative Findings

1. Frequency of demographic data:

Below is a brief analysis of the data structure and the key points:

1. Survey Attributes

- The dataset includes 20 attributes such as age group, gender, education, occupation, household size, income, and awareness of government programs.
- Each attribute has a "Valid N" of 60 and "Missing N" of 1, indicating responses for 59 participants.

2. **Variables**

- Most variables are binary (e.g., Do you have a bank account?), coded as 1 (Yes) and 2 (No).
- Some variables use ordinal scales (e.g., What is your age group? ranges from 1 to 5).
- The dataset likely includes nominal variables such as gender and education level.

3. Key Statistical Insights

- The Minimum and Maximum values are provided for each variable, showing:
  - Binary variables like "Do you have a ration card?" range between 1 (Yes) and 2 (No).
  - Ordinal variables like "What is your age group?" have a range of 1 to 5.
- There are no missing values, making the dataset clean and ready for analysis.

4. Potential Questions for Analysis

- Demographic Insights:
  - What is the distribution of age groups and gender among respondents?
- Economic Insights:
  - What is the relationship between education and monthly household income?
- Sanitation Awareness:
  - Are households with higher income levels more likely to have awareness about the scheme?
- Impact of Rashtriya Kishor Swasthya Karyakram:
  - How many respondents have seen social behaviour change activities related to RKSK?
  - Is there a correlation between awareness programs and social changes?

5. Suggestions for Data Exploration

- Perform frequency analysis for categorical variables like marital status and ration card possession.
- Cross-tabulation of attributes such as education and occupation with household income.
- Use descriptive statistics to summarize ordinal variables like age group and years living in the village.
- Analyze sanitation facilities by household type to understand rural housing challenges.

Statistics

	Age group	Education	Occupation	No. of people in house	Marital status	disability	Living in this village	Income	Internet connection	Type of House	Ration card	Bank account
Valid	59	40	53	59	59	59	59	58	58	59	59	59
Missing	0	19	6	0	0	0	0	1	1	0	0	0
Mean	1.85	1.95	4.34	2.24	1.66	1.95	2.20	1.95	1.52	1.93	1.27	1.25

Table 2: Mean of the demographic data

- **Age Distribution**

What is your age group?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	19	32.2	32.2	32.2
	2	31	52.5	52.5	84.7
	3	8	13.6	13.6	98.3
	4	1	1.7	1.7	100.0
	Total	59	100.0	100.0	

Table 3: Frequency of Age

Average age of the respondents is between 18-30 years

- **Education Level**

What is your highest level of education?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	12	20.3	30.0	30.0
	2	18	30.5	45.0	75.0
	3	10	16.9	25.0	100.0
	Total	40	67.8	100.0	
Missing	System	19	32.2		
Total		59	100.0		

Table 4: Frequency of Education Level

Average level of education amongst respondents is 12^{th}

- **Primary Occupation**

What is your primary occupation?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	2	3.4	3.8	3.8

	3	4	6.8	7.5	11.3
	4	19	32.2	35.8	47.2
	5	28	47.5	52.8	100.0
	Total	53	89.8	100.0	
Missing	System	6	10.2		
Total		59	100.0		

Table 5: Frequency of Primary Education

Average respondents were unemployed

- **Monthly Household Income**

What is your monthly house-hold income in INR?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	13	22.0	22.4	22.4
	2	37	62.7	63.8	86.2
	3	6	10.2	10.3	96.6
	4	2	3.4	3.4	100.0
	Total	58	98.3	100.0	
Missing	System	1	1.7		
Total		59	100.0		

Table 6: Frequency of Monthly Household Income

Average monthly income of the respondents is Rs. 5,000-10,000

- **People Living in an Household**

How many people live in your household?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	7	11.9	11.9	11.9
	2	39	66.1	66.1	78.0
	3	5	8.5	8.5	86.4

	4	8	13.6	13.6	100.0
	Total	59	100.0	100.0	

Table 7: Frequency of People in Household

Average people living in an house is 7-9 people

- **Marital Status**

What is your marital status?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	20	33.9	33.9	33.9
	2	39	66.1	66.1	100.0
	Total	59	100.0	100.0	

Table 8: Frequency of Marital Status

Average respondents were unmarried

- **Physical Disability**

Do you have any physical disability?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	3	5.1	5.1	5.1
	2	56	94.9	94.9	100.0
	Total	59	100.0	100.0	

Table 9: Frequency of Physical Disability

Average respondents have no physical disability

- **Time living in the village**

How long have you been living in this village?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	9	15.3	15.3	15.3

	2	32	54.2	54.2	69.5
	3	15	25.4	25.4	94.9
	4	3	5.1	5.1	100.0
	Total	59	100.0	100.0	

Table 10: Frequency of time being in the village

Average of the respondents living in the village is 20-30 years

- **Internet Connection**

Do you have an internet connection at home?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	28	47.5	48.3	48.3
	2	30	50.8	51.7	100.0
	Total	58	98.3	100.0	
Missing	System	1	1.7		
Total		59	100.0		

Table 11: Frequency of Availability of Internet Connection at Home

Average of the households do not have internet connection

- **Type of the House**

What type of house do you live in?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	4	6.8	6.8	6.8
	2	55	93.2	93.2	100.0
	Total	59	100.0	100.0	

Table 12: Frequency of the Type of House

Average of the respondents are living in Pucca house

- **Ration Card**

Do you have a ration card?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	43	72.9	72.9	72.9
	2	16	27.1	27.1	100.0
	Total	59	100.0	100.0	

Table 13: Frequency of Holding Ration Card

Average respondents have ration card

- **Bank Account**

Do you have a bank account?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	44	74.6	74.6	74.6
	2	15	25.4	25.4	100.0
	Total	59	100.0	100.0	

Table 14: Frequency of Having Bank Account

Average respondents have bank account

2. Descriptive mean for Likert type questions

- **I am aware of the Rashtriya Kishor Swasthya Karyakram (RKSK) program**

The analysis of responses regarding awareness of the RKSK program shows that most respondents (with a mean of 1.97) indicated "No," meaning they are unaware of the program. The low standard deviation (0.183) suggests that responses were consistently negative. This implies a significant lack of awareness, pointing to the need for stronger outreach and communication efforts to better inform the target audience about the RKSK program.

Descriptive Statistics

	N	Minimum	Maximum	Mean		Std. Deviation
	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic
I am aware of the Rashtriya Kishor Swasthya Karyakram (RKSK) program.	59	1	2	1.97	.024	.183
Valid N (listwise)	59					

Table 15: Descriptive statistics of awareness about RKSK program

- **I understand the objectives of the RKSK program**

The analysis of responses regarding understanding the objectives of the RKSK program reveals that most respondents (with a mean of 1.97) indicated "No," suggesting a lack of understanding. The low standard deviation (0.183) shows that this trend is consistent across responses. This highlights a significant gap in the audience's comprehension of the program's goals, indicating the need for clearer communication and educational efforts to improve understanding.

Descriptive Statistics

	N	Minimum	Maximum	Mean		Std. Deviation
	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic
I understand the objectives of the RKSK program.	59	1	2	1.97	.024	.183
Valid N (listwise)	59					

Table 16: Descriptive statistics of understanding of the RKSK program

- **Mean of Likert-scale questions**

The survey results show a mix of positive and negative perceptions of the RKSK program. While respondents strongly agree that community-based interventions and social behavior change activities are effective (means of 4.08 and 4.59, respectively), there is low awareness of specific RKSK services, such as mental health support, violence prevention, and NCD initiatives (mean values ranging from 1.83 to 1.98). Additionally, while mental health and

intoxication are considered important issues, respondents feel RKSK's effectiveness in addressing these areas is limited (mean values of 2.22 and 2.27). Despite these gaps, there is a strong belief in the overall benefits of RKSK programs and a high likelihood of recommending them to others (means of 3.84 and 4.59). This suggests that while the RKSK program is seen as beneficial, there is a need for improved communication and outreach to increase awareness of its services and effectiveness.

Statistics

		I feel that the RKSK program effectively addresses Nutritional needs.	I feel comfortable discussing sexual and reproductive health topics.	I think mental health is a critical aspect of adolescent well - being.	I am aware of mental health support services available through RKSK.	I believe that RKSK effectively promotes mental health awareness among adolescents.	I am informed about safety measures and resources available to prevent violence among youth.	I believe that RKSK adequately addresses issues related to violence and injuries.	I think Intoxication (Nasha) is a significant concern for adolescents today.	I am aware of programs under RKSK aimed at preventing intoxication (Nasha).	I believe that RKSK effectively educates adolescents about the dangers of substance misuse.	I understand the importance of addressing 2n-Communicable Diseases in adolescents.	I am aware of how RKSK addresses NCDs among young people.
N	Valid	57	59	59	59	59	58	58	59	59	59	59	59
	Missing	2	0	0	0	0	1	1	0	0	0	0	0
Mean		2.25	3.86	4.00	1.83	2.22	3.72	2.24	3.93	1.85	2.27	3.85	1.98

I believe that RKSK effectively educates adolescents about the dangers of substance misuse.	I understand the importance of addressing 2n-Communicable Diseases in adolescents.	I am aware of how RKSK addresses NCDs among young people.	I believe that early intervention for NCDs is crucial for adolescent health.	I think community-based interventions are effective in promoting adolescent health.	I am aware of facility-based services provided under the RKSK program.	I believe that both community and facility-based interventions are necessary for comprehensive adolescent health care.	I have seen social behaviour change activities related to RKSK.	Overall, I believe that the RKSK program is beneficial for adolescents in my community.	I feel that the government effectively implements the RKSK initiatives.	I would recommend participation in RKSK programs to other adolescents.
59	59	59	59	59	59	59	59	59	58	59
0	0	0	0	0	0	0	0	0	1	0
2.27	3.85	1.98	3.44	4.08	1.90	3.88	2.39	3.46	1.60	4.59

Table 17: Mean of the Likert scale questions

3. Cross-tabulation of demographic and dichotomous data

- **Relation between education level and awareness**

The crosstabulation shows that awareness of the RKSK program is critically low, with only 1 out of 40 respondents being aware, regardless of education level. The Chi-Square test results ($p = 0.215$) indicate no significant relationship between education level and awareness, suggesting that the lack of awareness is widespread across all groups. This highlights an urgent need for targeted outreach campaigns to improve program visibility among adolescents and young adults. Additionally, the small sample size may have affected the reliability of the results, emphasizing the need for larger studies to confirm these findings.

What is your highest level of education? * I am aware of the Rashtriya Kishor Swasthya Karyakram (RKSK) program. Crosstabulation

Count

		I am aware of the Rashtriya Kishor Swasthya Karyakram (RKSK) program.		
		yes	no	Total
What is your highest level of education?	10th	0	12	12
	12th	0	18	18
	Graduation	1	9	10
Total		1	39	40

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	3.077[a]	2	.215
Likelihood Ratio	2.851	2	.240
Linear-by-Linear Association	2.014	1	.156
N of Valid Cases	40		

a. 3 cells (50.0%) have expected count less than 5. The minimum expected count is .25.

Table 18: Relation between education level and awareness about the RKSK program

- **Relation between age group and understanding of the objectives of the RKSK program**

The crosstabulation indicates that understanding of the RKSK program's objectives is very low across all age groups, with only 2 out of 59 respondents indicating awareness. The Chi-Square test ($p = 0.340$) shows no significant association between age group and understanding of the program. This suggests that the lack of understanding is widespread, irrespective of age. Additionally, the high number of cells with low expected counts reduces

the reliability of the results, highlighting the need for larger sample sizes and targeted awareness initiatives across all age groups.

What is your age group? * I understand the objectives of the RKSK program. Crosstabulation

Count

		I understand the objectives of the RKSK program.		
		yes	no	Total
What is your age group?	Less than 18 years	1	18	19
	18-30 years	0	31	31
	31-45 years	1	7	8
	46-60 years	0	1	1
Total		2	57	59

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	3.354[a]	3	.340
Likelihood Ratio	3.605	3	.307
Linear-by-Linear Association	.094	1	.759
N of Valid Cases	59		

a. 5 cells (62.5%) have expected count less than 5. The minimum expected count is .03.

Table 19: Relation between age group and understanding of the objectives of the RKSK program

- **Relation between education level and the belief that mental health is a critical aspect of adolescent**

The crosstabulation shows varying levels of agreement on mental health being a critical aspect of adolescent well-being across education levels. While graduates mostly agree or strongly agree, respondents with 10th and 12th-grade education show more mixed opinions. The Chi-

Square test (p = 0.318) indicates no significant association between education level and perceptions of mental health, suggesting that views on this topic are not strongly influenced by educational background. However, the reliability of the results is limited due to the high number of cells with low expected counts, emphasizing the need for a larger sample size.

What is your highest level of education? * I think mental health is a critical aspect of adolescent well - being. Crosstabulation

Count

		I think mental health is a critical aspect of adolescent well - being.				Total
		Disagree	Neutral	Agree	Strongly Agree	
What is your highest level of education?	10th	2	1	3	6	12
	12th	4	1	9	4	18
	Graduation	0	0	7	3	10
Total		6	2	19	13	40

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	7.029[a]	6	.318
Likelihood Ratio	8.947	6	.177
Linear-by-Linear Association	.174	1	.677
N of Valid Cases	40		

a. 9 cells (75.0%) have expected count less than 5. The minimum expected count is .50.

Table 20: Relation between education level and the belief that mental health is a critical aspect of adolescent

4.3 Qualitative Findings

Following observations were made during the study:

1. Respondents expressed limited awareness of the RKSK program and its objectives, reflecting a significant information gap.
2. Many participants indicated difficulty in accessing RKSK services due to logistical challenges and a lack of local healthcare infrastructure.
3. Respondents noted a general stigma around discussing adolescent health issues, particularly topics related to mental health and sexual and reproductive health.
4. There was a lack of coordination between community health workers and adolescents, resulting in missed opportunities for service utilization.
5. Some adolescents reported feeling hesitant to engage with health clinics due to perceived judgment or lack of adolescent-friendly spaces.
6. Limited digital literacy and lack of internet access hindered the dissemination of program information through digital platforms.
7. Despite challenges, respondents showed a willingness to engage with community-based health initiatives if appropriately implemented.
8. Financial constraints were highlighted as a significant barrier, with many families unable to prioritize healthcare expenditures over basic needs.
9. Participants acknowledged the importance of addressing substance misuse and mental health but were unaware of any specific RKSK interventions in these areas.
10. The absence of targeted awareness campaigns in rural areas left many adolescents and their families unaware of their eligibility for RKSK services.
11. Respondents suggested that better communication and outreach by health workers could significantly improve program awareness and participation.

CHAPTER – 5

DISCUSSIONS

5.1 Recommendations

To improve the implementation of the Rashtriya Kishor Swasthya Karyakram (RKSK), several measures can be taken:

Enhancing Awareness and Outreach:

Despite the program's widespread reach, many adolescents remain unaware of the services provided under RKSK, including Village Health and Nutrition Days (VHNDs) and Adolescent Friendly Health Clinics (AFHCs). Awareness campaigns should leverage school programs, peer educators, social media, and local community engagement through events like youth days and workshops to disseminate information effectively. Targeted campaigns for marginalized and rural populations can ensure inclusivity.

Strengthening Service Delivery:

Ensuring the availability of counsellors, healthcare professionals, and resources like Iron Folic Acid (IFA) tablets and sanitary napkins is critical. Addressing gaps in service delivery through regular monitoring and feedback systems can enhance program effectiveness. Training sessions for frontline workers and healthcare providers on adolescent health and reproductive rights should be conducted to ensure quality services.

Infrastructure Development:

Improving accessibility to VHNDs and AFHCs by establishing clinics in underserved areas and enhancing infrastructure, such as separate toilets for girls in schools, can increase adolescent participation. Collaborating with existing programs like the Swachh Bharat Mission for sanitation and hygiene can improve holistic adolescent health outcomes.

Promoting Community Involvement:

Encouraging active participation from local governments, community leaders, and adolescents themselves fosters ownership and accountability. Platforms for dialogue between adolescents

and policymakers should be established, and community-driven monitoring of RKSK services should be encouraged.

5.2 Limitations

- **Data Variation:** Adolescents' socio-economic and educational diversity may lead to inconsistent data, limiting generalized conclusions.
- **Time Constraints:** Limited availability of key stakeholders, including health workers and adolescent respondents, affects comprehensive data collection.
- **Cultural Sensitivity:** Reluctance to discuss topics like reproductive health may result in incomplete information, impacting the study's depth.
- **Geographical Constraints:** Challenges in accessing remote areas restrict the evaluation of RKSK services in some regions.

CHAPTER – 6

CONCLUSION

6.1 Summary of Key Findings and Conclusion

The study on the implementation and impact of the Rashtriya Kishor Swasthya Karyakram (RKSK**)** in village revealed significant insights into the program's strengths, weaknesses, and areas for improvement. Awareness of the program among respondents was critically low, with many participants unaware of its existence or objectives. This lack of awareness was consistent across various demographic groups, irrespective of age or education level. Accessibility to RKSK services, such as Village Health and Nutrition Days (VHNDs) and Adolescent Friendly Health Clinics (AFHCs), also emerged as a significant challenge. Although respondents acknowledged the importance of addressing adolescent health issues, infrastructural barriers and limited outreach efforts often hindered their engagement with the program.

Mental health and substance misuse were identified as critical health priorities, with respondents recognizing the need for interventions in these areas. However, the program's effectiveness in addressing these issues was perceived as limited, signaling the need for improvements in service delivery and communication strategies. The demographic analysis indicated that most respondents had an average education level of 12th grade and belonged to households with monthly incomes ranging from Rs. 5,000 to Rs. 10,000. This highlights the importance of tailoring healthcare services to the needs of low-income families, ensuring they are both affordable and accessible.

Despite low awareness and accessibility, the program's objectives resonated positively with the community. Respondents expressed a strong belief in the value of community-based interventions and social behavior change initiatives, demonstrating a willingness to recommend and engage with the program if implemented effectively. Structural and digital gaps, such as the lack of internet connectivity in nearly half of the households, further limited the program's reach, underscoring the need for innovative outreach methods. While many respondents lived in pucca houses, suggesting some level of stability, access to specific RKSK services remained inadequate, particularly in underserved areas.

The RKSK program holds significant potential to enhance adolescent health and well-being in rural areas. However, to realize its full potential, the program must address the gaps in

awareness, accessibility, and service delivery identified in this study. A multi-faceted approach that includes targeted awareness campaigns, infras tructural development, and focused health interventions is critical. Active community involvement and strategic policy enhancements can further ensure the program's sustainability and effectiveness.

This study emphasizes the urgent need to bridge the existing gaps in the RKSK's implementation to transform it into a truly inclusive and impactful program. By doing so, RKSK can empower India's youth, fostering a healthier, more informed, and productive generation equipped to drive national growth and transformation.