

**ADOLESCENT' HEALTH AND
DEVELOPMENT - A PROFILE FOR ORISSA**

FINAL REPORT

(2004)

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PREFACE

- Several important events have inspired UNFPA and the Government of Orissa to develop an Adolescent Profile of the State including the ongoing global and national dialogue on the issue for more than a decade. The census 2001, reported Orissa to be having close to nine million adolescents in its population – a fairly large number set to rise further in the coming decade. The second event was the declaration of the year 2003 as the 'Year of One Billion Adolescents' – recognizing adolescence as a critical period in life with special needs that deserve urgent policy attention.
- Following up this, the government of India created a special cell in the Ministry of Youth Affairs and Sports for programme intervention and co-ordination on adolescents. To reinforce these initiatives, the UNFPA has recently brought out an Adolescent Profile of India.
- The Orissa Adolescent Profile is a maiden effort to carry this process forward at the state level and contribute to the knowledge and information base on the issue. The profile is primarily *based on secondary data* compiled and collated from various sources with a review of the current scenario programmes and services. Both positive indicators and negative indices that emerged out of this study are expected to place the issue in perspective. In the new information society, an authentic knowledge base is essential for an age sensitive and realistic shaping of policy, plans and implementation strategies, on an internally differentiated category like adolescents.

The profile is divided into six chapters/sections.

Acknowledgements

A number of important agencies and individuals extended their co-operation in the preparation of this Profile. We, gratefully acknowledge their help. They are:

1. Shri S. B Agnihotri, Commissioner Cum Secretary, W&CD (GOO) and his Colleagues including Dr. B.B Nanda Dy. Director and others
2. Department of Health and Family Welfare (H&FW)
3. R.N .Das, Director Sports and Youth Services
4. Mr. Baistamb Mohanty Assistant Director S&ME
5. Dr. S.L Jena, Director TE &SCERT
6. Council of Higher Secondary Education (CHSE), Bhubaneswar
7. Dr. Harihar Sahu Vice President BSE Cuttack,
8. Department of Tribal Affairs,
9. Orissa State Council For Child Welfare (OSCCW),
10. Orissa State Social Welfare Advisory Board (OSSWAB),
11. Dr. P. Ysdhara, Orissa State Commission for Women (OSCW),
12. Dr. P.C Dash, Director SLI,
13. Prof Asha Hans, Director Center For Women Studies, Utakal University,
14. Dr. Pratap Acharya, Coordinator NSS and Dr. Soumya Dash NSS (UU),
15. Dr. S.S.Mohapatra, Capital Hospital, Bhubaneswar
16. Dr. Arnapurna Mishra, State AIDs Cell, Bhubaneswar
17. Mr. Lalatendu Archarya, Miss. Lalita Patnaik, Mr. Pradeep Patajosi, Dr. Niranjana Kar, UNICEF, Orissa Office, Bhubaneswar
18. Dr. Anita Anusaya, UNDP
19. Dr. Supriya Patnaik, DFID
20. Dr. Saraswati Swain, NIHARD, Cuttack
21. Mr. Sundar Narayan Mishra, CYSD Plan, Bhubaneswar
22. Mr. Sarang Dhar Samal, NYSSADRI, Bhubaneswar
23. Mr. K.C. Mallik, BISWA, Sambalpur
24. Mr. Ranjan Mohanty, CACL, Bhubaneswar
25. Mrs. Kasturi Mohapatra, OLS, Bhubaneswar
26. Mrs. Indrajit Khurana, Ruchika Social Services Organization, Bhubaneswar
27. Prof. Chita Samanta, Global Movement for Children
28. Mr. Khyamakar Swain, OVHA, Bhubaneswar
29. Mrs. Sima Pati, Adolescent Consultant, Bhubaneswar
30. Mrs. Sabitri Sahoo, Former Secretary, OSCCW, Bhubaneswar
31. Mr. Bijay Rath, Consultant Health and Family Welfare, Govt. of Orissa, Bhubaneswar
32. Ms. Amita Bose, CYSD, Bhubaneswar
33. Mr. S.M.Das, Branch Manager, FPAI, Bhubaneswar
34. Prof. D.P.Patnaik, NCTE, Bhubaneswar
35. Prof, Digambar Satpathy, Orissa Text Book, Bureau
36. Mr. Pradeep Naik, Agami Orissa, Bhubaneswar

Our Special thanks go to Mr. P.K. Dhal, a Senior Human Development Professional in Orissa for his excellent research support and coordination work for this study.

Ms. Jayashree Mohanty deserves our appreciation for secretarial assistance and software support.

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State Project

UNFPA

Abbreviations

'A'

ABER
ARI

- *Annual Blood Examination Rate*
- *Acute Respiratory Infection*

AWCs	-	Anganwadi Centers
AWW	-	Anganwadi Worker
AIE	-	Alternative and Innovative Education
'B'		
BIMARU Pradesh	-	Bihar, Madhya Pradesh, Rajsthan, Uttar
BPL	-	Below Poverty Line
B2C	-	Business to Customer
BSE	-	Board of Secondary Education
BIPUT	-	Biju Pattnaik University of Technology
'C'		
CEDAW Discrimination	-	Convention on Elimination of Against Women
CYSD	-	Central for Youth and Social Development
CSEC	-	Commercial sexual exploitation of children
CHOGM	-	Common Wealth Heads of Government <i>Meeting</i>
CSO	-	Central Statistical Organization
CLPRA	-	Child Labour Prohibition and Regulation Act
CSR	-	Child Sex Ratio
CWC	-	Child Welfare Committee
CTRDR	-	Council For Tribal And Rural Development
'D'		
DARE	-	Drug Abuse Resistance Education
DWCD	-	Department Of Women And Child Development
DWCRA	-	Development of Women And Children In Rural Areas
DPEP	-	District primary Education Project
DHFW	-	Department of the 'Health & Family Welfare
DRHS	-	District Rapid Household Survey
'E'		
EGS	-	Education Guarantee Scheme
EFA	-	Education For All
EGS	-	Education Guarantee Scheme
'F'		
FMRO6	-	Female Male Ratio up to age of 06
FPAI	-	Family Planning Association Of India
FLE	-	Family Life Education

FCI	-	Fertilizer Corporation of India
'G'		
GREA	-	Gang Resistance Education
GOI	-	Govt. of India
GOO	-	Government of Orissa
G2C	-	Government to Customer
G2B	-	Government to Business
G-6PD	-	Glucose-6 Phosphate Dehydrogenises
GHQs	-	Group Head Quarters
'H'		
HIV/AIDS/STI Immuno	-	Human Immuno Deficiency Virus/Acquired Deficiency Syndrome/ Sexually Transmitted Infection.
HRD	-	Human Resource Development
'I'		
IYY	-	International Year of the youth
IMR	-	Infant Mortality Rate
IPC	-	Indian Penal Code
ICDS	-	Integrated Child Development Scheme
ILO	-	International Labour Organization
IFA	-	Iron-Folic Acid
ICPD	-	International Conference Population and Development
IIPS	-	International Institute of Population Science
ISED	-	Institute of Social and Educational <i>Development</i>
'J'		
JUMP	-	Juvenile Mentoring Programme.
JJ Act	-	Juvenile Justice Act
JRY	-	Jawahar Rojagar Yojana
'K'		
KSY	-	Kishori Shakti Yojana
'L'		
LPG	-	<i>Liberalization Privatization and Globalization</i>
'M'		
MMR	-	Maternal Mortality Rate
MDG	-	Millennium Development Goals
'N'		
NSSO	-	National Sample Survey Organization
NHP	-	National Health Policy

NPE	-	National Policy on Education
NYP	-	National Youth Policy
NPEGEL	-	National Programme for
NCC	-	National Cadet Core
NSS	-	National Service Scheme
NYKS	-	Nehru Yuva Kendra Sangathan
NCERT	-	National council of Education, Research and Training
NRY	-	Nehru Rojagar Yojana
NGO	-	Non-Government Organization
NFHS	-	National Family and Health Survey
NCAER	-	National Council for Applied Economic Research
NACO	-	National AIDS Control Organization
NTPC	-	National Thermal Power Corporation
NALCO	-	National Aluminum Company
NHEd	-	National Health and Education
NFBS	-	National Family Benefit Scheme
NPEP	-	National Policy of Education
NFE	-	Non-Formal Education
NYK	-	Nehru Yuva Kendra
NCLP	-	National Child Labour Project
'O'		
ODR	-	Orissa Development Report
OMFED	-	Orissa Milk Federation for Dairy
OSSWAB	-	Orissa State Social Welfare Advisory Board
OSCCW	-	Orissa State Council For Child Welfare
OPEPA	-	Orissa Primary Education Project Authority
OBB	-	Operation Black Board
'P'		
PMRY	-	Priminister Rojagar Yojana
PR	-	Prevalence Rate
POA	-	Programme Of Action
'R'		
RGI	-	Register General of Censusin India
RSDP	-	Rural Service Delivery Point
RCH	-	Reproductive and Child Health
'S'		
SAARC operation	-	South Asia Association for Regional Co-
SSA	-	Sarva Shiksha Abhiyan

SDP	-	State Domestic Product
SESUY youths	-	Self Employment Schemes for unemployed youths
SC/ST	-	Schedule Caste/ Schedule Tribe
SCERT	-	State Council of Educational Research And Training
SRS	-	Sample Registration System
<i>SPR</i>	-	<i>Slide Positively Rate</i>
STEP	-	Support To Training Employment Programme
SJSY	-	Swarna Jayanti Swo-rojagar Yojana
SIDR	-	State Institute Of Disability And Rehabilitation
SCW	-	State Commission for Women
'T'		
TRYSEM	-	Training of Rural Youth for Self Employment
TFR	-	Total Fertility Rate
'U'		
UNCRC	-	United Nations Convention on Rights of Child
UEE	-	Universal Elementary Education
UTA	-	University's Talk AIDS
'W'		
WHO	-	<i>World Health Organization</i>
W&CD	-	Women and Child Development
WEP	-	Women Empowerment Programmes

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Chapter - I

Overview And Introduction

Chapter - I

Overview And Introduction

“A society that cuts itself off from its youth severs its lifeline. But a society that engages their interests, enlists their talents and liberates their energies, brings hope to the entire world ”.

*Kofi Annan, Secretary General,
United Nations.*

- 1.0 Situated in the east coastal region of the country, **the state of Orissa** is a melting pot of cross-cultural currents from eastern, western, northern and southern regions of India. It has borders with four major Indian States, namely, West Bengal, Jharkhand, Chhatisgarh, and Andhra Pradesh covering about 4.74 percent of the geographical area of the country. Its population accounts for 3.57 percent of the country. The state consists of 3 Revenue Divisions, 30 Districts, 171 Tehsils, 314 Community Development Blocks, 6,234 Gram Panchayats, 51,058 Villages with 78,70,127 Households. More than 39 percent of households do not have any land.
- 1.1 Orissa has a large tribal belt and 121 out of its 314 blocks belong to scheduled fifth areas. The mean annual income of the rural poor in Orissa was Rs.1319 as per 1993-94 surveys. The per capita annual

income of the people in the state is Rs. 9564, which is much below the national average i.e. above Rs. 13000/ (1999). According to the National Agriculture Census, Orissa continues to be an agrarian society where land, draught and milch animals are the main household assets that determine the level of living of the people. The ownership of consumer durables in the state is at the bottom.

- 1.2 The state is estimated to have about 38.8 million people¹ by 2004, out of which **8.87 million are adolescents**². This constitutes **22.7 % of** the total population in the state. Never before in history, Orissa had so many young people in its population. This makes old and ancient Orissa **demographically young**. In this context, the declaration of the year 2003 as the '**year of One Billion Adolescents**' has a special significance for the state of Orissa. Internationally it was a belated recognition of the reality confronting humanity in the beginning of the 21st century world. Adolescents have **not only arrived**, but are also **influencing the social scenario and the cultural fabric** in a way no society or government can ignore any longer.

- 1.3 Yet a **profile of adolescents** will be incomplete without understanding them and their present situation. For, adolescents are important as **each and every one of them matters**. There are about 1.2 billion of them in the world between ages 10-19 accounting for one fifth of the humanity. **In Asia** the figure varies from 18 to 25 percent depending on the socio-economic conditions of the countries. **In India** as on 1st March 2000, adolescents constituted 22.8% of its population covering 230 million young people. **In Orissa**, a state struggling to overcome the twin evils of poverty and backwardness, adolescence still continues to be a gray area crying for active policy attention.

- 1.4 Traditionally the term '**adolescence**' means '**to emerge**' or '**to achieve identity**'. The World Health Organization (WHO) defines adolescents as those **between 10 and 19 years**. It is a critical phase in the **second decade** of one's life characterized by **rapid physical growth**, psychological and cognitive development, and an eventful transition from childhood towards attainment of adulthood. Biologically it is a bloody fluid break with the past starting with onset of puberty and ending with the ability to reproduce effectively.

- 1.5 During this period adolescence, one gains up to **50 percent of their adult weight**, more than 20 percent of their adult height and 50 percent of their adult skeletal mass. On an average a boy during this period should gain 25 Kg in weight and 36cm in height where as a girl should gain about 21 Kg in weight and about 24 cm in height

¹ (Govt. of Orissa declaration on World Population Day2004)

² (Please see the Situational analysis Chapter II)

(Source?). Yet in many cases particularly in Orissa this natural spurt in growth is stunted because of low nutritional status of children in poor households.

1.6 Adolescence is roughly divided into **four periods**, i.e. pre-adolescence (9-11 years), **early adolescence** (11-14 years), adolescence proper (14-17) years and late adolescence (17-20 years). While **Pre-adolescence** sees a feeble increase in sexual drive, early adolescence witnesses a surge in curiosity and interest about the opposite sex. **Adolescence proper** refers to the teen age when one becomes relatively more mature. The dominant instinct for experimentation poor knowledge of contraception and sexually transmitted infection make this period very challenging. **Late adolescence** is the period when one becomes more conscious of self -image, identity and personal autonomy.

1.7 However, often parents, teachers and members of the community are not well aware of these facts in the growing up processes. Here are substantial unmet needs for adolescent counseling, **information and health services** including education on reproductive health sexual hygiene and high-risk behaviors. It is widely believed that during this period, if not properly informed and guided, young people are likely to develop negative and injurious habits like smoking, drinking, reckless driving etc.

1.8 Adolescence Through Ages: In India the term **Kishori and Kishora** are age-old titles for young, unmarried adolescent girls and boys.

Rasamanjari, an ancient text, gives three titles to an adolescent girl based on her age:

- i. **Mugdha:** Youthful and inexperienced (pubescence/ early adolescence)
- ii. **Madhya:** Puberty and mid adolescence
- iii. **Pragalva:** The mature and articulate one (adolescence/late adolescence)

1.9 In **Oriya literature** Kishore / Kishori are also used frequently in respect of young boys and girls and approximate the definition of adolescence.

1.10 In some parts of Orissa terms like **Dhangra** and **Dhangri** are popularly used for adolescent boys and girls respectively. In some

pockets of Western Orissa girls in mid adolescence are called '**Adhkhori**'.

1.11 Despite these stage-wise divisions and recognitions, it is in the mid 20th century that adolescence was recognized as a **definitive stage, a serious subject and issue**. Democracy and mass education together led to the recognition of individuality, identity autonomy and self-actualization as **adolescent friendly social values**.

1.12 However, many parents, teachers and members of the community are not aware of these facts in the growing up processes. There are substantial unmet needs for adolescent counseling, **information and health services** including education on reproductive health sexual hygiene and high-risk behaviors. It is widely believed that if a young person has not lit a cigarette by 19 and hasn't touched liquor by 21, it is quite likely that the person would retain this behavior rest of his/her life.

1.13 **Rationale for the Study:** With 88.4 lakh adolescents in its population, their development is a formidable challenge in Orissa. The State continues to languish as a poor and backward region of the country despite its natural and human resources. According to the latest estimate of the *Planning Commission* based on findings of the National Sample Survey Organization (NSSO) 1999-2000, Orissa had *47.15 percent BPL* population as against 26.10 percent at all India level. (**Orissa Development Report (ODR), Planning Commission, 2002**).

1.14 **Literacy:** While Orissa's male literacy rate as per 2001 census has surpassed the national male literacy level of 73.85 percent, yet about half of its female population continues to be illiterate. In rural and tribal pockets, it is as low as 10-15 percent only. The state has a **reasonably good educational infrastructure** yet the **high drop out** rate of adolescents is a matter of great concern.

Box - 1

Why Adolescents Are A Distinct Group

- **ICPD POA 1994:** recognized adolescents as a distinct group.
- This happened for the first time in an International Agreement.
- National Population Policy India, 2000 mentions adolescents as an ***“Under Served Population Group”***.
- Adolescents’ health needs are different in important ways from those of adults.
- Their reproductive and sexual health needs have so far remained ignored – a real gray area.
- There is a genuine need to recognize their rights to privacy and confidentiality.
- Need for changing attitude and perception of health care/service providers.
- **The UN General Assembly: 1999 Special Session:**
 - Recognized rights of adolescents to highest attainable standards of health.
 - To appropriate, user-friendly and accessible services.
 - To reproductive health education, information and counseling.
- **NPP 2000 Plan of Action Prescribes to:**
 - Ensure access to RH information, education, counseling and services for adolescents.
 - Provide for them a package of nutritional services.
 - Enforce Child Marriage Restraint Act 1976.
 - The **Millennium Development Goals (MDG)** has taken adolescents as an integral part of global performance appraisal.

- 1.15 Out of the country’s 38 most backward and deprived districts Orissa has nine based on incidence of early marriage, rate of infant and maternal mortality, malnutrition and anemia. (***District Level Deprivation in the New Millennium - IDE & RGICS, 2004 and India Human Development Report, 2003***)
- 1.16 In another study entitled ***Health Situation in India***,³ based on data generated by the Census of India 2001 and the Rapid Household Survey under the reproductive and Child Health (RCH) programme of the Min. of Health and Family Welfare, Prof. Ashis Bose and the Research Team have done a district wise analysis on four priority aspects of development. These are: (i) Data on Health Indicators (ii) Data on Child Sex Ratio (iii) Data on *Bijli-Sadak-Pani or Electricity-Road Water* and (iv) Data on house hold assets as specified in the 2001 census. In almost all these aspects, Orissa’s performance has been very poor. Under vulnerable Health Index, the research team had chosen five sensitive / indicators as follows:

³ Health Situation in India, Ashish Bose & Research Team in Health for the Millions, Spl. Issue april – June 2004.

- 1) Percent of pregnant women who didn't receive full Antenatal Care (ANC).
 - 2) Percent of women who didn't have the facility for safe delivery.
 - 3) Percent of children who didn't receive full immunization.
 - 4) Percent of couples in the **reproductive age group** not using any family planning method, and
 - 5) Female illiteracy percentage (Population 7 years and above)
- 1.17 According to this study the ten most vulnerable districts of Orissa are: Malkangiri, Nabarangpur, Koraput, Nuapada, Raygada, Boudh, Ganjam, Kalahandi, Kandhamal and Koraput. By this **Vulnerability Index**, out of 9 most vulnerable states of the country, Orissa's position is third, next only to Bihar and Jharkhand.
- 1.18 Its rate in the age group of 15-19 is **twice more** as compared to total population, thrice in case of the age group 20-24 and 50 percent in the age group 25-29 onwards. With the share of agriculture in employment decelerating and skill intensive elasticity in the services sector increasing **young people in rural areas** are unable to compete with their urban counterparts. They are already getting **marginalized and disempowered** on account of this. Even increasing productivity in agriculture would also require a skilled workforce. The 10th five-year plan has projected a higher growth in GDP. However growth needs to be balanced with commensurate capability, equity and empowerment. In contrast to this many adolescents in poor and backward families who should be in schools end up as child labour lending a hand to their distressed parents.
- 1.19 A majority of adolescents in Orissa are growing up in villages, 82 percent of which do not have pucca road (2001), 80.7 percent of households without electricity, 97.2 percent rural households without tap water, 69 percent without hand pump and 44.4 percent without any specified assets. The state has a **fairly higher concentration of dalit population** i.e. 22 percent scheduled tribes and 17 percent scheduled castes. Their literacy rate is very low.
- 1.20 Although Orissa's urbanization process (14.97%) is slower than many Indian States, about 22.54 percent of the total populations of 15 towns/cities stay in slums. While Bargarh town has the highest percentage of slum population (51.29%), Bhubaneswar has the lowest (10.19%). Interestingly, while in 15 towns and cities the sex ratio is 875, in slum population it is 910 females per 1000 males. Yet the literacy rate among slum dwellers is less than the overall rate in the towns. A slum is defined as an area with poorly built congested tenements in unhygienic environment usually with inadequate

infrastructure and lacking in proper sanitary and drinking water facilities. Adolescents growing up in such areas are often vulnerable to crime and high-risk behaviour. The State Govt. is yet to enact any law for slums in Orissa*.

- 1.21 The health of adolescents in Orissa between 10-19 merits special attention as the socio-cultural environment has been changing very fast while family is shrinking in size, importance and influence. Information ideas, values and substances are crossing rural –urban boundaries in the State. Sexual and reproductive health problems continue to threaten physical, psychological and social health of adolescents. The adolescent girls moving from rural to urban areas in search of livelihood are particularly in danger, especially when migrating without family. Young adolescent males in economically deprived situations are often vulnerable to sexual exploitation. The health needs of adolescents differ from place to place and hence a target audience segmentation will be needed for focused attention and provision of sound and accessible information and services. For instance, pockets that display distress migration need a different approach than others. About 48 percent of women in the state have a Body Mass Index (BMI) below 18.5 indicating high prevalence of nutritional deficiency. Anemia / Nutritional problems are more serious for younger women, rural women, illiterates and dalit women (NFHS-2, Orissa –153). Special programmes aimed at the adolescents of this category need to be developed in consultation with them.
- 1.22 **Adolescent nutrition** is a special issue in India as about 45 percent of households in the country have a low-income status (Rs.500/- per month, 1997). **In Orissa** iron deficiency and anemia are common among girls. Related to nutrition is the increasing trend of **adolescent eating disorders**. Adolescence being a period of rapid physical growth and increased activity **poor eating habits** negatively affect the spurt of growth. Missing meals, taking high sugar, snacks of low nutritive value, eating out and in fast food joints, often under peer pressure, lack of interest in green leafy vegetables and fruits lead to vitamins and mineral deficiencies such as anemia.
- 1.23 **Early pregnancy** is one of the major causes of mortality for young women aged 15-19 worldwide. Because of physiological and social factors most of the women in this age group are twice as likely to die in child birth as those in their twenties. Further, girls under age 15 are five times as likely to die as those in there twenties (**UNFPA- State of World Population, 2003**).
- 1.24 Young people around the world face high rates of **sexually transmitted infections**. In-fact each year one in twenty young

* Census of India 2001, Series – 22, Orissa Directorate of Census Operations, Orissa.

persons contracts an STI and half of HIV infections take place among people under 25 year of age. Yet the knowledge on HIV/AIDS and STI is very poor among them. Contraceptive (4.7 percent) use is low and hardly used in first time sexual encounter. Orissa can't remain immune to this syndrome as is evident from the AIDs Cell reports of the state.

- 1.25 **Immoral trafficking** and sexual exploitation of young girls is another adolescent issue plaguing mostly the poor and the destitute in Orissa. The venerables are **young innocent girls from tribal, drought and flood affected areas of the state, who disappear every year** as fresh recruits to the commercial sex-network. Reports about this appear frequently in media.

- 1.26 **Substance abuse** studies around the world show young people as the most vulnerable category. In fact majority of first time drug users are adolescents. This problem is acute among street children. In Orissa child '**Bidi**' workers form a separate vulnerable category. **Drug Trafficking And Ganja Cultivation** are on the rise in the state. According to reports every year over 10,000 quintals of ganja are produced in the hilly terrains of Orissa/Andhra Pradesh border zones. Along with alcoholism this is emerging as major threat for the young people. Sex, Violence and **suicide** among adolescents are steadily increasing in the state causing social concerns.

- 1.27 As family bonding gets weaker a large number of adolescents growing up in family are often starved of attention and care. It is peer groups more than parents who are dictating personal behaviour. Adolescents are now demanding changes in family rules and routine. As **maternal supervision** is weakening in families with working parents, adolescents are even influencing patterns of family expenditure.

- 1.28 A recent US study by Market Research confirm this trend and shows that 41 million children between 5 and 14 years have a direct buying power of more than US 40 billion and influence. 146 billion worth of consumer decision every year. A survey by TNS cartoon Network shows a similar trend in India. Cashing in on this are advertisers who *target children and adolescents* in urban as well as rural India. Marketing experts call it "Pester Power" or "Pester influence " of the 21st century kids. Although no formal study is available, both national and local media is already targeting the children and adolescents of Orissa.

- 1.29 About 70% of India's adolescents live in rural areas. Orissa virtually lives in its villages with about 84 percent adolescents. Adolescents also need a healthy environment for growing up. As common property

sources are declining and distressed in the State, young people are loosing critical sources of their livelihood.

- 1.30 New research on 'adolescence and adulthood' has extended the age of adulthood from 18 to 30 years – a period which is stretched to cover half of the lifetime of human beings. Less than a third of these 30 year olds pass three tests of adulthood - having completed schooling, left home and become financially independent. If the indicators like marriage and parenthood were added to this, the figure falls further.
- 1.31 Sociologists claim that adulthood no longer begins when adolescence ends. The delay in reaching adulthood is now more and more pronounced. In western societies, one in every six 30 year olds, still live with their parents – far higher than previous generations. In India more adolescents and young adults live with their parents. In rural Orissa, the number is much higher. The researches also claim that even at 30th year only a minority of them shows the conventional signs of maturity.
- 1.32 This implies that the period between adolescence and adulthood is another area of concern that needs to be planned, structured and protected, so that the period is not treated as the 'Wasted Years'. In the previous chapter an overview of history, evolution, concept theory and research on adolescence has been presented. In this chapter and the subsequent one, the focus will be on their present situation and the status as well as the programmes and services in practice.
- 1.33 An *India Today* study (July 2004) reveals how adolescent boys and girls from the impoverished coastal belts and tribal/rural areas of Orissa are misled by the glamour and sometimes "*sexually adventurous life depicted in TV serials and films* inducing them to fall prey to romantic desires without realizing the consequences. In the IT interview, Saila Behera, Secretary, Basundhara feels young girls from rural areas are especially vulnerable. "The hot numbers and suggestive music videos being dished out on TV channels by the remix brigade have contributed to the problem to a large extent. While adolescents in urban areas have access to contraceptives and health care facilities there is nothing of the sort *in the backward hinterland of rural Orissa*. "Minors and Teenagers don't even know their body as there is no basic sex education. So what they see in film posters and on the small screen hits their subconscious and drive them to do crazy things," says Asha Hans, Director, Center for Women Studies at Utkal University, Orissa (IT, July, 04).
- 1.34 Young people in rural Orissa are already getting **marginalized and disempowered** on account of this. Even increasing productivity in agriculture would also require a skilled workforce. The 10th five-year plan has projected a higher growth in GDP. However growth needs to

be balanced with commensurate capability, equity and empowerment. In contrast to this adolescents in poor and backward families who should be in schools end up as child labour lending a hand to their distressed parents.

- 1.35 Adolescents of Orissa are not very different from adolescents in other parts of the country. Many of their problems are similar. Only the external environment in which they live or the values they imbibe may vary. Knowing what they want or need always helps in planning appropriate programmes. For this it is important to know who they are, what are their characteristics, age, sex, employment status, beliefs, cultural background, marital status, their health and education and areas and situation in which they live. A profile of these is given in the following chapter, particularly in the context of Orissa.

CHAPTER - II
SITUATION ANALYSIS OF
ADOLESCENTS IN ORISSA

CHAPTER -II
SITUATION ANALYSIS OF ADOLESCENTS IN ORISSA_

- 2.0 Adolescents represent the productive as well as the reproductive status of a society. They need a positive and constructive frame of reference for their personal growth leading to a successful career, healthy mind and body, a happy marital life, successful parenthood and productive participation in the community. It is an area of great concern for parents, teachers, policy makers and programmers. Therefore, an understanding of the adolescent situation is essential before undertaking or designing any programme or framing any policy for them.
- 2.1 In the **10th Plan Document of the Govt. of India**, adolescents have been identified as the *group that is prone to make incorrect career choices in absence of adequate guidance and a set of people who may show tendencies towards deviancy, high-risk behaviour, anti-social activities, drug abuse and pre-marital sexual activities*. It is also stated that they are prone to mal-nutrition and sexual diseases **including HIV/AIDS** for lack of information.
- 2.2 However, the 10th plan (2002-2007) document of the **Govt. of Orissa** is silent about the adolescents. Under the Youth Welfare Programme of the Department of Sports and Youth Services it has been mentioned that Youth exchange programme and grants to State Youth Welfare Board for organizing youth festivals, Youth awards and financial assistance to registered voluntary organizations would be ensured. There is no specific programme on adolescents.
- 2.3 Adolescents in 21st century are undergoing **two types of transition** simultaneously- (a) in their body, mind & thinking and (b) in society, culture, and polity and economy that they are exposed to and associated with. The most critical and influential trend is the **profound impact of Liberalization Privatization And Globalization, (L.P.G)**, in the nineties, that has adversely influenced many institutions, systems and code of ethics that was governing human affairs including adolescents for long. On the other hand poverty, deprivation, discrimination, social exclusion, loss of livelihoods and dignity of majority of population has put adolescents in an utter state of uncertainty and lack of direction. Consequently adolescents are exposed to divergent **socio, economic, cultural and development pressures** while growing up.
- 2.4 Compared to India's 8% tribal population, Orissa has 22.8 % tribal and 15% scheduled caste population. The SC & ST combined have 38% of its population, whose life and livelihood are continuously under stress. The benefit of positive discrimination and protection has not reached many of them. The slow rate of poverty reduction, industrialization and stagnant agrarian economy in the State also adversely impacts the

growing up process of adolescents. The spatial concentration of poverty is another big challenge that needs to be tackled for a balance growth of the State.

Table I
Spatial Concentration of poverty (2002) among the region over the years and social groups (rural area).

Region	Social groups (%)				Years (%)			
	ST	SC	Others	All	83-84	87-88	93-94	99-00
Orissa	73.8	52.30	33.29	48.04	68.43	58.56	49.78	48.14
Coastal	66.63	42.18	24.32	37.05	57.90	48.40	45.30	31.80
Southern	92.42	88.90	77.65	87.05	80.80	83.00	68.80	87.20
Northern	61.08	57.22	34.67	49.81	75.20	61.00	45.80	49.80

Source: NSSO 1999-00 and Draft Report –Orissa state human development report 2003.

- 2.5 The above situations and trends are bound to have an impact on the development of adolescents in the state, which is expected to touch the peak and reach **10 million out of the projected 42 million population of the state by 2016**. The state can't ignore this reality for long and has to include adolescents as a priority sector in its development planning.

DEMOGRAPHIC PROFILE

- 2.6 Constitutionally, India has not defined the **adolescents** as a distinct group of population as it has done in case of children. Age specific distribution of population both at the national and state level determines the adolescent population. Presently adolescents are subsumed either in **children** or in *Youths / young adults*.
- 2.7 The age and sex specific adolescent population totals are still awaited from the Census 2001. The National Adolescent Profile (2004) *for its analysis referred to the population projection done by the Technical Group On Population Projection 1996*. It is assumed that the difference between the census and the projection is usually marginal. The Orissa State Profile has taken reference of the Technical Group's Projection on age and sex specific population to derive at present size of adolescents' in the State. The estimated figure of adolescent is based on the **Govt. of Orissa** Declaration of the total population, i.e. 38.8 million, on the occasion of World Population Day 2004.

- 2.8 As projected by the Technical Group of the Registrar General of Census in India (RGI), 2000, by 2005, Orissa's adolescents would be reaching 22.7 % of its population. Similar projection also has been made by the 9th Plan Document (1997-2002) for the state. Detail projection is given in the following table:

Table- II
Population Trend in Orissa 2001-2005

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Age	Position in 2001 in % of total population			Position in 2005 in % of total population			Position in 2010 in % of total population			Position in 2015 in % of total population		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	10.4	10.2	10.3	9.7	9.6	9.6	-	-	-	-	-	-
5-9	12.0	11.9	12.0	11.6	11.6	11.6	9.7	9.6	9.6	-	-	-
10-14	11.1	10.4	10.7	12.3	12.2	12.2	11.6	11.6	11.6	9.7	9.6	9.6
15-19	9.7	10.6	10.2	10.5	10.6	10.5	12.3	12.2	12.2	11.6	11.6	11.6
20-24	8.5	9.2	8.8	8.8	9.2	9.0	10.5	10.6	10.5	12.3	12.2	12.2
25-29	8.4	10.1	9.2	8.2	8.5	8.3	8.8	9.2	9.0	10.5	10.6	10.5
30-34	7.1	7.0	7.1	7.5	7.6	7.5	8.2	8.5	8.3	8.8	9.2	9.0
35-39	7.2	6.2	6.7	6.5	6.4	6.4	7.5	7.6	7.5	8.2	8.5	8.3
40-44	5.1	4.6	4.9	5.7	5.4	6.5	6.5	6.4	6.4	7.5	7.6	7.5
44-49	4.6	4.2	4.4	4.7	4.5	4.5	5.7	5.4	6.5	6.5	6.4	6.4
50-54	3.1	2.8	2.9	4.0	3.9	3.6	4.7	4.5	4.5	5.7	5.4	6.5
55-59	3.0	4.1	3.5	3.3	3.2	3.2	4.0	3.9	3.6	4.7	4.5	4.5
60-64	3.3	3.5	3.4	2.5	2.5	2.5	3.3	3.2	3.2	4.0	3.9	3.6
65 +	2.6	2.1	2.4	5.1	4.6	4.9	8.4	7.8	8.1	11.7	10.9	11.3

Compiled by Prof. Bhagban Prakash & Dhal Prafulla Kumar (2004), for Adolescent Profile, Orissa Source: NHFS-2, Census 2000 Projection and miscellaneous and Census Projection 2001

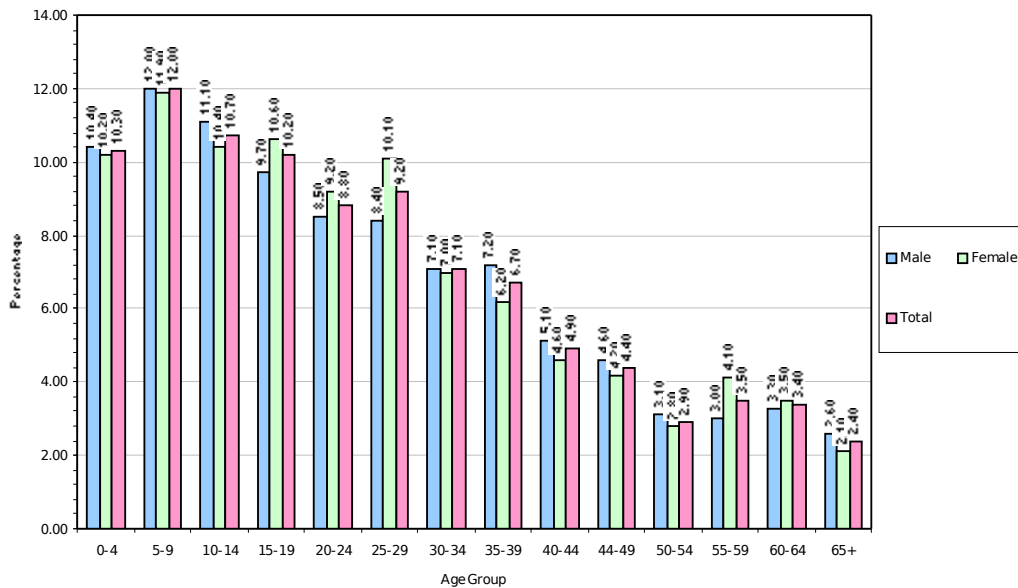
2.9 A study of the above table leads to the inference that in **Orissa by 2004** there are **about 88.07 lakh adolescents in** the age group of 10-19 years. According to this estimate, in 2000-2001, the numbers of adolescents in the state were 20.9% of its total population. Of them girls were 21.0% and boys were 20.8%. Thus in absolute number, in 2001 the state had about 77.48 lakh adolescents out of whom male adolescents were 38.68 and female adolescents were 38.80 lakh.

2.10 As already mentioned by 2004, adolescent population has increased to 88.07 lakh and this increase of 9.69 lakh is probably reflected on 10-14 years old children, which was 39.26 lakh (10.71) in 2001, and has increased to 49.95 lakh by 2004. This is expected to increase further **by 2011 due** to the effect of *population momentum*. Reduction of population growth is at present felt in the age of 0-6 years and consequently would influence the number in the age group of 10-19 years in the year 2011 and after.

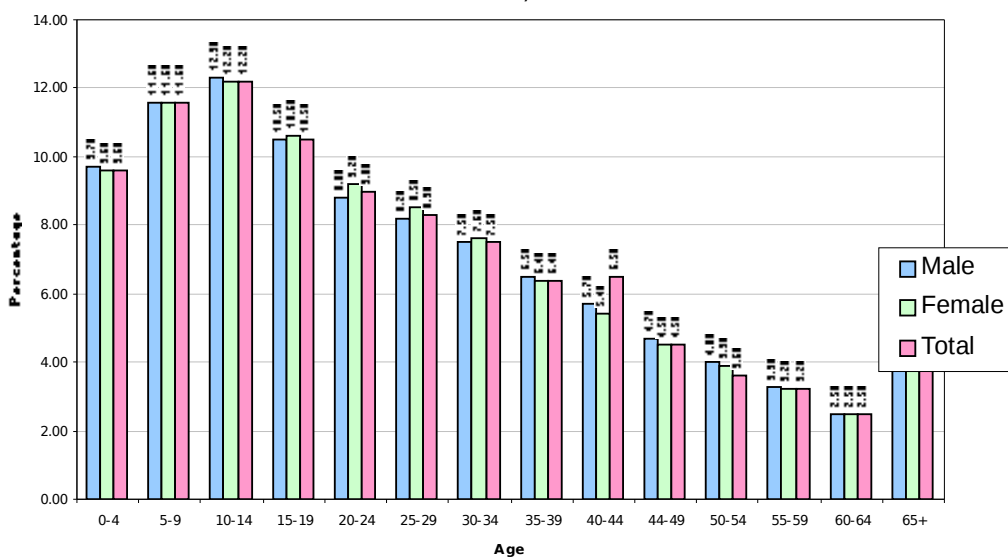
ADOLESCENT' HEALTH AND DEVELOPMENT - A PROFILE FOR ORISSA

2004

PERCENTAGE OF POPULATION IN DIFFERENT AGE GROUPS
IN ORISSA, 2001



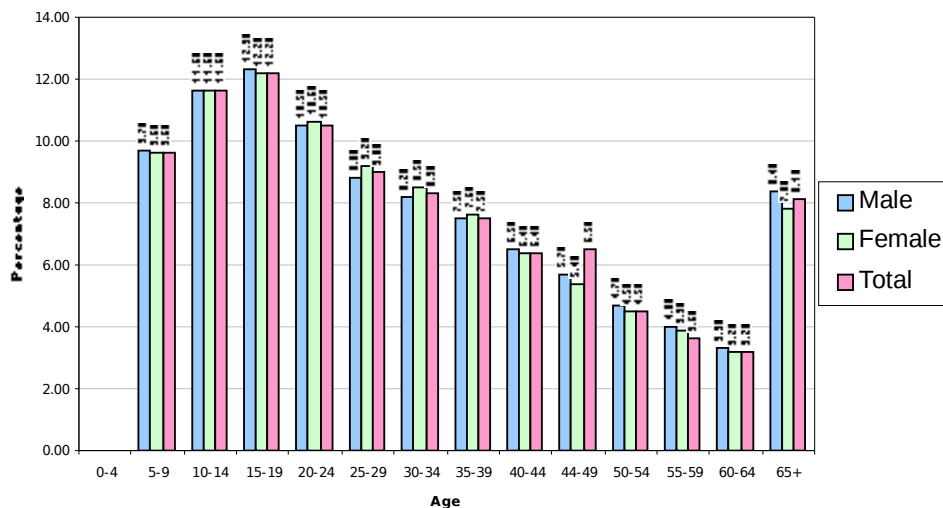
PERCENTAGE OF POPULATION IN DIFFERENT AGE GROUPS
IN ORISSA, 2005



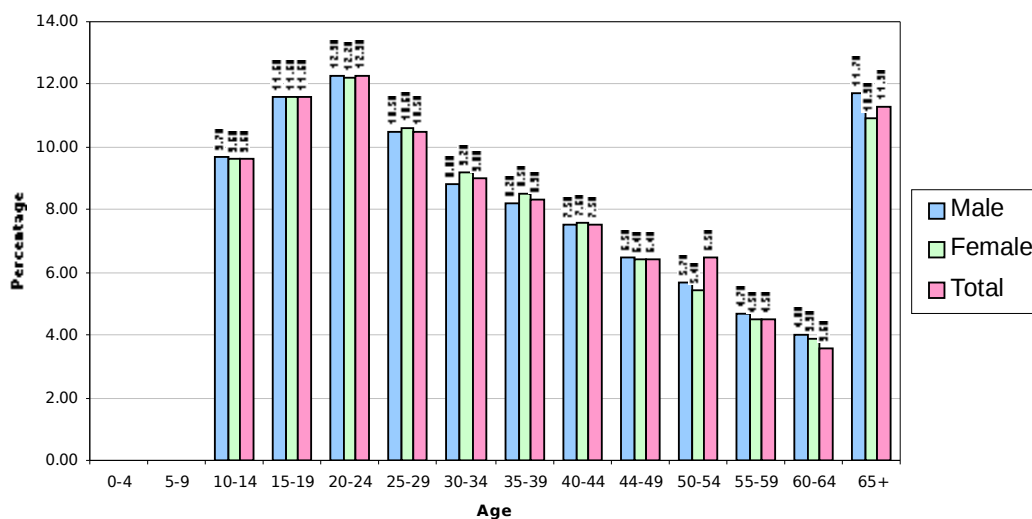
ADOLESCENT' HEALTH AND DEVELOPMENT - A PROFILE FOR ORISSA

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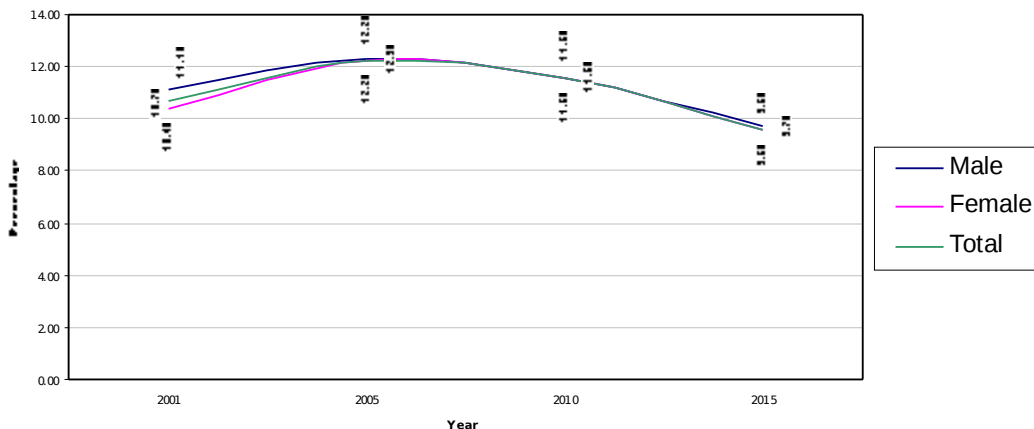
PERCENTAGE OF POPULATION IN DIFFERENT AGE GROUPS IN ORISSA, 2010



PERCENTAGE OF POPULATION IN DIFFERENT AGE GROUPS IN ORISSA, 2015



TREND OF POPULATION IN ORISSA FROM 2001-2015 IN THE AGE GROUP 10-14



- 2.11 From the above analysis, it is now obvious that adolescents are going to be demographically the **“most critical population group”** by the year 2010 and would continue to influence the growth trend up to 2015. Therefore, in order to deal with the challenges of such a huge size of young population, it is critically important to understand their situation, needs and aspirations in the present development context and capacity of the State as well as the civil society.
- 2.12 **In 2004, out of Orissa’s** total 88.07 lakh adolescents in the age group of 10-19 years, about 11.4 % are girls and 11.4% are the boys. Thus in absolute numbers female adolescents will be about 43.00 lakh and male adolescents will be about 45.07 lakh. When age wise distributed 10-14 years would constitute 12.2 % and 15-19 years would be 10.8 %. In absolute numbers there would be about **46.36 lakh** in early adolescents period and 42 lakhs (+) in late **adolescent** (15-19) years.
- 2.13 As regards rural and urban variation there will be about 15 % urban adolescents and 85 % rural adolescents. Thus in absolute number **about 74.35 lakh will be rural adolescents** and about **14.05 lakh will be urban adolescents**. The number of urban adolescents will continue to rise in the years to come as a result of urbanization and rural-urban migration. Any development intervention must understand this process while planning for the adolescents.
- 2.14 The year **2020 has now become a human development target year for developing countries including India**. Many Indian states have already come out with Vision 2020 documents. India also expects to be a developed country **by 2020**. So what would be the size of the adolescents in 2020 and how big a challenge that would throw for the

government to deal with is a big question. For the State of Orissa, with its present low development status and high adolescent population, it will be an uphill task. **By 2015** the population of Orissa is expected to reach 42.1 million. Hence the total adolescent population in the age group of 10-19 years would be 89.25 lakh, slightly more than the present size (88.07 lakh). **But by 2011**, total adolescents in Orissa would rise to almost 10 million (99.77 lakh), which will be almost one fourth of total population.

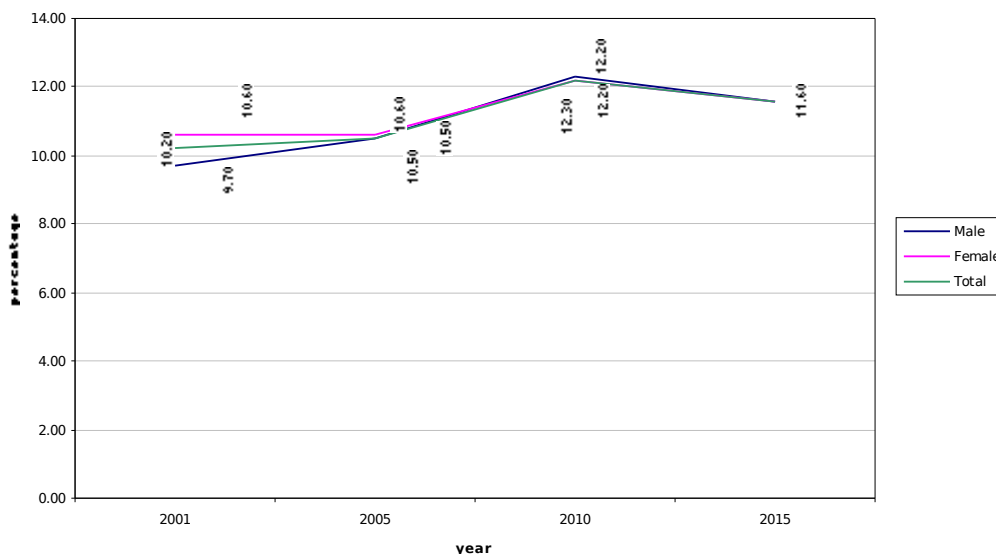
Table - III
Adolescents in absolute numbers in Orissa 2004/2005

Years	Adolescents percentage to total population			Absolute numbers in lakhs			Reference years and remarks
	Boys	Girls	Total	Boys	Girls	Total	
10-14 years	12.3	12.2	12.2	23.58	22.78	46.36 lakh	Total population (2004) in million 3.88, in 2004 population figure is derived By putting annual growth rate @ of 1.5 % per annum
15-19 years	10.5	10.6	10.5	23.05	18.95	42.04 lakh	
20-24 years	8.8	9.2	9.0	-	-	-	
Total				46.63	41.13	88.20	

Source: Census India 2001, Analysis: Bhagbanprakash and P.K.Dhal-2004

- 2.15 The above analysis shows that compared to the national trend, **Orissa is showing the rising trend of adolescent population almost five years before**. Consequently in Orissa adolescent population would also show a declining trend five years earlier than the projected national trend. While at national level adolescent population would continue to increase beyond 2015 and decline only in 2021, in **Orissa it would increase up to 2011**, and then start declining from 2015 onwards. Therefore the state has to get ready much earlier than the center in this respect.
- 2.16 Another significant point to be noted is that in Orissa all through the period of demographic transition, **the gender wise breakdown** of adolescent population does not show significant disparity between the sexes, with female adolescent accounting for almost the same proportion of the total female population as male adolescent for the male population.

TREND OF POPULATION IN ORISSA FROM 2001-2015 IN THE AGE GROUP 15-19



2.17 Sex ratio is one of the vital indicators of human development. ***In Orissa sex ratio has shown marginal increase during last decade (1991 -2001)*** from 971 in 1991 to 972 in 2001 census. In 1991, at the all India level it was 927, which has gone up to 933 in 2001 census.

Table-IV
Comparative Position of India and Orissa on Sex Ratio

Census	India	Orissa
1901	972	1037
1911	964	1056
1921	955	1086
1931	950	1067
1941	945	1053
1951	946	1022
1961	941	1001
1971	930	988
1981	934	981
1991	927	971
2001	933	972

Compilation from Census India by Dr. Bhagbanprakash and P.K.Dhal (2004)

2.18 Within the State there is further variation in sex ratio. It is disturbingly less than the state average ***in 12 districts*** out of 30 and strangely all these districts belong to relatively prosperous coastal areas. Consistent decline in sex ratio is also registered in 11 districts with less BPL families since 1981.

- 2.19 During 1991 and 2001 census , **10 out of 30 districts** have shown increasing trend of sex ratio with backward Rayagada registering the highest, (17 points) followed by Malkangiri (11points), Kandhamal (9), Koraput and Kendrapada (7) Nuapada and Gajapati (4), Nawarangpur (3), Bolangir (20 and Nuapada (1) districts. It is interesting to note here that all the economically backward districts have better sex ratio than the high literate prosperous districts.
- 2.20 It is said that falling child sex ratios is more of an urban phenomena and prosperous costal belt has shown the adverse trend. On the other hand it is said that falling trend is also spreading rapidly in the state, in terms of areas. Thus our urban and prosperous districts are becoming the female deficit districts. Experts believe that they are emerging as epicenters of convergence of 'urbanization- prosperity, anti female biases' and low child sex ratio. However, the overall picture indicate a positive trend, For instance, while the period 1971-81 witnessed steep decline in sex ratio by 173 points, it has been reduced to just 17 points during 1991-2001, showing definite **signs of hope**.
- 2.21 **Adolescent Health:** Adolescents in Orissa contribute disproportionately to the state's high infant and maternal mortality rate. Out of every 1000 newborns 81 infants don't survive. Orissa figured third highest in case of IMR in India next to Madhya Pradesh (86.1) and Uttar Pradesh (86.7). According to the NFHS (1998-99) in Orissa institutional delivery is only 33.5% and 57 % out of the remaining 66 % are reported as **non-institutional deliveries** attended by friends and relatives. In comparison, in case of **kerala Professional health workers attend to 94.9 % births** and the state's IMR is limited to just 16.3%.
- 2.22 **Contraceptive use** and prevalence in the state **is reported t be 46.8 % of which 35.6 % accounts for sterilization**, implying and unmet need. Lack of awareness, access and fertility autonomy put young married women at risk of repeated child bearing. In Orissa **120 infants in 1000 newborns** die when born to mothers below age of 20 compared to 79 infants when mothers were in the age group of **20-29**.
- 2.23 **Early child bearing** combined with poor nutritional status leading to anemia is a vicious cycle in Orissa (half of rural women and one third of urban women are reported to be malnourished). In Orissa **one out of three pregnant women have moderate to severe anemia while 72 % children in the age group 6-35 months are anemic**. 48.6 % of married women in Orissa being illiterate contribute to the situation further*. It has been observed that IMR is reduced and immunization and natal care has been **increased in ICDS areas than** non-ICDS areas, as ICDS carries nutrition and universal health care messages for

* (M.P Jena TOI 24-9-2001)

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targeting the children and pregnant women including adolescents. (**NCEAR-2001**), the situation there is relatively better. Although in phases, the ICDS is universal for the state of Orissa since 2000. The impact of ICDS on IMR and MMR in the state need to be studied.

Table -V

District Wise Malnutrition Among The Children (0-3 Year)							
Sl. No.	Name of the District	Male	Female	Male -Female differences	Child Sex Ratio below 6 years (rate of reduction 1991-2001)		
					Urban	Rural	Total
1.	Angul	2.65	2.98	0.33	38	22	27
2.	Balasore	2.43	3.53	1.10	2	33	31
3.	Baragarh	1.91	2.26	0.05	19	17	17
4.	Bhadrak	1.58	1.34	0.24	22	15	15
5.	Bolangir	2.78	3.17	0.29	15	9	9
6.	Boudh	2.57	3.37	0.30	123	139	42
7.	Cuttack	1.37	2.26	0.09	4	7	4
8.	Deogarh	2.14	3.40	1.20	6	3	3
9.	Dhenkanal	1.14	2.04	1.40	38	38	38
10.	Gajapati	2.27	3.17	0.90	8	17	16
11.	Ganjam	1.10	2.15	1.05	5	10	24
12.	Jagatsinghpur	1.36	2.34	0.90	69	19	24
13.	Jajpur	2.44	3.30	0.86	35	14	14
14.	Jharsuguda	1.61	4.00	2.39	23	14	17
15.	Kalahandi	2.96	4.35	1.39	35	18	13
16.	Kendrapara	1.65	2.81	1.10	76	9	7
17.	Keonjhar	1.97	2.38	0.41	5	20	18
18.	Khurda	1.90	3.56	1.66	37	23	29
19.	Koraput	2.92	4.01	1.09	22	37	26
20.	Malkangiri	1.89	3.80	1.91	22	9	10
21.	Mayurbhanj	2.33	4.24	1.91	10	9	8
22.	Nawapara	2.88	4.93	2.05	2	30	29
23.	Nawarangpur	3.35	5.01	1.66	0	4	3
24.	Nayagarh	1.83	3.47	1.64	18	49	49
25.	Phulbani	2.39	3.33	0.94	51	15	17
26.	Puri	0.76	1.20	0.44	0	26	24
27.	Rayagada	2.84	3.77	0.93	36	21	22
28.	Sambalpur	2.33	4.13	1.80	18	8	11
29.	Sonepur	2.77	3.19	0.42	49	17	11
30.	Sundargarh	2.23	4.32	2.09	17	2	7
31.	Orissa	-	-	1.13	22	15	17

Source: Dr. S.B.Agnihotri, E.P.W 2000.
Addl. Columns (male/ female differences) by Dr. Bhagbanprakash and P.K.Dhal 2004

- 2.24 Time and again it is proved that **girls are uneven recipients** of progress and that being young and female constitutes a double disadvantage, which again gets accentuated by poverty. This is happening in spite of various initiatives taken during the **SAARC Decade of Girl child 1990-2000**. Close reviews of various documents on the issue indicate, two stages during which there is an excess of female deaths in Orissa, **early child hood i.e. 1-4 years** and the early **childbearing years 15-24 years**. The second most important indicator is that in Orissa, there has been a **steep and progressive decline** in the sex ratio since 1921 when it was 1086. A third trend is the male female life expectancies, which show that females, in Orissa are living fewer years than males. All these show that a large number of girls and women have unequal access to health services in comparison to their male counterparts. Child hood and motherhood determines the prospects of survival and growth process of adolescent girls in Orissa .

Table: VI

India & Orissa - Sample Registration System for 2003		
Subjects	India	Orissa
Birth rate	25.4	23.5
Rural birth rate	27.1	24.0
Urban birth rate	20.3	19.7
Death rate	8.4	10.4
IMR per 1000 live births	68	92
Rural	74	104
Urban	44	65
<i>Compilation: Bhagbanprakash and P.K Dhal (2004)</i>		

- 2.25 **Women's health** issues go much beyond maternal morbidity and mortality to include nutrition, childbearing, contraception, abortion, reproductive health, RTIs and STDs including HIV/AIDS, communicable diseases, and violence against women. With regard to the health of women in Orissa not enough authentic data is available on their morbidity and mortality. According to NHFS-II (1998-99) maternal **mortality ratio** (MMR) in Orissa is 407. Some other sources claim that it is 364 at present per 100000 deliveries in the state.

Table- VII

Maternal Mortality Estimates for India and Orissa

Source	India	Orissa
UNICEF – 1995	453	738
SRS – 1997	408	361
SRS – 1998	407	367
NFHS – I	424	-
NFHS – II	540	-
Mari Bhat – 1982-1986	580	844

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1998-1999	479	597
<i>Compiled by Dr. Bhagbanprakash & Mr. P.K.DhaI(2004)</i>		

- 2.26 In Orissa it is estimated that over 2/3rd of maternal deaths occur after delivery or during post-partum period and more than 80% of them occur within two weeks of delivery. According to the NFHS-II a health worker in Orissa visited only 19.2% of women within 2 months and barely 11.6% within one week of birth of the child. Since women's health in general and reproductive health in particular is influenced by socio cultural values, beliefs, and conditions, it is important to understand the impediments that women face in accessing care and services. Studies say that over all **only 9% of women received a home visit from** a health or family planning worker.
- 2.27 **Over 28% of** currently married women in Orissa report some type of reproductive health problem including abnormal vaginal discharge and symptoms of urinary tract infections and pain or bleeding associated with intercourse. Reproductive health problems are more common among **currently married women below age 35 (28-34%) than** among older women (23-25%), 18% of ever married women report at least one type of problem related to vaginal discharge and 11% report symptoms of urinary tract infection. Overall 23% of women report either problems with vaginal discharge or symptoms of urinary tract infection. Among problems related to vaginal discharge, severe abdominal pain (11%) is mentioned most frequently followed by itching or irritation (10%).
- 2.28 Among these women **75% have not sought any advice** or treatment. The proportion of women who have not obtained advice or treatment is higher in rural areas (76%) than in urban areas (65%). Among women with a reproductive health problems, 7% saw a private doctor and 14% currently married women in Orissa report at least one reproductive health problem that could be symptomatic of a more serious reproductive tract infection, a large majority (three fourth) bear the problems silently seeking advice or treatment. In short, most of common problems of women go unreported, undetected and untreated.

Table - VIII
Key RCH Indicators based on DLHS Phase-I of Round-II, 2002-2003

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District	Girls marriage Below 18(%)	Birth Order (3+)	TFR	IMR	CPR for any method	Unmet need	Full ANC	Safe Delivery	Full immunization	Awareness On	
STI/RTI											HIV / AIDS
Angul	32.1	28	2.4	67.5	54.7	17.5	14.3	43.7	50.1	54.4	33.4
Baragarh	34.8	35.3	2.3	60.4	49.3	16.9	9.4	55	73.1	37.9	33.1
Bhadrak	10.2	38	2.8	52.2	53.4	18.4	12.7	51.5	51.7	65.2	29.4
Ganjam	31.5	44.4	2.5	72.9	48.3	21	10.5	48.4	61.1	50.6	38.2
Jajpur	9.7	38.8	2.1	63.7	51.3	20.6	3.8	53.1	39	72.9	43.3
Kendujhar	28.9	45.2	2.7	84.2	55.1	14.2	13.7	35.2	36.4	45.7	35.4
Khordha	8.6	34.4	2.2	62.7	53.6	20.9	13.5	61.7	63.9	84.1	75.8
Khandhamal	26.2	43	2.8	79.7	47.2	16.3	NA	44.4	60.1	44.1	46.9
Malkangiri	49.3	47.8	3.2	103.6	43.8	10	7.5	18.1	41	14.2	27.7
Mayurbhanj	34	33.2	2.3	57.5	53.3	22.8	17.4	52.3	50	46.7	45.4
Nawapada	33.2	37.1	2.1	69.3	48.5	12.3	16.2	37	47.8	32.4	34
Sambalpur	14.1	36.4	2.1	47.4	62.1	10.9	22.9	59.1	70.4	54.1	49
Rayagada	28.8	46.9	2.8	92.6	43.6	13.7	19.7	40.6	56.3	34.2	33.7
Sonepur	38.3	45.3	2.7	59	52.9	17	13.3	44.3	64.2	40.7	41.3
Sundergarh	20.6	42.8	2.4	74.3	52.8	12.5	14.4	47.6	62.1	47.8	41.9
State Average	25.1	39.3	2.28	68.1	51.7	17.7	13.1	48.6	55.5	52.5	42.2

Source: Dr. Alamas Ali, PFI, 2004.

- 2.29 **In Orissa fertility in the age group 15-19 years is relatively low i.e. 38.4** but rises and reaches a peak in the age group 20-24 years and remains relatively high in the age group of 25-29 years but comes down at relatively high pace with increase in age. Cumulative value of Age Specific Fertility Rates (ASFR) at the end of reproductive period gives a measure of fertility, which is known as Total Fertility Rate (TFR). The value of TFR for Orissa is worked out on the basis of ASFR of 1998.
- 2.30 The **age at marriage** is a very critical factor that determines the **adolescent health** and survival chances, socio-economic status of young women, growth of population, child survival, IMR and MMR and even the sex ratio. Marriage imposes a particular reproductive behavior, which often contradicts the reproductive health rights of many women. However age at marriage has a number of dimensions to be understood - 'child marriage' 'early marriage' 'teen marriage' 'delay marriage' and 'un-marriage'. **Child marriage** grossly violates, the United Nation's

Convention of Rights of Child (CRC) -1989, international human rights standards- such as **CEDAW** (1994), and commitments of GOI to international legal and social agreements (ICPD **Cairo, Beijing Declaration, SAARC Declarations on Girls Child**). This also violates the National Population Policy-2000, National Policy on Children 1974, New Education Policy 1986 and revised in 1992, Child Labour Prohibition and Regulation Act 1986, and National Health Policy 2002. Child Marriage is strongly linked to the internal displacement, trafficking, labour, migration and prostitution, HIV and AIDS among adolescents and children. The extent of **teen marriage** could be assessed from the number of marriages below the legal age for marriage for boys and girls. The Child Marriage Restraint Act 1929 has been amended from time to time and the legal age for marriage in India is defined at *18 for the girls' and 21 for the boys*. According to NHFS-II, the **marriages before the age of 18 years in Orissa is 17 %**, which is higher than national average (14 %). This is shown still higher at 34 % as per the SRS (2001) and much higher at 50 %, as per the UNICEF report 2004. Variations in these reports need to be resolved for any realistic intervention.

Table - IX

Percentage (%) Of people marrying Below 18 years in Orissa		
Sources	Age group	
	Below 18 years	19-25years
NHFS-II	17	45
SRS-2001	34	-
UNICEF 2004	50	-
Independent studies	66.7	26
<i>Compilation: Bhagbapraksh, P.K Dhal and Jyashree</i>		

2.31 Age at marriage is also directly linked with sexual and reproductive health problems, maternal mortality and morbidity, status of female adolescents and population control measures. Marriage is an institution that provides formal sanctions for the reproductive functions of males and females in any society. Studies confirm that early marriage and early childbirth adversely affect adolescent health.

2.32 In many cultures, a girl is led to believe that her status as a wife is tied to the number of male offspring she has; frequent pregnancies are therefore common (**UNICEF, 1994**). Needless to emphasize the fact that, the more children adolescents girls have, the higher is the chances of material and infant mortality. Evidence shows that girls aged between 15 and 19 years old are twice as likely to die from

childbirth than woman in their twenties. Similarly those aged less than 15 years are six times more likely to die (**Barnes et al, 1998**).

Box- 2

To Soothe Nuptial Fears'

- ❑ "Girls often have questions that can not be answered by parents and this leaves them clueless" - according Mridula Sinha, Chair Person, CSWB.
- ❑ The Central Social Welfare Board plans to set up counseling centers throughout the country in order to relieve girls of premarital jitters;
- ❑ Out of 600 family counseling centers to be set up in the country, 16 will be set up in Orissa during 2004-2005.
- ❑ Already 30 Short Stay Homes (SSH) are now functioning in 25 districts of the state. Five more are likely to be added.

Source: TOI, 21.07.2004

2.33

As is well known **Young girls** have a larger span of childbearing years, leading to more chances of miscarriage, infant death, malnutrition, cervical cancer, sterility and maternal death. A major problem related to early marriage is the ignorance and innocence of young girls about their wedding nights. In many ***societies discussion of procreative, relational and recreational aspects of sex is a taboo.*** Poor communication and young women's low status and powerlessness make discussions on the subject of sexuality issues harder. Even now young women were given very little access to sexuality education and reproductive health services as well as contraception. Being in poverty they are unable to travel to clinics or access contraception and in many impoverished areas, lack of resources means that services may not even exist.

Table - X
Ranking of Districts

By Girls Marrying below 18 years (%)		
Rank	District	Girls marrying below 18%
1	Nabarangpur	69.5
2	Koraput	64.7
3	Kalahandi	59.4
4	Bolangir	57.7
5	Malkangiri	56.0
6	Nayagarh	53.5
7	Ganjam	50.7
8	Boudh	50.6
9	Nuapada	42.5
10	Gajapati	41.8
11	Phulbani	41.6
12	Angul	40.0
13	Bargarh	39.8
14	Sonepur	39.2
15	Rayagada	38.5
16	Dhenkanal	36.6

17	Deogarh	33.3
18	Mayurbhanj	32.6
19	Keonjhar	30.1
20	Sambalpur	29.3
21	Balasore	28.4
22	Khurda	23.4
23	Jharsuguda	17.8
24	Bhadrak	17.7
25	Sundergarh	17.0
26	Kendrapara	15.8
27	Jajpur	14.7
28	Puri	14.0
29	Cuttack	10.6
30	Jagatsinghpur	9.2

Source: Status of Health in Orissa, OVHA, 2003

2.34 From the above table it is observed that in 19 out of 30 districts of Orissa, **30 %** of the marriages take place ***below the age of 18 years***. Where literacy and school education is better girls marrying below the age of 18 years is less. The districts, which have low female literacy and high BPL families, have the records of high percentage of girls marrying less than 18 years. 7 district namely Boudh, Ganjam, Kalahandi, Balangir, Koraput, Nawarngpur, Rayagada, Malkangiri have high percentage of BPL and 50 % of marriages in these districts take place below the age of 18 years.

2.35 While child marriage Act 1961(amended 1978) prohibits the marriage of children, the legal age of marriage is fixed for girls and boys at present at 18 and 21 years respectively. But the demographers consider these years as early and would like the ***preferable age for marriage*** for boys to be at 25 and girls at 21 years. This trend is already visible in respect of girls and boys pursuing higher education.

2.36 Estimates vary on Pre marital sex and pregnancy in Orissa. While married women resort to abortion as a means of contraception, unmarried young pregnant girls seek illegal abortion from service providers like quacks or untrained doctors to get rid of their pregnancy. It seems that there has not been much impact of MTP Act in respect of abortion seekers and illegal providers, particularly in rural areas. Though exact statistics is not available, knowledge about various contraceptive methods is poor among adolescent mothers.

2.37 According to NFHS - II, about 86 per cent did not use any ***contraceptive to prevent pregnancy***. Incidence of maternal and infant morbidity and mortality is high in case of early pregnancy; though there is a decline for the last few years. Socio economic factors play important role in adolescent pregnancy particularly, due to lack of adequate education, poor nutrition status and poor decision-making

autonomy among adolescent girls. Societal and familial pressures also lead to early child bearing as a woman has to prove her social status through motherhood.

2.38 Child And Adolescent Sex Workers: The Concern for Child Labour (CFCL) and the ILO has found 2.30-lakh child prostitutes in India. The children below 14 years constitute 30% of total commercial sex workers. According to this study, child prostitution increases at the rate of (8 -10)% per year. Demand for child prostitute is alarmingly rising in urban areas due to myths and phobia attached to the infection of HIV/AIDS. Although in Orissa not much authentic information on child prostitution is available, incidents are occasionally reported in the media particularly during police raids on hotels and lodging houses. It is reported that the children of commercial sex workers are more **vulnerable to forced sex** with clients by the parents and pimps. Yet again young and adolescents girls are also reportedly being smuggled from rural areas primarily from poverty stricken and backward communities and put in the brothels out side the state. Tourism and sexual abuse of children go hand in hand in the state. As a matter of fact reports in media is coming more and more from the tourist destinations. This issue needs further investigation.

2.39 The Disaster Connection: Orissa has experienced 13 major natural disasters between 1963 and 1999 killing 22, 228 people and affecting millions of households. Out of the last 36 years between 1965 and 2003, 31 years were disaster years. Between 1965 -1982 all the years were disaster years. Of these 8 years were single disaster years, 10 were multiple disaster years (more than 2). During these years there were Floods 16 times, Drought 14 times, Cyclones 5 times, Flood and Drought together 7 times, Cyclone, Flood and Drought 2 times. On the eve of the 10th plan, i.e. 2002-2003 the entire state was under the grip of a severe drought. The super cyclone in October 1999 alone affected 15,676 villages in 1862 panchayats and 20 urban centers.

2.40 Though apparently unrelated, these disasters have a ringside story, **an adolescent dimension**. Apart from uprooting the young and the old from their natural habitat and devastating their livelihood sources, they have created an unnatural and unexpected calamity. According to an investigative report by Farzand Ahmed in India Today (IT) July19, 2004 entitled **"The Burden of Lust"**, frequent natural disasters along the coastal belt of Orissa have not only rendered lakhs of people into destitution, but have made many of the adolescent girls easy targets of sexual exploitation. Farzand quotes State Commission for Women Chairperson calling it a sociological time bomb ticking away in Orissa's Coastal belt. Thousands of unwed mothers from poverty stricken families" reports Farzand, "lured into/physical relationships with the promise of a better life, only to be discarded once they become

pregnant. Some of these unwed mothers are barely 12 year old". Their number is about four thousand. According to the Indian National Trust for the Welfare of Tribal (INTWT), there is equal number of unwed teen mothers in the interior districts of Orissa that includes the tribal belts. Driven by poverty, distress migration and homelessness these girls are easy victims of sexual abuse.

2.41 Another three thousand girls are reported, "Missing" and are "feared to have been smuggled out of the state by agents and touts operating in deep rural areas with promises of marriage and good life" says the report. The INTWT report also reveals: "While premarital sex was not a taboo among tribal groups and freedom-loving young tribal girls want to live a fun-filled life, non-tribals or outsiders take advantage of their simplicity and seduce them into sexual relationships" Anjali Bose, Secretary Mahila Kalyan Sangathan (MKS) Jamshedpur, who has conducted an extensive study on the problems of unwed mothers in tribal villages says that youths from the villages undergo a massive attitudinal change while studying in urban environment of sexual exploitation. Such exposures pollute their rustic innocence and consequently "they develop a tendency to sexually exploit innocent girls in their villagers by promising to marry them".

2.42 In Orissa a large number of people indulge in smoking, drinking and tobacco chewing – all three high-risk behaviours that lead to serious illnesses. An exploratory, multi-level analysis by a team of researchers (S.V.Subramaniam et al - EPW, Feb 14-20, 2004) that covered 4 states including Orissa throws interesting insights. The study finds strong, independent impacts of key socio-economic demographic position on the health behaviour and concludes that the **socially better off**, smoke, drink and chew less. This fact should redirect our focus once again to policy that could change macro-environment, which in turn can improve the health behaviour of the people. Since adolescents are influenced by their parents and immediate socio-economic cultural environment, Orissa's health policy and planning process has to take these factors into consideration. The study has constructed a Household standard of Living Index for Andhrapradesh, Madhyapradesh, Orissa and West Bengal in which Orissa stands at the bottom.

2.43 **Some Instances Reported By IT:**

- i. *"He promised me the moon, including money to set up my own business to support my poor parents. We started living together....."*
- ii. Nutan, Aged 12, Class VIII Student Mayurbhanj District. She was 12 years when Umakant Jena from a comparatively well off background lured her into a physical relationship with promise of money to support her parents. When she became pregnant, they went to

Keonjhar for abortion. The nursing home refused to oblige as the pregnancy was too much advanced. The boy absconded. Nutan's parents dumped her at Basundhara, a rehabilitation Centre for orphans and women in distress.

- iii. *"It was just friendship, I couldn't really understand what we were doing and the consequences". Nadira, Aged 12 Sadipur, Cuttack*
Daughter of a rickshaw puller, Nadira ran away from salipur village to escape stress in family. She arrived in Bhadrak and started working as a maid. She became friendly with Bablu, aged 15 who lured her into sexual relationship. Bablu abandoned her after learning that she was pregnant.
 - iv. "I am determined to get justice for myself and my son." Subhadra Pradhan 20 aged Kuanarpur village, Puri She was 15 when Achyuta Palai, a rich farmer, lured her with the promise of marriage. But he abandoned her when she became pregnant. Beaten up, she went on a fast unto death seeking Palai's arrest.
 - v. *"He promised to marry me but fled after I became pregnant."* Saroj aged 20 Nawagamahteri villages, Kendrapara She believed Ranjan's resolve to marry her, and he ditched her when she conceived after one year of living together.
- 2.44 A survey conducted jointly by Task Force on Women and Violence and Boudh – Kandhamal District Women's Forum in some predominantly tribal inhabitant areas of Orissa in Nov' 2002 reveals how young tribal girls are duped, abused become unwed mothers and are deserted. The survey covers three types of cases, namely, i. false promise of marriage (FPM), ii. illegally staying and deserted (ISD) and iii. Forcefully staying and deserted (FSD). Out of 267 such identified cases in Khajuripada, G.Udaygiri, Phiringia, Tikabali, Daringibadi, Raikia and Kantamal, 125 cases belonged to tribal girls, 103 to scheduled caste girls and 39 to general category girls. Similarly, while 81 and 83 were FPM and ISD cases, 105 cases were FSD. Of these two girls were between age 11-14, sixteen girls were between 15-18 and 43 girls were between 19-22. As many as 182 out of 267 victims were illiterates showing lack of education as a major cause of exploitation.
- 2.45 The study also provides Gram Panchayat Wise Information about 178 children born out of 267 unwed mothers/pregnancies. Gender activists think that there are penal provisions against such acts of cheating by unscrupulous elements in IPC 366, 493, 494, 496 and 497, it becomes difficult to enforce these for want of legally required evidence, and social apathy and indifference.

Table - XI
Gram Panchayat wise information about cases of Unwed mothers

Name of the Block	Name of the GPs.	Types of Cases			Category			Total
		FM	ISD	FSD	SC	ST	Gen	

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Khajuripada (Kandhamal)	Arapaju	13	3	3	9	9	1	19
	Khajuripada	7	11	15	18	7	8	33
	Nuagam	11	19	5	10	16	9	35
G.Udayagiri	Kalinga	3	Nil	Nil	1	1	1	3
	Talarimaha	2	Nil	Nil	Nil	1	1	2
	Malikapodi	8	4	17	10	16	3	29
Phiringia	Bhuringijodi	3	3	20	3	22	1	26
	Phiringia	2	1	12	3	10	2	15
Tikabali	Piranradi Katimaha	7	1	3	6	5	Nil	11
	Koinjhar	Nil	4	9	1	8	4	13
Daringibadi	Greenbadi	1	14	2	9	6	Nil	15
	Sraniketa	2	2	1	1	4	Nil	5
	Dashingbadi	5	2	1	1	4	Nil	13
	Daringbadi	3	6	Nil	1	6	2	9
Raikia	Raikia	2	7	1	6	3	1	10
	Mandakia, dadingia, Petapanga, Chapchcdi	2	5	2	4	5	Nil	9
Kantamal (Boudh)	Ghikundi	2	1	1	2	1	1	4
	Manamunda	6	Nil	6	6	1	5	12
	Guduvalipadar	2	Nil	2	2	2	Nil	4
	Total	81	83	105	103	125	39	267

FM: False Promise of Marriage ISD: Illegally staying and Deserted
FSD: Forcefully staying and Deserted SC: Scheduled Caste ST: Scheduled Tribe Gen: General.

Table - XII
Gram Panchayat wise information about Age group of the victims

Name of the Block	Name of the GPs.	Age group						Total
		11-14	15-18	19-22	23-25	26-30	<30	
Khajuripada (Kandhamal)	Arapaju	-	-	2	1	2	14	19
	Khajuripada	-	-	1	12	6	14	33
	Nuagam	-	-	2	2	11	20	35
G.Udayagiri	Kalinga	-	1	2	-	-	-	3
	Talarimaha	-	-	-	-	-	2	2
	Malikapodi	-	1	6	2	4	16	29
Phiringia	Bhuringijodi	-	-	1	6	6	13	26
	Phiringia	-	1	3	2	5	4	15
Tikabali	Piranradi Katimaha	-	1	4	2	3	1	11
	Koinjhar	-	-	1	2	7	3	13
Daringibadi	Greenbadi	-	2	2	8	2	1	15
	Sraniketa	1	2	-	1	1	-	5
	Dashingbadi	1	2	4	2	1	2	13
	Daringbadi	-	2	3	-	-	4	9
Raikia	Raikia	-	1	1	3	-	5	10

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	Mandakia, dadingia, Petapanga, Chapchcdi	-	-	4	1	2	2	9
Kantamal (Boudh)	Ghikundi	-	1	2	1	-	-	4
	Manamunda	-	2	2	1	2	6	12
	Guduvalipadar	-	-	3	-	-	1	4
	Total	2	16	43	46	52	108	267

Source: Study by Task Force on Women and Violence & Boudh Kandhamal District women's Forum, 2002-2003

2.46 The study team met the family members of the victims, Anganwadi Workers, Ward Members, Local Lawyers, Journalists, Police Officers And Local ML.As in an attempt to find out the main reasons which are stated below:

- i. Lack of awareness about consequences, law and human rights.
- ii. Wide spread illiteracy and lack of sexual education/reproductive health education.
- iii. Innocence and gullibility of ST/SC girls.
- iv. Increasing influence of consumerism.
- v. Negative impact of cable TV and 'Yatras'.
- vi. Liberal social values, customs and personal autonomy in tribal society; its misuse;
- vii. False promises of marriage by boys, believed by innocent girls;
- viii. Lack of proper education on adolescence and its risks and challenges;
- ix. Want of appropriate parental guidance;
- x. Nature and practice of marriage system; and
- xi. Weak enforcement of law.

2.47 The State Govt. the State Women's Commission, the NGOs and civil society Organizations, the Youth clubs and Women's organizations have to come forward and join hands against this dangerous trend. The IT report has mentioned NGOs like Basundhara, the Nari Surakshya Samiti (NSS) and the Society for Weaker communities (SWC) mobilizing public opinion building awareness and taking legal actions.

2.48 **TRAFFICKING OF YOUNG WOMEN AND ADOLESCENTS IN ORISSA:**

As per the provision of the Immoral traffic (prevention) Act' (ITPA) 1956 and as amended in 1986 trafficking is defined as any person, male and female, who are exploited sexually for the commercial purpose. Prevalence of trafficking in Orissa has been shown in some studies done by NGOs. Trend analysis done by them with review of media reports also helps to understand the extent of trafficking of young women and children in Orissa. One of the common findings of all these analysis is that many of trafficking cases are either not reported or underreported. A study "Trafficking In Orissa- An Exploratory Study", conducted for UNIFEM, New Delhi, (Pnadey, Jena and Mohanty) by ISED Bhubaneswar in 2002, has shown that incidence of trafficking of women and children in Orissa

is increasing. The study could identify 559 cases of trafficking of women during 1990 -2000 who are established cases by the government of Orissa. Another 251 cases are also identified who are vulnerable to trafficking.

- 2.49** An interesting aspect of the study shows tribal women are less prone to trafficking than the women of prosperous, infrastructurally developed and urbanized coastal areas. Among them, the upper caste and OBC women are more vulnerable than the women of SC/ST communities. While *70% trafficked women are illiterate*, the majority of them are in the age group of 21-30 years. Most of the trafficked women belong to landless families and have been indulging in sex work. However some other studies report that tribal areas are also as much vulnerable as the coastal districts.
- 2.50** The *district of Puri tops the list* with 24.33 % followed by Balasore (17.89 %), Ganjam (13.06%) and Nayagrah (13.06%) districts. However their number is very small in the districts of Bolangir (0.18%) and Rayagada (0.18 %) where food insecurity child selling and hunger death has been frequently reported in recent past. This needs further investigation and field study. This trend is also similar in case of southwestern districts of Orissa. According to some researchers this trend is very unlikely and different from trafficking trend in other parts of the country. One reason of low trafficking in deprived KBK and southern districts may be the migration and trafficking go hand in hand and not being reported. According to India Center for Indigenous and Tribal Peoples (ICITP) more than 40000 tribal women mainly from Orissa and Bihar have been victims of trafficking.
- 2.51** Orissa is also the *destination of trafficked women* from the neighboring states of West Bengal and Andhra Pradesh, which has been indicated by the frequent reports in media on raids by police on illegal places of sex rackets and hotels. Even though the Crime Branch of Police, Govt. Orissa has found only 159 cases of immoral trafficking that are registered during 1990-2000, very recently published reports of the Crime Branch has shown that in 2003 there were about 76 cases registered by the Police⁴. This shows that immoral trafficking of women in Orissa has gone up since, 1990s. Bhubaneswar, the state capital alone shares 50 % of the cases followed by relatively developed Puri and Anugul districts.
- 2.52** Another trend is, while more girls from the prosperous and urbanized districts are being trafficked for commercial sex, the boys from most backward and mostly from KBK and southern districts are being *trafficked for the purpose of labour*. The adolescent boys in the age group of 12-20 years are being trafficked in more systematic and organized ways, particularly for the purpose of contract labour⁵.

⁴ State Labour Instructive, 2004

⁵Ibid

- 2.53 In case of former, the type of trafficking is primarily fraud marriages, love marriages, false promise to provide jobs, sympathizing for some problems of victims and primarily emotional blackmailing, where as in case of latter it is hard business with one time advance money to the parents and guardians, and promise for safety and income of the victims.
- 2.54** Human selling is an organized crime in Orissa needs to be tackled urgently. While commercial sex is a multi corer business the contract labour is not far behind. According to a study, around 3 lakh workers migrate from Kantabanji and Belpada area of Bolangir district every year. To organize this migration involves a transaction of Rs 60 corer and of this, Rs 30 crore go to the middlemen who are locally *called as (Labour Sardars or Contractors)*. The district of Ganjam is reported to have 4 lakh out migration every year. The sad part of the story is that the police hardly have reported the trafficking of adolescent boys.
- 2.55 While trafficking cases are being reported from allover the state, the areas of coastal districts, border districts, urban and industrial pockets tourist spots and calamity-affected areas record the highest. A study conducted by CNDRET (XIMB) Bhubaneswar in 1997 has identified about 1145 sex workers located in 45 different pockets in 22 districts of Orissa. About 2250 migrant workers have been also identified by this study from 51 different pockets in 18 out of 22 study districts. The inter and intra district trafficking need further research.
- 2.56** Another study has found out that red light areas of Bhubaneswar receives the trafficked girls from mostly near by southern coastal and disaster affected districts. About 40% of them are adolescent girls and 10 % are the children below 14 years. The *House Committee Of The Orissa Legislative Assembly (2000)* had observed that Immoral Trafficking of girls by the brokers and antisocial agencies on the pretext of providing them employment as well as arranging the marriages for them is widespread in the KBK districts. The State Commission for the Women have observed that adolescents girls have different destinations out side Orissa. Among them are states like Uttar Pradesh, Delhi, Andhra Pradesh, Gujurat and Punjab. Many girls from Balesore district are reportedly being trafficked for South Arabia.

Table - XIII
Reported case of violence against women in Orissa 1995-2003

Types of cases	<i>Year wise break up of the reported cases (1995-2000)</i>				
	1996	1997	1998	1999	2000
Rape	617	683	796	816	753
Molestation	1281	1363	1418	1555	1661
Eve teasing	169	176	194	183	154
Kidnapping	468	405	446	429	358
Dowry suicide	37	54	55	30	41
Dowry	354	324	387	382	448

homicide					
Dowry torture	710	727	901	875	889
Non dowry	405	413	499	445	452
Immoral trafficking	16	11	11	26	18
Total	4057	4156	4707	4741	4774
Source: Trafficking in Orissa: An exploratory study (2003) ISED, Bhubaneswar and White Paper on Crimes in Orissa, Department of Home Ministry (2004) Govt. of Orissa.					

2.57 An update from the State Women Cell and Task Force on Women and Violence gives a list of 196 cases of atrocities against women from Dec, 1999 to Dec, 2003, as follows:

Table - XIV Atrocities Cases Report

Type of Cases	Total Cases
Dowry: Torture	13
Death	1
Abuse: CSA	-
Physical	11
Emotional	7
Sexual Molestation	5
Bigamy	9
Extra marital Affair	9
Rape	5
Abduction	4
Domestic Violence	103
False promise of marriage	13
Unnatural death	1
Legal cases already in court	3
Harassment at workplace	2
Others	10
Total	196
Source: White Paper on Crimes in Orissa, Department of Home Ministry (2004) Govt. of Orissa.	

2.58 During the period 1994-2002, it is officially reported that 3968 young women are trafficked and kidnapped,

Table - XV
Year Wise Reported Missing Numbers

Year	Total Cases	Adolescents	Young Women
1994	318	138	180
1995	271	91	180
1996	421	205	216
1997	400	--	--
1998	398	148	250
1999	498	196	273
2000	449	148	301
2001	580	268	312
2002	446	200	236
Source: White Paper on Crimes in Orissa, Department of Home Ministry (2004) Govt. of Orissa			

Box-3

Teenage Pregnancy And Abortion In Bhubaneswar City: A Report (2004)

- ❑ In Bhubaneswar, College going girls are reported to be sexually active and experimenting with sex much more than their parents can imagine. **About 4000 abortions have taken place in Bhubaneswar in just 6 months January- May 2004.** The researchers of reproductive health in Orissa have indicated the fact that every 6 out of 10 women undergoing MTP (Medical Termination of Pregnancy) in Bhubaneswar are unmarried and are under the age of 18 years.
- ❑ The real figures for MTP cases are more when the numerous MTPs being done in unauthorized centers are to be taken into account, It's difficult to obtain the information from unauthorized agencies which are, according to sources, more than almost ten times of the authorized agencies. This reflects the changing sexual habits and high-risk behaviour of the Bhubaneswar teens.
- ❑ Although MTP act 1971, 2002 and further amendments require parents consent in case a minor has to undergo MTP, this hardly happens. In many MTPs being done at authorized centers, minor and unmarried girls pretend to be married and above the age of 18. College girls prefer to hide the age at the time of MTP due to parental fear and social stigma, as they also feel guilty of teen-age sex and abortion. This is one reason why **parents often remain ignorant about their children's sexual life.**
- ❑ **Pregnancy queries** are spiraling at the hospitals and there is also a steep increase in the number of adolescents and young adults seeking abortion. **Doctors confirm** that these young women seem to be open to physical relationships. The varieties of questions these young women ask definitely reflect increased physical intimacy". **"The attitude of youth towards sex is rather unabashed. There is no regret or fear of social pressure".**
- ❑ Among the reasons it is said, that due to materialistic and worldly aspirations and access to all type of media; the youth of today's Orissa don't differentiate themselves from any other metro inhabitants and the sex is one of the most sought after experience young people fantasize about. Two most recent studies on **"changing sexual habits of Bhubaneswar's youth"** done by Mumbai based sociologist Shreya Bariiah and women's charity organization 'Eves Care' have warned that " 12 upcoming metros of India including Bhubaneswar have shown that most of the girls experimenting with sex for the first time are not aware of its outcome and use of contraceptives for protection. This is due to radical change in our psychology. While we are exposed to sex at par with the American counterparts through media; in reality we are afraid of discussing the issue. Parents themselves keep mum. This leads to unwanted situations. The attitude of today's youth towards sex is quite brazen. They understand this as a justified biological need'.
- ❑ Teenagers fall victims to the quacks very often, which make the situation much worse. Quacks use all kinds of unacceptable and unscientific practices without caring for hygiene and physical safety of the pregnant girl. According to Parivar Seva Sanstha (PSS) girls come just to get rid of the pregnancy pain in the neck. They don't disclose much of the reality and don't go for counseling. They even go uninformed about the use of contraceptives in future.

Source: India First, May 2004, Bhubaneswar and Compilation from discussions with doctors of sexual health clinics in Bhubaneswar by Bhagabanprakash and Mr. P.K Dahl (2004)

- 2.59 **HIV/AIDS: The Adolescent Dimension:** Massive out migration of young people (10-24) years from the rural to urban area is a typical trend that Orissa has been witnessing for the last two decades. Two types of migration are observed - Forced migration in the form of dadan and willful migration of young people in the form of search for

- employment. Labour Contractors engage huge number of young people as contract labourer most of whom are adolescents in the age of 12-19 years. This is done by payment of advance to parents of poor families in rural Orissa. Frequent reports in media about their clandestine selling by the labour contractors to the factories has outraged public sensibility.
- 2.60 There are different views about the number of people living with HIV/AIDS in Orissa. According to the **State AIDS Cell** data (placed in the Assembly) there are 1200 cases of HIV+, 288 AIDS cases and 125 deaths. However the figure from other sources is much higher. Like Child sex ratio HIV +ve and AIDS are also endemic in clusters. *Puri, Ganjam and Gajapati* are showing high incidence of HIV +ve and AIDS cases. An ORG study sponsored by the DFID indicates the epicenter to be much larger. A study conducted by Aids Transmission Reeducation Intervention (ATRI) in *Gajapati district* in 2003 has shown that health status of this tribal district is shaken by the HIV/AIDS, and STD / RTIs. There are about 200 cases of HIV Plus and AIDS detected by this project of GoO. Infection through returning migrant labourers has spread to other parts of the state. Among the HIV (+) cases in the state 31% are under the age group of 15-29) years. UNAID has already put a warning that half of the HIV infected are under the age of 25 years. Therefore effective prevention of HIV/AIDS requires targeting people under 25. In Orissa issues of gender inequality, poverty and under development are directly linked to the HIV infections and therefore need issue and area specific intervention.
- 2.61 The present trend of poverty, deprivation and out migration in Orissa certainly would give rise to more HIV and AIDs in the state in the coming years. In 1980 the total out-migration was limited to 2 lakh per years⁶ and mostly the adults from drought prone KBK districts. Now the trend is much worse. While **12 lakh people migrated from Orissa⁷ in 2004** about **35 % are young people in the age group of 14-24 years⁸** and all of them have migrated due to shortage of jobs, as they did not find in any gainful activities within the state. A further disturbing trend is that out of these young people about 80 % are singles and supposed to be sexually active as well as vulnerable to high risk situations in alien and strange places outside their state and away from family discipline.
- 2.62 Yet exactly how many out of the total 12 lakh annual out migrants from Orissa are in the age group of 10-19 needs to be screened, as school drop outs and failures in the rural areas is still above 50 % and there are very little scope for them to get engaged in any other gainful activities. Orissa's social surveillance system in respect of intra and inter state migration is not adequate. While people migrate from

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calamity areas and drought pockets of the state, a large number of young people willfully migrate in search of livelihood to different parts, mostly as construction workers.

- 2.63 It is significant to note here that **until 2004, out of 88.07 lakh adolescents in the age group of 10-19 years, Orissa has been able to retain 27-30 lakh only** in the formal education or some technical training institutions. The rest are out of schools and formal system of education. As mentioned above single young people migrating in search of jobs are potentially vulnerable and are in need of special attention. This situation is unlikely to change in near future unless and until the job scenario in rural Orissa changes.

Box-4

An HIV/AIDS Victim: The Case Of Young Annapurna

- ❑ Recently Orissa High Court has received an appeal from one Ms. Annapurna Das of Keshapur Village in Bari Block of Jajpur district seeking justice from the higher court for being trapped in HIV/AIDS and tortured by her husband Mr. Susant Das. The Chief Justice of Orissa High Court Shri Sujit Burman Ray has yet to give the verdict on the matter.
- ❑ According to her letter, Susant Das of Keshapur Village in Bari block under Jajpur District was in love with her for the last two years. Later both eloped and Annapurna became pregnant. Now Susant changed his mind and with a false promise to marry her, took her to Delhi, where Susant became a daily labourer. But in Delhi, instead of marrying her, Susant forced Annapurna to get sexually involved with other people too and earned money. According to Annapurna, she was infected by HIV/AIDS due to sex with multiple partners in Delhi and after the infection was detected, being depressed she came back to Orissa. But her problem became more complicated as Susant's uncle pressurized her to terminate the pregnancy if she wanted to marry Susant. She did so. After the pregnancy was terminated Susant married her and brought her to Keshapur Village but kept her separately 10 KM away from the village. Soon after Susant's uncle started sexually exploited her. Harassed and repeatedly abused, Annapurna left Keshapur for her own native village at Chhakra Ghunathpur in Kendrapra district. At her own village, the village leader took advantage of her past and forced her for sexual relationship. The cycle of exploitation and victimization continues with no hope for poor Annapurna.

Courtesy: News Paper in Orissa

- 2.64 **Literacy, Basic Education And Adolescents:** As per 2001 census literacy rank of Orissa is 24th among the 35 states/union territories⁹. In terms of male literacy Orissa's position is **25th in India** whereas **in female literacy it was 27th**. However between 1991 and 2001 Orissa has increased its literacy rate more than national average in respect to all three categories i.e overall, male and female literacy. This is no doubt a positive trend, yet rural **Orissa is still the most illiterate area in the country** where 528 in every 1000 population are found to be illiterates. Among males it is 466 and among the females it is 611 in every 1000 illiterates¹⁰. In case of males, rural Orissa is at the bottom **in India** where as in case of females the position is the **fourth lowest** next to Jharkhand, Rajasthan, Bihar and Andhrapradesh¹¹. The table given below can explain the position of

⁹Tilak (2003), NIEPA, New Delhi

¹⁰ NSSO (55th round) 2003

¹¹ P.K.Dhal (2004) Governance approach to education, Orissa

Orissa in terms of education and literacy in the state compared to national position.

Table - XVI
Level of Education Orissa and India

<i>Literacy details</i>	Orissa (Out of every 1000 population)		India (Out of every 1000 population)	
	Rural	Urban	Rural	Urban
Literary (7 + years > in %)				
Male	-	-	-	-
Female	-	-	-	-
Total	-	-	-	-
<i>Illiteracy in every 1000)</i>				
Male	446	117	284	132
Female	611	310	510	263
Total	528	211	395	194
Literate but less than primary education	240	123	174	130
Primary standard	72	118	158	151
Middle school	102	218	141	180
High school	24	149	62	130
Higher education	11	79	19	83
Diploma	1	6	4	13
Graduation	12	67	14	83
Post graduation	3	19	4	24
<i>Source: NSSO (2003) figures as compiled and analyzed by Bhagabanprakash and Prafulla Dhal 2004</i>				

2.65 **According to the 2001** census one out of 3 in the state of Orissa was an illiterate where as in case of females one out of every two is an illiterate¹², even though the rate of increase is better than the national average rate. **Orissa was ahead of M.P in 1991 in literacy but has slided down below M.P in 2001.** A disturbing trend is now emerging in Orissa where it is found that high literacy districts have higher foeticide and low-literacy districts show higher sex ratio. Among the districts within the state, Khurda has the highest percentage of literacy rate of 80.19%, while the lowest literacy has been recorded in the district of Malkangiri i.e. 31.16%. While Khurda sex ratio is the lowest Malkangiri has one of the highest. Among the males the highest literacy rate is recorded in the district of Puri i.e. 88.73% and lowest literacy again in Malkangiri i.e. 41.21%. However it requires primary research to conclusively ascertain the facts.

¹²

2.66 As per the sources from Government of Orissa, there are about 67 lakh illiterates under the age of 15-35 years out of which the TLC Programme targets 30 lakh by 2001 and rest 37 lakh are expected to be covered under the TLC by 2005. This could be expressed as **adolescent illiteracy** since this group also includes 15-19 years.

Table - XVII
Districts with Low Female Literacy in Orissa

Indicators	District	Female Literacy rate (2001)	Percentage below poverty line (1997)
Districts with female literacy rate of 30 per cent or below	Gajapati	28.91%	61.38%
	Kalahandi	29.56%	62.71%
	Koraput	24.81%	83.81%
	Malkangiri	21.28%	81.88%
	Nawarangpur	21.02%	73.66%
	Nuapada	26.01%	85.70%
Districts with female literacy rate of 40 per cent or below	Rayagada	24.30%	72.03%
	Boudh	39.78%	80.20%
	Balangir	39.27%	61.06%
	Kandhamal	36.19%	78.42%
Districts with female literacy rate of 50 per cent or below	Mayurbhanj	38.29%	77.74%
	Deogarh	47.56%	78.79%
	Ganjam	47.70%	55.00%
	Keonjhar	46.71%	76.96%
	Sonepur	47.28%	73.02%

Source: Vision 2020: An Agenda for the school and Mass Education, GOO 2003

2.67 Despite considerable improvements in recent years, Orissa's educational achievements still lag behind the national averages. The MHRD, Govt. of India sources has indicated that in Orissa at the Primary level the enrollment is above 100(114.21%) and much better than the national average (94.90 %) and for both male and female the enrollment at primary stage is even comparable to other Indian states. But at the upper primary level and particularly in the **early adolescent period** about 50 % of the children remain non- enrolled which is much less than the national average (58.79%) and out of 35 states and union territories Orissa ranks 5th from the lowest. In case of male enrollment it is less than national average and 10th from the lowest where as in case of female enrollment it is less than the national average and 3rd from the lowest. Adolescents in Orissa are being deprived of the educational opportunities at a time when the national and international scenario is more promising. Unless corrective measures are taken adolescents in Orissa will be left out of the educational mainstream in the country.

Table - XVIII
Out of School Adolescent

Enrollment of Adolescents in different stage	Total adolescents in absolute	In absolute numbers in schools education	Out t of school adolescents
--	-------------------------------	--	-----------------------------

	numbers	institutions	
Upper primary (10-14 years)	41 lakh	12 lakh	29 lakh
Higher and tertiary education (15-19 years)	46 lakhs	17 lakhs ¹³	29 lakhs
Total	87 lakh	29 lakh*	58 lakh
* This is maximum side of the strength up to Graduation level and technical educations centers. Total strengths is 27 lakh within the state Analysis: Bhagaban Prakash and Prafulla Dhal 2004			

- 2.68 If measures are not taken immediately, the largest ever school age children in Orissa might be pushed out of formal education system due to impact of demographic transition (10-14 years by 2010 and 10-18 years by 2015). **Orissa will show decline of under 15 years populations only in 2021 census but the period 2005-2015 would be the most critical period for them. For between 2001 and 2004, (0-6) year's population has declined from 51 lakh to 43 lakh where as 10-14 years has increased from 29 lakh to 41 lakh.** From the basic education point of view the 10-14 years age group population **need adequate number of institutions**, if MDG targets are to be achieved. How long Orissa's 11,510 U.P. Schools and 6881 High Schools will be able to accommodate the extra number needs to be examined.
- 2.69 To consider the drop out and enrollment trend up to 2002-03 it is observed that even after 57 years of independence 51 % of children below 14 years are facing problem of access to schools. From both drop out and enrollment and achievement point of view only 23 % of Orissa's children have been schooled and given educational facilities.
- 3.0 Basic education and literacy are important development indicators that all the nation states in global system are striving to achieve by a given time frame. Now the GNP alone does not reflect the full picture of the progress of nations. A number of progress indicators have been developed. Education today is approached from the point of view of creation of skilled manpower, an approach to reduce poverty and achieve the HDI, GDI, GEM, IMR and so on. It is also viewed as *right to life* by the Indian Supreme court in 2001 and no longer remains a service and welfare package from government. It is a fundamental right of all citizens.
- 3.1 Universal primary education in all countries by 2015 with demonstrated progress towards gender equality is a major development goal of the international community. *The Government of India has set up a target to achieve 75 % of literacy within 2005. The government is also committed to provide 10 years of school education*

to all children. How this goal is to be achieved in the prevalent situation is not known.

Table - XIX
Drop Out Trend In Orissa

	1995-96			2002-03		
	Boys	Girls	Total	Boys	Girls	Total
Primary	51.1	52.4	51.6	32.3	36.5	34.7
UP	61.0	72.8	65.7	55.5	59.5	55.5
High	70.7	79.1	74.1	67.0	72.0	68.0

Source: Economic survey GOO 2002-03, Background paper: education in orissa some reflections by Pafulla Kumar Dhal (state level workshop2004)

Table - XX
Drop out reduction and years to be needed for the achievement of the UEE with present rate of reduction of drop out rate (1995-96 to 2002-03)

Stage of education	Boys	Girls	Total	Annual increase	Years needed to reach MDG
Primary	17.8	15.9	16.9	2.4 %	10 years (2015)
Upper primary	9.5	13.3	10.2	1.4%	30 years (2035)
High school	3.7	7.1	6.1	0.8%	70 years 2075

Analysis: Bhagabanpraksh and P.K Dhal (2004)

As is evident from the above table to give 10 years of education to all of Orissa's children the **state have to wait another 70 years with its current coverage speed.**

- 3.2 Education and other social sector programme are now shifted to state sector from the central sector. The process is expected to be completed by the 2010. By this time the state has to share 50 % of the total education budget on the schemes running in the state. Thus these schemes are not going to be sustainable for long. As yet no formal and effective partnership is visible in school management and ownerships. NGOS, PRIs and corporate bodies have to come forward. A low and at time negative performing states like Orissa in many critical development indicators, is bound to adversely affect the education system.
- 3.3 Computer education has been introduced in 610 schools while 60 % of schools have no basic education facilities. 600 High Schools have been identified as no result schools and 500 schools are only one student passed schools, while government is spending 2 to 2.5 lakh per school. The Sanjeeb Hota Committee (2002) has devised a principle based on which if any school has result less than 50% for 3 consecutive years then government grant will be withdrawn from that school. As pr this

criteria almost 50 % of the schools may be closed down on grounds of performance only.

3.4 The NHRC Joint Parliamentary Committee has already expressed its concern about increasing teacher’s vacancy in Orissa. In August 2002 it was 17390, by December 2002 it went up to 22391. For primary and upper primary schools 151537 teachers are needed. Similarly about 300 Tribal Schools have no basic facilities. About 139 tribal special schools have no building and 50 plus schools have broken and damaged buildings due to lack of maintain ace. The attendance rate is below 50 % due to non-attendance of teachers. An “Adopt a School” scheme is not yet functional.

3.5 Even without going for the new primary schools the state can achieve the education for all by 2020 by introducing some innovative strategies like EGS/AIE and SSA. What is needed is a proactive implementation process that ensures community participation and ownership. Secondly there is also a need for expansion of the secondary and upper primary schools. The state has at present 42104 primary schools, 11510 upper primary schools (as per 2002-2003 Economic Survey of GOO) and 6448 High Schools with 48 lakh, 11 lakh and 12 lakh children in the primary, upper primary and secondary levels respectively. The high schools now consist of class VIII, IX and X. While class VIII should be placed in the elementary levels, Class IX and class X should go to the secondary levels. This is the national norm.

Table - XXI
Total requirements of schools at different level in order to achieve UPE, UEE and Universal secondary education In Orissa by 2013

Load as per Norms	Primary required/ existing	Addition al PRY schools required	Upper primary existin g	Addition al UP needed	High schools/ existing High Schools	Additiona l High Schools required
As per the state and national norms	53206/42104	11102	26603/11500	15087	13301/6448	6853
As per the accelerated enrollment from present child population 6-11 years and 2004 as the	52500/42104	10496	34500/11500	22990	12896/6448	6448

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base year						
As per the accelerated enrollment of child population 0-6 years and 2004 as the base year	41250/ 42104	Not required	20963/ 11500	9453	12896/ 6448	6448
As per the accelerated enrollment of the children 6-11 yrs with 2004 as the base year and 20 % dropout rate	42104/ 42104	Not required	25675/ 11500	14165	12896/ 6448	6448
<i>Analysis: P.K Dhal and Brahmotri Biswal 2003</i>						

3.6 **CHILD AND ADOLECNT LABOUR IN ORISSA:** Out of total labour force in Orissa 7 % are children under age of 14 years. The total labour force in the state is about 1.9 crore¹⁴. This means Orissa has about 13-15 lakh child labours. Another study conducted by UNICEF/MICS in 2001 which has found about 15 % of total children in the age of 6-14 eyras are labours. This also confirms the earlier position of 13-15 lakh child labour in Orissa.

3.7 Recently the concept of child labour has been extended. Particularly after the adoption of the Convention of Rights of Child by the UN General Assembly in 1989 and subsequently its ratification by the Government of India in 1992, the land mark Supreme Court Judgment in 2001 to declare education as fundamental rights of all citizens in India, the 86th Constitutional Amendment Act in 2001 to make education a fundamental right through article 21 (A) under the meaning of Right to life. The issue of child labour has assumed new importance. The most recent development is the introduction of the Free and Compulsory Primary Education Bill (2003) where even parents of children are to be held responsible if they do not send their wards to school. Under this all out of school children are considered to be the potential child labour and need to be dealt with all care.

3.8 The out of school children position in Orissa is not uncontroversial. While the Draft Orissa Human Development Report (2003) calculated 21 lakh children out of school, the OPEPA (GOO) found out mere 3.5 lakh in 2004. Where as the Vision Document (2020), estimated it to be 32-36 lakh by taking both the non-enrollment and drop out trend into

¹⁴ PK.Dhal (2003) Approaching Child Lbaour in 21st century orissa, SLI, Govt. of Orissa

consideration¹⁵. Whether out of school children are to be considered as child labour or not, child labour is increasing in the state over the years. It would go much higher in next five to ten years if current trend continue unchecked.

- 3.9 The 2001 Census figure on child labour is yet to come out for India as well as for Orissa. The figures on child labour for the 1991 census was published six years after in the year 1997 and as per this Orissa had 4.52 lakh child labourers which had declined from 7.02 lakh in 1981 census. From various sources child labour in Orissa is as explained below: The Supreme Court of India gave a land mark judgment in 1996 where all the state governments and the Union Government were directed to comply the court about the status of child labour vise -a- visa the Child labour Prohibition and regulation Act (CLPRA) 1986. In compliance to this judgment the GOO had conducted a statewide establishment survey twice during April- July 1997 and found out 2.15 lakh child labourers. This survey has shown that every one establishment has 2.3 Child labourers on an average. The larger concentration of child labourers is in the KBK and undivided Koraput districts. While Nawarangpur has the highest number of child labours the entire tribal and poverty stricken districts have highest contribution compared to the prosperous districts. Out of 2.14 lakh child laborers it is found out that 23000 were from the prohibited sectors and from them 60 % above are girls.

Table - XXII
Child Labour In Orissa (6-14 years)

Source	Year of reference	Child labours	Remarks
Registrar General of Census			
1971	1971	492477	India 10.7 million
1981	1981	702293	India 13.6 million
1991	1997	452394	India 10.5 million
2001	2004	Not published	
NSSO			
1983	-	-	16.6 million
1998	-	-	10.1 million
Labour Department of GOO			
1993	1995	8.31 lakh	
1997		2.15 lakh	Only establishment survey
Department of education (GOO)			
2003	2003	12 lakh	Micro survey of OPEPA
UNICEF (MICS)			
2001	2004	12-13 lakh	15% of total child

¹⁵ Vision 2020: an agenda for the School and Mass Education Department GoO 2003

			population of 6-14 years
ILO			
2003	2004	8.31 lakh	UNICEF document2004
Vision document (DSME) GOO			
2003	2004	32-36 lakh	The document has all so quoted the OPAPA figure but out of school as child labour
Independent studies	2004	10lakhs	
NGOS and NGO Net works	2004	40- 50 lakh	CACL and FACE
<i>Analysis: Dr. Bhagabanprakash and Prafulla Dhal (2004)</i>			

3.10 While child labour is prohibited and regulated legally in India, social scientists think that India is exceptional in the world where child labour is made legal¹⁶. In India and as well as in Orissa child labour continues with high rate of adult un-employment. It is estimated that there are about 18 lakh educated unemployed in Orissa and 12 lakh child laborers. Most of the child labourers in Orissa are engaged in unorganized informal economic activities where legal measures are not accessible. Major sectors where child labourers are engaged are the bid rolling, collection of forest produce, agriculture, construction, hotel and garage sectors. Child labour in domestic sector is considered to be the worst forms of child labour by the ILO and banned. In Bhubaneswar alone domestic sector child labour is about 27 thousands.

Box - 5

Help for ' Domestic Helps'

- ❑ Bhubaneswar: Sodaka villagers have threatened to go on hunger strike en mass unless the fugitive royal couple of Khariar is arrested soon.
- ❑ The couple, Bhubaneswar and Pushpalata Singhdeo, is wanted for torturing eight-year-old Prasant Nayak of Sodaka in Ganjam district. In a letter to the district administration, the villagers condemned the p Source Directorate of employment Orissa Bhubaneswar olice and alleged that the couple is given protection. They demanded that the culprits must be arrested and given exemplary punishment so that no one would ever dare to torture their domestic helps.
- ❑ Though the state government ordered Crime Branch inquiry into the incident, the couples are yet to be brought to book. "The Crime Branch is just pretending to have launched a manhunt for the absconding couple," the villagers said.
- ❑ Prasant had gone to Lal Mahal, the royal palace in Khariar, after the death of his parents. Pushpalata, who hails from Sodaka, had taken him to Lal Mahal assuring help.
- ❑ Meanwhile, secretary of Lokdrusti, Bhabani Panigrahi, told TNN that he is receiving threat call from the couple for exposing the incident though local media. "My staff and I do not feel secure as the royals are powerful," Panigrahi said. The condition of Prasant has improved a lot under the care of doctors at MKCG Medical College and Hospital.

3.11 Massive out migration of young people (10-24) years from the rural to urban area is a typical trend Orissa is witnessing for the last two

¹⁶ Myron Weiner " the State and Child in India – a Comparative Analysis" MIT, USA (1991)

decades. Two types of migration are observed - Forced migration in the form of *dadan* and willful migration in search of livelihood by the *adolescents*. A massive contract laborer of young people and adolescents in the age of 12-19 years by payment of small advance to parents' of poor families in rural areas is being noticed widely. Frequent reports in media about their ***clandestine selling*** by the labour contractors to the factories make the situation much worse.

Box- 6

TIP OF THE ICEBERG: TEENS MIGRATION IN ORISSA

- ❑ Balangir: A distress call from Rajasthan by a tortured teenage labourer has sent shockwaves in Sonepur.
- ❑ One of the nine teenagers of sonepur, who had gone there to earn a living called up his father Ghasi Naik when he couldn't take the physical torture. They are subjected to by their employer. The boy asked his father to come and take him away. Ghasi immediately informed the parents of other teenage labourers about it.
- ❑ Murali Bhoi, Jaidev Naik and Jogendra Bagarty of Kalapathar village have lodged an FIR with the Sonepur police on the **illegal labour trafficking**, which has led to their sons harassment.
- ❑ Earlier this year; Ashok Naik, Budhu Bhoi, Mangalu Meher; Sapne Sethi and Babi Bhesra of Khandahata village in Birmaharipur block, Parama Bhoi, Sitaram Bagarty and Tara Naik of Kalapathar village and Kumara Naik of Pansiali village in sonepur block were picked up by one Ballava Patra of Berhampur to work in Rajasthan. Neither the youths nor Patra informed the family members, Patra did not even mention the name of the place to the youths.
- ❑ The Sonepur OIC has asked Patra to bring back the youths by July 12.
- ❑ An Indian Express News Service has reported on 14th Aug, 2004 that seventeen migrant labourers of Orissa out of which 10 are children, have been rescued by Andhra Pradesh police from the clutches of a brick kiln owner in Sultain palli village of Raqnga Reddy district. The owner is reported to have "bought" them for four years. Samuhiki Marudi Pratikar Udiyam , an NGO network travelled to Hyderabad and escorted the migrants home. On August 27th 2003, another batch of 62 such migrants labourers, many of them adolescents, were also rescued by AP police. Similarly a Samaja report on 18th Aug 2004, informs distress migration of labourers from Kalahandi and Nabarangapur districts out of which six are missing.

Source: TOI, 8/07/04

3.12 How many out of the total 12 lakh migrants from Orissa are in the age group of adolescents needs to be screened, as school drop outs and

failures in the rural areas is still above 50 % and there are very little scope for them to get engaged in any other activities. While people migrate from calamity years and drought pockets of state, massive number of young people willfully migrate in search of employments. Until 2004, out of 87 lakh adolescents in the age group of 10-19 years,

Box-7

More BPL, More 'Tween' and 'Teen' Labour

- ❑ Orissa has more than a million child labourers in its population, (1997)
- ❑ Most of these young boys and girls should have been in schools.
- ❑ About 24000 of them work in hazardous industries.
- ❑ Districts with more BPL population have more child labourers
- ❑ For instance at Malkangiri, where 85 percent people live below poverty line, has more than 30,000 children and adolescents working as labourer.

Source: Reported in Samaja, DT. 05.07.04

- 3.13 **Disable Adolescents:** The figures on otherwiseabled children and youth in the state vary from 1.60 lakh to 5 lakh. The 'Persons with Disables' Act was passed in 1995 and came into force in January 1996. Although it is mandatory for the Govt. of Orissa to frame the State Rules on disability it is yet to be framed. The W & CD, GOO is the nodal agency to ensure effective implementation of this act. The department has reportedly completed a base line, but the report is yet to be published. On the other hand for OPEPA, the Department of SMED, GOO has found that 1,60,000 disable children in state are in the school age. As per the NSSO 1999-2000 5 % of the population are disables. Thus adolescent disable in the state would be around 120000. There is lack of adequate number of Special Schools and the shortage of therapists. Although government has the provision of the scholarships and reservation of seats in the jobs, this has hardy been met over the years.
- 3.14 **Adolescents In Difficult Circumstances:** As per the NSSO (51st Round NSSO-1999) there are 2 orphans in every 1000 population, which means the state has 70000-75000 orphans. In case of orphanages there is a provision that children from the age of 5 to 25 can be given services. The number of Street children is reportedly rising in the state's urban areas.
- 3.15 **Crime Against Adolescents:** The recent trends indicate that *school going adolescents* are becoming more vulnerable to crimes of rape and murder. Recent crimes as reported in the media, against adolescents reveal the trend. "Four school children were killed while returning home from their school in Deogarh district. The killing was reported to be due to political feuds among the families in the village. A school going girl was raped and murdered at the backyard of her home while she was on her way to toilet at Sambalpur. A 40-year-old married man at Rangamatia kidnapped a 15-year old girl and raped her in the Jungle while she was returning home from the school. The famous Lalmahal case where 8 years old orphan Prasant Nahak was

brutally tortured with 80 percent burn has created a panic in the state. A domestic servant in Rayagada was tortured while another one was raped and murdered in Soro block under the Balasore district. Security to the adolescents' girls is a great cause of concern. Since the reported cases are always much less than the actual ones, the actual number could go up if properly documented.

- 3.16 On an average every day 2 rapes, 3 murder and four riots are reported in the police stations in Orissa (2004). In 2003 there are 725 rapes, 1408 riots and 4359 thefts. Mostly young people have been found to be indulging in these crimes. During 2000 to 2003 while crime rates has been increasing at the rate of 1.7 % per year the atrocities in women is increasing at the rate of 4.9 % during 2002-2003.

Table - XXIII
Crime Profiles In Orissa

Details of crime	2002	2003	Increase	Remarks
Total crimes	58585	58923	1.7 %	Kenonjahr has highest murder cases (76) in 2003 while Cuttack (198) has the record of highest dowry atrocities, followed by Khurdha.(192)
Rape	691	725	6 % increasing	
Dowry death	481	420	Decrease	
Dowry related incidence / atrocities	2027	2269	11.9 % increase	
Dowry related suicide	43	48	5 % increase	
Murder	1076	1044	Decrease	
Dociat	255	208	Decerse	
Lootings	-	875		
<i>Source: White paper of GOO Home Ministry on Crime in Orissa and analyzed by Prafulla Kumar Dahl 2004</i>				

- 3.17 Upward trends in the crime are noticed in case of dowry and rapes. The rate of crime in Orissa is lower than many Indian states yet the trend is quite disturbing particularly in case of atrocities on young women. The other trend is that crime, especially murder is more in mining areas where as dowry and rapes are more in the coastal areas and urban locations.

- 3.18 Adolescents in Family: This brings us to the issue of **adolescents growing up in the family** .It is certainly the most stressful stage of the family life cycle, a time for making choices about educational and career goals and marital partner selection (in respect of girls). Adolescents want lot of autonomy while still living at home. In many societies parents are not ready to appreciate or accept this need and such parenting style blocks identity formation of the children. Predominately illiterate **tribal Orissa presents** a different picture where adolescents enjoy relatively better autonomy than their counterparts in the plains.

3.19 Through out the world **accidents** account for half of all deaths of people aged 10-24. Next to this is the issue of **adolescent suicide**, which has increased more than 200times in five decades around the world. A recent WHO report says that almost one million people kill themselves each year, which exceeds the death toll from murder and war each year. This figure is likely to hit 1.5 million by 2020. In general the main triggers for suicide are poverty, unemployment, loss of loved one, arguments, alcohol and drug abuse, rape and child abuse social isolation, depression, and a family history of suicide. In Orissa, though not much reliable data is available, the rate of suicide suddenly rises during the **examination season**. A recent report in *Samaj*- a Local Daily, published from Cuttack has reported 59 suicide cases in a period of three months in Kalahandi district alone. Out them, above 80 % are below 25 years. A field Study on *suicidal attitude of adolescents* in Schools conducted by SCB Medical College, Cuttack during *Adolescent Care Week (2003)*, covering 281 students from *class IX & X* in a co-education school throws new lights. In the study about 34(12.1%) adolescent opined that they were *depressed and wanted to commit suicide*, which constituted 14 boys (9.3% of total boys) and 20 girls (15.38% of girls). The cause of suicidal attitudes were more *parental expectation (26.5%)*, *partiality between siblings (29%)* and *inability to tell (11.76%)* heavy load of studies (14.7%), betrayed by opposite sex (5.88%), less mark in exam (17.65%), parental quarrel 2.9%), short stature (2.9%)and future unemployment (2.9%). After getting *scolding* from parents, 55.88% *remain depressed*, 26.47% remained silent. About 5.88% thought of *running away from home* and 11.76% *reacted violently*. The study found out that the Girls (15.38%) have more suicidal attitude than the boys (9.3%) for which parents need to be counseled. a state wide empirical study may through more lights on the issue.

3.20 **Sex and Violence** has also emerged as a leading cause in promoting aggressive behaviors among adolescents. They are **twice as likely as adults and ten times more likely** than elderly people to fall prey to violent instincts of young people growing up in streets and among gangs are more vulnerable to violence than others. A look at the police record is reported by the Times of India (11.09.04) reveals that the **number of student criminals** in Orissa has been rising since the year 2000. The police have arrested 402 students in 2001 and 600 in 2002. In 2003 the number has touched 645. According to their confessions, most of the students took to crime because they wanted to earn fast buck without any hard labour. The city police blamed the parents lack of control as a reason.

Table - XXIV Student Crime in Orissa

Year	Number of Students Held
2000	312
2001	400

2002	600
2003	645
<i>Source: Times of India Dt. 11.09.2004</i>	

3.21 Frequent reports in media on **crimes by adolescents or youths** are a very disturbing trend in Orissa. Majority of these belongs to affluent families and the college educated. This requires deeper analysis. A study of police records from Berahmpur city reveals that during last five years the rate of crime by children has increased five times. While sociologists are not able to find any clue, the police is at a loss about how to curb the problems. Only 9 % child committing crimes have been punished.

**Table - XXV
Delinquents in Orissa**

Year	Total cases	Crime by number children below 18 years	Types of crime that children do	Age composition	Comitted more than one crime	Subjudiced case
1999	18	21	Out of delinquents 8 are girls: 14 are involved in murder, 8 in rape, 20 in attempt to murder, 83 in theft, 2 are in abduction and rest are riots	8 years -2, 10-12 years 25, 13-15 years 102, 16-18 years 26	In 2000, 32 have committed more than five crimes, in 2001 (18), in 2002(26), in 2003 (28) have committed more than one crimes	From 1994 to 1998 total cases subjudiced were 178 cases, whereas during 2001-2004 224 cases
2000	29	39				
2001	24	37				
2002	22	26				
2003	55	77				
2004(un til June)	9	13				
Total	150	200				

Source: Samaj August 18 2004

3.22 Psychologists are of the view that the growing demand for dowry and domestic violence against women in Orissa is strongly linked to the youth unemployment and materialistic aspirations among them. During this study it has been observed that high rate of unemployment among the youths particularly among the educated youths is positively correlated with high rate of crimes in Orissa. A closer analysis of the arrests of the criminals in urban segmentations like Cuttack, Bhubaneswar, Raurkela, Sambalpur and other areas have revealed that majority of criminals are in their early 20s and out of them majority are college educated.

3.23 Although, the Contract Labour Act is introduced in Orissa since, 1995 it has hardly any impact on the dadan shramik. The Act is grossly violated as the labour contractors are involved in this business with out

the licenses from the government. A study conducted in 1992 highlighted that incidence of contract labour and traffickings have increased in the state. Women trafficking and dadans have increased substantially during this period.

Box

Picture Imperfect Jobless Youth in Orissa

- ❑ No. of Employment Exchange : 80
- ❑ Total backlog of unemployed youth by 2003-2004 : 10.04 lakh
- ❑ Non-Technical Category : 5,55,752
 - Male Youth : 4,47,133
 - Female Youth : 1,08,619
 - Matriculates : 3,47,831
 - Intermediates : 1,05,794
 - Graduates : 25,282
 - Post Graduates : 4,801
- ❑ Job Provided in 2000 : 1,575
 - Technically Qualified 253 in 2001 : 2,132
 - Technically Qualified 664 in 2002 : 2,145
 - Technically Qualified 253 in 2003 : 1,214
- ❑ Between 2000-2003
 - Medical Graduates : 2,233
 - Medical Post Graduates : 20
 - Engineers : 2,400
- ❑ Between 2000 and 2003 only 7066 educated youth got jobs through state employment department.
- ❑ This is one percent of the total 6,10,917 persons registered between 2000-2003.
- ❑ The State Govt. Survey Projection:
 - : Additional labour force 1.84 lakh person years, 2003-2004.
 - : Employment generation of 1.91 person years in 2003-2004.
 - : Expected unemployed at the end of 2003-2004.
 - : 9.97 lakh person years.
- ❑ Total No. of Staff employed in the 80 employment exchanges : 600

Source: Survey Tabled in Orissa Assembly/ TOI 12 July, 2004

3.24 According to the live register position in Orissa, in all 85 Employment Exchanges in the state a total of 875015 educated unemployed have registered their names in the year 2003. Yet, the name registered in the Employment exchanges over the years has declined drastically. It was 10.06 lakh in 1997, which has come down to 875015 in 2003. One of the reasons is that compared to registration of names, only 1.96 % to 2 % jobs are available. About 12 lakh names are struck from the register as they have crossed the age for employment. The GOO targets to provide employment opportunities to the 18lakh educated unemployed during the 10th plan period by other means of employment. Seems, on the face of it, quite ambitious, in view of the past records.

Table - XXVI

Live register position in Orissa (in thousands)

Year	Applicatio ns	Under matric	Matric Undergra duate	Graduate /post general	Graduate /post technical	Other diploma Holder	Total educated unemployed
1997	1006	246	574	166	5	15	760
1998	1000	240	575	167	6	13	760
1999	1004	234	579	172	5	14	770
2000	968	187	587	175	5	14	781
2001	906	169	559	160	5	13	737
2003	875	-	452	30	5	-	-

Source Directorate of Employment Orissa Bhubaneswar

3.25 The state probably lacks a comprehensive manpower planning and is saddled with 13 lakh child labourers, 18 lakh educated unemployed youths and 47 % of BPL families. More than providing the technical skills the young people need to be given entrepreneurial skills.

3.26 Changing Trend Of Perception Among Adolescent

Girls: The study was a *Cross sectional study*. Previously adolescent girls use to think female sex to be a curse of their previous birth due to the social customs and male dominance in our state, which leads to *depression in the mind of adolescent girls*.

3.27 Out of total students, 96 girls from class IX & X were taken from a co-education school. 3.1% were 16 years of age, 35.4% were 15 years of age. 52.1% were 14 years of age and 9.4% were 13 years of age. Their free opinion was taken by *questionnaire method*. Their liking for female sex and the reason for it were also asked.

3.28 Majority of students of English Medium School belonging to higher middle class parents opined positively for becoming girl. *81(84.37%) girls like to be girl*. The reason given by them were girls are *doing better in every sphere of life (14.58%), tolerate better*

(8.3%), better than boys (11.45%), accept decision of Good (20.8%), more responsible than boys (5.25%) understanding 10.4% can take care of parents better (4.2%).

3.29 In the *next birth also 69 (71.87%) of girls want to be born as girls. Average age of menarche was 12.75 years, breast development started from 12.54 years and auxiliary hair started from 12.67 years 49(51.04%) girls are having pain abdomen during each cycle, but had less knowledge about use of analgesics. About 43 (44.79%) girls had knowledge about childbirth, 68.75% knew AIDS transmitted through sexually.*

3.30 To conclude contrary to the previous attitudes of adolescent girls now the adolescent girls think positively for their being a girl (85.42%) .In our male dominated society this is a better achievement for future generation. Due to less knowledge about "*Family Life Education*", there is a need of education them in school curriculum.

3.31 Problem Of Drug Addiction Among The Adolescents And Youths In Orissa: Addiction is defined as self-destructive behaviour marked by psychological dependence followed by medical and emotional complications that adversely affect an individual's capacity to work and live a normal social life. It was very difficult for this study to gather information on the extent of drug addiction among the adolescents and youths in Orissa, primarily due to non-availability of data at Govt. and Non Governmental level. Although the department H&FW, Govt. of Orissa is the nodal department at the state level to plan and execute the programmes on drug addiction, the department has hardly any information on this.

3.32 At the Govt. of India level, ***The Department Of Social Justice On Empowerment*** runs the programme of Drug De Addiction Centers (DDC) through the NGOs. It is difficult to know how many DDCs are running and what is the extent of drug addicts are being covered in this programme in Orissa.

3.33 A study conducted by CYSD (1998) has highlighted that among the total drug addicts, 49.67 % of youths belong to families who stay in rural areas and in those families where parents do not stay with their children. This study has found the place of residence, pressure from peers, pocket money, failure in education, parental expectations and parental pressure on adolescents and youths to peruse the career that adolescent are not interested in, are factors of drug addiction among young people.

3.34 In Orissa among the drug addicts the non-students out number the students. It was 71.52 percent non-students and 23.18 percent are students. The most disturbing trend is that alcohol, tobacco, painkillers and opium are increasingly being used by school and college students. The frequent reports in media on seizure of massive amount of heroine

also indicate the extent of drug addiction in Orissa. Another trend is that addiction is widely prevalent among the literate groups.

Table - XXVII Drug Addicts With Educational Level

Categories of addicts	Educational level	Percentage of share of total addicts.
Non-Students	Post graduate	12.96
	Graduate	15.89
	Secondary Level	18.52
	Technical education	8.57
	Below secondary	44.05
Currently Students	Post graduate	40.40
	Graduate	34.29
	Junior College and Technical education	14.28
	Below secondary	11.32

Source: CYSD (1998)

3.35 As the trend indicates, addiction among the students is increasingly. A majority of addicts belong to single and small families (75%). While 13.25 percent are unemployed about 33.11% are employed in organized sector. It was also found that 30.46 were also self-employed. The analysis above is only a sampling of the situation of the adolescents in the state. It has many learning points for the policy makers and planners, parents and teachers and members the civil society. In the following chapters the existing policy response and various programmes, schemes and services visa-a-vise the situations analyzed above will be discussed.

Chapter - III

Policy Issues And Commitments

Chapter - III Policy Issues And Commitments

- 4.0 **International Commitments:** Adolescents as a special category of population needing special attention have found place in various international *covenants, conventions and conferences*. The first time young people's needs and aspirations recognized at the Global level was in 1979 when the **UN General Assembly** by its resolution No 39/151 designated 1985 as the *International Year of the Youth (IYY)* with the theme **Participation, Development and Peace**. Ten years after this in 1995 in its 50th session the UN General Assembly adopted the agenda item no 105 on World Programme of Action for Youth to the year 2000 and beyond.
- 4.1 The Assembly recommended to formulate an **international policy on young people** to ensure that they attain an educational level commensurate with their aspirations, have access to employment opportunities equal to their abilities, have food and nutrition adequate for full participation in the life of society, grow up in a physical and social environment free from violence and conditions that promotes good health, have places and facilities for cultural recreational and sports activities, have a reasonably good living standard in both rural and urban areas and **live and receive family life education** as a basis for forming healthy families that foster sharing of responsibilities.
- 4.2 The **Universal Declaration of Human Rights** indicates that since children and adolescents cannot exercise similar rights like the right to vote and are often dependent on adults to meet their needs they have special additional rights while they are growing up and in the transition to adulthood before they gain recognition in their society as full adults.

Box-9

UN Declaration of Intent on Young People their problems and Potential: 1995

- ❑ Attainment of an educational level commensurate with their aspirations;
- ❑ Access to employment opportunities equal to their abilities;
- ❑ Food and nutrition adequate for full participation in the life of society;
- ❑ A physical and social environment that promotes good health and protection from diseases, addictions and violence;
- ❑ Participation in decision-making processes;
- ❑ Human Rights and fundamental freedom without distinction and discrimination;
- ❑ Places and facilities for cultural recreational and sports activities in rural and urban areas.
- ❑ Changed role of the family in youth and adolescent socialization.

- 4.3 The **UN Convention on the Rights of the Child** adopted by the UN General Assembly in 1989 recognizes that children and adolescent, should grow up in a safe and supportive environment as provided by families and parents. It also recognizes adolescents right to protection from trafficking and from all forms of physical and mental violence abuse, injury or neglect, rights to rest, play and pursue leisure activities rights to protection from sexual abuse and to a standard of living adequate for their physical, mental, spiritual, moral and social development etc (Article 27).
- 4.4 While the Convention of the Rights of Child guarantees **equality of rights of girls with boys**, the **CEDAW**, includes rights of girls to be protected from commercial sexual exploitation (Article - 6) to have equal access to education and training (Article 7 & 8) in an environment free from stereotyped images, to have access to health services during pregnancy and delivery, to have access to financial credit and to participate in recreational activities and cultural life(Article - 12), to enter into marriage with their free and full consent etc (Article - 16).
- 4.5 The **International Conference on Population and Development** (IPCD) Cairo, September 1994 in which delegates from 183 Governments including India attended, laid special focus on child

health and reproductive health needs and rights of the young people and recognized **young people's rights to information about their sexuality** to enable them to make responsible decisions. ICPD also asks member countries to conduct research into the sexual and reproductive health needs of adolescents (ICPD 12 & 14). The **World Summit for Social Development**, Copenhagen, March 1995 and the Fourth **World Conference on Women**, Beijing, September 1995 reflect most of the priority areas of concern in the **World Programme of Action for Youth**. The FWCW platform of Action in its 12 critical areas of concern includes the girl child and adolescent women. As in ICPD in FWCW adolescent sexuality generated considerable controversy and debate.

- 4.6 In 1996 for the first time the **World Congress Against Commercial Sexual Exploitation** of Children (CSEC) was held to address the sexual abuse and exploitation of children and adolescents with representation from 111 countries including private sector, professionals and activists, international organizations, law enforcement agencies, educators and the media. The declaration and Agenda of Action from this congress draw world attention to the problems of **child and adolescent prostitution**, trafficking and sale of young people for sexual purposes, child pornography and the need for punishment of adults involved in this.

Box-10

Adolescent and MDG Targets	
The United Nations Millennium Development Goal (MDG) 2001 has targeted adolescents with direct reference to the achievement of 8 goals that is set up by UNO. The indicators to monitor the MDG are:	
Indicators On Adolescents	Goals To Be Measured / Monitored
<ul style="list-style-type: none"> ❑ Literacy rate of 15-24 years ❑ Ratio of girls to boys in primary, secondary and tertiary education. ❑ Rate of literate females to males among 15-24 years old. ❑ HIV among 15 to 24 years old pregnant women ❑ Contraceptive prevalence rate. ❑ Unemployment rates of 15-24 years old 	<ul style="list-style-type: none"> ❑ Goal (2) achievement of Universal Primary Education: ensure by 2015 children every where, boys and girls alike would be able to complete full course of primary schools. ❑ Goal (3) Promote Gender Equity, Empowerment of women, elimination of gender discrimination at primary and secondary education by 2005 and at all levels of education by 2015. ❑ Goal (6) Combat HIV/AIDS halt and begin to reverse the spread by 2015 ❑ Goal (8) Partnership for

	development: In cooperation with developing countries to implement strategies for productive work for youths to realize their full potential.
<i>Analysis: Bhagabanprakash and Prafulla Dhal (2004)</i>	

- 4.7 The **SAARC Ministerial Conference Declaration on Youth in South Asia**, Maldives, 1994 popularly known as 'Male' Resolution on youth' pleads for providing adequate opportunities to the young people through market responsive vocational training and skill development. The resolution asks SAARC countries to reorient the planning process keeping in view the **inter generational equity** and the needs and interests of younger generations. In the Common Wealth strategic document on **"YOUTH Empowerment" in the New Millennium endorsed by Common Wealth Heads of Government. Meeting (CHOGM)** Edinburgh in 1997, advocates creation of enabling conditions for the young people to contribute to the economic, social and cultural advancement of their families and countries as well as gain self-fulfillment.

Box-11

Adolescent Participation: Global Commitments

- ❑ Devote more resources to social sector and to meet adolescent needs.
- ❑ Ensure participation of young people in planning and making decisions about their own futures (WSSD, 60d, 75i).
- ❑ Integrate concerns of the young people into all relevant policies programmes and projects (UNCHS, 120a, 1941).
- ❑ Establish an ongoing dialogue with youth; allow young women and men greater access to information and opportunities to express their perspectives (UNCED, 25-9a-c).
- ❑ Develop new approaches to participatory policy making (SIDS, 71).
- ❑ Recognize and draw upon the expertise of young people themselves on issues of concern to youth (IPCD, 13.9).
- ❑ Make laws against sex tourism involving adolescents and children (FWCW, 130e).

Nation

- 4.8 The Directive Principles of State Policy States, that it is necessary to ensure that: "the health and strength of working men and women and the tender age of children are not abused and that citizens are not forced by economic necessity to enter vocations unsuited to their age or strength".
- The Constitution of India specifically mentions, that: "children be given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity, and that children and youth be protected against exploitation and moral and material abandonment".

- 4.9 It is interesting to find that India's ***National Policy on Education*** (NPE), 1986 revised and modified under a new dispensation in 1992, does not recognize adolescence as a separate group and thus overlooks their special needs. The policy only talks about meeting the non-formal and need based vocational needs of youth between 15-35 years. On the other hand, the ***National Population Policy (2000)*** has identified the invisibility of adolescents in the NPE and recognizes them a special category of population with special needs. It focuses on the need to ensure for adolescents access to information, counseling and services that is affordable and accessible, strengthen primary health centers and sub centers to provide counseling, both to adolescents and also to ***newly weds*** (who may also be adolescents) emphasize proper spacing of children, provide for adolescents the package of nutritional service available under the ICDS proposals.
- 4.10 The Constitution of India in its chapter - III under the Fundamental Rights section prohibits the employment of children under the age of 14 years in factories, mines and hazardous activities. A new article - the Article 21 (A) is placed in the Constitution, which declare education as a fundamental right of all children between 6-14 years.
- 4.11 ***The National Health Policy (NHP)*** 2001 has expressed its concerns for the health of special groups such as girls. The National AIDs Policy seeks to address the health concerns of the adolescents as a sexually active group and vulnerable to high-risk behaviour. The National Nutrition Policy (1983) like NHP also has a special focus on adolescent girls in the context of their role in future as mothers and housewives. Similarly the National Policy for the Empowerment of Women (2001) recognizes the girl child as a separate category for special attention. The National Youth Policy (NYP) 2003, which defines youth as those between 13 and 35 years, divides them into two sub-groups, i.e. 13-19 years and 20-35 years. The NYP refers to the special needs of adolescents and recognizes the various challenges they face during this period.
- 4.12 Under the thrust areas of the policy it asks for adequate nutrition for the full development of physical and mental potential of the young people. "Young men, particularly the male adolescents" states the policy 'shall be properly oriented through education and counseling to respect the status and rights of women. Every girl child and young woman will have access to education and would also be a primary target of efforts to spread literacy (5.2(e) and (a). The Policy also reiterates the need for adolescent nutrition, mental and spiritual health, training and skill building and inculcation of positive family values. Significantly the policy, while identifying eight key sectors of youth concerns, i.e. education, training and employment, health and Family Welfare environment, citizenship, arts and culture, science and

technology, recreation and sports, underlines the critical importance of inter sectoral coordination.

- 4.13 The 10th five-year plan document lays focus on malnutrition, anemia among adolescent girls, HIV/AIDS/STI, reproductive health, teenage pregnancy, antenatal intrapartum care, access to MTP etc under health and nutrition section of the document. It also emphasizes importance of access to good quality education, life skills, vocational training and employment opportunities for adolescents. Yet the plan document doesn't recognize adolescents as a special category and clubs them under the head Women and Child. Adolescent boys also get little attention in the plan document. Consequently the Orissa State Plan document also doesn't accord any special importance to adolescents as a special category of the population.

Orissa Policy Picture

- 4.14 Adolescent is a recent subject of interest among policy makers in Orissa. Consequently there are scattered references to the issue without much focus. The draft State Youth Policy, Orissa while informing the Youth population of the State to be 39 percent, mentions about the problems of the adolescence under the six key sectors of youth concerns. In the section under Health (5.4) the policy recognizes " the differences in the needs of adolescent youth (10-19) and other youth 20-35). The policy highlights needs for adolescent nutrition particularly among girls access to information on puberty and reproductive health need for preventing early marriages in rural Orissa etc. In October 2002, the Health and Family Welfare Department, Government of Orissa has brought out a document entitled "Orissa Vision 2010- A Health Strategy". Among the 27 lead papers enriching this document.
- 4.15 The Orissa State Integrated Health Policy - 2002 speaks of a comprehensive planned development of the entire health sector to address key determinants of health i.e. nutrition, water supply, sanitation, environmental hazards in order to improve the health of the people and access to care. The policy states that it mainly draws upon the National Health Policy 1983 and 2002 and central policies on Nutrition (1993), Drug Policy (1994) Blood Banking (1997), Population Policy (2000) etc. The mission statement promises to facilitate improvement in the health status of the people of Orissa with their participation and provide health care in a socially equitable, accessible and affordable manner within a reasonable time by establishing partnerships between the public, voluntary and private health sector and across other development sectors. It assures to adopt a participatory analytic and reflective approach. It also promises to make innovative and collaborative efforts to meet the health needs of persons with disability, the elderly, street children, out of school and working children, prisoners and commercial sex workers. It further states that empowerment training of women's groups for better health seeking practice will be supported. The policy makes passing

- references to adolescents and states (p-145) that life skills education for adolescent girls and boys will be developed in collaboration with the Department of Education.
- 4.16 In the year 2002, the Planning Commission has brought out the “Orissa Development Report” with 17 chapters containing 552 pages. The Vision Statement speaks of some critical areas in which public policies have a major role to play, namely agricultural development, infrastructural development, agro based and small industries and social sector development to improve the quality of life. However a scrutiny of the section on social sector development (P-280) shows no reference to adolescents and the youth that represent a major chunk of the population of the state.
- 4.17 Adolescent does not find a place although there are some useful references about adolescents in respect of reproductive rights (ch-5.6). In fact the strategy document (P-64-2-12) admits that in Orissa health planning “adolescents are relatively ignored”. Adolescent needs are assumed to have been met through programmes of the W&CD and education department.
- 4.18 The strategies focus on the need to increase synergy between population and health policies, reducing maternal mortality, improving quality and range of reproductive health services, strengthening reproductive rights, women’s empowerment, equity and male involvement. It also emphasizes the need for life-skills education in schools for adolescents. However, it is doubtful how these strategies could be translated into action with 84% of the states health budget being directed towards maintaining the workforce.
- 5.1 The Govt. of Orissa has taken a number of initiatives that include:
- Drafting State Youth Policy in 2004,
 - Introduction of the “Orissa Prevention Of Dangerous Activities Of Boot Laagers, Drug Offenders, Forest Offenders Immoral Traffic Offenders And Mineral Offenders Bill 2001in Orissa Legislative assembly
 - Adoption of the state action plan for children and adolescent girls in 1995.
 - Framing of Orissa state child labour (prohibition and regulation) rules in 1993.
 - Initiation of a number of innovative schemes for educational training of adolescents (DPEP, EGS, AIE, SSA, Jansala, computer education in schools, free text books, stipend to the adolescent girls and others).
 - Running NCLP projects in 18 districts, and a number of centrally sponsored schemes.
 - However all these together are yet to make any qualitative difference to the prevalent adolescent scenario in the State.
- 4.19 The **Orissa Draft Youth Policy** Promises A Package Of Programmes:

- *Information on reproductive health will form a part of educational curriculum.*
- *Health camps for non-student youth will be organized on a regular basis for the target groups.*
- *IEC materials will be developed by Health Department for use in these camps. As the number of senior citizens is increasing everyday, youth should be trained to take care of the ageing population.*
- *Young parents would be separately trained to act as counselors for adolescents.*
- *Information on reproductive health, AIDS etc. would be disseminated through electronic media for adolescent groups.*
- *Existing legislation on age of marriage would be implemented as per law. Youth clubs will act as watchdogs in these sociological fronts.*
- *Young people will be recognized as 'health promoters', Youth Clubs will be encouraged and supported to implement the programmes on preventive health measures.*
- *Family Welfare designed to inform young people of the requirements for healthy family formations would be provided counseling services for adopting one child norm without any gender bias.*
- *Rural sanitation with training facilities will be provided by the Government. Youth Clubs will promote sanitation and social hygiene in their respective areas. They will construct and maintain latrines, water points, dispensaries and wells.*
- *Cleaning up of public places and other environmental protection activities and disease surveillance will receive adequate care and attention.*
- *Community level surveys and research on health issues including promotion of plantation of herbal medicinal plants will be initiated and implemented.*
- *Blood donation, immunization, nutrition and food production projects will constitute the basis of youth activities.*
- *Programmes will be instituted to sensitize medical students and paramedical students on the relevance of good health for youth and their linkage with grass-root level youth organizations will be established. In particular, training in Disaster Management, Relief, and Rehabilitation health care activities would receive adequate attention.*
- *In order to combat malnutrition, Government would promote out of school and post-primary-school health projects through youth organizations to disseminate information about healthy eating habits.*

- *Sports and games should be compulsory in all educational institutions to enable the state players to make a distinctive mark at the State / National and International levels.*
- *Every educational institute would have adequate facilities for recreation and leisure activities as well as play grounds for sports and games. Libraries should be established in all Blocks to promote reading habits of young people.*
- *One fifth of the time spent by a student in the educational institution will be spent on outdoor activities to ensure healthy physical growth conducive to balanced growth.*
- *Rural sports will be given major boost and it will be entirely the responsibility of the Panchayat Institutions and schools to build adequate infrastructure for this purpose. Steps would be taken for building up awareness for developing hobbies of young people.*
- *Young people will be encouraged to avail of the facility of youth hostels to travel extensively and broaden their level of knowledge about the country.*
- *A three-tier State Youth Welfare Board would be constituted at the Block, District and State levels. Members to these councils will be elected out of office bearers of the member Youth Clubs/ Mahila Mandals. Government officials at concerned levels will also be members.*
- *Government will encourage formation and registration of Youth clubs and Mahila Mandals in every village within a definite time frame. Office bearers will be democratically elected for 2 (two) years terms.*
- *The values of anti-dowry, respects for elders, compassion for the invalid, infirmed and aged, weaker sections and down trodden are to be revived in spirit and practice among the youth.*

This is a fairly comprehensive list of commitments, which, if approved and implemented is likely to create an adolescent friendly environment in Orissa.

- 4.20 As regards education of girls there seems to be a policy consensus on developing context-specific strategies to reach out to the girls from socially disadvantaged groups. Consequently Orissa is also participating in the National Programme for Universal Elementary Education – called Sarva Shiksha Abhiyan (SSA). The National Plan for Education of Girls (NPEGEL) is an integral part of the SSA. Girls education has emerged as a development as well political imperative in India in the context of 73rd and 74th constitutional amendment that makes it mandatory for one –third of all seats in local self-Government bodies to be reserved for women.
- 4.21 The Vision 2020, an Agenda for School and Mass Education in Orissa, recommends universalisation of secondary education of 12 years to

create a true knowledge society. The vision document states that while enrolment in class VIII is 28.15 percent of the base level in class I, the drop out at the end of class X is more than 78 percent. All the dropouts are adolescents.

- 4.22 As regards the policy against children and adolescents working as labourer, the Orissa state has been commended as a model one in following up Supreme Court's judgment. Following up the issue, the state has identified 2.15 lakh child / laborers through an extensive survey for which the Government designated 49 officials as inspectors involving about 9000 persons with support from NGO and Civil Society organization including CACL Orissa. Since then the proactive movement has lost some momentum. The child labour act has now been amended adding and substituting as many as 41 items including automobile workshop, carpet-weaving cloth printing, sewing and cutting, detergent manufacturing etc. The real challenge here is enforcement for want of which the practice continues in many prohibited areas. The latest policy initiative in this direction is the Children's Code Bill 2000 prepared by a special committee chaired by justice V.R. Krishna Iyer. Recommending National and State Commissions for children the code states that no child below the age of 18 may be employed in hazardous work. The code has also recommended special cells in the police force to deal with crimes against children especially girls. Further enhanced penalties are stipulated for prenatal sex disclosure, female feticide, female infanticide, cruelty, battering, rape, incest, exploiting child labour etc. To maintain the functioning of national and state level bodies the code has suggested to create a corpus by imposing a cess at a rate not exceeding 3% on milk substitutes, teats and bottles.

Perceptions and Practice

- 4.23 There are some policy differences and conceptual ambiguity regarding the age parameters of adolescents. While the WHO defines it as persons in the age group of 10-19 years, under the ICDS, adolescent girls are in the age group of 11-18 years. On the other hand, the constitution of India and labour laws consider people up to the age of 14 as children. The Juvenile Justice Act amended in 2001 classifies Juvenile as any person who has not attained the age of 18 years.
- 4.24 The Convention on Rights of Child, 1989, ratified by 191 countries including India obligates countries to change their national laws pertaining to children under 18 years. Because of this, there seems to be some divergence of views even among UN agencies promoting child rights and adolescent development. Further puberty being the first physical rupture with childhood and as it varies from place to place, there are differences in social perceptions about adolescence.
- 4.25 Taking the reference of UNCRC- 1989, the promoters of Child Rights advocate that a person up to 18 years is a child. The UNICEF & GOI in

their proposed 'Children Code Bills (2002)' defined children up to 18 years. The constitution of India and subsequent national legislations defines children up to 0-14 years of age through the (Art. 24,21(A), 45, 39(E, F, G) and Child Labour Prohibition And Regulation Act (1986), and National Policy on Education 1986 and 1992.

- 4.26 A number of National Legislations also defines children as those under **15** and 16 years. The National Defense Service, GOI has recently amended the National Policy for "minimum age of entry" in defense services from 16 years to 17.5 years. While Indian Penal Code (IPC) 1857 considers population below 14 years as children. The Juvenile Justice Act (JJ Act) 2002 defines children up to 18 years in case of boys and 21 years in case of girls.
- 4.27 Child marriage is prohibited in India although the 'Child Marriage Restraint Act' (1961) defines age of children as those under 14 years. The Minimum age for marriage in India is legally defined at 18 years for girls and 21 years for boys. The voting right is given to adults in India, which defines minimum age to vote as 18 years. Children are differently defined for different purposes in India. Orissa has no separate definitions on children.

Box - 12

Child Marriage/Early Marriage - The Rights Perspective	
Early marriage of girls undermines a number of rights guaranteed by the Convention on the Rights of the Child.	
<ul style="list-style-type: none"> The right to education (Article 28) The right to be protected from all forms of physical or mental violence, injury or abuse, including sexual abuse (Article 19) and from all forms of sexual exploitation (Article 34). The right to the enjoyment of the highest attainable standard of health (Article 24) The right to educational and vocational information and guidance (Article 28). 	<ul style="list-style-type: none"> The right to seek, receive and impart information and ideas (Article 13) The right to rest and leisure, and to participate freely in cultural life (Article 31) The right not to be separated from their parents against their will (Article 9) The right to protection against all forms of exploitation affecting any aspect of the child's welfare (Article 36)

- 4.28 Successive five-year plans in India *define 15-35 years of age of population* as youth. The Central Statistical Organization (CSO) defines youth as persons in the age group of 15-34 years. The first *National Youth Policy 1988* had defined youth as these between 15-35 years and the new National Policy defines them as these between 13-35 years.
- 4.29 Culturally ***in some parts of Orissa*** adulthood is recognized only when a boy or girl is married. However the Planning Commission Working Group on Adolescents recommends that keeping in view the typical characteristics of this period it would be appropriate to consider

adolescents as the age between 10-19 years. The **National Commissions For Youth**, Govt. of India in its draft report appear to have endorsed this viewpoint. **“The Orissa Vision 2010: A Health strategy”** have followed the WHO definition in respect of life skills education and reproductive health programme. It considers the National Health Policy and National Population Policy to be the guiding documents as health is constitutionally a state subject.

Box-13

Age Paradox	
CRC 1989:	Every human being below the age of 18 years is a child unless under the law applicable to the child attached earlier.
Art 24 constitution of India:	No child below the age of 14 years shall be employed to work in factory.
CLPRA (1986):	Children are defined as those up to 14 years
JJ Act, 2002:	18 years for boys, 21 years for girls
Child Marriage Restraint Act (1961):	14 years as children
Legal age for Marriage in India:	18 years for girls and 21 years for boys.
Indian Penal code (IPC):	Children: 12 years and 14 years.
EFA/SSA/UEE:	6-14 years compulsory as children.
ICDS:	0-6 years and 11 to 18 years
Indian Defence Services:	Recently increased the age of entry of any person in Indian Army, Navy, and Air force for 16 years to 17.5 years.
Minimum age for Employment:	Not defined. Above 15 years is the practice.
Voting rights:	It is given to the persons above 18 years
Adult Movies and Censer Board Restriction And Children:	The restriction is applicable to any person below 18 years.
International Labour Organization (ILO):	Child shall apply to all persons under the age of 18 years and employments during this period is the

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worst form of child labour.

Compilation Bhagaban Prakash and P.K.Dhal -2004

Chapter - IV

PROGRAMMES AND SERVICES FOR THE ADOLESCENTS IN ORISSA

Chapter - IV

PROGRAMMES AND SERVICES FOR THE ADOLESCENTS IN ORISSA

- 5.0 Social Integration of adolescents through innovative, useful and appropriate programme and services is a challenging job. Getting through the difficult period of adolescents and being accepted as full members of the adult society is a process that requires conscious and collective efforts of the family, the community, the school and the

- Govt. Young people with few life options, often resort to antisocial and high-risk behaviour. Therefore, the focus of the Govt. should be on prevention of negative behaviour by young people, protection of vulnerable groups from exploitation and reintegration of the marginalized with the main stream through imaginative programme interventions.
- 5.2 According to the Draft Profile of Adolescents In India 2004, until recently adolescents were not considered a special target groups within social policies. They are grouped either with children or adults. As a result they remained an underserved population with their basic needs unmet. In the profile it is mentioned that for necessary programme and services for the adolescents and a policy framework is imperative in India. The existing policy structures and dimensions have already been presented in the 3rd Chapter of this profile.
- 5.3 As evident from the recent initiatives by the Ministry of Youth affairs and Sports, Govt. of India, there is a recognition of the need for special services for the adolescents. The existing schemes and Programmes in operation, are *generic in nature and being run by multiple departments and agencies*. The strategy seems to be focusing more on adolescents as a subsidiary group of recipients of development services than a distinct group of population with its own unique needs that requires special attention. The present services are not designed specifically for the adolescents and suffers from its vertical nature of Programme implementation, nonintegrated inputs and non-participation of adolescents themselves.

Box - 14

A Positive Move

ORISSA PREVENTION OF DANGEROUS ACTIVITIES OF BOOT LAAGERS, DRUG OFFENDERS, FOREST OFFENDERS IMMORAL TRAFFIC OFFENDERS AND MINERAL OFFENDERS BILL 2001.

- The then Minister of State for Sports and Youth Affairs, Ranendra Pratap Swain, for the Chief Minister of Orissa, introduced the Bill.
- The statement of object and reasons of the Bill say that “ illicit sale of alcoholic beverages adulterated with poisonous substances, sale of dangerous drugs and psychotropic substances to gullible youths, illegal fellings of trees and poaching of the wild life, procurements and sale of helpless minors and women for immoral purposes and authorized extraction of minerals including precious stones, have become rampant in the state which in turn jeopardize the lives of common men”.
- The activities are carried out by terrorizing the law-abiding citizens and keeping them in perpetual fear, the Bill maintains that witness do not come forward to depose in the court against them. The existing laws are inadequate in curbing the nefarious activities of such offenders it said. And added it was necessary to enact a special legislation for the purpose.

Source: December 12 new Indian Express Bhubaneswar 2001

- 5.4 In India under the federal character of the governance, the states are empowered to adopt state- specific interventions, policies and programme on the **subject of youth and children to which adolescents are a subset**. Many States in India have already done this. For instance, the Govt. of Moharashtra has already introduced the Maharashtra Child Development Policy in 2002. Other states like **Punjab, Haryana and Delhi** have placed separate child labour eradication programme in their state budgets. **Madhya Pradesh** has also initiated Education Guarantee Scheme and special health programme for the children. The following is a list of programmes and services available in Orissa that have an adolescent component.
- 5.5 The **W&CD of Govt. of Orissa** is running a number of projects on the basis of 100% assistance from GOI as well as with state share by using primarily the ICDS structures in the state. The AWCs have become **common windows** for many social security and special schemes for women, children, adolescents, old age, disables and others. The schemes that are run by **the W&CD** and have direct references of adolescents are:

Table - XXVIII
Status Of Schemes Dealing With Adolescents (as on July, 2004)

Name of Scheme	Period of Operation	Coverage (Area)	Coverage of Adolescent	Present Status

Adolescent Girls Scheme	1991-92 to 1997-98	24 blocks	Not Available	Closed since 1997
KSY* (ICDS general scheme)	Started from Sept 2000	112 blocks	523853	In Operation
KSY (ICDS World Bank (III))	April 2003	214 blocks	19 lakh have been identified (June 2004) for project	In Operation
BSY@ (ICDS)	1997	All over the state	251065	Not receiving fund since 2001

* Kishori Shakti Yojana
@ Balika Samrudhi Yojana

5.6 Kishori Shakti Yojana: The Adolescent Girls Scheme (AG Scheme) running since 1991 converted into the **Kishori Shakti Yojana (KSY) in 2000**. Although AG Scheme continued for five years in 24 CD blocks in Orissa the impact of the scheme in Orissa is **yet to be studied**. The main purpose of the scheme was to target school dropout adolescents and non-school adolescents as social animators for the village by mobilizing through strategies such as “Girls To Girls” and Balika Mandal approach. At the Anganwadi Center (AWC), the identified adolescent girls had provision to get a meal on daily basis, receive in-service training from the Anganwadi worker (AWW) and supervisor. The provision of supplementary nutrition with same manner to a pregnant women and nursing mother was also meant for the adolescent girls. The focus was also on the social and mental development of girls through non-formal education and up gradation of home based skills.

With basic intention to cover the adolescents belonging to backward and poor families the scheme had *an objective to make the adolescent girls to understand and learn the significance of personal hygiene, environment sanitation, nutrition; home nursing, first aid, health and nutrition education, family life and child care development*. Besides the above, facilities for recreation and entertainment and skill promotion on home based trades used to imparted to the adolescents.

As per the provision of the scheme adolescent girls were to enroll for six months and each Balika Mandal, covering on an average 40 adolescent girls in two batches (20 in each batch) in a year. Even the scheme has the provision for construction of the Anganwadi Center in case accommodation became inadequate.

5.7 The financial support for the scheme is allocated from ICDS (general scheme) for 112 projects and from World Bank - III projects for 224 projects. As part of its progress the project is reaching out to over **19 lakh adolescents under the age of 11 -18 years**. Eighty-two projects cover the KBK districts. The Govt. has identified all total

19,07,981 adolescents girls in the age group of 11 -18 years from 34,201 Anganwadi Centers, out of which 12,59,351 are BPL and 648630 are APL adolescents. District wise adolescent girls identified are given below.

Table - XXIX
Adolescent Girls Identified For KSY In Orissa
(2004)

District	Total No. of AWCs	No. Of Identified Adolescent		
		APL	BPL	Total
Angul	1032	29745	35516	65261
Balasore	1578	22855	49320	72175
Baragarh	1244	31375	43094	74469
Bhadrak	1002	26291	42104	68395
Bolangir	1261	27290	40360	67650
Boudh	417	3994	15688	19632
Cuttack	1741	47705	63454	111159
Deogarh	294	4669	12597	17266
Dhenkanal	971	17861	32575	50436
Ganjam	2611	89843	84506	174349
Gajapati	631	4532	18368	22900
Jharsuguda	568	13373	15158	28531
Jajpur	1355	37743	61215	98958
Jagatsinghpur	864	20539	29155	49694
Kalahandi	1214	27003	49715	76718
Koraput	1342	7946	45548	53494
Kendrapara	1064	36271	50799	87070
Keonjhar	1590	3808	72576	76384
Khurda	1093	24231	52564	76795
Kadhamala	963	7486	27313	34799
Mayurbhanj	2994	22859	94907	117766
Malkangiri	580	3736	24680	28416
Nawapara	585	9062	23296	32358
Nawarangpur	994	11968	45599	57567
Nayagarh	865	14751	29382	44133
Puri	1130	31797	67666	99463
Rayagada	1001	11490	38857	50347
Sambalpur	917	12247	22895	35142
Sonepur	416	18079	16121	34200
Sundargarh	1884	28081	54323	82404
Grand Total	34201	648630	1259351	1907981

Source: Dr. B.B.Nanda, W&CD Govt. of Orissa, 2004

5.8 The KSY has also the provision for **supplementation of iron tablets, and regular health check ups**, awareness on hygiene and family life. The IFA supplementation on a daily basis for a continuous period of 100 days each year is provisioned in the scheme. According to the scheme identified girls are to be supplied ten IFA tablets for 10 days at a time on each of the three days they visit the Anganwadi center during a month. This will continue for 100 days - 3 consecutive months followed by another 10 days. Before supply of the medicines a baseline

survey will be made about the health and nutritional status of the beneficiaries. After the prescribed course has been completed, a rapid assessment will be made through the Anganwadis on the efficacy of the programme with the help of a format designed by experts, Based on this evaluation, the programme will be modified if necessary, to make it more need based and effective.

- 5.9 Under the scheme, the ICDS projects can undertake area-specific interventions if required. Main areas of activities may include Non-formal education, vocational education, self - employment / income generation activities and training to the adolescent girls. The main objective is to break-up the intergeneration cycle of gender discrimination against the girl child and women. The medicines are being procured through the Health & Family Welfare Department for supply to the Anganwadi Centers.
- 5.10 These adolescent girls will also be organized into groups or Balika Mandals' for imparting simple and practical messages on preventive health, hygiene, nutrition and family life education. This exercise is aimed at building confidence and encouraging adolescent girls to become active participants in the development process.
- 5.11 The Women and Child Development Department has been working with UNICEF, which has been closely involved with the programmes of the Deptt. UNICEF in Balasore District is implementing a programme for adolescent girls called "Project Kishori" which is akin to the "Kishori Shakti Yojana". This programme was extended during 2004 to cover all the 26 blocks in the tribal district of Mayurbhanj. UNICEF in these two districts is providing IFA supplementation to adolescent girls on a weekly basis.
- 5.12 There has also been persistent demand from the State Governments/UT Administrations on the urgent need to provide cover of ICDS to adolescent girls in all the ICDS Projects. A need was felt to extend the coverage of the scheme with content enrichment, strengthen the training component particularly in vocational aspects aimed at empowerment and enhanced self perception to bring about convergence with other programmes of similar nature of education, rural development, employment and health sectors.

Table - XXX Coverage under Kishori Shakti Yojana

Sl. No.	DISTRICT	No. of PROJECTS	No. Of AWCs	NO. OF ADOLESCENT GIRLS IDENTIFIED		
				APL	BPL	Total
1	ANGUL	3	344	6863	12597	19460
2	BOLANGIR	14	1261	27290	40360	67650
3	BOUDH	3	417	3994	15688	19682

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4	GAJAPATI	7	631	4532	18368	22900
5	KALAHANDI	13	1163	25641	47774	73415
6	KORAPUT	14	1289	7183	43345	50528
7	MALKANGIRI	7	580	3736	24680	28416
8	NAWAPARA	5	585	9062	23296	32358
9	NAWARANGPUR	10	994	11968	45599	57567
10	KANDHAMALA	12	963	7486	27313	34799
11	RAYAGADA	11	1001	11490	38857	50347
12	SONEPUR	6	416	18079	16121	34200
13	SUNDARGARH	7	718	10660	21871	32531
	TOTAL	112	10362	147984	375869	523853

Source: Annual Report, 2003-2004, W&CD Govt. of Orissa and Base line survey W&CD Govt. of Orissa.

5.13 The scheme '**Balika Samruddhi Yojana**' was launched on 2nd October.1997 with the objective of raising the overall status of the girl child and bringing about a positive change in the family and community attitude towards the girl child .The scheme covers up to two girl children born on or after 15th August 1997 in families living below the poverty line. During 1997 -98 and 1998-99, the scheme was implemented as a central Plan Scheme under which the funds were released to the district level implementing agencies for giving a grant of Rs.500/- to the mother of the newborn girl child. However, this scheme is reported to have stopped functioning.

5.14 The scheme was revised in 1999 and recast as a Centrally sponsored Scheme to extend 100% central assistance to the states. As per the revised scheme, a post delivery grant of Rs.500/- is deposited in an interest - bearing account in a Bank or Post Office in the name of the girl child. Since the child is a minor, an arrangement has been made to have a joint passbook in the name of the mother of the girl child and the CDPO .In addition, the girl child will be entitled to receive scholarship for each year of successful completion of studies, and the amount ranges from Rs.300/- for class - I to Rs. 1000/- for class - X .The scholarship amount will also be deposited in the above account. The accumulated value of the deposit in the account will be payable to the girl child on her attaining the age of 18 years and provided she remained unmarried till then. Since inception of the scheme, 2,51,065 children have been benefited incurring a total expenditure of Rs.12.55 crores. The district - wise coverage is indicated in the in the table-XXXIII. The scheme is unfortunately **not receiving any grant since 1999.**

Table XXXI
Physical and Financial Achievement under
Balika Samruddhi Yojana (1997-1999)

Sl. No.	District	Coverage	Expenditure
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			(Rs. In lakh)
1	2	3	4
1	Angul	7397	36.99
2	Balasore	15435	77.18
3	Baragarh	9596	47.98
4	Bhadrak	7058	35.29
5	Bolangir	9062	45.31
6	Boudh	2789	13.95
7	Cuttack	14940	74.1
8	Deogarh	1766	8.83
9	Dhenkanal	7981	39.91
10	Gajapati	4809	24.05
11	Ganjam	18303	91.52
12	Jagatsinghpur	8165	40.83
13	Jajpur	11434	57.17
14	Jharsuguda	3587	17.94
15	Kalahandi	9915	49.58
16	Kendrapara	9532	47.66
17	Keonjhar	9808	49.04
18	Khurda	19582	52.91
19	Koraput	8619	43.10
20	Malkangiri	3551	17.76
21	Mayurbhanj	16425	82.13
22	Nuapada	7786	38.93
23	Nawarangpur	6076	30.38
24	Nayagarh	4051	20.26
25	Phulbani	4817	24.09
26	Puri	102997	51.5
27	Rayagada	6004	30.02
28	Sambalpur	6501	32.51
29	Sonepur	3762	18.81
30	Sundergarh	11015	55.08
	Total	251065	1255.41

Source: Baseline Survey 2004(W&CD Govt. of Orissa)

5.15 *A Scheme for Welfare of Orphan and Destitute children*

has been introduced to prevent destitution of children through a provision for shelter, nutrition, health care, education and vocational guidance. Orphans and destitute children in the *age group of 5 -18 years (for boys) and 5 -25 years (for girls) are covered*. This scheme is a State Government initiative and is implemented through Voluntary Organizations / NGOs. The scheme is running with 100% central grants. Under this scheme, the state is running 85 orphanages in 28 districts with 5603 inmates. The Orissa State Council for Child Welfare (OSCCW) manages six of the orphanages, while the remaining 79 are managed by NGOs/ Voluntary Organizations. The State Government provides by way of a maintenance grant @ Rs.300/- per month per child. About 90% contribution is provided by the state and 10% by the concerned organization. During 2002-03 an amount of Rs. 45.00 lakhs has been provided in the Plan Budget under State Plan for maintaining 3738 children and Rs.73.34 lakhs under Non Plan for maintaining 1865 children in the various orphanages.

5.16 The Department of Women and Child Development is the nodal agency for the Scheme. As per available data about 3365 boys and 2166 girls are the inmates of these orphanages. The NSSO (1999) has found 2 orphans in every 1000 children in the age group of 0-14 years. The India Country Report submitted to World Social Development Summit in 1995 also conforms this. Estimating on the basis of NSSO (1999), there may be about 24000-30000 orphans in Orissa. This may be on the lower side. The Orissa Super Cyclone alone has created 1500 orphans in 1999. Recurrent calamities, hunger deaths and communal riots, violence and killings by the extremists and deaths due to road accidents and unwanted pregnancy and unwed mothers are rising in the state for last few years which add further to the number of orphans in the state. Thus a large number of orphans in Orissa are being deprived of the services provided in the scheme. Hence, there is a need to enlarge the present coverage and improve the quality of care and services of orphanages and destitute homes in the state.

Table - XXXII
District wise orphanages and Balashrams In Orissa (2004)

District Wise	Orphans	Balashram	
Anugul	2	125	Maximum adolescents in orphanages are from calamity or disaster affected districts. Highest is from
Balasore	10	125	
Bhadrak	5	385	
Balangir	10	40	
Boudh	01	50	
Bargarh	02	215	
Cuttack	08	472	
Dhekanal	3	125	

Ganjam	07	498	Phulbani districts. Coastal districts like Cuttack, Ganjam, Balasore Bhadrak and Kendrapara and Puri is also reported large number of orphans.
Gajapati	01	36	
Jajpur	02	133	
Jagatsinghpur	01	50	
Jharsuguda	01	25	
Kendrapara	02	125	
Kalahandi	2	150	
Kendujhar	02	200	
Khurda	02	225	
Koraput	03	91	
Mayurbhanj	4	89	
Nuapada	02	100	
Nawarangpur	01	50	
Naygarh	01	50	
Kandhamal	08	556	
Puri	4	250	
Raygada	3	156	

Source: Question and Answer on W&CD, GOO July 2004 in Orissa Legislative Assembly, Bhubaneswar

5.17 To address the malnutrition, under nutrition and food insecurity among the adolescent girls, pregnant and lactating women of below poverty line (BPL) families, a Pilot Project under the title '*National Nutrition Mission*' has been initiated by the government of Orissa in two most backward and hunger prone districts of orissa - *Koraput and Kalahandi*. The project would continue for a period of two years (2002-03 to 2003-04). About 2000 weighing scales have been supplied to AWCs in these districts and 74,305 (52.5%) adolescent girls are identified as undernourished out of the 1,41,429 weighed. The project has provided "entitlement slips" to all the undernourished and underweight girls and targeted to give 6 Kgs of rice each month through the Anganwadi Workers (AWW) for three consecutive months. This is a very intensive and selective approach to address adolescent nutrition issue in poverty pockets. If in three consecutive months the situation is not changed then the adolescent girls will be provided the same services. Apart from the adolescent's girls, a total number of 21,181 pregnant and lactating women (36%) have been identified as undernourished out of the 59,109 women weighed in the two districts. About 96000 beneficiaries were provided 6 Kgs of rice each during January to March 2003.

5.18 Another awareness oriented scheme called the National Health and **Education** Project (NHEd.) Covers *women in the age group of 15-45 years*. As per sources from W&CD, at present, 5,20,021 women per

month are receiving services under NHEd in Orissa. Although adolescents in 15-19 age group are part of the total coverage, it is difficult to ascertain the exact coverage of adolescents in the Programme. Yet another scheme (*Health Care*) running through ICDS structure, deals with adolescent girls in rural areas, and provides regular health check up and simple *medicines for minor ailments* that adolescent girls suffer from. The *National Family Benefit Scheme* (NFBS) has provision for financial assistance to BPL family members, if any earning members in the age group of 18-64 years die prematurely. The scheme covers spouse, minor children, unmarried daughter, and dependent parents. In case of death of an unmarried adult the term household would include minor brothers and sisters. The scheme has so far reached 85,709 beneficiaries in Orissa since its inception.

5.19 The Orissa *State Commission for Women (SCW)* was setup in 1993 is primarily working for women including adolescent girls in the matters pertaining dowry harassment, sexual abuse including atrocities. Over the years the commission remains a recommending body and less active in giving justice to the victims. The commission lacks operational back ups in the field. The commission has been receiving a large number of cases related to adolescent girls and young women through phone calls and applications. The commission needs to do research activities on them. The commission is chronically understaffed and has no grass root operational structures at the district and blocks levels, from where the cases generally get reported. It has very little formal collaborative and programmatic relationship with civil society group and NGOs. For example the Deputy Collectors of the district is the dowry prohibition officer engaged by the Govt., to enforce anti dowry laws, but hardly anybody knows the fact. The *Orissa State Social Welfare Advisory Board (OSSWAB)* is the nodal agency for a number of central and state projects for women and children. With regard to adolescent girls the OSSWAB has provision for services through Programmes like education for women, vocational training for women, short stay homes, family counseling center and working women's hostels etc. How these institutions are effectively dealing with adolescent issues that needs a serious analysis. The *Orissa State Council For Child Welfare (OSCCW)* headed by the Governor of Orissa as the Chief Patron and Chief Minister of Orissa as the President of the Council. The OSCCW is the exception in country to be directly comes under the control of the State Government. In others states the council is being run as an autonomous NGO. The

council deals with problems of street children through running of the special schools for the street children, destitute and orphans, Balashrams and Orphanages, observation homes for juvenile delinquents. The annual budget for the OSCCW was Rs. 40000/ (forty thousand only) until 2003 when the state government has increased it to 1.20000/(one lakh twenty thousand only). For the tenth Five Year Plan period the Council is allocated Rs. 5 lakh for five years (2002-2007).

- 5.20 The Government of Orissa framed the State Rules On Juvenile Justice Act (1996 & 2000) in 2002. The state Rules also defines children up to 18 years for both boys and girls for the purpose of the laws. It has also been decided to constitute a JJ Board and Child Welfare Committee (CWC) in each District. The JJ Boards will be constituted in consultation with the Home Department and the process has already been initiated. Child Welfare Committees have already been constituted in 11 districts while for the other districts the process is on. But the question is that with small budget how the OSCCW would implement the Act in the state. The programme for Juvenile Justice endeavors to provide for full coverage of services envisaged under the Juvenile Justice Act so as to ensure that no child under any circumstances is lodged in prison; to bring about qualitative improvement in the Juvenile Justice services and to promote voluntary action for the prevention of Juvenile social maladjustment and rehabilitation of socially maladjusted juveniles. Under the Programme for Juvenile Justice, the GOI provides assistance to the State Government for establishment and maintenance of Observation Homes, Juvenile homes, Special Homes and after-care institutions for children in conflict with law and children in need of care and protection.
- 5.21 There are 15 Observation Homes in the State including 3 run by Government - one in Rourkela and two in Berhampur the Special Home for neglected juvenile girls being one of them. The cost of maintenance of the inmates of the Observation Homes is borne by the State Government and Central Government on a 50:50 sharing basis under a Centrally Sponsored Plan Scheme. The number of inmates in these Observation/Special Homes during the year 2003 has been varying between 110-120.
- 5.22 The Government had a chapter on girl child and adolescent girls in its state plan of action for children 2000 AD. Among other important points the provision to educate adolescent girls on *Health, Nutrition, Sanitation, Motherhood And Childcare* was vital. The process indicators to measure the progress were percentage of marriage registered, percentage of clinical test on sex determination, number of adolescent

girls trained through ICDS and other schemes and the number of women covered by the legal literacy programme. But very little has been achieved in this regard.

Table - XXXIII
State Action Plan Targets On Children in Difficult Circumstances 1995 - 2000

	1995	1997	2000
a. Developing and strengthening non-institutional services for orphans & destitute children	Reducing child negligence by 50% of 1992 level.	Reduce 80% child negligence of 1992 level	Reduce 90% child negligence of 1992 level
Ensure strict implementation of juvenile justice Act, 1986	Reduction of child abuse by 30%	Reduction of child abuse by 50%	Reduction of child abuse by 70%
Rehabilitation of cured child leprosy patients and children of leprosy patients	Achieve identification of children of leprosy patients	Extend services and rehabilitate up to 50%	100% achievement in rehabilitation
Rehabilitating children of parents suffering from AIDS	Identification and registration of AIDS affected children	To bring 50% of children to the main stream of the society	To bring 100% of children into the mainstream of the society
Reducing the problem of drug addiction among children	Reduction of drug addiction by 30% of current level.	Reduction of drug addiction by 50% of current level	Reduction of drug addiction by 100% of current level.
Source: W&CD, GOO (1995) and P.K Dhal Governance Approach to education in Orissa 2004			

5.23 The adolescents are also indirectly benefited, *Orissa Disability Pension Scheme, the Scheme for Physically Handicapped and Mentally Retarded* and scholarship for the *physically handicapped students*. On the area of disable persons, the Govt. of Orissa has set up the State Institute Of Disability and Rehabilitation (SIDR) and taken affords to functional state commission for person to the disabilities.

5.24 The Scholarship For Physically Handicapped Students is a state **Govt. Scheme which** sanctions scholarship to disable children who are studding the normal schools from Primary level to University level

including those perusing technical and vocational educations. At the primary and upper primary level there are about 1,60,000 disabled children been identified by OPEPA and Services under DPEP is also extended to them.

Table - XXXIV
The Scholarship For Physically Handicapped Students

Inside the State		
Previous Rate	Revised Rate	
Primary School (Class I to V)	Rs.20/- p.m	Rs.100/- p.m.
Middle & High School (Class VI to VII & VIII to X)	Rs.40/- p.m.	Rs.140/- p.m.
College (+2 and +3 level)	Rs.60/- p.m	Rs.160/- p.m.
College (PG level)	Rs.60/- p.m.	Rs.190/- p.m.
Technical & Vocational Training	Rs.60/- p.m.	Rs.190/- p.m.

Out side the State		
Previous Rate	Revised Rate	
Primary School (Class I to V)	Rs.15/- p.m.	Rs.30/- p.m.
Middle School (Class VI to VII)	Rs.20/- p.m.	Rs.60/- p.m.
High School (Class VIII to X)	Rs.30/- p.m.	Rs.60/- p.m.
Other Studies	Rs.30/- p.m.	Rs.60/- p.m.

- 5.25 Although a Commissioner of Disable (GOI) has been set up in the state, the GOO is yet to make the state rule on disables. According to NSSO (1999), in India about 5 % of the children under to age of 0-15 years are **disable children**. Thus there are over 5-7 lakh disable children in Orissa. But there are about 50 special schools with 25 children in each are running in the state. In addition there are recreation centers for girls and women in villages providing relief from the household chores. Women and girls almost spend 18 out of 24 hours in domestic chores. Thus these recreation centers provide them with facilities like yoga, prayers and vocational skills. Kishori Shakti Yojana (adolescents girls scheme) with basic aim to promote self-employment of adolescent girls is yet to take off. For last three years the state government has received no central grant to operate this scheme.
- 5.26 The Union Govt. is a key player in dealing with problem of street children in India. In 2000-2001, so NGOs given supports for his purpose (Orissa) center integrated programme for street children to help destitution of children and facilitate this form life on the street. For such projects Union Govt. gives up to 90% of grant to state Govt. local bodies, educational institutions and NGOs. The budget for 2000-2001 was 7.33 corers. In Orissa, Street Children Centres are in operation and are managed by the OSCCW in 6 cities. It is found that out of 6 street children centers staffs have not been paid for 27 months and 4 are closed due to lack of feeding in the centers.

5.27 A scheme called “Child Protection” has also been launched since 2000-01 with basic aim to train functionaries in various departments including police, judiciary, education, labour, media as well as elected representatives and members of community organizations for better understanding of the child development issues.

5.28 Short-Stay Homes: There are 32 Short-Stay Homes in Orissa receiving 4.5 lakh per year for their maintainace. A study conducted by OXFAM revealed that most of these homes are over crowded, counselors are not properly trained and unwed mothers staying in these homes are sexually harassed.

5.29 Child Lines ‘1098”: As a strategy of the National Initiative for Child Protection, the child line services have been launched in over 42 cities in India by the Ministry of Social Justice and Empowerment which includes Bhubaneswar and Cuttack cities in Orissa . Under this Programme 24 hour free telephone service is available for children in distress . In 2003, one NGO has received 8096 calls of which 780 were emergency calls, 70 calls for counseling and 2310 were information related calls. This indicates the situation of children in cities of Orissa where 14.58% populations live in urban areas. By 2025, it is expected that more than 30% population would be urban dwellers.

5.30 The challenges facing adolescents in slums have not been researched well. However, from a study conducted in 2003 by FEVORD-O, an NGO, it was found that in the capital city of Orissa- (Bhubaneswar) with population of 6.5 lakh (2001), about 2.5 lakh were slum dwellers living in 219 slums. There were about 26000 child labours in domestic, hotel and garages sector many of who come from these slums. The study has highlighted that for mere survival 35000 daily laborers travel 20-25 K.M in quest of livelihood.

5.31 Panchayat Raj Department: The Panhayat Raj department is trying to provide encouragements to the youths in rural and urban areas with number of supports -like skill building, credits with subsidy, marketing supports, IT supports in order to make them fit for the job market. Governments’ recent strategy- Bijili, Bazzar and Pani (power, market and water) have youth friendly services. The Biju Gramin Bazar Yojana aims to construct market complexes in rural areas and give them on loans to rural educated unemployed youths for starting of any business. Almost 1232 market complexes have been constructed by the end of 2003. For the youths passed out from the ITIs, the department has devised a scheme - Enabling Employment to Skilled Youths. A training institute is imparting the specialized skill development in market driven trades and activities to empower the youth.

5.32 The department is running a scheme called the Rural Service Delivery Point (RSDP) to assist the unemployed Rural Youths by creating internet Enabled Service Delivery Points. The objective is to provide a series of value added products and services, in rural areas through a point to point video conferencing, send and receive e-mail, Net telephony, information service like forms and procedures relating to Government department and agencies, rates of agriculture commodities, weather, employment, registration of birth/death, online filling of sales tax revenues, insurance payment , land /vehicle registration, admission fee for school/college etc. The existing PCOs/STDs as well as the new ones willing to be part of this project would be covered under this scheme.

5.33 Education Department: The Department of Education has the largest responsibility for the adolescents. It has both curricular and co curricular activities for them. While at the one end the department is imparting formal school education at the elementary, rudimentary and tertiary level on the other end it is also taking co-curricular programme for population education among the adolescents.

5.34 Since 1986, the State has started Sex and Reproductive Health Education for school students of Orissa although added focus was given only recently when the HIV/AIDS pandemic struck Orissa. In 1986 the National Policy on Education (NPE) was adopted by Govt. of India. Accordingly the syllabi and textbooks of the Boards of Secondary Education, Orissa were revised by incorporating Population Education as a subject of study. Thus aspects of reproductive organ and health found place in the biology textbook of the Board. But the critical importance of reproductive track infection and maintenance of reproductive health didn't get adequate consideration in the books.

5.35 After the ICPD Cairo, 1994 the state has taken some initiatives for adolescent education under the National Population Education Project in schools. Adolescent education includes four components, (i) process of growing up, HIV/AIDS and substance abuse and skill building . On pilot basis, the project includes schools for experimentation, and innovation of adolescent education activities in project schools. In 1998, forty schools were taken as project school and another forty in 1999. In the year 2000, another batch of eighty schools have been taken up for adolescence education by the Directorate of Teachers Education and SCERT, Orissa and forty schools by the Board of Secondary Education, Orissa the co-implementing agencies.

5.36 As adolescent constitute the population of 10-19 years of age, they are targeted for universal primary and secondary education by 2015. In Orissa the education system as such covers adolescents in elementary, secondary and tertiary education. At the elementary level

adolescents are concentrated in class VI and VII, at the secondary level class VIII, IX and X and at Higher Secondary and Tertiary level they are in class XI and XII. Unlike in many other States in Orissa the class VIII is a part of secondary education. Therefore the services and programmes of education department need to be seen in these perspectives.

- 5.37 In this context, the Govt. of Orissa initiates a number of initiatives since 1990, to give access of schooling. The schemes like Operation Black Board (OBB), District primary Education Project (DPEP), EGS/AIE, Joint UN system (Janashala), NPGEL, NFE, are in operation towards providing quality school education in the state. A number of committees and task forces have been set up by the Govt. from time to time to study schemes and suggest corrective measures.
- 5.38 The state at present has a huge educational network of which the adolescents are a major beneficiary. At the Upper Primary level the state is having 11510 schools and at the secondary level it has 6681 high schools. But this looks quite inadequate in number to meet the growing adolescent population. This situation is likely to aggravate further from 2010 up to 2020 on account of population transition.

Box- 15

Adolescent Education: New Initiatives

- ❑ Orissa with a high drop out rate can now look forward to two policy initiatives with a direct bearing on the states of adolescents.
- ❑ The state government has initiated an ambitious plan to have one high school in each panchayat.
- ❑ It is reported that out of the total 6,234 panchayats, about 1090 do not have such facility for students to pursue studies beyond upper primary level.
- ❑ The worst affected areas are the tribal dominated KBK districts.
- ❑ For instance in the district of Jeypore there are 177 panchayats without high schools. Kalahandi and Koraput have 107 and 171 panchayats respectively without a high school.
- ❑ Even coastal Ganjam district has 129 high school-less panchayats.
- ❑ It is reported that out of about 40 lakh pupils enrolled about 35 lakhs drop out at the end of standard five.
- ❑ Critics feel that efficient management of primary school and quality education is the real challenge as a large number of pupil are now migrating to non-aided private schools.
- ❑ Although the declaration is a positive forward step, the density of population in the panchayat would determine the viability of a high school in each one of them.
- ❑ The second initiative is the state Governor's declaration during his address in the Assembly on 30th June 2004 to set up an Open University for those unable to pursue their studies through traditional and formal institutions.
- ❑ These two initiatives, when implemented, are likely to improve the adolescent drop out rate in the state.

5.39 Computer education in Orissa is growing steadily and has opened new avenue for the youth and adolescents. The Govt. of Orissa has recently introduced computer education for school children of VI to X standard in 610 schools. Under the scheme the student can learn computer education by paying Rs.45/- per month. The District Collector is authorized by the Govt. to purchase supply and maintained the computers for schools. The schools computer-learning programme has been undertaken with the partnership of 8 private agencies and compute farms. Although the school scheme looks positive it is limited to few elite groups of students.

5.40 The Govt. of Orissa has also introduced a **new scheme** for unemployed youths in IT sector. The 10th Plan period has targeted to set up **4000 IT Kiosk** for unemployed youths above 18 years with minimum matriculation certificate. For the year 2004 the Govt. has planned 1000 IT Kiosk. Although the scheme is good for educated unemployed, only few middle class youths would be benefited. The condition is to invest 2.5 lakh for each IT Kiosk. However this Credit Guarantee Scheme for the young people is yet to take off. Non-

cooperation for commercial banks and lack of awareness has made this self-employment scheme a non-starter.

- 5.41** The *Biju Pattnaik Film And Television (BIPUT)* Orissa provides career options for youths. The Biju Pattnaik University and Technology, Rourkela, introduction of Gram Sat in each DRDA and Panchayat Samit Level, the self employment training provisions for youths between 18-35 years by the small scale industries and central tool training centers of Ministry of Industries by Govt. of India also gives opportunities to adolescents.
- 5.42 The post metric scholarship provision for meritorious students, the proposal for introduction of vocational education in 231 Plus two colleges, proposed private university bills, provision of setting up ITI, rural polytechnics are welcome steps expected to have a positive impact on the adolescent's empowerment.
- 5.43** The joint effort of directorate of sports and youth affairs and the *School And Mass Education Department* to organize the first ever state level sports competitions among 900 students of upper primary level is also a welcome sign for the adolescents. The post metric scholarship for the poor students in Orissa by Board of Secondary Education under national scholarship scheme running in the state needs to increase its numbers.
- 5.58 Out of 100 special education complexes (Standard I to XII) proposed to help the tribal students, the Ministry of Tribal Affairs Govt. of India, has sanctioned 10 for Orissa. Besides this the department is running Ashram schools, Residential Ashram schools, Kanyashrams for tribal education. The department has extended the support of computer education to 321 tribal schools. The construction and maintenance of school building and scholarship provision for the tribal children are also important activities in the department.
- 5.59** Engineering and Medical Education: The state has 41 engineering colleges out of which four are government run which offered 1000 seats. There are 37 private engineering colleges, which have 6500 seats. All total including management quota there are about 11000 engineering seats which adolescents can take advantage of. In addition the 3 medical colleges have 290 medical and 84 dental seats. For MBA there are 1200 seats and 1305 MCA, Agriculture 1000 and total seats in BPUT is 4001.
- 5.60 BASIC EDUCATION IN ORISSA AND ADOLESCENTS: In Orissa the minimum age for admission in the school is 6 years, which means by the age of 19 years a person, can reach up to 12th class or first year of

the tertiary education. The real challenge before the state is how to provide full 12-year formal education to all the adolescents. The present picture is given in the table, which indicates that out of 88.40 lakh 58 lakh adolescents are out of the formal educational system.

- 5.61 Providing educational facilities to all adolescents with quality would be a formidable task for the next 10-15 years as existing educational infrastructure and the load of adolescents on them is increasing. In addition to this Orissa will also feel the pressure to keep the pace with international targets on education as stipulated in the MDG.
- 5.62 Universal primary education to all by 2015 and eliminating gender disparity in secondary education by 2005 are two important international targets. The World Conference on education for all, held in Jometien in 1990 identified six dimensions to ensure that every person - child, youth and adult should be able to meet their basic learning needs. The World Education Forum held in Dakar, Senegal in April 2000 reaffirmed the vision of Jometien. How Orissa would meet these challenges are not known as yet.
- 5.63 Similarly reducing unemployment rate among 15-24 years olds and minimizing prevalence of HIV/AIDS also among 15 to 24 years olds are targets that would put tremendous pressure on the school system. These would require extraordinary efforts and proactive interventions from the state government right from now.
- 5.64 Secondary education has a pivotal role to play in the individual learning paths of adolescent's and young people. It is in these classrooms that the future of our children is being shaped and foundations of the future citizen are laid - preparing them for the world of work, and what is more important preparing them for life.
- 5.65 Universal access to secondary education is an obligation of the state as per National Policy on Education (1986 and modified in 1992). According to this access to secondary education will be expanded with emphasis on Universalization of elementary education and to be achieved by 2020, if not earlier. This National Goal is also reflected in the "Vision 2020: an Agenda for the school and Mass education Department of Government of orissa"(2003).
- 5.66 As per present norms of the Government of Orissa, each Gram Panchayat should have a High School. If the G.P has more than 6000 population, or situated in socially and economically backward areas such as tribal pockets, the Government may consider a second high school. The high schools are of two patterns in the state of Orissa at present, some having three classes (VIII, IX, X standard), and some others having five classes i.e. VI to X standards. According to norms prescribed by the Government for sanction of grant-in-aid and

recognition, the schools must have minimum 120 students and high schools those have five classes should have minimum 200 students.

- 5.67 Reportedly, there are at present 6681 high schools in the state. They are under the academic control of the Board of Secondary Education. Apart from high schools, there are 140 madrassas and 249 Sanskrit tols, which also provide secondary education. The coastal districts have a major share of these schools; tribal and hilly districts are not so privileged. Many of the schools are non-viable in terms of infrastructure support system, academic programmes and enrolment of students.
- 5.68 In 650 Gram Panchayats in the state, there is not a single high school. The percentage of unserved habitations in the districts of Puri, Jagatsingpur, Khurda, Kendrapara and Bhadrak is less than 4 percent, whereas, in Rayagada, Malkangiri, Koraput, Gajapati and Nawarangpur it is more than 50 percent. In the undivided Koraput district alone, 350 Gram Panchayats do not have any high school.
- 5.69 Enrolment and Dropout: The enrolment at class VIII is 28.15 per cent, in terms of the base level of enrolment in Class I. The; dropout at the end of Class X is more than 78 percent. This figure comes to 50 percent in urban areas and 81.42 percent in rural area. Enrolment figures in all the groups (SC, ST, Girls) show wide variations.

Table - XXXV Result of Annual High School Certificate Examination, 2000, 2001, 2002 and 2003

Year	Regular / CC	No. of candidates appeared	Result Published	No. of candidates Passed	Percentage of pass
2000	Regular	273745	271577	108749	40.04
	Correspondence Course (Regular)	21589	21343	5330	24.97
	Total	295334	292920	114079	38.95
2001	Regular	263617	260942	100157	38.95
	Correspondence Course (Regular)	20252	19990	5151	38.38
	Total	283869	280932	105308	41.01
2002	Regular	246803	245143	100528	41.01
	Correspondence Course (Regular)	19831	19682	5031	25.56
	Total	266634	264824	105559	39.86
2003	Regular	241395	239560	119783	50.00

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Correspondence Course (Regular)	15924	15585	5477	35.14
Total	257319	255145	125260	49.09

Source: BSE, Cuttack, Orissa (2004)

5.70 Significantly, the number of students, mostly in the adolescent age group, appearing at the higher secondary examination in Arts, Commerce and Science has been decreasing as is evident from the following table. This is a new trend in Orissa higher education scene that **needs to be studied.**

Table -XXXVI
Out –turn (Annual + Supp, examination) of different categories of Higher Secondary students (Class –XII) during (1998-2002)

Students Status	Year				
	1998	1999	2000	2001	2002
Arts					
Enrolled	152479	164175	175360	152218	129576
Appeared	148271	160326	170344	147968	124205
Total Pass	83512	61697	66041	44053	66043
Pass Percentage	56.39	47.69	44.15	33.31	57.71
Commerce					
Enrolled	13189	15128	16075	14702	13464
Appeared	12887	14817	15720	14412	13134
Total Pass	7809	7197	7172	6469	7771
Pass Percentage	60.93	52.31	48.55	48.06	61.88
Science					
Enrolled	43289	43691	51586	53078	54024
Appeared	42248	42873	50434	52136	52565
Total Pass	27602	23548	24632	20013	27106
Pass Percentage	75.84	62.79	52.75	44.66	54.33
Total					
Enrolled	208957	222994	243021	219998	197064
Appeared	203406	218016	236498	214516	189904
Total Pass	228923	92442	97845	705335	100920
Pass Percentage	65.71	51.17	46.37	36.99	57.05

Source: JVG Tilak (NIEPA, New Delhi) " Education in Orissa, " A paper presented at national Seminar on Vision 2020, Department of School and Mass Education, Govt. of Orissa , 2004

5.71 A study conducted by the Regional Institute of Education, Bhubaneswar on behalf or Government of Orissa, Department of School and Mass education on **zero-pass secondary schools** during the year 2003 revealed that the major causes of students failure were: lack of basic resources (physical and human), academic atmosphere, proper teaching learning and evaluation process, professional

commitment of teachers, academic guidance, monitoring and supervision system.

5.44 Department Of Health And Family Welfare: Under the reproductive child health programme the department deals with adolescent's health needs. In Orissa the programme is running through seven mother NGOs and a number of field NGOs at the district level. Promotion of Dhai in rural areas where the health institution are not available, health check up programmes at the Anganwadi Centers and IEC activities on reproductive health issues address adolescent problems to some extent. As malaria is rampantly prevailed in the state and women are susceptible, national malaria elimination programme holds the key.

5.72 Ministry of Social Justice and Empowerment has taken number of programmes for protecting the youths and providing services to them. At University level students belonging to SC, ST and Backward communities have the provision for free coaching to compete for various jobs at Govt. level. Provision for the hostels for SC, ST students in rural areas with residential support to continue formal education is being provided through institutions and NGOs with direct support from the Ministry. The scheme of assistance to voluntary organization to combat the trafficking of children for commercial sexual exploitation is also covering adolescents.

5.73 Labour And Employment Department: Bhoomi Sena Yojana: The State is witnessing massive out migration since 1980s. It was 2 lakh per year in 1980s, which went up to 12 lakh per year by 1992. The trend is increasing and at present. 60% of these are forced to migrate where as 40% migrate willfully. Among the total migrants, 45% are below 19 years. Out of them 60% and above constitute secondary and higher secondary failed students or school dropouts. The rest are out of school youths. It is being regularly reported in the media that due to lack of knowledge and awareness about their rights and entitlements many of them face inhuman treatment at the work site out side the state.

5.74 To deal with these migrant workers, the Govt. of Orissa has introduced *Bhoomi Sena Scheme* to identify, survey and register the extent of *Dadans who* are migrating out of state annually and keep a record of them particularly to deal with the problems they face while working out side the state. At the district level, the Collector and DLO are supposed to comply/enforce the provisions.

5.75 National Child Labour Project (NCLPs):
Launching of NCLPs: The National child Labour Project is one of the agenda of the National Policy on Child Labour, whereby young people

identified and released from hazardous occupations and structures would be rehabilitated and mainstreamed in the formal education system. At present 18 NCLPs are running in the State of Orissa in Angul, Baragarh, Bolangir, Balasore, Cuttack, Deogarh, Gajapati, Ganjam, Jharsuguda, Kalahandi, Koraput, Malkangiri, Mayurbhanj (Rairangpur), Nabarangpur, Nuapada, Raygada, Sambalpur and Sonepur district. Proposal for opening of NCPLs in the remaining 12 districts is pending with the Central Government.

- 5.76 **National child labour projects (NCLP) in Orissa:** To deal with the growing phenomena of child labourer in the sate, the GOO with 100 % assistance from the Ministry of Labour (GOI) is running 18 National child labour projects in 18 child labour endemic districts. It has been observed that the maximum incidence of child labour takes place at the age of 10-14 years. As per the provision of the NCLP (1987) the project has to do **three things** in the project areas: (1) to enforce the legal measures and restrict the employment of the children in prohibited occupations and processes and regulate the working condition of the children where ever they are permitted to work; (2) to undertake the project based action plan to identify child labour and their families and to rehabilitate them through integrating the families with all on going development schemes and services. (3) to run child labour special learning centers for children with drawn from the hazardous sectors and extend to them with support of non-formal and innovative vocational training.
- 5.77 The justification of the project at present context is in question. While it is said that in Orissa 18 NCLP project are in operation in 18 child labour endemic districts to cover almost 21000 child labourers through 630-child labour Special Learning Centers, not many child labourers are benefited through the scheme. In two districts, the project has stopped due to complication regarding target groups, The NCLP is a 100 % centrally sponsored scheme going to be universalized in the State during 10th Plan Period (2002-2007) and at a time when the education budget is shrinking drastically in the state.

Table - XXXVII
Special Learning Centers in the NCLP Districts -
Target and Achievement till DEC. 2003

Sl. No.	Name of the NCLP District	Special Learning Centres Sanctioned	Special Learning Centres Opened	Child Labour Admitted	Child Labour Mainstreamed to formal schools	Per cent of col. 6 to col.5
1	2	3	4	5	6	7
1	Angul	20	20	1745	375	21.49
2	Balasore	40	40	2000	0	0.00

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3	Baragarh	40	40	2000	500	25.00
4	Bolangir	40	40	2000	1025	51.25
5	Cuttack	40	40	2000	0	0.00
6	Deogarh	40	40	2000	1069	53.45
7	Gajapati	58	60	3429	1003	29.25
8	Ganjam	36	33	1962	1362	69.42
9	Jharsuguda	55	49	2450	375	15.31
10	Kalahandi	50	50	2500	1535	61.40
11	Koraput	20	20	1000	1092	109.20
12	Malkangiri	60	40	2000	2000	100.00
13	Nawarangpur	20	20	2000	1663	83.15
14	r	20	20	1000	1060	106.00
15	Nawapara	40	40	2000	1063	53.15
16	Mayurbhanj	20	20	1998	1775	88.84
17	Rayagada	70	70	3500	2695	77.00
18	Sambalpur Sonepur	40	40	1932	922	47.72
Total		709	662	37516	19614	52.02

Source: State Labour Institute, Govt. of Orissa , Bhubaneswar , (2004)

5.78 How to check the growing incidence of the contract labours, which constitute 40 %of adolescents and children in the age group 10-19 years, is a big task for the labour department. Frequent missing of groups of contract labors outside the state, inhuman torture on them by the employers, Labor contractors selling them clandestinely to the employers are reported in media. Very little research is done on this aspect. The State Labor department has hardly any information on the registration of the **Dadans** from the state to outside the state. Trafficking of children and women is also involved through dadans systems. Bonded labor practice such as KUTHIA in western Orissa is linked to these systems. As jobs are becoming more scarce the labour department may rethink its present priorities and strategies.

5.79 **Adolescents and IT in Orissa:** Information technology and adolescents education in Orissa need to be seriously thought of both in equality of provisioning and opportunities and quality services. The Governor of Orissa Shri M. M Rajendran in his Republic Day speech in 2004 has highlighted the importance of IT and Bio Technology as two crucial sectors for empowering the youths of Orissa. The GOO in its Industrial policy Resolution 2001 considered IT sector as the priority sector for the educated adolescents and unemployed Youths in the state. Therefore the creation of the separate department under the title of Information and Technology in Orissa since 2000, establishment of OCAC, extending the ERNET facility to all the educational institutions including the colleges affiliated to AITCTE connect and start up with a scheme called: *Computer Training For High School Children In Orissa-*

are some of the positive steps that government has taken up for the IT and adolescents.

- 5.80 As regards **coverage of adolescent issues in media** the situation is not very encouraging. The total number of News Paper Circulation in Orissa per day is 22,29,126* according to a statement by the Minister of Information and Public Relations, Youth and Sports in Orissa Assembly (2004). This excludes 2,38,318 English News Paper circulation and 78,343 in Hindi. How do some of these newspapers cover/report adolescents. The following chart would throw some light:

Table - XXXVIII Adolescent and Media

Print / Electronics Media	Circulation	Column	Frequency	Content
SAMAJ	1,70,650	Srusti O Sambhavama	Every Thursday	ADOL Edn
Dharitree	1,68,501	"Jubarang"	Every Sunday	Recreational
Samay	1,34,107	-----	-----	-----
Pragatibadi	1,24,081	Life Style	Every Friday	Life Style
Prajatantra	1,17,718	-----	-----	-----
Sambada	79,367	Suravi	Every Sunday	Women Issues/ Programme including the teenagers
Matrubhasa	1,16,750	Not Available	--	--
Anupam Bharat	90,244	Not Available	--	--
Kholadwar	85,904	Not Available	--	--
Utkal Mail (RKL)	78,023	Not Available	--	--
New Indian Express	-----	Yes Bites	Friday	---
All India Radio	-----	Yuva Vani/ Sugam Sangeet	Every Day	---
Doordarshan	-----	Suravi/ Kalyani/ Pallishree	Every Day	---
ETV (Oriya)	-----	Ananya		---
OTV	-----	Disha/ Prathama Swar	---	---

* Source: Audit Bureau of circulation & DAVP, 2004

- 5.81 **State AIDS Cell:** The State AIDS Cell of Department of the 'Health & Family Welfare (DHFV) Govt. of Orissa has undertaken, voluntary

blood testing, training and awareness programmes an AIDS in the State. The Cell does not have adolescent specific interventions till date as such .One of the intervention that is linked to '*School Based Adolescents, Is The School AIDS Programme*' under which the cell imparts training to the teachers with a structured module prescribed by NACO and expected to impart knowledge on HIV/AIDS in schools at class VIII, IX and X standard. Until now this programme is initiated in Ganjam district alone. For the year 2004, similar activities are targeted for Balangiri district.

- 5.82 Through the school AIDS programme, the State AIDS Cell intends to include HIV/AIDS education as a curricular activity at Secondary Level, but this is yet to happen. On the other hand as part of co-curricular activities awareness programmes like Essay, Debate, Song and Dance Competition and organization of Mela, Festivals etc. among the school adolescents have been initiated. The State AIDS Cell has so far sanctioned 21 projects to NGOS for behavioural change of high-risk groups out of which 35 projects are for commercial sex groups. The programme is also focusing high-risk category adolescents in slums and street children.
- 5.83 **Directorate of Sports and Youth Affairs:** This directorate is more focused on sports than youth. Its budget in 2004 for youth programme is a token amount of 7 lakh only with which the directorate is struggling to make an impact. It does not have the district structures to bring the rural adolescents in to the ambit of the programs. The directorate has a less than skeleton staff of four persons at the State level to look after the programmes.
- 5.84 The programmes are mostly seminars and workshops and mostly event oriented. Occasionally the directorate gets some support from the Union Government in the Ministry of Youth Affairs and Sports for organizing national integration camps. However there is no exclusive adolescent component in any of these programmes.
- 5.85 There is a State Youth Welfare Board, which is an autonomous registered society and yet mostly controlled by the bureaucracy. This Board was supposed to be the think tank to provide technical and professional input for youth development programme and policy matters. However this board has not been able to play its role effectively.
- 5.86 The Department of Sports and Youth Affairs has taken positive initiatives in drafting the State Youth Policy as follow up to the national youth policy. There is an adolescent component in state policy (draft) awaiting approval. However, the draft policy is also requires a Programme Of Action (POA) with adequate resource commitment.

Govt. of India sponsored and supported programmes in Orissa :

- 5.87 **NEHRU YUVA KENDRA (NYK):** The NYKS, orissa branch concentrate its activities mostly for the rural youths through village based youth clubs. Although the NYKs orissa does not have an exclusive adolescent specific programme, its activities cover the age adolescent age group 15- 19, as part of the youth groups aged 15-35.
- 5.88 Two programmes of *NYKS orissa* are worth mentioning as they do have and adolescent component. These are (1) the *Village Talk Aids* and the *Health Awareness Units*. While *Village Talk AIDS* is mostly awareness oriented with focus on 15-35 age groups, the Health Awareness Units aim at involving the rural youths for promotion of health awareness programme the villages. The NYKS organizes training and skill development programmes for the youth clubs for this purpose. In addition the NYKS orissa also organized leadership, entrepreneurship and vocational training programmes fro the youths.
- 5.89 **NSS Orissa:** This scheme was launched in 1969 in Orissa as part of the national programme. Currently there are 80000 students volunteers enrolled in the scheme that covers higher secondary / Plus two, Plus Three levels. About one third of the NSS volunteers' strength in orissa is adolescents. The objective of the programme is (personality development) through community services. The NSS volunteers are expected to contribute 120 hours of community services during the period of one year in addition to participating in special camping programmes.
- 5.90 The NSS was pioneer in launching and innovative programme called University's Talk AIDS (UTA), which has strong adolescent component. With focus on awareness generation, the UTA covers adolescent related issues like reproductive health, sexual hygiene, STI, RTI and high-risk behavior. It targets mainly the young people who are supposed to be the sexual active. In the beginning the UTA had a campus orientation but now it has stretched its progammes to of campus and adopted villages. Besides the female NSS unit also being organized a number of programmes for the young women.
- 5.91 **NCC Orissa Branch:** Established in 16,July 1948, the NCC consists of student youths and adolescents. There are 45000 NCC cadets in Orissa's schools and colleges. The junior wing of the NCC has presence in schools and almost all cadets are adolescents.
- 5.92 The objectives of NCC focus on *Courage, Adventure, Discipline, Leadership, And Inculcation* of national values. Although military training is the dominant theme, NCC has of late entered into the area of community service.

- 5.93 Out of 92GHQs in the country NCC, Orissa has three Group Head Quarters to manage and monitor this programme in collaboration with the state government. These GHQs are attached to the Regional Directorate of NCC. The NCC, Orissa has great potential for involvement in adolescent development programme with 45,000 student volunteers in its fold, although at present they are not directly engaged in this area.
- 5.94 **Bharat Scouts & Guides:** This is one of the oldest programmes that came to Orissa as early as 1937 and reorganized in 1950. It has 50,000 registered volunteers in Orissa and the practicing members are estimated to be about 2,00,000 spread over schools and junior colleges. Out of these about 80 percent are adolescents involved in a variety of programmes ie. adventure, leadership training, and community service programmes ie. health, sanitation etc. In Orissa about 3000 teachers are also involved in this programme with focus on citizenship and character building.
- 5.95 Since, BS&G, Orissa branch's target audience is adolescents in schools and junior colleges/ higher secondary, the value oriented volunteers of this organization can be reoriented as both receivers and providers of communication on adolescent development issues.
- 5.96 Like Scouts and Guides, Orissa also has two youth oriented units ie. The *Junior Red Cross* and the *Youth Red Cross* who organize community service programmes as part of Indian Red Cross Society. They have a presence both in academic institutions and out side. The NSS, Scouts and Guides and Youth/ Junior Red Cross have done commendable work during Orissa Super cyclone. The Youth /Junior Red Cross can be involved effectively in adolescent reproductive health programmes and HIV/AIDS awareness activities.
- 5.97 **UNO System, INGOs And Adolescent In Orissa:** Four UN agencies – UNICEF, WFP, and UNFPA & UNDP have branch offices in Orissa. In their country programmes (2003-2007) the UNICEF and UNFPA have devised adolescent specific interventions for India. Orissa is a beneficiary of these processes.
- 5.98 The UNICEF in its *Country Plan Of Operation (2003-2007)* considers adolescents as the high-risk group and susceptible to HIV/AIDS. The main strategy is to '*scale up life skills education in school and out of school settings* to promote risk reduction among highly vulnerable young people with a special focus on the empowerment of girls and foster the participation of young people in the design and delivery of knowledge and skill based programmes for youth. The emphasis is given to *preventive and peer education*, to reach out the *vulnerable young people* who are out side the formal school systems, especially Adolescent Girls. The idea of modifying SHGs to also act as community

- based peer educator and need-based advocacy groups with IEC campaign is the new approach to deal with HIV/AIDs among young people.
- 5.99 The plan of operation (2003-2007) signed by the Govt. of Orissa and UNICEF Orissa office considers *adolescent under nutrition and anemia* as a critical area of concern. Adolescents are placed in “*Child Development and Nutrition*” section under the *Reproductive And Child Health Project*. An important intervention of UNICEF for adolescent girls in Orissa is the ‘*IFA supplementation*’. The UNICEF is focusing on undivided Koraput district where all its four projects are in operation besides adolescent specific interventions in Mayurbhanj and Balasore districts. The *Project Kishori*, which is akin to the Kishori Shakti Yojana, is being implemented entirely in Balasore district and in all 26 blocks of Mayurbhanj. IFA supplementation is being provided to *adolescent girls on weekly basis* in these two blocks.
- 5.100 In UNICEF interventions on adolescents are also prominently placed in its education projects as children up to 14 years are covered in this. Apart from quality intervention, UNICEF has agreed to supply free books to girls up to class X in few backward and tribal districts. Following super-cyclone 1999, UNICEF in collaboration with State Labour Institutes was running 60 *Child Labour Protection Centers (CLPC)* to rescue children and adolescents from exploitation. Although UNICEF had a child right and communication project during 9th plan period (1997-2002) *for the 10th plan period there is no child right protection project running in the state by it.*
- 6.0** Recently UNICEF’s free Text Books project to girls is stopped as SSA has the provision for the same. For 2003-2007 UNICEF has adopted the integrated approach focusing *Reproductive Child Health, Education, Child Development and Nutrition and Child Environment* in the district of Koraput as a model intervention. UNICEF intervention is reaching to 10 districts of the state out of which RCH- 7 districts, Child Development and Nutrition - 5 districts, Education -4 districts and Child Environment - 6 districts.
- 6.1** UNFPA: *The 6th Country Programme (CP6) of UNFPA for India* is approved for the period (2003-2007). Under the framework of ICPD (1994) the CP6 aims at *support to effort of Govt. of India towards population stabilization and quality of life*. The UNFPA will support reproductive health improvement by ensuring that *gender equity and rights are integral elements of cp6* implementation. The CP6 is designed to advance the goals of the *National Population Policy (2000), of the ICPD Programme of Action and will contribute to the achievement of the UN Millennium Development Goals (MDGs).*

- 6.2** The expected outcome of cp6 are to: (a) contribute to policy dialogue and development responsive to people's needs and their human and reproductive rights, so as to facilitate the achievement of the national goal of population stabilization; (b) contribute to increased availability, access and utilization of high quality reproductive health services, to induce positive behavior change and improve reproductive health; and (c) enhance rights-based actions for population and development adolescent and gender equality programmes.
- 6.3** In Orissa UNFPA is working in four districts with its Integrated Population Development (IPD) project. The districts are Koraput, Rayagada, Malkangiri and Nabarangapur. Besides this UNFPA also commissions various issue-based studies to NGOs and professional organizations for advocacy on adolescents. The agencies like TE and SCERT, Govt. of Orissa, the Population Research Centre (PRC), Utkal University and the Department of School And Mass Education were the collaborative agencies of UNFPA supported National Population Education Programme in Orissa.
- 6.4** The FPAI, Bhubaneswar has a continuous project called "Young Women Information" Center in five Gram Panchayats. Recently it has also undertaken a project called "*SATHI*" to deal with high-risk behaviours in Bhubaneswar city. The UNDP, Orissa office and the Deptt. of Health And Family Welfare, Govt. of Orissa have initiated a new project on reduction of HIV/AIDS among young migrants.
- 6.5 Adolescent Development: Models, Approaches and Studies:** A number of organizations in the country are engaged in adolescent development activities. A few experimental models and studies presented here in brief can be seen an annexure. These include:
- 6.6** A "Programme for Adolescents Girls" by NIAHRD (National Institute of Applied Human Research and development) an Orissa, based NGO. Its other project for adolescent Boys' is not yet complete. The SCB Medical College, Cuttack, Orissa has made two cross sectional studies i.e.
- "Family Status and Nutritional outcome in Urban School Children"
 - "Adolescent Suicide (2003)". The other interesting study was on "Changing Trend of Opinion in Adolescent Girls and Need for Family Life Education in Co-Ed English Medium School of Cuttack, Orissa".
 - CINI, Kolkata has also done a study in Orissa and brought out a report called "Adolescent Speak" in collaboration with OVHA. In 2001 the SCERT made a study on reproductive health. The SCERT (Deptt. of School and Mass Education) and the Family

Planning Association of India (FPAI), Bhubaneswar have done a collaborative study on “Need Assessment of Adolescents of Orissa”.

- Another study on “Reproductive Health problems among Adolescents in Urban slums in Bhubaneswar City” was done by FPAI and SRC in 1997. The CYSD-Plan project conducted a “*State Level Consultation*” in June 2004 that generated interesting feedback.
- The Task Force on Women and Violence along with Boudh-Kandhamal District Women’s Forum conducted a study on Unwed Mothers results of which are already included in this profile.
- Four Interesting Studies on Adolescent Health and Related issues have been reported in the Deptt. of Health Services Studies, TATA Institute of Social Science (Vol - 3) conducted mostly in the tribal backward pockets of the State. These are:
 - i. ‘Level Of Knowledge On Sexual Health Education Among Unmarried Adolescents’ (Extract/Summary)
 - ii. Knowledge and Sexual Behaviour of Unmarried Tribal adolescents’
 - iii. Reproductive Health Problems of Unmarried Adolescent Girls.
 - iv. Utilization and Attitude Related To Reproductive Health of Adolescents.
- The experience gained and lessons learnt from these models and Studies indicate the challenges ahead and scope for replication of the successful ones: please see annexure for these studies and experiments.
- The National Profiles on Adolescents (2004) has cautioned that if investment on adolescents be inadequate and issues linked to adolescents not be seriously taken into account by the development planners and policy makers, the situation may get worse.

Table – XXXIX Consequences of Limited investments in Adolescents

Reproductive Health Consequences	Contributing factors	Consequences for Self	Consequences for families, Society & National Development
Early Pregnancy & Childbearing	<ul style="list-style-type: none"> . Early marriage . Poverty (motives early pregnancy/ early marriage for economic and Personal security). . Gender discrimination/ low value of girls/sense of identity and control/ status based on roles as wives, mothers; low self-esteem . Lack of information education, counseling and services for prevention; lack of information about pregnancy risks at too young an age . Inability to negotiate contraceptive use, fertility decisions, or postponement of pregnancy due to gender, age and socio-cultural expectations . Lack of reproductive rights. 	<ul style="list-style-type: none"> . Risks of Complications from pregnancy (obstructed labour, obstetric fistulas, anemia/ hemorrhage, death) . School drop out . Diminished employment and income – earning options Poverty . Responsibilities, pressure of childrearing too much, too soon before socio-economic and psychological development . Potential for self - development curtailed 	<ul style="list-style-type: none"> . Higher infant and maternal morbidity and mortality . Higher health care costs . Higher social welfare Costs, especially in the case of single and unmarried mothers . Abandonment of newborns . Reduced prospects of eradicating poverty (as educational level of mother is key factor in breaking inter generational transmission of poverty . Reduced skilled human capital for socio-economic development; less skilled workforce; reduced earnings . Increased dependency of young mothers on male providers (even if abusive), related to persistent gender inequality and lack of women’s empowerment. .Increased population momentum; reduced demographic bonus
Unwanted pregnancy	<ul style="list-style-type: none"> . Lack of reproductive rights. . Low access to Contraceptive information, education counseling and services. . Myths and 	<ul style="list-style-type: none"> . Recourse to abortion, including unsafe abortion (with high risks of maternal morbidity or death) . Single and early motherhood 	<ul style="list-style-type: none"> . Reduced investments in children’s needs and development .Reinforcement of gender inequality-loss of socio-economic opportunities and women’s full development potential

	<p>Misconceptions about pregnancy and contraceptive safety</p> <ul style="list-style-type: none"> . Gender relations- pregnancy is woman's responsibility, attitudes of lack of male responsibility for pregnancy prevention or consequences; gender stereotypes girls not equipped with negotiating and assertiveness skills submissiveness and ignorance expected of girls. . Sexual violence . Forced sex and forced pregnancy as weapons of war . Poverty (less years of school or more years out of school; less access to information and services or to sexuality education; girls less informed about their bodies) 	<ul style="list-style-type: none"> . Large family size than the partners desire . Reduced chances for self-development and skills-building to break out of poverty 	<ul style="list-style-type: none"> . Increased population momentum
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<p>Sexual abuse, violence & exploitation</p>	<ul style="list-style-type: none"> . Children and adolescents, especially girls, subject to sexual abuse and incest silence kept from fear, lack of education, marginalisation, lack of protections, and social norms and taboos . Poverty (false promises of increased income for self and family) . Sexual trafficking and slavery profitable; limited enforcement corruption, etc. lack of protections for at – risk or already enslaved girls. . Conflict and post conflict situations (increased sexual abuse and rape because of fragmented social and family fabric) . Low status of girls and young women; low self-esteem; male power and socio cultural legitimacy of sexual violence 	<p>Psychological, physical and emotional trauma</p> <ul style="list-style-type: none"> . Unintended pregnancy, unsafe abortion. . Impaired ability to establish trusting relations, intimacy. Sexual relations; increased prospects of relationships . Reduced freedom, life in fear and violence, including freedom of movement. 	<p>Persistence of gender violence and sexual abuse of children and adolescents (violating universal values and human rights related to respect for human dignity, personal and bodily integrity freedom and self determination, and funda-mental reproductive rights)</p> <ul style="list-style-type: none"> . Reinforcement of acceptability of violence . Diminished educational attainment increased absenteeism from work and reduced productivity and loss of income to employers . Increased crime, reduced law and order increased corruption (from sexual trafficking . Depression . Slowed progress against HIV/AIDS
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<p>STIs/HIV/AIDS</p>	<ul style="list-style-type: none"> . Lack of information on safer sex . Gender discrimination/ lack of decision making power . Lack of access to methods of protection . Sexual abuse, violence and exploitation . Poverty (leads to transactional or intergenerational sex) . Multiple sexual partners 	<ul style="list-style-type: none"> . Premature death or potential self-development and curtailed . Discrimination and stigma. . Increased Poverty . Infertility . Cervical cancer and other sequelae of some non-fatal infections . Orphan hood 	<ul style="list-style-type: none"> . Low productivity and investments . Hopelessness and anomie . Agricultural, health education and other systems fail . Disruption of social and economic systems . Overburden on health care system . Destruction of family networks
<p>Under-employment</p>	<ul style="list-style-type: none"> Weak job creation . Low entrepreneurial skills . Low entrepreneurial skills . Socio-economic exclusion . Gender discrimination in employment and remuneration and unrecognized labour 	<ul style="list-style-type: none"> . Lack of skills . Unsafe exploitation . Child labour and sexual exploitation, transactional sex . Poverty 	<ul style="list-style-type: none"> . National stability and security harmed . Economic growth and social development reduced . Increased marginalisation . Low social morbidity . Poor health, nutrition and education
<p>Low civil and social participation</p>	<ul style="list-style-type: none"> . Lack of settings/ institutions for including young people . Restrictions on girls' morbidity and gender segregation' . Social and political exclusion 	<ul style="list-style-type: none"> . Lack of opportunities to participate and voice concerns . Inability to use democratic institutions 	<ul style="list-style-type: none"> . Disenfranchised youth as a source of civil unrest . Lack of inputs from young people in the development of

			policies and programmes . Lack of social and political tolerance
<p><i>Source: UNFPA, 2003. The State of World Population 2003, investing in Adolescent health and rights, New York; pp11-12.</i></p>			

Table - XXXX
“Schemes Covering Adolescents Directly And Indirectly In Orissa”

Department	Programme/Scheme	Adolescent Reference	Provisions
W&CD	Mid day meals in schools at primary level	Primary and upper primary standards which covers children of 10-14 years	Free noon meal to all children in the age group of 6-14 years of children in all the schools in Orissa
ICDS	Adolescents Scheme	It covers 11-18 years girls	Nutritional support, free health check up
	Kishori Shakti Yojana	It covers 11-18 years girls	<i>Formal education, vocational education, self - employment/income generation activities and training on improvement of social status have also been included in the package of services to be provided to the adolescent girls.</i>
	Balika Samrudhi Yojana	It covers 11-18 years girls	Gender mainstreaming and survival of the girl child through special incentives to mother and the

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			daughter
	Orphanages / Balashram	It covers 05-25 years girls & 05-18 boys	Rehabilitation of the destitute children on adolescents
	OSCCW	Children up to 18 years	Street children, spastic children and disable adolescent
	OSSWB	Children up to 18 years and young women up to 25	Rehabilitation of Victims of trafficking and destitute of young women (Rape, atrocities,)
	OSCW	-	Destitute Young Women and adolescents (legal intervention)
	National and Health Education Project (NHEP)	Up to 18 years of girls and pregnant women	Free health service and home based skill of gradation
	Health Care Schemes	Up to 18 years of girls and pregnant women	Maternity and reproductive support to adolescents
	National Benefit scheme	Up to 25 years	Family benefit scheme to adolescents
	Swadhar	Destitute up to 25; years	Rehabilitation of adolescent girls and young women
	Short Stay Homes	Destitute up to 25; years	Rehabilitation of adolescent girls and young women
	Working Women's	Up to 25; years	Supports to adolescents girls for higher education and employments
	Special school for Handicraft	Up to 18 years children	Special Education and training
Education	Network of schools (elementary,	10 - 19 years	Formal education

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	secondary, tertiary)		
	Computer education	10 - 17 years	Computer training and literacy
	NPEP in schools.	15 -17 years	Population education in secondary schools
	DPEP	06-14 years	Girls education, disadvantage children and tribal adolescent access to formal education
	SSA	06-14 years	Out of school children and mainstreaming
	EGS	06-14 years	Rehabilitation of adolescent girls and young women
	Janasala	06-14 years	Education of Adolescents in Slum, red light areas, on the street
	SRC	15 -35 Years	Population education and functional literacy
	Vocational Education	15 - 19 Years	Trade trainings in 38 trends including agriculture
	NPEGEL	06 -17 Years	Education for Adolescent Girls in low female literacy district
	Free Text Books.	06- 17 Years (only for girls and SC/ST)	Supply of free text books for girls up to secondary level
	Environmental Education	06 -17 Years	Awareness on environment, WATSAN, Personal hygiene and health
Tribal Welfare	Computer Education (Tribal)	06- 17 Years (Universal)	Special computer education for

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			tribal adolescent school
	Special Tribal education complex	06 -19 Years	Free residential special quality education for tribal youths
	Residential schools/ Kanyashram/ Ashram Schools/ Hostels for tribal girls	06 -17 Years /	Special Supports for formal education
	Free Text books	06 -17 Years all girls	Supply of text books
	Stipends	06 -17 Years only girls	Stipendiary support
Industry	IT IS	18 -20 years	Job orientated Skill training
	Diploma colleges	Do	Technical training for post-matriculates
	Private Engineering	18-20 years	-
Health	RCH Project	15 - 35 years	Provision for medicines and reproductive services, periodic health check up and adolescent girls growth monitoring
	AIDS Prevention	15 - 35 years	Awareness, access to Information, counseling, peer education
Labour and employment	Bhomi Sena project	15 - 35 years	Registration of adolescent migration, rescue and rehabilitation of Dadans, compensation legal support
	CLAPRA 1986	06-14 Years	Rehabilitation of child labour and identification
	NCLP projects	06-14 Years	Special education, vocational education, health

			check up, Re-admission of schools
	Bonded labour	-	Rescue and rehabilitation
Department of S & T	Computer training for school children	14 - 19 Years	Computer training with nominal price
Compiled by Dr. Bhagabanprakash and Prafulla Dhal (2004)			

- 2.70 **The Govt. of Orissa** has launched the **IMR Reduction Mission**, which among measures equips auxiliary midwives, female paramedics with mopeds to reach remote rural areas as well as provide Rs. 300/ per mother for expenditure towards Institutional delivery. A major factor associated with the child and mothers health and survival in Orissa is that many women bear the burden of children when they themselves are minors. About 37.6 % women in the state in the age group of 20-24 are found married before there 18th years.

Table - XXXXI
Adolescent Related Programme and Services in the State - An Over View

Prg., & services	Purpose/ Objectives	Coverage / status	Impact	Remarks
Department of Women and Child Development				
Mid Day Meal for Scholl children (6-14) years	Improvement of nutritional status; increase in enrolment at primary and upper primary stages; reduction of drop out rates; enhance quality education	This scheme is universal to entire state. Out of 314 blocks, 157 were receiving cooked food and rest 157 blocks were getting dry foods until 2004(April) when government decided to give cooked food in all blocks. Up to 2003, the MDM had reached to 1523316 students with cooked food and 30, 98,618 students with dry foods. The government had spent Rs. 13,74,69,00/ for the year 2003 to implement the MDM in Orissa .MDM is being run with Center and State Sharing where Center provides food free of cost and the state government provides cost of transportation.	Enrollment has increased in Primary and Upper primary stages and drop out has been reduced.	Seepage and leakage is being frequently reported in media; low quality food; conflict at the VEC level has increased; teachers involvement has damaged the quality education; center state Sharing delays the programmes, an independent& objective study

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				would throw more light on the impact of MDM	
Adolescent Scheme (AG Scheme)	Girls (AG)	Nutritional support and free health check ups to adolescent girls in backward areas. The purpose was also to target Scholl drop outs and Non School adeoslents girls for supplementary food , non formal education and vocational skills with set up of Balika Mnadals at the village level.	The AG Scheme was running in Orissa during (1991-97). It covered 24 backward blocks in tribal and KBK regions. The project is now closed since 1997.	Impact of Project is not yet studied.	This was an area specific intervention by targeting the Adeoslents Girls only.
Kishori Yojana (KSY)	Shakti	The project aims at breaking up the intergenerational cycle of gender discrimination against girls and women	The approach of the scheme was quite similar to the AG Scheme and adopted since September 2000. KSY has become universal to entire state since April 2003 up to which the total coverage was 5,23,153 from 112 ICDS project areas. It was started, as Central Plan Scheme with state share and gradually become 100% central scheme since 2003. The state government of Orissa has identified 19,07,981 Adolescent girls in all the 326 ICDS projects areas to be covered in the scheme during 2003-2006. The identification was just completed in June 2004.	Project is yet to be implemented in the field	
Balika Yojana (BSY)	Samridhi	Purpose is to change the attitude of family, community and society at large towards girls child which can reduce feticide, gender discrimination and violence against women.	The scheme has the provision of Rs. 500/ to be deposited in the name of the girl child on her birth and provide scholarship to girls of BPL families on their successful completion of each grade of education up to 18 years. The BSY was started in the year 1997 and up to 1997 total beneficiaries were 2,51,065 with budget amount of 12.55 crore.	The project is not receiving the grants since 1999.	As per provision 100 % grants from central government used to go the district directly.
Orphanages		Shelter, nutrition, health care, education, vocational education to orphans and destitute children in the age group of 5-18 in case of	The state has 85 Orphanages running by NGOs where total inmate up to 2003 was 5603. This scheme can cover all the orphans in the state. The budget for the year 2002-2003 was 45 lakh for plan budget and 73.34 lakh for non-plan budget. The Orphanages are running by the Center State	--	As it involves center state sharing due to delay of the state government in its share the project suffers from timely

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	boys, 5-25 in case of girls	Sharing 90:10 basis		grants from the center. Besides this the state has more than 2 lakh Orphans
National Nutrition Mission	To address mal nutrition, under nutrition, food insecurity among the adolescents girls and pregnant and lactating women belong to BPL families	This is a pilot project running in undivided KORAPUT and KALAHANDI districts for two-year period – (2002-2004). During this period the scheme had targeted 74305 adolescent girls (57 % of the total Adolescent girls in these districts) and 21181 pregnant women (37 % of total)		100 % central scheme
Project Kishroi	IFA supplementation to adolescent Girls on weekly basis, self development and awareness of health	All the blocks of Balasore and Myurbhanj district	--	--
National Health Education (NHED)	Awareness on reproductive health issues	This covers 15-45 years of women and adeoslents girls. Total coverage in Orissa is estimated to be 5,20,021 per month.	--	15-19 are also covered but exact number and coverage need to be ascertained
Scheme for Health Care	Medicines for minor ailments to adolescent girls, regular health check up	Not known	--	--
National Family Benefit Scheme (NFBS)	Finical assistance to the next to the deceased	It covers family members of 18-64 in BPL families. Coverage is 85709 till 2003.	--	--
State Commission for Women (SCW)	Legal Aid support for women on dowry harassment sexual abuse and atrocities	SWC was set up in thee year 1993 by an Act in the State Assembly. It covers entire state.	--	The SCW does not have the district structures to provide legal supports. It is a recommending body having number of operational problems,
Orissa State Social Advisory Body	Extension services through projects – education, vocational training, family counseling etc	It covers entire state	--	Lack resources and networks .
Orissa State Council for Child Welfare (OSCCW)	To uphold the interest of the children in the states development process; provide welfare measures;	It covers entire state	Very limited impact	It runes like an extn. of the W&CD with very little budgetary provisions

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	rescue and rehabilitate the destitute children			
JJ Boards	To implement the Juvenile Justice Act	Although Orissa has framed the State Rule in 2002, JJ Boards are no set at the district level.	--	Child Welfare Committees are formed in 11 districts. It lacks visibility
Observation Homes, Special homes and Juvenile Homes	No child in any circumstance is lodged in prison; to provide juvenile justice services	There are 15 Observation home in Orissa running on 50:50 basis under a central sponsored Plan scheme. Total inmates in 2003 in homes were 110-120.	--	--
Schemes Scholarship for Physically Handicapped Children	To peruse normal education	160000 disable children through OPEPA are given services	--	The amount of Scholarship has been increased in 2004.
Persons with Disability Act	To deal with disable adolescents including the mentally retarded	Orissa State Government has yet to frame the state rules	--	The Principal secretary Cum Commissioner of W&CD is the Commissioners for the Disables in Orissa
Short stay homes	Rehabilitation and legal aid services to women including adolescent girls	32 Short Stay home running in entire state. Budget provision is 4.5 lakh per ye center per year	OXFAM study has highlighted that the Homes are over crowded, counselors are not properly trained,	<i>Inmates pushed out even if cases unsettled</i>
Child lines and Help lines	Rescue children and adeoslents in distress and emergency	Only Bhubnaeswar andCuttack cities are covered in the Programme. In 2003 in Bhubnaeswar alone 8096 emergency calls were received	---	Very limited in services Lack of awareness about the scheme
PR Department				
Biju Gramin Bazaar Yojana	Employment to educated people in rural areas	1232 market complexes are constructed in the state by 2003 and handed over to the unemployed youths on loan	--	A State initiative suffers due to political interferences
Rural service delivery Points (RSDP)	Information on basic necessities in t rural areas	Not known	--	Limited Access
Education Department				
National Population Education Project (NPEP)	Reproductive health and adolescent education in schools.	120 schools are covered in this programme.	Adolescents covered in the programme have shown positive attitude towards sex education	Limited scope as only 120 out of 6,648 high schools are covered..
Computer Education	To popularizes computer literacy from the school	The scheme covers entire states	Not known	The provision of fees restricts rural and poor

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	level			children access to computer education.
Department of Labour and employment				
Bhomi Sena Jojana	To monitor inter state migration of young people including adolescents	Not known	Not known	The jojana remain a non-starter since 1992.
Child Labour Provision and Regulation Act 1986	To protect child and Adolescent Labour from exploitation.	Covers entire state	Orissa Child Labour Prohibition and Regulation rules is framed since 1993	Lack of resources.
National Child Labour Project(NCLP) 1987	To rehabilitate and regulate children work in hazard sector	The State is running 180 NCLP projects with 100% support from Ministry of Labour Govt. of India. At present total 37,516-child labour are covered in this project.	Parallel schools running by the project	--
Indian Factories Act	Defines adolescence in the age group of 13-18 years and contains the provisions for safety	Applicable in the state of Orissa	Very limited	Labor Inspectors need to be oriented .
Minimum Wage Act	Prescribes minim wage and regulatory provisions for the working conditions of adeoslents	Applicable for Orissa	Very limited	
Health Department				
Reproductive child Health Project (RCH)	Reproductive Health Services and Child Survival. The scheme	Entire state of Orissa	--	Adolescents coverage is less in the programme
State AIDs Cell	Running the School AIDS programme in Orissa	Ganjam and Balangir districts are covered in this	--	Limited coverage
State Youth Welfare Board	Technical and professional input for youth development programmes and policies	Not known	--	No visible impact – lacks professional support.
Nehru Yuva Kendra (Centrally Sponsored)	Promotion of rural youth clubs / programmes	Village Talk Aids and Village Health Awareness Units have adolescent coverage	--	--
NSS (Centrally Sponsored)	Promotion of volunteering among the student	80000 volunteers at tertiary level involved in community work. Covers adolescents under	--	UTA has high potential to promote AIDS

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	youth.	University Talk AIDS Programme.		education in schools
NCC (Centrally Sponsored)	Courage, discipline, leadership and inculcation of national values	45000 NCC cadets	--	--
Bharat Scouts and Guides	Value education , character building	50 000 registered volunteers and 2 lakh practicing volunteers	--	--
Civil Societies and UN Agencies				
Unicef	Nutrition, health, education to children up to 18 years	NPGEL in undivided Koraput, Project Kishori in Balasore and Mayurbhanj and others	--	--
Unfpa	Adolescent survival and education	IPD in undivided KORAPUT	--	--
Undp	Curbing AIDS among migrant adolescents and youths	Gnajam districts	--	--
Compiled and anlyssis by Dr. Bhagbanprakash and Mr. P.K Dhal				

Chapter - V General Recommendations

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Adolescents deserve a safer, healthier, socially sanctioned and individually rewarding growing up process. They need reasonable space to participate and learn. They must be exposed to reliable and responsible information about life skills and behaviour risks as well as friendly counseling and guidance on issues of concern to them. The adult society that includes family / parents, schools community based organizations are often not equipped with appropriate guidance and counseling tools to deal with adolescents who in the 21st Century are increasingly exposed to a variety of external influences.

The following are a **suggestive list** of general recommendations that spring from the earlier chapters including the ones on situation analysis and existing programmes and services. Adolescent being a multi sectoral issue, it requires

multiple, coherent and well-coordinated initiatives from different development sectors for effective results.

- 7.0** Adolescents in School: in the schools the curricular, co curricular and extra curricular activities lack a purposive linkage. Particularly the extra curricular activities if planned properly have the potential to inculcate life skills and social values among the students adolescents. They channelize the positive energies of the students and contribute to their behaviour modifications. Therefore critical review of the extra curricular activities in school would be necessary as the school system could co-opt adolescent social sub-structure and keep them on a straight and narrow path. Involvement in creative and constructive group activities has the potential to prevent adolescents from indulging in anti-social acts, substance abuse and other deviant pursuits.
- 7.1** Adolescents learn better in-group and it is not an individual struggle but rather a collective endeavor through shared experience and cooperative peer interaction. More conditions need to be created for collaborative learning than competitive culture. Adolescents show keen interest in those subjects that relate to their lives, anything that enables them to understand better, the world around them. This would require an imaginative reorientation of the evaluation system.
- 7.2** The quality of education in the state needs special attention of the educational planners. Parents of adolescents in Orissa's remote rural and backward areas are left to choose between dysfunctional schools and commercially run private teaching shops. They feel cheated either way. Unless and until the quality of education in Govt. Schools improves, the hopeless situation would continue, for privately and commercially run schools and teaching shops, barring a few exceptions, thrive and prosper only on an inefficient public education system.
- 7.3** While economic compulsion, poverty and illiteracy are considered some of the factors for high drop out, a majority of students belonging to disadvantaged and weaker sections also find school curriculum not relevant. There is also a growing realization; even among the poor parents that quality education is probably the only way out for their children to survive in a competitive material environment. As "their hopes of quality education are repeatedly frustrated" parents are now looking for better alternatives. More students are migrating to non-aided privately run public schools leading to emergence of a parallel education system in the state. The poor are further marginalized in this process widening the educational divide. This requires a thorough overhaul of the states policies, plans and implementation strategies on adolescent education.

- 7.4 Targeting the Teens:** Secondary school systems in Orissa love to discuss textbooks and exams- not calories, nutrition, reproductive health and emotional quotient. Life style choices are left to the individuals. That adolescents are repeatedly targeted by commercial marketing and are victims of engineered addiction to health less and junk foods is a common knowledge that needs to develop as a common concern for policy attention.
- 7.5** It is no longer an issue-affecting children of the urban rich and has already started invading rural households. Since adolescent nutrition is critically important for their health and growth the issue must be brought under the radar screen of public health and academic planning. The initiatives taken by the W&CD and the Health Departments need to percolate to other social sectors to bear fruit. Interventions are not expensive and only need reorientation at policy level, community level and individual levels.
- 7.6** Community Support: Risk prevention studies suggest the protective and promotive role of communities as well as community-based organizations that enable adolescents to bond with other people. With such bonding and connections they are less likely to cause harm to themselves. Adolescence is a period covering almost the entire second decade in the life cycle. All persons within this long period may not have equal status. There will be differences based on sex, age, language, and ethnicity. It is the adults in the community who, through their imaginative interventions, in the form of facilitation, mentoring, coaching, guidance and dialogue could cement inter group inequality and gaps through promotion of mutual respect.
- 7.7** Creating a belonging environment reinforces connectedness and a feeling of affection for one's family, community and culture. On the other hand lack of emotional or affective bonds becomes a problem for the community itself. Positive relationships and purposive connectedness with proximal adult figures like parents, teachers, counselors, coaches, community leaders and youth development workers help adolescents develop and imbibe basic beliefs that they live in a caring and just society.
- 7.8** There is a need to re-examine the curriculae of teachers training. Teachers need to be trained specially to facilitate this process in and outside the classrooms. For adolescents left out or dropped out of the school, community organizations, youth clubs, women's organizations can develop appropriate programmes and activities for social integration and mainstreaming of adolescents. In order to succeed there is a need to build a horizontal and non-hierarchical social network.

- 7.9** Promoting Opportunities for Volunteering: In Orissa there are four distinct youth volunteer based organizations involving adolescents i.e. (i) the NSS, (ii) the Scouts & Guides, (iii) the Youth Clubs of NYKS and (iv) the Junior NCC and Red Cross each with a component of community service and leadership/personality development. The total number of young volunteers in these organizations in Orissa will be about half a million. These needs to be strengthened expanded and engaged. Participation in such organizations helps adolescents' awareness of others in the larger community—their conditions, needs and limitations. It's service learning components changes adolescents' worldview simultaneously connecting them to the objective reality. The civic learning potential of service projects is immense. The activities should be connected to the curriculum and the volunteers of these organizations could be trained as health and literacy scouts, as receivers as well as providers of information and communication on development issues.
- 7.10** Many tribal societies in Orissa used to have a strong adolescent culture as a part of their life-cycle rituals. This has been weakened over the past five decades. Such adolescent friendly positive traditions need revival support and reinforcement. Special Schemes need to be introduced to support positive adolescent friendly values and practices among Orissa's tribal communities. The Western Orissa Development Council need to develop special adolescent centric programmes as a part of its development intervention strategies.
- 7.11** The W&CD has a number of very good schemes yet most of these are resource starved. They need urgent financial impetus to sustain, replicate and expand the awareness impulse already generated. For instance, the existing Aganwadi Centers under the ICDS need to be increased up graded as proper day care centers to take care of the full working hours of adolescent mothers in rural and tribal Orissa. Similarly, the scheme called Swadhar dealing with adolescent and young women has a very limited scope. Out of the three Adolescent Girls Schemes (Balika Mandal, and Girls to Girls approach) Balika Samrudhi and Kishori Shakti Yojana, the later two are not practically in operation for the last two years. The ICDS has both potential and promise yet it has not enough resources for bold initiatives and wider coverage. It is necessary to review these programmes and take immediate corrective measures.
- 7.12** The ***State Council for Child Welfare***, which has the potential to be developed a thing tank for children and adolescent girls needs full functional autonomy, professional competence and management with adequate and committed budgetary support. In this respect, the best practice in other State's may be considered. Like OPEPA, the OSCCW

may be given power to take innovative, experimental and pilot child welfare and protection projects.

- 7.13** It is observed from the study that the existing 85 Orphanages can reach only 5,003 orphans with institutional and rehabilitative package. In order to cater and cover the entire orphan population in the State, the present number of orphanages needs to be increased along with support for community-based rehabilitation.
- 7.14** The Govt. of India has already introduced the JJ Act, 2002. The State needs to frame State rule immediately. The line departments, i.e. police, law, welfares and others required to be reoriented, sensitized and supported to deal with growing number of juvenile delinquents.
- 7.15** The incidence of destitution is quite high amongst the daily wageworkers in Orissa's backward districts. The numbers of destitute homes in these areas need to increase immediately. There should be adequate resource support to run these Short Stay Homes with effective monitoring to ensure the well-trained and empathetic staff who understand the needs of the inmates and could provide counseling services. There should be components of vocational training, functional literacy, skill-up-gradation, job-placement services so that adolescent destitute, while moving out, could be self-reliant. Where ever possible experienced voluntary organizations may be encouraged to participate in this scheme.
- 7.16** Vocational Training Institutes, ITIs, polytechnics should have substantial rural coverage in order to tap the unskilled adolescent there. The adolescent should be provided with skills that have a real value in their own habitat that could provide a sustainable source of their livelihood. A revolving fund may be created for this purpose.
- 7.17** To reinforce this process further, some selected secondary/higher secondary schools in the backward areas can also be converted into **rural polytechnics** with minimum entry qualifications to provide skills to the potential adolescent migrants in rural need based trades like repair and maintenance of tube-wells water pumps water harvesting structures, social forestry, biogas plants, poultry units, veterinary services, cattle care, milk-testing, making smokeless chullas, composting, handlooms, sock pits, laundry, electric wiring maintenance, horticulture, cash-vegetables, simple accountancy and other useful trades and services.
- 7.18** The plight of domestic workers, most of who are adolescents has been presented in the situation analysis. This is a vulnerable and powerless group. There is need for a system of registration for domestic workers to prevent their exploitation. This is also applicable to adolescent venders, hawkers, hotel, restaurant and dhaba boys, garment workers

and forest workers etc. A standing committee on unorganized labour should be formed.

- 7.19** The State Authority for Elimination of Child Labour has been constituted under the chairmanship of the Chief Secretary of Orissa and 11 line departments as its members in 1997. Although it was mandatory for the authority to hold meetings once in every two months, the authority is reported to have sat only for twice in last 7 years. This needs to be reviewed. The State Child Labour Prohibition and Regulation Rules (1993) need to be implemented in letter and spirit. The NCLP schools are now running as parallel schools. This need to be checked and steps need to be taken to admit only the child labours withdrawn/ rescued from hazardous work.
- 7.20** According to NHRC (2004) trafficking of women and children is an organized business in India, Nepal and Bangladesh. It is reported that the trafficking syndicates are operating their activities in specific destinations in these countries. According to this report there are three syndicates operating in Orissa compared to seven in Bihar, five in Chhatisgarh, four in Uttarpradesh and one each in Assam and Maharastra. As trafficking of adolescent girls and young women is increasing, the W&CD require to setup a Special Cell and undertake intensive field studies to deal with the situation. The district structure of W&CD programmes needs to be streamlined and closely monitored. The W&CD lacks a viable research unit. There is a need for periodic action research on falling sex ratio, imbalance in FMR-06, atrocities on young girls, missing of young women. As regards trafficking the issue needs to be tackled at the district level. The District Social Welfare Officers should be declared as the nodal person and empowered to function with adequate legal, administrative and enforcement authority.
- 7.21** There is a move at the central level to setup a **National Commission on Children**. A National charter for children highlighting the roles and responsibilities of both the Government and the community towards children and duties of children towards their families, societies and country has been notified in the Official Gazette of India on February 9, 2004. As a follow up, the W&CD can also take an initiative for setting up a **State Commission on Children and Adolescents** to safe guard their interests. In this context it is worthwhile to mention that the Orissa State Plan of Action for Children 1995-2000 has already outlived its context since the year 2000. This requires formulation of a New State Plan on Children and Adolescents.
- 7.22** In the Orissa Social Sector, the Govt. has set up a number of State Level Institutes and Resource Centers. Some of these institutes are also vested with statutory powers. These institutions are, namely, the State Labour Institute, State Commission for Women, State Social

Welfare Advisory Board, State Youth Welfare Board, State Council For Child Welfare, State Institute For Tribal Research And Training, State Institute Of Health And Family Welfare, the OPEPA, TE & SCERT, SRC for Adult Education etc. During the study it was observed that many of the programmes of these State Level Organizations often overlap and some extent duplicate. There is an urgent need for a co-ordination mechanism to get the best results out of these institutions / agencies. Their linkage with civil society organizations also need to be strengthened.

7.23 As regards young people in general and young migrants workers in particular falling victim to HIV/AIDS/STI, a massive and well-coordinated awareness campaign is urgently needed. Puri, Gajapati, Ganjam, and Dhenkanal are emerging as epi-centres of the syndrome. From Kodala to Kendrapara, cases of stigma and discrimination are frequently reported in the media, which requires intervention and various levels. The initiatives can be taken jointly by W&CD, Health (State AIDS Control Authority), Youth, Education Departments, along with the NSS, the NYKS, the Scouts and Guides and local youth & women's organizations to educate the people. Especially the young migrant workers need to be accessed with prevention and protection messages before they leave villages. Involving them will have the dual benefits of helping programmes and also helping the young persons. They can be both receivers as well as providers of communication on HIV/AIDS/STI, drug, alcohol, smoking and other forms of high-risk behaviour.

7.24 There are a set of life skills against high-risk behaviour, that could be promoted among adolescents through various programmes. These include: decision making, communication, building self-esteem, developing faithful relationships, dealing with conflicts, problem solving, critical thinking, coping with stress and emotions, pressure-resistance etc. Each Department dealing with adolescents can promote life -skills education programmes to protect the young people. Identifying institutions and integrating life skill training into their on going programmes would minimize on cost, resources and efforts.

7.25 Training modules on HIV/AIDS, STI and life-style diseases should be designed keeping in view the socio-cultural context of the State. Outline of a module is suggested here:

- i. Adolescent and HIV/AIDS/STI
- ii. Human sexuality-concept clarification
- iii. Growing up process in boys and girls
- iv. High-risk behaviour and situations
- v. Responsible sexual behaviour
- vi. Values and attitudes, myths and misconceptions.
- vii. Impact of HIV/AIDS on Individual and society
- viii. Counseling and referral skills

- ix. Prevention and preventive behaviour.
- x. Life-style challenges- ways to face them
- xi. Motivation and mobilization skills
- xii. Special programme development for young women, slum dwellers and the rural adolescents.

To start with risk prone areas need to be identified and covered with these programmes.

7.26 Leisure and recreation is considered as the fourth developmental context for the adolescents along with autonomy, identity, experimentation and value achievement. About 50% of an adolescent's time is relatively free and unobligated. What they do during this time is important for their healthy growth. Young people must be enabled in learning how to use their free time creatively and meaningfully. Parents and Teachers need special training on this.

7.27 Hands on training for practice of citizenship on national values through both formal and non-formal schools on democracy, secularism reflecting on poverty, development, local self governance and on connecting service to local issues will promote ownership among adolescents.

7.28 Parents need professional assistance in coping with problem behaviour of their adolescent off springs. Since most adolescents' want and need close relationship with their parents there is a need to organize systematically programmes on helpful, understanding and constructive parenting. For, adolescents who are emotionally closer to their parents are more likely to reflect their parent's values. Healthy and constructive parenting needs to be made a part of the tertiary education system and an extra curricular programme of youth and community based organizations working with non-student youth.

7.29 There is a dearth of resource materials on adolescents. Handbooks manuals, guidebooks need to be developed in local languages to educate parents, teachers and social workers. A suggestive module is given here:

- ❑ Factors to consider before marriage, Factors that affect after marriage
- ❑ Ways to counter negative Peer-Pressure
- ❑ Responsible relationships
- ❑ Having children – Planned Parenthood
- ❑ Under standing children – understanding parents
- ❑ Growing-up process – puberty, menstruation, nutrition, adolescent health.
- ❑ Adolescent boys – challenges
- ❑ Emotional needs, communication- informal counseling in family overcoming, myths, biases, prejudices
- ❑ Assertive / Refusal skills

- ❑ Handling high-risk behaviour, situations
- ❑ Smoking, alcohol, drugs, STIs, crime, violence
- ❑ Basics of preventive health
- ❑ Factors affecting health
- ❑ Personal hygiene
- ❑ Special nutrition support for special groups
- ❑ Process of reproduction – safe motherhood – pregnancy – abortion
- ❑ Care of infant and children
- ❑ Promoting gender equity – sensitivity
- ❑ Occupational hazards and first aid
- ❑ Survival skills for self – reliance, income generation
- ❑ Personality development and entrepreneurship
- ❑ Assertive / Refusal skills, skills in conflict management at family and community level.

7.30 As has been mentioned in this profile adolescent rights have emerged as a major issue in global conferences, national and state level vision documents and reports. A reaffirmation of the perspectives and commitments on adolescents from time to time is needed to sharpen the policy focus or else it remains mostly in paper.

7.31 During the International Year of the Youth (IYY), the major themes were participation, peace and development. Adolescent participation on policies and issues that directly affect them is essential. To facilitate this process a participatory, consultative mechanism needs to be in place to promote informed decision-making. There is a big gap between adolescent needs as understood by policy makers and programme managers and as felt by adolescent themselves.

7.32 Adolescent girls and boys have different needs. Yet most policy documents of the government assume girls as future wives and mothers and link policy initiatives to issues like early marriage, teenage pregnancy and child survival where as programmes for boys' focuses on prevention violence and crime. It will be necessary to break out of these stereotypes and see the larger picture in which girls and boys can achieve self-development based on their special needs and interests.

7.33 Young people are open to new ideas, have energy idealism and initiative to participate in the life of the society as well as nation building. The National Working Group has identified some critical areas of national concern in which adolescents and young adults could be involved. These include:

- Education levels, thereby preparing the ground for social, cultural and economic advancement;

- Health and nutrition, which as the National Population Policy states, could have inter generational impact;
- Girl's age at marriage, with obvious co-relation for their retention in education, delayed childbirth and lower mortality and morbidity among the new borns;
- Environment and sanitation, which are grave problems, continuing neglect of which could jeopardize the country's future;
- Energisation of economic activity through development of skills and entrepreneurship;
- Struggle against poverty, because opening up of livelihood possibilities around enhanced income from existing assets and new skills would be a part of the new strategy of empowerment of adolescents; and
- Creation of a new culture of compassion, gender equality and a feeling of brotherhood/sisterhood among all;

7.34 Adolescence is a preparatory period for training for productive employment and work opportunities. In Orissa most of the young people face the double burden of being poor and to have to search for livelihood, self-respect and dignity. The formal educational system has not been able to give young people access to mainstream employment in a market economy and globalized world. These institutions need to be reoriented to changing employment needs in private and public sector with safety nets in the form of educational loans and grants, on the job training and micro credit.

7.35 Skill building and vocationalisation of education in Orissa has not made much headway. According to a statement by Minister, Higher Education in the floor of the Orissa Legislative Assembly (01.07.04) out of the 181 vocational units opened since 1988 to promote self-employment, 180 units have been closed down. Central assistance to the extent of 7 corers is reported to be lying unutilized in the civil deposit account of the state government. In secondary and higher secondary schools vocationalization continues to be a low priority without any linkage with the market and the industry.

7.36 While Orissa has a high drop out rate, those who do not drop out need appropriate, incentives and encouragement – particularly those who study basic science and want to pursue professional courses in medicine engineering, polytechnics, other vocational streams. The Department of Science and Technology, Govt. of India have a scheme

- for such post matric adolescents, called “Kishore Vaigyanik Protsahan Yojana” (KVPY) based on academic excellence and demonstrated interest in pursuing research. The Govt. of Orissa may introduce a similar scheme to encourage the brightest students. This may have a positive impact on the drop out issue also.
- 7.37** A neglected area that directly affects the adolescents is health education. The “formal school curriculum” study states Planning Commission Sub-Group on adolescence, ‘never looks at health in a holistic manner-relating the *human body, its normal functioning, disease and deprivation, to causes of malnourishment, social deprivation and even social beliefs and indigenous knowledge about health and disease*’. Issues like sexual health, STI, HIV/AIDs need to be portrayed in an innovative and sensitive way keeping in view the socio-cultural background of the adolescents.
- 7.38** The adolescent boy is yet another neglected subject. He is always considered to be healthy and can die only of accidents or suicide. As social debates on human health concentrate on girl child and young women, gender and feminism, the adolescent boy is relegated to the backburner. Male marginalisation is already a burning social issue in the Caribbean region. Like the adolescent girls, the adolescent boy also needs help and counseling to handle his physical and psychological challenges. In addition, if boys are left out of gender empowerment programmes, the segregation creates its own dynamics and behaviour pattern.
- 7.39** Married adolescents are a different category that needs special attention. Early marriage, pregnancy and child bearing lead to high infant and maternal mortality, and reproductive health consequences. A large number of girls in Orissa undergo early marriage. Without basic knowledge about their body and its functions and responsibilities of parenting special training programmes need to be organized for this category of population.
- 7.40** As regards early marriage and pregnancy concentrated awareness intervention is need in identified pockets. Preventing dropout at secondary and higher secondary level is one of the many steps which can delay the trend. Fear of social economic and sexual insecurity is another reason that requires building a safe and secure environment, so that children pass through adolescent for their full mental and physical development.
- 7.41** There is a major understanding gap between reproductive health approaches of the past and the present. Provision of reproductive health care and adequate nutrition are now considered social obligations. RCH is no longer seen as a marketable commodity to be sold to those who have the capacity. Capability poverty is now a new

issue in the development debate. These issues need to be reflected in the medical and nursing education in order to sensitize medical as well as Para-medical workers. Reproductive is an adolescent issue and must form part of all youth and adolescent programmes in the State. The State has 98,000 self help groups, about 6,000 active NGOs and about 200,000 youth and adolescent volunteers, an under utilized potential to promote reproductive health.

- 7.42** Since a majority of the adolescents are outside the formal educational system, a big challenge is to provide education and training opportunities for them to update and upgrade their productivity and functional efficiency. There is a need to design special curriculum for this category, which must relate to their life and work. Since their learning needs and situations are different, there has to be not one but different types of curriculum, which has the answers to the challenges they face in their day-to-day life.
- 7.43** Orissa has made good progress in this field, yet more needs to be done. The State of Orissa needs to strengthen its campaign for total literacy with focus on adolescents and practice of social values. An illiterate adolescent will not be able to participate in the new knowledge based economy and society of today, leading to her/his total exclusion. Similarly drop out rate can improve if teachers and parent's motivation level also improves and competency based quality education is offered along with a better teacher-student ratio, physical infrastructure and facilities, teaching and learning aids. The Education Guarantee Scheme (EGS), 1997 of Madhya Pradesh is a good example for emulation.
- 7.44** In this context it is essential that the HRD approach has to replace radically the conventional social sector approach for the adolescents and young people in the state. For better co-ordination and convergence there should be a HRD Ministry/Inter departmental structure for developing a holistic strategy at the state level with separate department like women and Child development, literacy and education and youth and sports affairs. This may be justified on the ground that central sectors/schemes are increasingly being shifted to state sectors.
- 7.45** The need for life skills education has already been discussed. It refers to a large group of psychosocial and inters personal competencies that help young people make informed decisions be assertive, set goals and lead a healthy productive and purposive life.
- 7.46** The three broad areas of life - skills are i. Thinking Skills ii. Social Skills and iii. Negotiating Skills. Since adolescence is a period during which emotions often overtake rationality, it is a period of emotional and moral dilemma of wishing to be guided by parents yet desiring to be

free from them. Life skills learning give adolescents more confidence. These skills help them in dealing with puberty, schooling, career choices, peers pressure etc.

7.47 The National Sub-Group on Adolescence has recommended 30-45 day life –skills development programmes to be organized by voluntary organizations, youth clubs, NSS, NYKS the school net work and training structures, ICDS programme of WCD etc. This would require designing of schemes for financial and technical support to these organizations.

7.48 In order to lead an active and productive life adolescents need good health nutrition and sanitation. It is the first requirement of a high labour productivity and a healthy society. Health nutrition and literacy impact positively on school drop out rate, infant and maternal mortality. Only a healthy mother can give birth to a healthy child and a healthy child can grow as a health adolescent. Youth health has emerged as a big issue after emergence of HIV/AIDS and spread of STI. A few suggestions:

- i. Include youth and adolescent health as a subject of study in all types of medical institutions in the state
- ii. Reduce child mortality rate by half by 2010.
- iii. Expand the coverage of ICDS
- iv. Mobilize best performing civil society organizations universities and media to generate awareness through mass campaigns and social action
- v. Adolescents themselves could be involved through Peer Programmes like "Adolescents for Adolescent Health".

7.49 Adolescents live and grow in family, establish and maintain relationships with family members, friends and neighborhood, develop values, perceptions and skills. Important events like marriage, child bearing and parenting happen in the family. Because of high illiteracy and lack of access to information and services, and incidence of early marriage, many adolescents in rural Orissa enter into family life without proper understanding of the challenges they have to face.

7.50 It is essential for all adolescents to undergo family life education (FLE). FLE need not be confused with education for family planning or sex education or even with adolescent education which largely focuses on self awareness, personal relationships, human sexual development and norms of sexual behaviour. FLE deals mainly with vital issues like marriage and compatibility, management of family conflicts, building trust and durable relationships, family values and concerns for the

- older members in the family and partner selection, understanding of mutual needs, reproductive health and child bearing processes, responsible parenting etc.
- 7.51** Since the rate of adolescent marriage and motherhood is high in Orissa FLE including training in parenting will have a positive influence on MMR and IMR in the state. Young inexperienced hyper parents in Urban Orissa are also leading stressful lives in nuclear families struggling to raise super kids. Parenting has now evolved into a structured science. Thus there is an urgent need to prevent early pregnancy through strategic interventions like providing correct information, postponing of early marriage, sexuality education, access to quality reproduction health services, counseling and utilization of contraceptive method with involvement of adolescent girls and boys.
- 7.44 FLE helps young people to acquire a frame of reference for their personal growth leading to healthy adult life, happy marriage, successful parenthood and productive participation in the community life. In formal education system, FLE can be made a part of the curriculum and for out of school/drop outs community based organizations should be supported to promote FLE. Volunteer based organizations like NSS, Scouts and Guides, NYK Youth Clubs and NGOS can be trained and associated in this task.
- 7.45 As the trend indicates Orissa's adolescent population would start declining from the year 2015 onwards. On the other hand, Orissa has registered 2 % rise in life expectancy from 1991 to 2001 from 61 years in 1991 to 63 in 2001. As age at marriage continue rise it is likely to influence the fertility behaviour and trend as is happening in Kerala, Karnataka, Tamil Nadu, Goa and Andhra Pradesh.
- 7.46 Adolescent Audit: Adolescents are vulnerable to adverse effects of a number of policy initiatives in the areas of Education, Health, Agriculture, Employment, Culture, Information And Broad Casting, Media, Globalization And Marketization etc. Evaluations by UN and the ILO reveal how free trade zones have pernicious effects on young people. A study conducted by ESCAP and the ADB in Southeast Asia shows how many young workers offloaded by sunrise industries and uprooted from their earlier sources of livelihood were nudged into sex industry. The same is true in case of media and many other adolescent related departments of the government with a direct bearing on their lives. Orissa has ten such departments like Education, Health, Agriculture, W&CD, Youth And Sports, Culture, Tribal Welfare, Labour And Employment, Industry, Cooperatives. To start with an adolescent "*Auditing System*" can be introduced to make them more sensitive and responsive.

- 7.47 Adolescents in their impressionable years fall easy victims to negative media influences. In spite of Acts like Indecent Representation of Women (prohibition) Act, 1986: Cinema to Graph Act, 1952, Film Censor Board, Press Council Of India and the recent Cable Television Net Work Regulation Act, adolescents continue to be targeted by different forms of media giving wrong and misleading ideas about human behaviour. A recent VIMHANS survey has reinforced the popular fears about the audiovisual media stimulating adolescent crime and sexual violence. The state of Orissa has a strong cultural heritage and stronger family structure that needs to be safeguarded. In this context the state can think of framing its own media policy to protect its adolescents.
- 7.48 In the knowledge society of today, Orissa needs a comprehensive online database on adolescents – which should include activities update of Govt. as well as civil society organizations working on the issue. An Orissa Adolescent information website should be opened with international, national, regional, state and district wise connectivity on various aspects of adolescence.
- 7.49 In view of the limited research and documentation capacity and materials on adolescent reproductive health and life-skills education, the state may consider setting up a Regional Adolescent Resource Center (RARC) with assistance from the Govt. of India in the Ministry of Youth Affairs and Sports. The Union Govt. is already looking for institutions who have the ability and experience to function as RARC in different states. Orissa must take advantage of this immediately by identifying out standing Adolescent development institutions in the state and recommending to the Center.
- 7.50 The state should also promote and support NGOs working on adolescent development issues. The NGOs are good in action research, advocacy, environment building and capacity building on adolescent concern through community participation i.e. rallies, campaigns, melas, exhibitions, folk media, street theatre, seminar, debate, training camps, health awareness events etc. An Adolescent Grant-In-Aid Scheme may be introduced to support these activities.
- 7.51 Even though at the national and international level adolescents have accorded high priority area for governmental actions, at the state level they are yet to be considered as distinct group of population. There are 12 line departments, which have some direct or indirect provisions of programmes and services for the adolescents groups. Besides this, the civil society of Orissa, the national and international NGOs and few corporate bodies have adolescent centric interventions. The activities of UN organizations have also adolescent focus. A number of

sponsored schemes are also being running by both NGOs and Government. During the study it was observed that the most critical structure is the district administration.

- 7.52** Orissa has a draft Youth Policy in which adolescent issues are given secondary and subsidiary importance. The unique and special needs of adolescents require policy visibility and priority attention. Since adolescence is a multi sectoral issue involving a number of Departments / Ministries, the state Govt. should have a nodal department to coordinate and monitor adolescent related policies and intervention strategies.
- 7.53** As the population trend in Orissa suggests, adolescents are emerging as a dominant demographic category and social phenomenon. Their number has reached close to nine million representing about 23 percent of the state population. It is to be seen that whether the proposed state youth policy, the present resource commitment and programme/intervention jurisdiction of the sports and youth services department would be able to make a difference to the adolescent situation. While the Corporate sector has so far, remained indifferent to this issue, only a few NGOs are making sporadic attempts to deal with the issue without much state support. To improve this situation and make a long-term impact Orissa needs to develop a State specific Adolescent Policy, may be as a part of the State Youth Policy, followed by an appropriate Programme of Action (PoA). The process can be facilitated by a Joint Working Group of experts, professionals and key policy makers.
- 7.54** Among the policies, visions and statements of intent brought out by different departments of the state government in sectors like education, health, family welfare, women and child, labour and employment, social justice, tribal welfare etc there is hardly any focused attention, concerted strategy or integrated approach on adolescents. Although the state documents reflect some core elements of central policies on human development issues, the real challenge is to develop a culture and environment conducive to their implementation.

Chapter - VI

Looking ahead and Planning For the Future

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Looking ahead and Planning For the Future

- 8.0 Old Orissa, despite its proverbial poverty, backwardness and poor social and human development indicators, has emerged demographically as one of the youngest states in India. The real

- challenge before the development planners of the state is how to create a supportive socio-economic landscape that provides positive, purposive and productive opportunities to its adolescents for optimal use of their potential.
- 8.1 Young people are a powerful regenerative force and on their health and growth, education, training and work participation, views, values and behaviour, depends how soon Orissa would catch up with other developed states of the country and meet the millennium development goals as declared on 8th September 2000.
 - 8.2 The Orissa vision 2020 can also be a part of the India vision 2020 in which “People will be better fed, dressed and housed, taller and healthier, more educated and longer living than any generation”. In such a best-case scenario all adolescents should be fully and functionally literate, healthy with access to entrepreneurship and employment opportunities. In order to prevent adolescent migration from rural Orissa. The State has to enlarge livelihood options and opportunities.
 - 8.3 Realization of this vision is conditional to a number of things that should start happening now. The state should: give priority to improving the system of basic education, vocational and technical training for young boys and girls including those living in difficult circumstances.
 - 8.4 The state has no option but to either provide or ensure quality education for its growing number of adolescents in the school. Shortly the Govt. of India is initiating a move to tap the “best and the brightest” young talents for future governance through a national entrance examination at the XII (higher secondary) level rather than at the present graduate level. This new proposal will automatically enlarge the recruitment pool manifold with class - XII students applying for the civil Services directly. This is an advance-warning signal for Orissa to tighten its educational belt before it is too late. There are too many inefficient and non-performing schools in the state’s education pool.
 - 8.5 Establish programmes to prevent distress migration of young people and provide adequate opportunities for self-employment. Particularly in fields that are rapidly evolving as a result of information and technology innovation.
 - 8.6 Promote an adolescent friendly environment; create Infrastructures and choices in rural and urban India with education, health care, transport, power water and connectivity.

- 8.7 Develop and update state action plans to meet the health needs of young people in a safe and sanitary living environment.
- 8.8 Protect them from malnutrition, risk of infections, parasitic diseases and from indulging consumption of tobacco, alcohol, drugs and other forms of high-risk behaviour, provide them with information and services to help them understand their sexuality and responsibility.
- 8.9 Include health information and practices in the curriculae of educational institutions to promote healthier life-styles.
- 8.10 Establish recreational facilities, cultural centers, libraries and learning centers in rural and urban areas to provide creative outlets for the adolescents.
- 8.11 Foster adolescent participation in community development programmes to promote volunteerism, value orientation, and experiential learning.
- 8.12 Create training and orientation opportunities for adults, policy and programme planners to understand adolescent issues and establish a statewide network of sports and fitness units, appreciate challenges faced adolescents, offer adolescents opportunities to build positive and sustainable relationships with adults and peers.
- 8.13 Strengthen state capacity for research, documentation and IEC materials development on adolescent issues to expand the current information and knowledge base on the subject. Encourage universities and research institutions to conduct action research and studies on adolescence.
- 8.14 Put in place an effective and efficient channel of communication between adolescents and organizations working for them.
- 8.15 Establish strategic partnerships with development departments, public and private sector organizations, universities and research institutions to engage them on adolescent issues and develop appropriate approaches new policy initiatives and action plans.
- 8.16 Backward Orissa has a more backward and horrifying under belly in KBK districts, where hunger and distress migration of adolescents is common. Malnutrition and adolescent anemia is visible to an open eye as hunger strikes the tribals at will. A recent TOI report (8th July, 2004) about distress calls from Rajasthan by tortured teenage labourers from the KBK region has sent shock waves. Recent report informs that Bolangir one of the KBK districts has registered the lowest population growth, which is suspected to have been caused by distressed migration. (TOI, 21.07.04).

- 8.17 The Western Orissa Development Council needs a special task force to deal with such issues. Community based organizations rooted in the area can play useful role. They have already developed some positive models, which could be examined and replicated.
- 8.18 There is a huge number of unskilled and malnourished adolescents in Orissa's population. By 2015 the state's adolescent population would cross ten million and the fertility behaviour of this category would determine the demographic future of the country. Similarly on their social, economic and cultural participation would depend the future health of the state. It would require conscious, coordinated, convergence planning from now for genuine empowerment of the adolescents.
- 8.19** Guidance and Counseling: Adolescents need help guidance and counseling more than any other age group –as during this period they undergo lot of stress. The working group on Adolescence has identified seven types of concerns that need counseling. These are:
- I. Physical/Health, i.e. Food, nutrition, psychosomatic ailments, general health, physical exercises etc.
 - II. Familial, i.e. Understanding, sharing, security within family, time, love, attention, etc;
 - III. Financial, i.e. Cost of education recreation etc;
 - IV. Psychological i.e. Nervousness, lack of confidence, anxiety etc;
 - V. Social i.e. Friendship, relationships with peers, teachers and coping with sexual drives;
 - VI. Emotional, ie. Anger, aggression, depression, loneliness, insecurity and feeling of guilt and
 - VII. Academic, ie. Concentration, time-management, examination phobia, memory, study habits etc.
- 8.20 In addition to these, adolescents in Orissa also undergo stress related to poverty, discrimination, discontinuance of study, parental pressure for performance, pressure for early marriage and early work participation etc.
- 8.21 The state doesn't have an organized and comprehensive system of diagnostic, therapeutic evaluative and research based counseling services for its adolescent population.
- 8.22 The working group has suggested an illustrative list of interventions for counseling on adolescent issues:
- I. Highlighting the need for psychological counseling for adolescents, their parents and teachers through seminars, workshops and talk shows both by governmental and non-governmental agencies.

- II. Organizing “outreach” programmes by specialist organizations, NGOs and expert teams for group counseling in schools and other educational institutions.
- III. Setting up of counseling centers for both school going and out of school student adolescents, may be located in the schools itself
- IV. Organizing on line counseling services, especially during examinations, publication of results etc.
- V. Organizing in service orientation courses for teachers in counseling and career guidance.
- VI. Appointment of qualified counselors in higher secondary schools and intermediate colleges.
- VII. Conducting diploma courses in “Counseling and Career guidance”, of the type of one being organized by the National Council of Education, Research and Training (NCERT) in all Universities having psychology/ social work as a subject, in order to have a cadre of needed specialists.
- VIII. Introduction of adventure sports at school/college levels to generate confidence and coping skills amongst adolescents.
- IX. Strengthening family life, through family education and offering counseling to the parents.
- X. Setting up telephone help-lines in cities and small towns.

8.23 Monitoring of Policies and Laws: A number of laws have been enacted that have a direct bearing on adolescents. These need to be implemented, enforced and monitored from time to time. The 10th Plan Working Group has given the following suggestions many of which are relevant to the Orissa context:

- a. *Courses in Criminal Justice sciences need to be introduced in more universities (presently only 10 institutions have them)*
- b. *Police and other law enforcing agencies need to be sensitized to adolescent issues and how to tackle them*
- c. *Juvenile AIDs centers and adolescent help lines could be set up on a pilot basis in selected cities.*
- d. *Police-Students liaison programmes could be organized at selected places (some examples of these are DARE -Drug Abuse Resistance Education, GREAT- Gang Resistance Education Programme, JUMP - Juvenile Mentoring Programme etc.)*
- e. *Strengthening of drug de-addiction centers, making them more adolescent friendly and encouraging NGOs and community-based organizations to run them.*
- f. *Organizing awareness campaigns regarding drugs, AIDS, sexual abuse etc. These should target not only the youth but also their families and society at large.*
- g. *Sensitive programmes for development and rehabilitation of adolescents who are physically and mentally challenged. NGOs are often best suited for this.*

- 8.24 **Management And Co-ordination:** Orissa adolescent programmes lack an effective support mechanism. Development without infrastructure is considered a 'development sin' so also development programmes 'without resource'. As regards adolescents, Orissa lacks both.
- 8.25 Although the state has a Department of youth and Sports, its youth wing has a skeletal 4 member staff with around 7 lakh rupees per annum for programmes, for its 87-lakh adolescents. There is not much technical input or professional expertise.
- 8.26 The state Youth welfare Board, which is supposed to be an advance Resource Center on Youth and adolescents, is at present an extension of bureaucracy without any significant contribution. Of course, the draft youth policy of the state has promised to reorganize the Board.
- 8.27 These two state level structures need urgent reorganization with adequate resource support and professional competency. Innovative programme intervention is a critical input for adolescent development. Yet more important than this is the technical input for greater effectiveness of these programmes to guarantee better resources utilization.
- 8.28 Professionally staffed, the State Youth Welfare Board can function as an effective planning, monitoring and evaluation system and a result-oriented network. It can assess and translate different development needs of adolescents into a systematic grid of programmes and schemes. While the state Youth Welfare Board need to be developed as an advance center of excellence on youth and adolescence with representative structure and statutory role, the State Youth Department should be strengthened further to function effectively as a nodal department. Since the draft youth policy is ready, its implementation requires adequate structural, professional and financial support.
- 8.29 In addition, for, the various state departments like Education, Health, Rural Development, Panchayat Raj, Labour and Employment Women and Child, Social Justice etc, separate sectoral allocations should be made to cater to the needs and concerns of the adolescents. The state Youth Department along with the department of Women and Child can be declared as the twin Nodal Departments for adolescence with an inter-Departmental Council representing various Ministries/ departments concerned. To ensure a coordinated effort membership of this council can be extended to similar central agencies functioning in the state including reputed civil society organizations and doner agencies working in the area of adolescence.

- 8.30 To reinforce this process further, the State Institute Of Family Welfare And The State Youth Advisory Board should collaborate on regular basis to provide technical professional and policy support to the twin nodal departments.
- 8.31 Down the line, each district should have a Youth and Adolescent Development Council with representatives from district development agencies, ICDS NSS, NYKS, NCC, Scouts and Guides, NGOs, Junior Red Cross, Civil Society organizations, Banks and rural credit/ cooperative agencies, Panchayati Raj institutions and major youth organizations, education and Health agencies. This district level council must have financial provisions and autonomy for programmes on adolescents.
- 8.32 At the local level Panchayats and Municipalities can be encouraged to include adolescent issues in their plans and programmes by making budgetary allocations for this purpose, with priority for the disadvantaged adolescent groups. These arrangements should be reflected in the state strategic plan.
- 8.33 For a purposeful synergy, adolescent developments strategies are to be viewed holistically as a comprehensive package comprising education, training and skill building, health, entrepreneurship, personality development, awareness generation and mobilization with preferential **focus** on the disadvantaged sections.
- 8.34 Adolescent development should not be allowed to languish for want of resources. The private and corporate sector should be roped in as a part of community commitment. The State Government may consider creating a corpus with a minimum of contribution of ten corer rupees as a State Youth Development Fund.
- 8.35 The Govt. of India has initiated steps for setting up a separate unit in the Ministry of Youth Affairs for Adolescents with a separate budget allocation. The State Govt. can follow this practice in order to avail of its share from the center on adolescent programme development.
- 8.36 This State requires strong political as well as administrative will to ensure convergence of existing services, infrastructure, resources and human power related to adolescent and youth serving sectors to optimize the benefits with greater cost effectiveness.
- 8.37 Adolescent policies, plans and programmes would require periodic review, evaluation and corrective interventions. A truly autonomous and empowered State Youth and Adolescent Development Council with a representative structure will be the appropriate forum to advise the state based on feedback from district and local networks and action research on the issue.

- 8.38 Children and adolescents under 19 years constitute 50 percent of the present population of Orissa. Yet the Annual Economic Survey being published by the department of Planning And Co-Ordination and placed in the Orissa Legislative Assembly (OLA) every year does not focus public attention on this important social category. Although the state has a separate department on Sports And Youths Services the Economic Survey does not have a separate chapter on this. This anomaly needs to be corrected by including a special section/ chapter in the report indicating the development investment on children, adolescents and the youth.
- 8.39 Research Needs: Orissa needs a wide knowledge base on adolescence to professionally handle the issue. Data available is scarce and mostly reproductive health oriented. Some of the issues that need to be examined and researched are:
- i. Adolescent Programmes and services are handled by multiple agencies in the State, which often overlap. It needs meaningful and purposive linkage as well as convergence. The operational modalities need to be researched.
 - ii. A Study on Health Providers: and Adolescents to identify the health needs of adolescent girls and boys
 - iii. Adolescents in School: How the school environment and values matter in adolescent development. And why even the poor abandon the Govt. schools, what corrective measures would be necessary.
 - iv. Out Of School Adolescents: is another important area of research as 69 percent of the adolescents remain out the formal school system. Innovative non-school based intervention strategies are to be developed for this category.
 - v. There are divergent views about the efficacy of mid-day meal programme. And independent study on this would help taking corrective measures.
 - vi. Generation Gap: the extent to which parents do influence the attitudes and behaviour of the adolescents and factors related to the size of the generation gap.
 - vii. Peer Pressure/Influence: How peers and parents influence high-risk behaviour among adolescents.
 - viii. Social Deviancy And Crime Committed By Adolescents: This issue requires deeper study.
 - ix. Adolescent Migration: This is a serious problem in view of the increasing rate of HIV/AIDS and STIs in the State, as about 14 percent of the 12-lakh migrants are reported to be adolescents.

- X. Adolescent productivity: Research focus is mostly on adolescent reproductivity. In orissa there is hardly any study on preparing adolescents for a productive adult life.
- Xi. Adolescent Boys: Not much study is available in this neglected area.
- xii. Adolescent Mothers/ Married Adolescents: This is another area of action research as the number varies from 38-66 percent.
- xiii. Adolescents In Family: How family environment contributes to adolescent development as most adolescents live and grow up in family.
- xiv. IEC Needs Of Adolescents: Not many materials are available in Orissa on various aspects of information, education and communication needs of adolescents.
- XV. A study on Policies, Legislation and Regulations – of relevance to adolescent sexual and reproductive health with special focus on differences between the six sexes.
- Xvi. Triple Tension: Schooling, Unemployment and reproductive challenges. Adolescents are under stress from different quarters that affect their personality.
- xvii. Tribal Adolescents: 121 Community Development Blocks out of 314 are tribal sub plan blocks. There is a need for studying the special needs of tribal adolescent. Issues like impact of alcoholism on tribal adolescents can be researched.
- xviii. Media Influence: On adolescent's attitude perception, values and behaviour.
- xix. Action Research: On adolescent friendly health services in the state.
 - xx. Action Research on involving young people at various levels of programmes.
- XXi. Puberty: This is the most manifest physical rupture/break with the childhood and a traumatic experience for many. No state level study on this issue is available.
- XXii. How Do The Adolescents Of Orissa Spend Their Free/ Leisure Time? Its structural and cultural connotations nature and types of leisure available to adolescents in different parts of the state time-use profile, linkage between behaviour time use and sub-cultures, policy and programme design.

- xxiii. There is an urgent need for gender-disaggregated data on births, deaths and causes of death in order to understand the problem better. There is also a need for data which should reveal how often girls' as compared to boys are brought to health centers for medical attention.
- xxiv. The need is to critically examine whether gender discrimination at birth and during childhood together with amniocentesis and MTPs determines the sex ratio at later stage and why the sex ratio during adolescence is almost equal in percentile term with very little variation in absolute numbers. Some experts believe that probably the mortality rate at the reproductive years may be influencing the low sex ratio than the FMR06.
- XXV. How Do The Adolescents Of Orissa Spend Their Free/ Leisure Time? Its structural and cultural connotations nature and types of leisure available to adolescents in different parts of the state time-use profile, linkage between behaviour, time use and sub-cultures, employment and poverty, policy and programme design.

Conclusion

- 9.0 In 2015, about 70% of Orissa's population will be in the working age group. With a little more perseverance, passion, ideas and actions perennially capital starved Orissa can get rid of its poverty and slow economic growth and become an economic powerhouse only if the state wisely invests on its adolescents from now onwards. The more adolescents are skilled, the more of them join the workforce. And more the younger people the state has in its workforce, the greater will be the savings, which in turn would lead to more capital becoming available for development investment on social sectors. This often triggers the 'virtuous cycle' of more jobs, greater disposable income, additional demand for consumption, increased savings enhanced investment and improved human conditions.
- 9.1 This has happened in the East-Asian tiger economies most of whom were in the same condition as Orissa was five decades ago. With a population density less than 240 per sq.km. the state has enough land mass natural resource and space for creating developmental opportunities for its young.
- 9.2 The new millennium and the new century provide Orissa with a new opportunity for a new initiative on adolescence. This would require

systemic and structured changes to ensure and enhance the well being of its adolescent community. Adolescent development does not happen in isolated contexts. It needs to be embedded in our multiple social layers that constitute the family, community, academia and the larger arena of civil society. The approach and focus should move from a Problem solving, risk-reduction and negative orientation to creating enabling conditions, building individual capacities, increasing immunity and resilience and promoting healthy positive behaviour among this critical age-group. Young people need positive anchors to live and grow as adults.

- 9.3 In Orissa, every one-minute about two children enter adolescence and every day more than two thousand children become adolescents. This trend is likely to continue for the next ten years. Simultaneously every four minutes one adolescent (10-14 yrs) remains out of the school. To meet this challenge the state has to plan adequately, effectively and well in advance.
- 9.4 In terms of growing up, adolescence is quite challenging as humans, unlike other primates undergo an intense parental care. Humans have a longer life span and late sexual maturity. For almost a decade, which may be called as the second decade, humans undergo a protracted period of biological and psychological helplessness, through a complex social life. In order to survive and stay ahead they need a host of life skills from creative decision making, understanding their own body and mind, managing knowledge and information acquiring values and perspectives to seeking and identifying opportunities for self reliance and self development.
- 9.5 Adolescents, whether rural, urban, rich or poor have a strong need for connection and belonging. For want of positive moral alternatives in family, school and community, many of them connect to negative peer group and gangs. A positive adolescent development network that understands their needs and aspirations and connects them with the socio-economic framework of the state will be one of the many responses to influence the present situation.

Annexure - 1
SOME LEARNING EXPERIMENTS AND STUDIES

Annexure - 1

SOME LEARNING EXPERIMENTS AND STUDIES

Project: PROGRAMME FOR ADOLESCENT GIRLS
NATIONAL INSTITUTE OF APPLIED HUMAN RESEARCH AND DEVELOPMENT
(NIAHRD)

- 1.0** An Orissa based NGO, NIHARD conducted two projects – one for adolescent girls and another for adolescent boys. Its project for adolescent boys is just completed and awaiting evaluation. NIHARD believes that adolescence is a second opportunity provided by nature to make good the mal-effects of childhood under nutrition. NIHARD was also concerned about the nexus between poverty, illiteracy and early marriage leading to high IMR and MMR in Orissa. Here, its experience with the project for adolescent girls is given in brief:
- 1.1** Goal: Empowering adolescent girls and young married women below the age of 25 through Life Education Training, especially those of the Scheduled Caste/ Tribe and weaker segments of rural society, & provide them with knowledge and skill for income generation activities in order to make them self-reliant.
- 1.2** The specific objectives are:
- o To reach young women with basic services of health and education and to initiate group action programmes in their villages;
 - o To impart literacy and health education focused on life skills and the environment, enabling the effective participation of the young women at the community level;
 - o To establish linkages with ongoing programmes of ICDS/TRYSEM and DWCRA/IRDP and to enable the organized groups to engage in income generating activities;
 - o To develop location specific and relevant life skills oriented learning materials for the education of out of school girls;
 - o To promote health education amongst the community through the adolescent girls;
 - o To document the process of organization, the literacy course, the linkages with socio-economic programmes, the role of the participating agencies in particular for replication and information sharing.

1.3 Project operation strategy: The project envisaged to evolve an effective but need specific planning for social action vis-à-vis social mobilization, thereby reflecting direct intervention action into the core areas as literacy and income-generation programmes at the first instance. All these were undertaken by a participatory method where the adolescent girls, as target beneficiaries, were actively involved.

1.4 As the girls and their Didis were from the respective villages, the supervisors and the coordinator too were selected from the same area and were imparted with skill improvement job training to strengthen their skill for effective discharge of their duties. Most importantly, the supervisors and the coordinator were selected through a rigorous selection process having a strong pre-condition that each one of them should be well versed with extensive cycling.

1.5 The members of the project functionaries and the beneficiaries were:

Project Coordinator:	1
Supervisors:	5
Didis:	50
Beneficiaries:	1200
(Adolescent girls)	

1.6 Training: A well-structured training curricula was developed to impart skill development training for the key project functionaries viz., coordinator, supervisors and the Didis. The training was conducted in phased manner as per the schedule and it covered diversified areas, which are related to the empowerment of adolescent girls. More so, the Didis of each center were given intensive trainings on periodical basis to transfer the knowledge to the beneficiaries. The first major thrust of all the trainings were to bring about an attitudinal change within the community to cherish literacy endeavour in their respective villages involving the members in particular but the community in general. In some villages educated girls and school teachers have shown their interest to promote literacy voluntarily, who were of course encouraged by the project staff and extended with all possible cooperation.

1.7 However, as the intervention process went deeper, the training curriculum was also revised with additional chapters ie. MCH care, Nutrition Education, Environmental Sanitation, Immunization, ORS, Vitamin -A supplementation, status of women in our society etc.

1.8 Apart from the above-mentioned training processes, at different occasions of the training days most of the trainings were also programmed to arrange field visit for the group leaders (Didis) to places like multi-disciplinary training center in Udyog Puri and other places. It has not been possible to take all 1200 girls on these trips due to various administrative reasons.

1.9 Community Participation: With the objective of participatory action to implement the programme, the beneficiaries have been organized, motivated and oriented to perform their need specific roles so as to intensify the programme implementation. The young girls, who were always living as the dancing dolls on the hands of so called male chauvinistic society, are no longer cooperative, passive innocent girls. They are now more courageous, knowledgeable and act responsibly in the social structure. Through out entire programme implementation days, it was observed that a large number of villagers voluntarily spared their building spaces, which were otherwise hard to find out. Some even allowed an electric connection and offered other resources to

make the training programmes a success. Above all, the local communities are the tools through whom the essence of the programme success could be visible now.

1.10 Six months duration for educational activity is now thought to be inadequate. In some centers the III primer could be finished late, as the girls were slow to learn. The educational programme is still going on and in some villages post literacy programme has started.

- o In some of the centers girls having educational qualification up to class III were also not available.
- o Two centers, one at Jharpada and the other in Gopalpur-I, have been closed down temporarily due to local conflicts. Efforts are on to start it again.
- o Even those who have read up to class IV or V, their standard was extremely poor where the local teachers and educated girls were requested to help.
- o At most of the places the Didis were found to be introverts. So to make them versatile it needs a plenty of courage and support for them to stand and talk to their peer groups.
- o It was difficult to get a place in some villages for the centers. The schools were closed only after 4 p.m. as it turns dark after that as programme started in winter only.
- o Electricity was available only in a few villages. Kerosene was difficult to get; thus the duration of literacy session became less.

- o Girls got tired after working the whole day.

1.11 Strengths:

1. Villagers and parents were mostly cooperative; they provided their valuable support and encouragement to girls and to the programme.
2. In some villages the girls were so enthusiastic that they themselves arranged for Kerosene Lamps, which they arranged in rows to provide better illumination.
3. Monorama of Alarpur village refused to marry after she went through the trainings since she was only 16 years old. This motivated other girls to be assertive with ***courage to say “no”***.
4. There was a new awakening in the community about adolescent girls and there are needs.

Annexure - 2
“Family Status And Nutritional Outcome In Adolescent Urban School Children in Orissa” (2003), S.C B Medical College Cuttack Orissa

1.1 This study is a cross sectional study conducted by the Department of Pediatrics, S.C.B. Medical College, Cuttack, from May 2003 to August 2003 to analyze the effect of various family variables, socioeconomic status, parental nutrition, maternal education and number of siblings on the nutritional status of adolescent school children.

1.2 The authors examined about 635 school children of 10 -15 years age group from local Govt. school over a period of 4 months. Detailed data of Wt & ht of the students and parents were recorded along with a questionnaire, to ascertain family income, maternal education, and number of siblings. Nutritional intake of girls were entered in a preformed Performa and analyzed. Results of BMI of children were calculated and compared with the standards of Agrawala KN et al & parental nutritional status & economic status were obtained from WHO reference.

1.3 According to the study 9.6% of study population was found to be *undernourished girls* outnumbering boys. *Over weight* was equally prevalent in the adolescent school children ie 7.4% and boys were more in number. *Under nutrition* becomes more evident as family economic status goes down ie. 4.76% from higher economic group to 10.8% of lower socioeconomic group, which is statistically significant. Overweight was more prevalent in *higher income group*. Parental nutritional status had no significant bearing with children nutrition. It was also observed that better maternal education is an important factor in preventing adolescent under nutrition and over weight in children. Over 80% of under nourished children had more than 2 siblings, at home. *Deficient RDA was responsible for 36% cases of under nutrition*, where as over 83% of these children were consuming more than the recommended RDA. Family socio economic factors & nutrition are the major factors in determining under nutrition or over weight.

Annexure - 3

1.0 Study On Adolescents Suicide' (2003), S.C B Medical College Cuttack Orissa

- 1.1 This study was to know the *suicidal attempts* in adolescents and to establish the incidence of suicidal attempt among adolescent in the locality; to find out *the risk status and predictors of suicidal attempt* among adolescents; to find out the *solution how to prevent* the act.
- 1.2 The *study conducted among the hospital Survivors*, followed up while on maintenance for physical problems with psychological assessment and psychosocial interventions for at least six months. About *55 girls and 31 boys were studied*.
- 1.3 For the Study on *suicidal attitude of adolescents* the School Survey was done during *Adolescent Care Week*, where 281 students from *class IX & X* were studied from a co-education school. The questionnaire method was adopted to collect free opinions form 281 students without disclosing their identity.
- 1.4 About 34(12.1%) adolescent opined that they were *depressed and wanted to commit suicide*, which constituted 14 boys (9.3% of total boys) and 20 girls (15.38% of girls). The average age group of father was 43.8 years and that of mother 38.7 years. 70.6% of mothers were housewives. The average no of siblings were 1.1 per students. The cause of suicidal attitudes were more *parental expectation (26.5%)*, *partiality between siblings (29%)* and inability to tell (11.76%) heavy load of studies (14.7%), betrayed by opposite sex (5.88%), less mark in exam (17.65%), parental quarrel 2.9%), short stature (2.9%)and future unemployment (2.9%).
- 1.5 After getting *scolding* from parents, *55.88% remain depressed*, 26.47% remain silent. About 5.88% think of *running away from home* and 11.76% *react violently*. The study concluded that the *study related problems* like more parental expectation (26.5%), low performance in studies (17.65%) and heavy load of studies (14.7%) were the *most common causes of suicide behaviors*. Girls (15.38%) have more suicidal attitude than the boys (9.3%) for which parents need to be counseled.
- 1.6 Only a 14% of attempters had *family-loading psychotic* trend that appeared to exist in children exposed to combination of parental adjustment difficulties,

maternal distress, and recent life event and lifetime losses. *Undesirable personal life events* in near future *failure in examinations* and *impending loss of love object* were observed to be as important as recent undesirable life events. Addictive learned experience through events in media, locality, and imagined positive outcome of self-harm and imitative action were important factors precipitating self-harm. *Recent life event affected girls more while upcoming punitive testing events affected more boys (47% boys against, 26% of girls)*. Most boys in the series were single attempters compared to multiple *attempts by girls 17% against 56%*. Findings suggest that dysfunctional affective - cognitive process preceded and contributed to each attempt in adolescents. Intervention should aim at prevention in that period.

Annexure - 4

1.0 Changing Trend Of Opinion In Adolescent Girls And Need Of Family Life Education In Co-Education English Medium School Of Cuttack, Orissa' S.C B Medical College Cuttack Orissa

The study was a *Cross sectional study*. Previously adolescent girls use to think female sex to be a curse of their previous birth due to the social customs and male dominance in our state, which leads to *depression in the mind of adolescent girls*.

1.2 Out of total students, 96 girls from class IX & X was taken from a co-education school. 3.1% were 16 years of age, 35.4% were 15 years of age. 52.1% were 14 years of age and 9.4% were 13 years of age. Their free opinion was taken by *questionnaire method*. Their liking for female sex and the reason for it were also asked.

1.3 Majority of students of English Medium School belonging to higher middle class parents opined positively for becoming girl. *81(84.37%) girls like to be girl*. The reason given by them were girls are *doing better in every sphere of life* (14.58%), *tolerate better* (8.3%), better than boys (11.45%), accept decision of Good (20.8%), more responsible than boys (5.25%) understanding 10.4% can take care of parents better (4.2%).

1.4 In the *next birth also 69 (71.87%) of girls want to be born as girls*. Average age of *menarche* was 12.75 years, breast development started from 12.54 years and auxiliary hair started from 12.67 years 49(51.04%) girls are having pain abdomen during each cycle, but had less knowledge about use of analgesics. About 43 (44.79%) girls had knowledge about childbirth, 68.75% knew AIDS transmitted through sexually.

1.5 To conclude contrary to the previous attitudes of adolescent girls now the adolescent girls think positively for their being a girl (85.42%) .In our male dominated society this is a better achievement for future generation. Due to less knowledge about "*Family Life Education*", there is a need of education them in school curriculum

Annexure - 5

1.0 "Adolescent Speak" CINI, kalkata -OVHA, Orissa (2003)

- 1.1 Girls in the age group of 15 - 19 account for 16 percent of the total fertility and more than 28 percent of the currently married women in Orissa report some type of reproductive health problem. *A study conducted by CINI-OVHA (2003)*, in Orissa, in order to gauge the adolescent's understanding of various issues affecting them, particularly those pertaining to reproductive and sexual health, and the stakeholders, views on the same. The modality of the study was to conduct of a series of *workshops* in *17 districts* of Orissa involving 492 adolescents and 60 stakeholders.
- 1.2 Among major findings, the most important was that over 80 percent of the adolescents were in favour of *heterosexual friendship*. The tribal adolescents were more liberal on the issue than those from non-tribal. Majority of adolescents, while claiming that they should be treated as adults, did not have a clear idea on issues involving their reproductive and sexual health. The study claims that 90 percent of the boys reported to know about masturbation and night emission but harboured with various *misconception regarding* these issues.
- 4.3. The study shows that the *adolescents feel a lot of stress*, mainly due to the *pressures of studies* and choosing a career and unrealistic expectations of parents, insecure and apprehensive about them selves. Although heterosexual friendship was widely view among the adolescents, most of the adolescents feel restrained by doing that. But due to the very nature of tribal communities the heterosexual friendship was common among the adolescents, study claims.
- 4.4 On Masturbation 92.62 percent of the boys reported to know about, of whom 81.96 percent reported that *masturbation caused weakness, loss of semen, STDs, impotency*, and even hampered mental development. Similarly 97.43 percent expressed that night emission caused diseases leading to loss of semen, weakness and impotency.
- 4.5 The study reveals, majority of girls perceive that with onset of *menstruation*, a girl gets physically ready for marriage and motherhood. Menstrual hygiene is another area of concern for the tribal girls who don't have even any idea about sanitary napkins. Adolescent girls face a lot of *restrictions* during menstruation as the menstruating blood was considered to be "impure" and "dirty". The information about pubertal changes is limited
- 4.6 Although the legal age of marriage was known to all the adolescents, going against the parental wish on matters of marriage, preferring love marriage, on dowry, the girls have very limited freedom. The *misconceptions about pregnancy* and the understanding on the biological process involved in conception and fertilization was found widely among adolescent girls.
- 4.7 Knowledge of pregnancy and child bearing was woefully poor among the teenagers. About 85.71 percent of the adolescents know about contraceptives, but none knew about the methods of using them or how these can prevent *unwanted pregnancies*. Though the teenagers reported reproductive morbidity, they had no clue about the way of prevention or treatment. The fact that the boys reported night emission as the most common reproductive morbidity is a pointer to the degree of ignorance among adolescents on the issue.

- 4.8 Some of them said that though cousins, uncles or brothers friends sexually exploited girls, the victims were forced to keep quiet about it because more often than not it was the girl who was blamed and her family ostracized. According to others, violence implied both physical and mental torture. Instances of violence against women mentioned by them were Rape, Trafficking, Molestation, Dowry harassment and deaths etc.
- 4.9 Nearly 43 percent of teenagers who attended our workshops in Orissa were under the impression that *sex education taught one about how to enjoy lovemaking in this state of affairs*, the importance of genuinely educating the youngsters on various sexual health issues cannot be emphasized enough. Most adolescents said they got information about sex from friends, films and magazines, but authentic knowledge about its key issues still eluded them. Sex education at an early age is preferred. But separately for boys and girls. The need of sex education could not be linked to *reproductive health to enable them to make informed choices, behave responsibly and prevent them from STDs or HIV/AIDS*. This should be made part of the school curriculum, viewed many adolescents. The preferred age as mentioned for *sex education is 10 for girls and 12 for boys'*. Of the 60 stakeholders only 12 said that contraceptive services should be provided to unmarried adolescents as well. Ignorance about RTI/STI/HIV/AIDS and adolescents stand at a high risk of contracting HIV/AIDS was observed by the study.

Annexure - 6

5.0 A STUDY ON REPRODUCTIVE HEALTH AMONG ADOLESCENTS, TE&SCERT, BHUBANESWAR (2001)

- 5.1 Sexuality, which is a healthy socio-biological concept, is always seen as a dirty word. It is like a forbidden fruit, which is sought stealthily. As sex is a part of human life, sex education covers only the human reproduction to know the anatomy and physiology of the organs. The basic objective of sex education is to reduce the incidence of teenage/unmarried pregnancies, abortion, unsafe sex and various fatal diseases like STDS, HIV/AIDS."

- 5.2 Accordingly to a survey conducted by TE & SCERT, *Department of School and Mass Education, Govt. of Orissa*, 92% of adolescent expressed for the need of sex education. About 72% wanted to know these things from their teachers. Explaining to question that all the secondary level schoolbooks have a topic on the above issues, it was discussed that only naming the issues or touching those in brief is not sufficient. The present syllabus is in -adequate about these topics and need elaboration. The study suggests adolescent education instead of sex education,

Annexure-7

- 6.0 ' ***Need Assessment Study Of Adolescents Of Orissa*** With Reference To The Existing Knowledge, Perceptions Of And Preparedness Of Teachers, Parents And Students For Adolescence Education' (2000), Family Planning Association Of India (FPAI) and TE & SCERT, Department of School and Mass Education, Govt. of Orissa Bhubaneswar.

- 6.1 The main objective of study was:

- To identify the needs of the Adolescents of the 40 Secondary Schools undertaken under National Population Education Project by the Population Education Cell of the Directorate of Teachers Education and SCERT, Orissa in the fields of process of growing up, HIV/AIDS and Drug Abuse.

- To conclude whether there is any special attention to be paid towards the problems faced by the adolescent girls especially during the process of growing up beside their knowledge, attitude and perception towards the adolescence period, HIV/AIDS, Drug Abuse.

6.2 Major Findings: Although the data collected to assess the knowledge, Attitude, Perception and Preparedness shows that the sample group including parents/Teachers are aware of some important aspects of this education. But, still the major findings unearthed which require further evaluation and interventions are:

- There is still lack of proper knowledge about the psysical changes during the period, which often has a bad impact on the perception of adults.
- There is lack of proper knowledge regarding reproductive health, due to which some physiological changes observed/felt amongst the adolescent's leads to confusions, psychological troubles arising from peer groupism, information collected from cheap source of informations.
- There is lack of proper knowledge regarding the maturation during adolescence.
- There is still lack of knowledge about different possible modes of transmission of AIDS/HIV, common presentation of HIV/ AIDS.
- There is still lack of knowledge about how to protect oneself from unidentified AIDS/HIV victims as well as use of Oral Pills, IUCDs in protecting against AIDS.
- There is lack of proper knowledge about drugs, which leads to Drug-Abuse, and the common presentation of Drug-Abuse.
- There is lack of proper knowledge about the duration, contents of menstrual blood, also about the normally associated presentations like clotted bleeding, nose bleeding etc.
- There is lack of scientific about adolescence education in the curriculum leading to fragmented ideas and information on this aspect of human life amongst the sample group, reflected in their views, suggestions and questions.

Recommendations: Although the response is overwhelming and enthusiastic, but the dissemination of proper scientific knowledge requires the only way to achieve the objective for which the study is undertaken. The recommendations may be:

- Inclusion of Adolescence Education as an ancillary subject like Music, Drama, social useful productive work in the curriculum to assess the eagerness and preparedness of students, teachers as well as parents to undertake and further evaluation through studies.
- Inclusion of more detailed and up-to-date information on the nature of problems faced by the adolescents during this stage and their effective remedial measures through counseling, story telling rather allowing them to settle through peer groups, experimentation.
- Inclusion of Reproductive Health and its different aspects keeping in view the socio-cultural heritage and traditions of Orissa, in the text books. By this we can keep our inquisitive adolescents being misguided to the irrelevant informations projected by the Television, Newspaper and Magazine.
- Inclusion of scientific knowledge about AIDS, HIV as a part of knowledge package through symposiums, interactions, short plays among the students. So that the knowledge conferred on them at this stage of life will get propagated through the society.
- Provision of health-check up clinics/mobile clinics to assess the health status of the adolescents, who mostly in a state like Orissa not only suffers from problems of adolescence, but also problems like malnutrition, drug abuse etc.

- Inclusion of dropouts, illiterate adolescent mass in this programme to make them understood their potentials and their means of escaping out and managing with various changes of adolescence, the menace of AIDS and drug abuse.
- The study finds that there is great peer influence on the overall behaviour of adolescents and hence it needs to be ensured that this influence is positive, gainful and informative.
- This could be done by tapping the adolescents young (12 to 14years) and educating them with the real philosophy of life. Primary Educational Institutions so that the schools need to take up the challenge.
- A majority of the adolescence do not seem to be very clear about safer sex, or precisely, the causes of STDs, RTIS, HIV/AIDS. It is therefore; recommended that the issue should be taken up more vigorously, perhaps at school level itself. Time is now ripe to do away with sex as a taboo and that the schools should be more rational and scientific in imparting education or socializing the adolescents.
- The Government and Societies need to create more opportunities for the adolescents, it could be in the form of “Young Women/ Men Information Centers” in the model of FPAI for a variety of creative programmes.
- Parents and Teachers together form the most important agents to reform the adolescence behaviour. Interestingly the parents and the teachers are eager to learn more about the issue; therefore any orientation programme for them would be well accepted.
- A vast majority of educational institutions has no provision of sexual and reproductive health education or even counseling for that matter. This issue should taken up with the policy makers in the field of education or the respective State Governments.
- The female adolescents have been termed as most disadvantaged. Hence, a special concern is imminent in preparing for all the follow up activities.
- A flexible, positive and reformatory approach needs to be adopted while dealing with adolescents – as the judiciary personnel put it.

Annexure - 7

9.0 'State Level Consultation on Adolescence in Orissa June 28-29 (2004)' CYSD Plan Project, Bhubaneswar (extract of the declaration)

1. Introduction of health-consultation centers in urban slums and villages needs to be considered.
2. Introduction of adolescence education in schools and Introduction of sex education in schools and colleges according to ages & grades need to be ensured.
3. Sensitization for parents and teachers on adolescent health issues is a need to be met on a priority basis.
4. Weekly consultation on adolescent- health- centric needs to be facilitated.

Annexure - 8

“Task Force on Women and Violence, Bhubaneswar, Orissa and Boudh – Kandhamal District Women’s Forum”.

Study Title: False promises of marriage and Unwed Motherhood (Extract of a study)

The Issue: Violence against women, traditionally means rape, molestation, dowry, bride burning etc. The study here relates to an unusual factor, i.e. false promises of marriage leading to unwed motherhood.

The Process: In Nov-Dec’2002, the Task Force on Women and Violence, through its interaction with the people of Boudh and Kandhamal districts, two predominantly tribal inhabited areas of Orissa, had come across several instances of false promises of marriage that led to unwed motherhood. Prior to this, in Nov’2001, a workshop had been organized on the issue in which 25 NGOs had participated. Most of the

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participants had identified polygamy, nature of marriage, divorce, false promises of marriage as the main social issues of the areas. Yet they didn't have any data to substantiate their assessment.

The Study: The study was conducted to meet this need. Accordingly, one community development Block of Boudh and six Blocks of Kandhamal district were selected. From each Block three different Panchayats were taken for the survey i.e. (i) tribal dominated (ii) sc dominated and general category.

AREAS COVERED DURING SURVEY		
District	Name of the Block	Name of the G.Ps.
Kandhamal	Khajuripada	Arapaju Khajuripara Naugam
	G.Udayagiri	Kalinga Talarimaha Malikapodi
	Phiringia	Bharingijodi Phiringia
	Tikabali	Pikaradi/ Katimaha Koinjhar
	Daringibadi	Greenbadi Sraniketa Dashingbadi Daringbadi
	Raikia	Raikia Mandakia, Dadingia, Petapanga, Chanchedi
Boudh	Kantamal	Ghikundi Manamunda Guduvalipadar

District Profile

Districts	Population	No. of Blocks	No. of Panchayats	No. of Villages	Percentage of State Population
Boudh	3,17,622	3	58	1166	1.00%
Kandhamal	5,46,281	12	144	2,515	1.73%

Profile of Violence against Women in Boudh- Kandhamal Districts Total No. of Incidence Percentage

	2001		2002		Total No. of Incidence			Percentage	
	Boudh	Kandhamal	Boudh	Kandhamal	2000	2001	2002	Boudh	Kandhamal
Rape	6	34	2	32	753	790	691	0.29	3.32
Dowry Death	2	4	1	4	448	427	481	0.2	0.83
Dowry Torture	12	15	4	22	889	1,030	1,042	0.38	2.11
Dowry-	-	2	-	-	41	41	43	0.0	0.0

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Suicide									
Non-dowry torture	2	27	5	45	452	552	524	0.95	8.58
Source: White Paper 2002									

The survey found out the following information about cases of Unwed Mothers:

Table - XIV
Gram Panchayat wise information about cases of Unwed mothers

Name of the Block	Name of the GPs.	Types of Cases			Category			Total
		FM	ISD	FSD	SC	ST	Gen	
Khajuripada (Kandhamal)	Arapaju	13	3	3	9	9	1	19
	Khajuripada	7	11	15	18	7	8	33
	Nuagam	11	19	5	10	16	9	35
G.Udayagiri	Kalinga	3	Nil	Nil	1	1	1	3
	Talarimaha	2	Nil	Nil	Nil	1	1	2
	Malikapodi	8	4	17	10	16	3	29
Phiringia	Bhuringijodi	3	3	20	3	22	1	26
	Phiringia	2	1	12	3	10	2	15
Tikabali	Piranradi Katimaha	7	1	3	6	5	Nil	11
	Koinjhar	Nil	4	9	1	8	4	13
Daringibadi	Greenbadi	1	14	2	9	6	Nil	15
	Sraniketa	2	2	1	1	4	Nil	5
	Dashingbadi	5	2	1	1	4	Nil	13
	Daringbadi	3	6	Nil	1	6	2	9
Raikia	Raikia	2	7	1	6	3	1	10
	Mandakia, dadingia, Petapanga, Chapchcdi	2	5	2	4	5	Nil	9
Kantamal (Boudh)	Ghikundi	2	1	1	2	1	1	4
	Manamunda	6	Nil	6	6	1	5	12
	Guduvalipadar	2	Nil	2	2	2	Nil	4
Total		81	83	105	103	125	39	267

FM: False Promise of Marriage ISD: Illegally staying and Deserted
FSD: Forcefully staying and Deserted SC: Scheduled Caste ST: Scheduled Tribe Gen: General.

Table - XV
Gram Panchayat wise information about Age group of the victims

Name of the Block	Name of the GPs.	Age group					Total	
		11-14	15-18	19-22	23-25	26-30		<30
Khajuripada (Kandhamal)	Arapaju	-	-	2	1	2	14	19
	Khajuripada	-	-	1	12	6	14	33
	Nuagam	-	-	2	2	11	20	35
G.Udayagiri	Kalinga	-	1	2	-	-	-	3
	Talarimaha	-	-	-	-	-	2	2
	Malikapodi	-	1	6	2	4	16	29
Phiringia	Bhuringijodi	-	-	1	6	6	13	26
	Phiringia	-	1	3	2	5	4	15

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Tikabali	Piranradi Katimaha	-	1	4	2	3	1	11
	Koinjhar	-	-	1	2	7	3	13
Daringibadi	Greenbadi	-	2	2	8	2	1	15
	Sraniketa	1	2	-	1	1		5
	Dashingbadi	1	2	4	2	1	2	13
	Daringbadi	-	2	3	-	-	4	9
Raikia	Raikia	-	1	1	3	-	5	10
	Mandakia, dadingia, Petapanga, Chapchcdi	-	-	4	1	2	2	9
Kantamal (Boudh)	Ghikundi	-	1	2	1	-	-	4
	Manamunda	-	2	2	1	2	6	12
	Guduvalipadar	-	-	3	-	-	1	4
	Total	2	16	43	46	52	108	267

Source: Study by Task Force on Women and Violence & Boudh Kandhamal District women's Forum, 2002-2003

Gram Panchayat Wise Information about Education of the respondents

Name of the Block	Name of the GPs.	Educational back ground of the victims of FM and UM					Total
		Illiterate	I-V	VI-X	XI-XII	Above	
Khajuripada (Kandhamal)	Arapaju	16	2	1	-	-	19
	Khajuripada	29	3	1	-	-	33
	Nuagam	27	8	-	-	-	35
G.Udayagiri	Kalinga	-	2	1	-	-	3
	Talarimaha	-	1	1	-	-	2
	Malikapodi	11	4	13	1	-	29
Phiringia	Bhuringijodi	22	4	-	-	-	26
	Phiringia	10	5	-	-	-	15
Tikabali	Piranradi Katimaha	5	3	2	1	-	11
	Koinjhar	10	2	1	-	-	13
Daringibadi	Greenbadi	10	2	3	-	-	15
	Sraniketa	3	1	1	-	-	5
	Dashingbadi	8	4	1	-	-	13
	Daringbadi	8		1	-	-	9
Raikia	Raikia	3	3	2	2	-	10
	Mandakia, dadingia, Petapanga, Chapchcdi	6	1	1	1	-	9
Kantamal (Boudh)	Ghikundi	2	1	1	-	-	4
	Manamunda	8	2	2	-	-	12
	Guduvalipadar	4	-	-	-	-	4
	Total	182	48	32	5	-	267

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Gram Panchayat wise information about the children of the victims

Name of the Block	Name of the GPs.	Mother	Children
		Khajuripada (Kandhamal)	Arapaju
	Khajuripada	33	11
	Nuagam	35	12
G.Udayagiri	Kalinga	3	3
	Talarimaha	2	3
	Malikapodi	29	29
Phiringia	Bhuringijodi	26	13
	Phiringia	15	10
Tikabali	Piranradi	11	4
	Katimaha		
	Koinjhar	13	11
Daringibadi	Greenbadi	15	19
	Sraniketa	5	5
	Dashingbadi	13	9
	Daringbadi	9	9
Raikia	Raikia	10	6
	Mandakia, dadingia, Petapanga, Chapchcdi	9	12
Kantamal (Boudh)	Ghikundi	4	2
	Manamunda	12	9
	Guduvalipadar	4	1
	Total	267	178

Maximum children - 3 of a woman. Some times from the same person. Some times from different persons. In many cases women have aborted their children

Findings: During the survey, the Research Team, informally talked to the victims, their family members, the local police, Members of Legislative Assembly, Panchayat Ward Members, Anganwadi Workers, Journalists, Lawyers etc to find out the reasons and causes of the issue. Some of the main reasons cited by them were:

Main Reasons:

- Lack of awareness about consequences of such relationships legal provisions, rights.
- Lack of education about reproductive health
- Simplicity innocence and gullibility of the girls,
- Negative impact of consumerism, audio-visual media,
- Abuse of Liberal social values, Lack of self-discipline,
- False Promises of marriage,
- Lack of proper parental guidance, social sanction for different types of marriage.
- Poverty
- Weak implementation of Law.

Reasons Cited By Victims:

- Boys allure and then seduce the girls
- Even married men pretend to be single, exploit and then abandon,
- Vulnerability during adolescence, inability to exercise judgment,
- Family members do not guide properly,
- Attraction of the opposite sex, desire for love, lack of self - control
- Poverty

- ❑ Boys escape Panchayat decision for want of evidence
- ❑ Marriage by capture, then boys develop relationships with others and desert the girls.
- ❑ Outsiders mislead the girls with sweet talks and false promises of marriage,

Reasons cited by Family members village Headman, Panchayat Members and Others:

- ❑ Wide gap between rich and the poor. Boys from rich families exploit the girls from poor families.
- ❑ Girls allow themselves to be sexually abused by believing in false promises of marriage;
- ❑ Girls are afraid of the boys, not aware of the risks involved;
- ❑ The victims do not organize themselves against such exploitation - the guilty escape after committing the crime
- ❑ "Girls who don't have self-control are responsible for their own suffering".
- ❑ Lack of strict discipline in family and society,
- ❑ Lack of recreational facilities for girls and boys.

Surveyers' Views:

- ❑ The survey team found that at some places people have a negative attitude about this issue.
- ❑ Many think that more open discussion about the victims and sexual abuse would create problems about the girls marriage,
- ❑ Parents have a tendency either to blame the girls or blame the fate.
- ❑ Lack of awareness about risks was found to be a major cause. Education about reproductive health and life-skills are vital;
- ❑ Vocational training and income-generating activities would go a long way to rehabilitate the unwed mothers;
- ❑ Because of poverty, many exploited girls and their families are unable to take recourse to legal remedy;
- ❑ Since most of the incidence take place during adolescence, it is urgent to introduce adolescent-education programme in the area;
- ❑ It is also necessary for the community leaders to review their own customs, values and practices, which are abused by others to exploit the girls.
- ❑ A massive social awareness and gender empowerment programme would be necessary to change the situation.
- ❑ Since all stakeholders cited poverty as a major factor, measures to improve the economic conditions of the households would improve the capacity of the victims to resist exploitation.

Annexure - 11

11 .0 'Level Of Knowledge On Sexual Health Education Among Unmarried Adolescents' (Extract/Summary)

Objectives:

The following objectives were formulated to study the research problem. To know the levels of knowledge of the adolescents on sexual health and the factors associated with the level of knowledge of the adolescents on sexual health. In the light of the above objectives, to prepare an action plan to implement a sex education programme for adolescents.

Scope of Study:

One-gram panchayat (GP), Bhatasahi G.P of Nayagarh Block, Nayagarh district in Orissa was taken for the study. The total population of the GP is 3181.

An interview schedule was used to collect data. The interview schedule contained questions related to socio-economic status and knowledge regarding sexual health. The interview schedule is presented in the appendix.

Sample Design:

In that particular G.P, all the adolescents were enumerated. The total adolescents of the area were 463 persons. It was decided to interview 100 adolescents. Using simple random sample method, 100 out of the 463 adolescents were selected.

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Data Collection

The interview schedule was translated to Oriya and pre-tested. Field staffs of the organization were trained to interview the respondents. Data was collected in November and December 2002.

Findings:

As mentioned earlier 100 respondents were interviewed. As per their response, the percentage was calculated for different questions regarding sexual health problems of adolescents. The findings are presented below.

Profile of Respondents

The following table describes the socio-economic characteristics of the respondents.

Table-1 Profile of Respondents

Sex	Frequency	Percentage
Male	55	55
Female	45	45
Total	100	100
Age Group	--	--
<12	26	26
12-14	29	29
15-17	21	21
18-19	24	24
Total	100	100
Education		
Illiterate	1	1
Literacy	3	3
Primary	13	13
U.Primary	22	22
Secondary	35	35
Higher Secondary	26	26
Total	100	100
Family Income		
Less than Rs.5000	77	77
More than 5000-10,000	23	23
Total	100	100

A majority of the respondents were male members and a majority of them were from the young adolescents group of 10-14 years. A majority of them have fairly good education of secondary level or higher secondary level. A good majority of them have come from the lower income group of less than Rs. 5,000/-.

Knowledge level on Sexual Health

The respondents were asked various questions to find out their level of knowledge about sexual health. The following tables provide information on the level of knowledge regarding sexual health.

Table 2: Consequences of Premarital Sex

Knowledge on consequence	Frequency	Percentage
Separation	3	3
Suicide/death	4	4
Tension	18	18
No knowledge	75	75
Total	100	100

Regarding premarital sex, only 25 percent of the respondents were aware about the problem and its consequences.

Table-3 Knowledge About STDs

Type of STDs	Frequency	Percentage
Syphilis	09	60
Gonorrhoea	12	80

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Genital herpes	15	100
Any Other	1	6.6

The knowledge about STDs was a mystery and it was not discussed as a disease in the present society. The present knowledge among adolescents was low. Also, they had no idea about the types of STDs and its symptoms.

Table -4 Knowledge Regarding Spread of HIV

Knowledge of Spread of HIV	Frequency	Percentage
Un-protected Sex	31	51.6
Sharing of needles	48	80
Blood donation	11	18.3
Infected mother to child	28	46.6
Any other	09	15

About HIV/AIDS, 60 respondents heard about HIV/AIDS, but they had no idea how it would be transmitted. Out of 60 respondents who had knowledge, un-protected sex was 51.6 percent, spread through sharing of needles was 80 percent, spread through blood donation was 18.3 percent and transmitted through infected mother to child was 46.6 percent.

Table -5 Knowledge of Safer Sexual Practices:

Type of safer sex practice	Frequency	Percentage
Using condom	24	82.7
Avoiding multiple partner	25	86.2
Masturbation	04	13.79
Any other	01	3.4

Adolescent should know about safer sexual practice, to be free from fear about conception. Regarding the knowledge of safer sexual practices, only 29 had knowledge, out of which 82.7 percent had answered to avoid multiple partners, and 86.2 percent suggested masturbation.

Table - 6: Knowledge Regarding Menstrual Health

Knowledge of menstrual care	Frequency	Percentage
More Care	07	36.8
No Care	06	31.5
Any Care	19	100

Questions related to menstrual care were asked to girls only. Of the total girls, 19 percent had given positive response. Of those who had knowledge of menstrual care, 36.8 percent felt that more care was needed and 31.5 percent did not see the need for care.

Table - 7 Knowledge of Consequences of early pregnancy

Knowledge of Consequences of early pregnancy	Frequency	Percentage
Improper development of child	03	60
Unavailability of blood during pregnancy	0	0
Other health problems	05	100
Any other	0	0

Regarding the knowledge about early pregnancy and its consequences, only 5 out of 100 had knowledge. All the five of them mentioned about various health problems due to early pregnancy. In addition, 3 of them also mentioned about improper development of child.

Table - 8 Knowledge About Problems Associated With Reproductive Health

Knowledge about Problems associated with reproductive health	Frequency	Percentage
White fluid coming out	02	4.4
Increase in size of uterus	01	2.2
Irregular in MC	0	0
Irritation of ovary	01	2.2
Foul smell at reproductive organ	0	0
Pain in lower stomach	0	0
Don't know	42	93.3
Any other	0	0

Out of the 100 respondents, 45 had knowledge about reproductive health problems. But when they were asked about the specific reproductive health problems, most of them (93.3 percent) could not answer. This showed that even those who claimed to have knowledge about reproductive health problems had very little knowledge about it.

Table - 9 Knowledge About Reasons For Reproductive health Problems

Knowledge about reasons for reproductive health problems	Frequency	Percentage
Sexual relation	02	4.4
Lack of knowledge on RH	0	0
Problem in the body	02	4.4
Don't know	41	91.1
Any other	01	2.2

Of the 45 respondents who claimed to have knowledge about reproductive health problems were asked the reasons for reproductive health problems. Here again, a large majority of 91.1 percent did not know the reason for reproductive health problem. Others had mentioned that it was related to sexual relation and due to problem in the body. This showed that the respondents had no idea about the reasons for reproductive health problems.

Knowledge Of Reproductive Health Consequences

Questions were asked regarding the consequences of reproductive health problems. Here again a large majority of 88 percent did not know the consequences of reproductive health problems. A few of them mentioned about sterility and cancer as the possible consequences.

Table - 10 Knowledge Regarding Unsafe Abortion

Knowledge about unsafe abortion	Frequency	Percentage
Excessive bleeding	03	60
Infection reproductive track	01	20
Pain in lower stomach	0	0
Sterility	03	60
Death of mother	03	60
Any other	0	0

Only respondents had claimed to have knowledge about unsafe abortion. A majority of them mentioned about excessive bleeding, sterility and death of mother as the possible consequences of unsafe abortion.

Table-11 Obstacles To Get Knowledge About Reproductive and Sexual Health

Obstacles	Frequency	Percentage
Parents and guardians	84	84
Not healthy to know	12	12
Pressure of studies	26	26
Any other	1	1

The respondents were asked about the obstacles to get knowledge about reproductive health. They had given multiple answers. A large majority of 84 respondents had said that parents and guardians were the obstacles to receive knowledge about reproductive health. A quarter of them claimed that pressure of studies had prevented them to gain knowledge about reproductive health. A small minority of them felt that it was not healthy to know about these matters.

Considering the poor knowledge of the respondents, they were asked whether they would be interested to gain knowledge on sexual health. A large majority of 91 of them revealed their interest to gain knowledge.

Summary And Conclusions:

The respondents were from the young adolescent group but have better education and they belonged to lower income group. Only a minority of them had knowledge about the consequences of pre-marital sex. Still a fewer respondents had knowledge about STD. Knowledge about HIV was better in that 60 percent of the respondents were aware of HIV/AIDS. A majority of them felt that HIV infection spread through unprotected sex and sharing of needles. A large majority of them were aware that using condom and avoiding

multiple partners would prevent HIV infection. Knowledge about menstrual health was very poor. Similarly, knowledge about consequences of early pregnancy was also poor. Regarding reproductive health problems, though 45 percent of them claimed that they had knowledge, but a detailed probe revealed that their knowledge about the reasons and consequences of reproductive health problems was superficial. Knowledge regarding unsafe abortion was very low. A large majority of the respondents pointed out that parents and guardians were the main obstacles to gain knowledge about reproductive and sexual health. From the above summary of findings the following conclusions can be derived:

The adolescents need better awareness about reproductive and sexual health.

Since the parents are the main obstacles to gain knowledge on sexual and reproductive health it is necessary to make the parents aware of these issues.

Parent teacher association should be effectively involved in creating the awareness.

For the illiterate persons, programmes should be organized at the community level to create awareness.

In every school, one teacher should be selected as Friendly Advisor and train the person in the field of sexual and reproductive health.

A question box can be kept in each school for students to ask questions regarding sexual and reproductive health.

IEC material should be developed and collected for the students and it should be distributed among the students.

Action Plan:

Maitree proposes to collect IEC materials from health departments and freely distribute among adolescents. It also plans to conduct a workshop for the school staff. Awareness meeting on adolescent health will be conducted in the community. At least two sessions on adolescent health for school going adolescents will be conducted. Maitree will strengthen parent teacher association towards adolescent health education.

Reference:

1. Jejeebhoy (1996)
Adolescent sexual and reproductive behaviour: ICRW, Washington DC.
2. IIPS and ORC Macro (2000)
National Family Health Survey (NFHS-2), 1998-99; India: IIPS, Mumbai
3. Report of the Aalam Gutt Matcher Institute, 1998.

Annexure - 16

13.0 Knowledge And Sexual Behaviour Of Unmarried Tribal Adolescents. (Extract/Summary)

The Study

The purpose of the study is to understand the sexual behaviour* and knowledge of the tribal population under study to develop interventions to deal with their reproductive health problems.

Objectives:

The following specific objectives were formulated to study the research problems.

- To find out proportion of adolescents indulging in unprotected/ unsafe sexual behaviour.
- To study the nature of sexual behaviour of unmarried adolescents.
- To assess the level of knowledge of adolescents on protected/safe sexual behaviour
- To develop need-based IEC strategy to promote safe sexual behaviour.

* Jagdish Chandra Sahoo March of Youth for Health, education and Action for Rural Trust (My-Heart) RP-15, Pandaba Nagar Tankapani Road , Bhubaneswar –751018, Orissa.

Scope of the study:

The study was conducted in Tileibani block of the district of Deogarh in Orissa. Two Gram Panchayats of 10,000 populations were selected for the study. The target population of the study was unmarried male and female adolescents **in the age group of 13 to 19 years**. There were 1020 adolescents in this age group in the study area.

Methodology:

Method of data collection

An interview schedule was used. The interview schedule contained questions relating to premarital sex, use of barrier methods, and knowledge regarding sexual behaviour. The interview schedule is presented in the appendix.

Sampling design:

It was decided to interview 50 tribal adolescents from the target population. The **sample frame included 1020 adolescent boys and girls** in the study area. Out of the 1020 target population 50 respondents were selected by using the simple random sampling method through the computerized random number sheet.

Data collection

The interview schedule was translated in Oriya and pre-tested in the field. Field staffs were trained to collect data. Data was collected in October and November 2002.

Findings:

The following sections present the data as per the objectives set-up. It is broadly divided in to the nature of premarital sexual behaviour and the knowledge about reproductive and sexual health.

Profile of respondents

Of the 50 unmarried tribal adolescents interviewed, 20 (40%) were male and 30(60%) were female. 6 percent were 13 years old, 40 percent were 14-16 years old and 54 percent were in 17-19 years age group. Only 2 percent were illiterates, 20 percent attended primary level, 56 percent-attended secondary level and 22 percent attended up to intermediate level.

Involvement in pre-marital sex

The following table gives the details about the premarital sexual experience of the unmarried adolescents.

Table- 1 involvement in pre-marital sex

Sex	Yes	No	Total
Male	19 5.0%	95.0% 20	1 100.0%
Female	22 26.7%	73.3% 30	8 100.0%
Total	41 18.0%	82.0% 50	9 100.0%

A large majority of the tribal adolescents (82.0%) in the sample had premarital sexual experience. However more than female members had premarital sexual experience.

Use of barrier method

Since a large majority of the tribal adolescents had premarital sex, it would be interesting to find out whether they adopted any barrier methods to ensure safe sex.

Table- 2 Use of Barrier Method in any Penetrative Sexual Act

Sex	Yes	No	Total
Male	1 95.0%	5.0% 20	19 100.0%
Female	0 100%	0% 30	30 100.0%
Total	1 98.0%	2.0% 50	49 100.0%

It was found that except one respondent, none were using any barrier methods indicating that they were indulging in high-risk behaviour, which could cause STI and RTI and unintended pregnancy.

Types of Sexual Act

The following table describes the type of premarital sexual act of adolescent respondents.

Table- 3 Type of Sexual Act.

Involvement in any type of	Male	Female %
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sexual act	%	
Masturbation	95.0	66.7
Vaginal	40.0	33.3
Oral	0.0	16.7
Anal	10.0	13.3

In general, most of the adolescents experienced masturbation. Vaginal sex was also prevailing between both sexes and boys had more percentage than girls. Only girls did oral sex and anal sex prevailed between both sexes.

Age at First Sexual Act Initiated

As both boys and girls are sexually active, so it is very crucial to know the age at first sexual experience to find out the vulnerability, and risk behaviour.

Table-4 Age at First Sexual Act Initiated.

Age at First sexual act initiated	10-13	14-16	17-19	N.A	Total
Male	8 40.0%	8 40.0%	3 15.0%	1 5.0%	20 100.0
Female	12 40.0%	8 26.7%	3 10.0%	7 23.3%	30 100.0
Total	20 40.0%	16 32.0%	6 12.0%	8 16.0%	50 100.0

A significant proportion of both boys and girls (40.0%) reported having their first sexual act at the young age group of 10-13 years. However more boys and lower girls started their first sexual act in the age group of 14-16 years. And few of both sexes started lately at the age group of 17-19 years. On the whole, the tribal boys and girls were sexually experienced at a much younger age.

Forms of sex in First Sexual Act

The following table attempts to find out the type of sexual act

Table - 5 Forms of sex in first sexual Act

Forms of sex in first sexualact	Masturbation	Vaginal	Anal	N.a	Total
Male	18 90.0%	1 5.0%	0 0.0%	1 5.0%	20 100.0%
Female	17 56.7%	5 16.7%	1 3.3%	7 23.3%	30 100.0%
Total	35 70.0%	6 12.0%	1 2.0%	8 16.0%	50 100.0

Though a large proportion of the boys and girls reported sex at early age, their first sexual experience was not with the opposite sex but it was mainly masturbation. Only 12.0 percent of the boys and girls had experienced vaginal sex in the first sexual act, But it is interesting to note that a considerably large proportion of girls had sex with others than boys.

Person Initiated First Sexual Act

It would be interesting to find out the person who initiated them into sexual act.

Table - 6 Person Initiated First Sexual Act

Who Initiated First Sexual Act	Self	Friend	Relative	N.A	Total
Male	9 45.0%	9 45.0%	1 5.0%	1 5.0%	20 100.0%
Female	12 40.0%	11 36.7%	0 0.0%	7 23.3%	30 100.0%
Total	21 42.0%	20 40.0%	1 2.0%	8 16.0%	50 100.0%

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In most of the cases, it is either self or the friend who initiated the first sexual act. Compared to girls, a large proportion of boys were initiated to sexual act by their friends.

Most Pleasurable Forms of sex

The respondents were asked about their most pleasurable forms of sex. The findings are presented in table-7.

Table- 7 Most Pleasurable Forms of sex

Most Pleasurable Forms of sex	Masturbation	Vaginal	N.A	Total
Male	12 60.0%	7 35.0%	1 5.0%	20 100.0%
Female	14 46.7%	8 26.7%	8 26.7%	30 100.0
Total	26 52.0%	15 30.0%	9 18.0%	50 100.0%

Most of the respondents both male and female reported that masturbation was most pleasurable for them. While 35 percent of boys and 26.7 percent of girls had reported that vaginal sex was most pleasurable form of sex.

Most Painful form of sex

The respondents were also asked about the most painful form of ssex and the findings are listed in Table -8

Table - 8 Most Painful form of sex

Most painful forms of sex	Masturbation	Vaginal	Oral	Anal	N.a	Total
Male	1 5.0%	2 10.0%	1 5.0%	8 40.0%	8 40.0%	20 100.0%
Female	3 10.0%	4 13.3%	4 13.3%	4 13.3%	15 50.0%	20 100.0%
Total	4	6	5	12	23	50

Nearly half of them did not find any painful form of sex. Among those who reported painful form of sex, anal sex was considered by many as painful form of sex.

Most Favorite Sexual Partner

The respondents were asked about their favorite sex partners.

Table - 9 Most Favorite Sexual Partner

Most favorite sexual partner	Boy Friend	Girl Friend	Married Person	N.A	Total
Male	2 10.0%	6 30.0%	1 5.0%	11 55.0%	20 100.0%
Female	11 36.7%	4 13.3%	0 0.0%	15 50.0%	30 100.0%
Total	13 26.0%	10 20.0%	1 2.0%	26 52.0%	50 100.0%

Boy friends and girl friends were the favourite sexual partners. One boy reported married person as the favorite sexual partner

Most Frequent Sexual partner

They were also asked about the most frequent sex partner.

Table-10 Most Frequent Sexual partner

Most Frequent Sexual partner	Boy friend	Girl Friend	Married person	N.A	Total
Male	2 10.0%	6 30.0%	1 5.0%	11 55.0%	20 40.0%
Female	11 36.7%	4 13.3%	0 0.0%	15 50.0%	30 60.0%

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Total	13 26.0%	10 20.0%	1 2.0%	26 52.0%	50 100.0%
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Most of sexually active young females reported engagement frequently with boy friend while most of males engaged with girl friend, whereas only few percentages of males engaged with married person frequently.

Number of Sexual Partners

As most of the adolescents are involved in penetrative sex, it is important to know about their involvement with number of sexual partner.

Table -11 Number of Sexual Partner

Number of sexual partner	One	Two	Three or more	N.A	Total
Male	6 30.0%	2 10.0%	2 10.0%	10 50.0%	20 100.0%
Female	12 40.0%	2 6.7%	1 3.3%	15 50.0%	30 100.0%
Total	18 36.0%	4 8.0%	3 6.0%	25 50.0%	50 100.0

More female respondents than male had single sexual partner, while many boys had two or more sexual partners. It clearly showed that the adolescents, especially boys in the study area were exposed to high-risk behaviour and were susceptible to STI and RTI.

Knowledge of STI and RTI

The adolescents of the study were quite sexually active and had sexual partners. So it is important to know their knowledge about STI and RTI.

Table -12 Knowledge of STI and RTI

Knowledge about STI and RTI	Male %	Female %
Skin diseases	10.0	3.3
Sexually transmitted diseases	10.0	20.0
Can infect anus, throat, mouth, eyes	--	--
And through out the body	0.0	26.7
Can infect private parts	35.0	43.3

In general, the respondents demonstrated a very low level of knowledge about STI and RTI.

Knowledge about Barrier Methods to Prevent Unwanted pregnancy

Knowledge about barrier methods	Male %	Female%
Condoms	50.0	26.7
Oral pill	10.0	23.3
IUD	45.0	43.3
Don't know any of the above factors	10.0	26.7

More boys than girls had knowledge about condom and IUD as barrier methods, where as more girls than boys knew about oral pill. More girls than boys had no knowledge about the barrier methods.

Ways of Doing Safe Sex

The respondents were asked about the ways of involving in safe sex and their responses are presented in the following table.

Table-14 Ways of Doing Safe Sex Practice

Ways of Doing Safe Sex	Male %	Female
	%	%
Use of condoms	40.0	36.7
Masturbation	0.0	13.3
Don't know any of the above factors	60.0	50.0

A majority of both sexes had no knowledge about safe sex practices. But more male than female knew about condom for safe sex, where as more girls than boys knew about masturbation as safe sex.

Knowledge of safe abortion

Since many adolescent respondents had premarital sex and also had multiple sex partners there was possibility of teenage pregnancy among the girls. Hence they were asked about their knowledge on abortion.

Table - 15 Knowledge of safe abortion

Knowledge of safe abortion	Male	Female
	%	%
Doctor	35.0	70.0
Health	55.0	40.0
Quack	0.0	6.7
Don't know any of the above factors	10.0	6.7

More percentage of girls than boys knew, that the doctor could do safe abortion. On the other hand, more boys than girls knew about the health workers conducting abortion.

Knowledge about place of abortion

After finding out the person conducting abortion, they were asked about the place where abortion is conducted. The results are presented in the following table.

Table -16 Knowledge about place of abortion

Knowledge about place of abortion	Male %	Female %
Hospitals	90.0	86.7
Private hospitals/clinics	15.0	13.3
Don't know any of the above factors	0.0	16.7

Both male and female had good understanding about place of abortion. Most of them identified hospital as the place for abortion.

SUMMARY AND CONCLUSIONS

The data showed the high percentage of sexual activeness including penetrative sex from early age. And most of them had opposite sex partners.

The study clearly showed that most of the adolescents had little knowledge about STI and RTI, its symptom, causes and modes of transmission. Most of them did not know about safe sex practice. Though they had the knowledge about prevention of STI and RTI, but did not practice in reality. Though they had the knowledge about barrier methods, but use in sexual act was very low which showed the high percentage of high-risk sexual behaviour. They had the knowledge about safe abortion and place of abortion, which clearly implied the high prevalence of unintended pregnancy among the unmarried girls.

From the summary of the findings, one may infer recommendations for the target population.

Knowledge level of the target group about causes, symptoms and modes of transmission and consequences about STI and RTI should be developed.

BCC (Behaviour change communication) should be adopted towards safe sex practice to reduce their high-risk sexual behaviour.

Parents should be made aware about the sexual problems of their young children and they should take proper steps to solve the same.

ACTION PLAN

Sexual health education training would be conducted separately for both sexes. Adolescent health mela would be conducted for massive awareness generation. In that mela, activities like innovative competitions regarding sexual health. STI and RTI check -up, and interpersonal counseling session will be undertaken. Counseling cell for STI and RTI will be opened. Education session for parents will be undertaken on adolescent sexual health to make them aware how to address their young children's sexual problem.

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Annexure - 17

Reproductive Health Problems of Unmarried Adolescent Girls (Extract/ Summary)

THE STUDY:

Based on the problems of the adolescent girls discussed above, it was decided to undertake a research study in the target community to gain understanding of the reproductive health problems of adolescent girls in the age group of 13 to 19 years.

Objectives

The following specific objectives were formulated to study the research problems.

- To identify the reproductive health problems among unmarried adolescent girls.
- To find out the factors associated with reproductive health problems.
- To assess their level of knowledge about reproductive health problems.
- To prepare an appropriate IEC strategy for unmarried adolescent girls.

Scope of Study

The study was conducted in 10 villages of two Gram-Panchayats of Nischintkoili block of Cuttack district in the state of Orissa. The total population of 10 villages is 9368 persons. The study is limited to the 663 unmarried adolescent girls only.

Methodology

Method of Data Collection

An interview schedule was prepared to collect data from unmarried adolescent girls. The interview schedule is presented in the appendix.

Sample Design

It was decided to have a sample size of 100 unmarried adolescent girls. The sample was selected from a sample frame of 663 unmarried adolescent girls in the 10 villages. 663 unmarried girls were already enumerated from two Gram Panchayats: Jamara and Narendrapur consisting of 10 villages. All the enumerated girls were arranged villages wise. To get a sample of 100 and to cover all the villages, systematic random sampling with a random start method was used.

Data Collection

Four specially trained investigators guided all through by a competent technically qualified Research Supervisor, collected data from individual respondent. The data was collected from October to December 2002.

Data Analysis

The filled-in interview schedules were carefully scrutinized and edited for data entry. Data entry was carried out using FoxPro software. The data was processed using SPSS PC Version 11.5.

Findings

This section presents the findings in the form of tables and their interpretation. First, the prevalence of reproductive health problems was found out followed by factors associated with reproductive health problems. Further analysis was made to gain understanding of the knowledge level of the adolescents regarding reproductive and sexual health.

Profile of the Respondents

The following table explains the profile of the respondents in the study area.

Table -1 Profile of the Respondents

Age Group	Frequency	Percentage
13-15	23	23.0
16-19	77	77.0
Religion		
Hindu	94	94.0
Muslim	6	6.0
Caste		
S.C	24	24.0
O.B.C	44	44.0
General	32	32.0

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Educational Qualification		
Illiterate	2	2.0
Read & Write	8	8.0
Primary	4	4.0
Secondary	60	60.0
Secretary & Above	26	26.0
Occupation		
Studied in School Colleges	34	34.0
Domiciliary Work	62	62.0
Other's (Assist Parents In Agriculture and collection of Fuel)	4	4.0
Economic Status		
<12000	43	43%
12000-18000	27	27%
>18000	30	30%
Total	100	100%
Education of Parents	Father	Mother
Illiterate	14	32
Just Literate	23	26
Primary	11	12
Secondary	30	27
Higher Secondary	22	3
Total	100	100
No of family Members		
<4	7	7%
4-8	20	20%
9 & above	73	73%
Total	100	100%

A majority of the respondents i.e. 77 percent were between the age group of 16 and 19 years while only 23 belonged to 13-15 years age group.

In respect of their religion, 94 percent of them were Hindus, Regarding caste, only 24 percent were Schedule Caste while rest were OBC and general population.

In respect of the educational background, a majority of 60 percent had secondary level education and only 12 percent were studied up to primary level. The proportion of illiterate girls was not significant it being only 2 percent.

Majority of the respondents were doing domiciliary work helping in household works. While 34 percent continuing their studies in school and college, very few persons i.e. 4 percent assisted their parents in agriculture and collection of fuel.

Nearly half of the respondents, i.e. 43 percent belonged to lower income group whose income was less than Rs.12000 per annum.

Fathers were better educated than mothers. A large majority of the adolescents lived in large households having 9 or more members in the households.

Reproductive Health Problems

The following 2 tables describe the reproductive health problems encountered by unmarried adolescent girls. While the first table identifies the number of reproductive health problems, the second table describes the kind of reproductive health problems encountered by the unmarried adolescent girls.

Table 2 attempts to find out the presence of reproductive health problems in the unmarried adolescent girls.

Table -2: Number of Reproductive Health Problems Present

No of RH Problems	Frequency	Percentage
No Problems	15	15%
One Problem	25	25%
Two Problems	33	33%
Three Problems	18	18%
Four Problems	8	8%
Five Problems	1	1%
Total	100	100%

A large majority of 85 percent of the respondents had at least one reproductive health problem. Many had more than one reproductive health problems. Only very few respondents i.e. only 15 percent had no complaints. 33 percent of the total respondents had two complaints and 8 percent had four complaints and only one person had more than 5 complaints.

Table -3 discusses the various types of reproductive health problems occurred during the last 6 months.

Summary And Conclusions

Since OMRAH has been carrying out field level study pertaining to sexual and reproductive health problems it is very essential for it to ascertain the type of RH issues of unmarried adolescent girls. The study gathered some useful data in this regard.

Majority of the respondents interviewed were in the age group of 16-19 years and were educated up to secondary or higher secondary levels. They came from lower economic group of households. A large majority of them lived in large households of 9 or more members. Eighty five percent of the unmarried adolescent girls in the sample reported reproductive health problems. The girls consulted mainly their mothers and mother was the main care provider for them with regard to reproductive health problems. Education level and economic status were found to be correlated with the prevalence of reproductive health problems. During the menstrual period, the girls used old cloths; washed them for reuse and stored in polythene bag. Tan percent of the unmarried adolescent girls in the sample were sexually experienced, of whom a majority were coerced into sex. Though the knowledge of reproductive health problems in general was high, their knowledge on the causes and consequences of reproductive health problems in general was high; their knowledge on the causes and consequences of reproductive health was low. Nearly a half of the girls were not aware of the hazards of unsafe abortion. Knowledge about RTI and STI was low among its transmission and prevention was low. A majority of the unmarried adolescent girls in the sample did not know what is safer sex.

The study showed that there is high prevalence of reproductive health problems but knowledge level seemed to be low. Therefore sexuality and reproductive health education should be expanded beyond the town school, and efforts should be made to develop greater activities outside the school through the village health workers.

Life skill education on self-assertiveness, self-confidence and negotiation skills should be developed for the adolescent girls. Family life education including sexuality education should be provided as a part of the school curriculum.

Since mothers and other women in the community play an important role in passing information regarding reproductive health to adolescent girls, there is a need to increase community awareness about the safe sexual and reproductive health practices, especially among mothers and elderly women

To identify the reproductive health problems, mobile/doorstep clinical healthcare services should be provided. Side by side counseling sessions should be done.

There is also an urgent need to develop appropriate IEC materials that are of interest to adolescent girls and to reach out the materials tote youth with key reproductive information.

As adolescent girls themselves appeared largely unaware and uninformed about reproductive health and most did not recognize the health and social risk associated with early marriage teenage pregnancy, unsafe abortion, RTI, STI and HIV/AIDS, capacity building of the adolescent girls needs to be initiated by training and sensitization.

Action Plan

Health Camps (by a mobile health care unit)

For identification and treatment of reproductive health problems and to provide health education and counseling.

Awareness campaign: with participation of community people. (For both school and working children)

Advocacy meetings/discussion: of community leaders, local health profession, social animators and opinion leaders (Regarding health problems of adolescent girls and its consequences).

Self-educative learning forum: For a continuous and convenient learning from IEC materials and informal peer groups discussion among themselves. Adolescent group shall regularly meet in small group during their leisure time to enhance their knowledge on the subjects such as basic health and hygiene, AIDS, RTI and STI and their preventive measures.

Sensitization Programme: For adolescent girls. (Life -skill education including family life education and safe motherhood.

Development of IEC materials: on gender development, focusing on reproductive and sexual health among adolescent girls.

Annexure - 18

Utilization Pattern of Reproductive Health Services by Tribal Adolescent Girls

(Extract/ Summary)_- a study by USO Rayagada

Objectives of the study are :

- To identify the reproductive health (RH) problems
- To study the health seeking behaviour for reproductive health problems
- To find out the factors associated with health seeking behaviour
- To prepare an action plan to deal with the reproductive health problems.

Scope of Study

The study was conducted in Badakhilapadar and Mukundpur Gram Panchayats (GPs) of Kolonara Block of Rayagada District, Orissa. The study was conducted in 32 villages covering a population of 11,212. The target population was estimated to be 1,200 adolescent girls in the age group of 10 to 19 years old belonging to the Kondh community.

Methodology

The use of structured interview schedule for collection of data which contains questions related to reproductive health problems and the health seeking behaviour of adolescent girls.

Sample Design

It was decided to take a 10 percent sample from the sample frame of 1,200 adolescent girls. A house-to-house enumeration of adolescent girls (married and unmarried) was carried out. The list of adolescent girls was arranged village and gram panchayat wise. There are 15 villages in Badakhilapadar and 17 villages in Mukundpur GPs. The enumerated adolescent girls in each GP are arranged village-wise in geographical sequence and each enumerated adolescent girl is given an identification number. Using simple random sampling method 60 girls in each GP were selected. Thus in all 120 respondents were selected for the study. An additional 10 girls were selected for replacement in case the selected girls either refused to be interviewed or moved out of the village forever or for longer period. Out of the 120 only 3 had refused to provide information. They were replaced with three from the additional 10 and also covered the remaining seven. The total came to 127.

Data collection

The original interview schedule was translated in Oriya language and pre-tested in the field. The corrected/modified schedule was used for final data collection. Data was collected from November 5 to November 25, 2002. Although the job of data collection was difficult, it was possible because of the trained investigators having knowledge about the tribal language as well as having rapport with the community.

Summary And Conclusion...

Out of 127, 125 adolescent girls had achieved puberty, out of which 25 got married below the age of 16 years. The average age of achieving puberty was 11.6 years. Hence the adolescent girls were achieving puberty at an early age and were exposed to sex.

90 percent of the adolescent girls were suffering from reproductive health problem. Maximum number of girls got multiple complaints of reproductive health problem and were suffering from menstrual disorder, STI and RTI. The adolescent girls being illiterates and under literates did not understand the seriousness of the RTI and STI was growing day by day in the area. As most of the adolescent girls were engaged in daily labour and were visiting outside for work, the possibility of spreading HIV/AIDS was high.

There was lot of negligence and delay in reporting of reproductive health problems. The adolescents preferred to take treatment from private practitioners and quacks for reproductive health problems. The health seeking behaviour of institutional treatment was very poor and negligible. If the reproductive health problem continued, then only they reported for institutional treatment.

The prevalence of sex before marriage and pregnancy before marriage was prevalent in the area. Marriage within relatives and polygamy gave scope for sex before marriage. There were a large number of girls who became pregnant and underwent abortion before marriage. Again in case of abortion, the adolescent girls preferred to get it done by quacks and private practitioners. There were some women who were expert in getting the abortion done. In many cases there were post abortion complications for which the girls either directly or through the quacks approaches the private practitioners for which the girls either directly or through the quacks approached the private practitioners who prescribed some medicine for temporary relief.

There was social stigma prevailing in the community incase of abortion before marriage. Sometimes in case the traditional leaders became aware there was punishment to the family as well to the girl. The punishment included fine, rituals to perform and family was not allowed for years to attend different community and social functions.

Action Plan

The objectives of the action plan are as follows:

- To improve the reproductive health status of adolescent girls in two-gram panchayats, Badakhilapadar and Mukundapur of Kolonara Block in Rayagada district by 20 percent within a period of one year.
- To improve the awareness level of the community on adolescents reproductive health problems and its nature and institutional arrangements for treatment of reproductive health problems through organization of awareness activities.
- To reduce the gap between the government institutions and the adolescents in community in utilizing health services by ensuring 60 percent reporting on reproductive health problems within the project period.
- To improve IEC level of 80 percent adolescent on reproductive health problems safe sex practices, pregnancy and both control.

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