



FROM AWARENESS TO PRACTICE: HEALTH, HYGIENE AND NUTRITION KNOWLEDGE AMONG ADOLESCENT GIRLS UNDER THE SABLA SCHEME

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Abstract

Adolescence is a critical life stage that shapes health, nutritional status and wellbeing in adulthood, particularly for girls in low-resource settings. India's Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (SABLA) was launched to address multidimensional vulnerabilities related to nutrition, health awareness, life skills and empowerment. Drawing on an impact evaluation conducted in Karnataka and Rajasthan, this paper examines the knowledge, awareness and practices of adolescent girls with regard to health, hygiene, nutrition, drinking water and sanitation. Using a mixed-methods approach with survey data from 348 adolescent girls and qualitative insights from focus group discussions, the study highlights inter-state differences and the role of programme exposure in shaping health-related knowledge and behaviours. Findings indicate that adolescent girls in Karnataka demonstrate higher levels of awareness and healthier practices compared to their counterparts in Rajasthan, where implementation gaps were evident. The paper argues that while SABLA has contributed positively to health knowledge and hygiene practices, uneven implementation and socio-structural constraints limit its potential impact, underscoring the need for strengthened programme delivery and context-sensitive interventions.

Keywords: Adolescent girls, SABLA, health knowledge, hygiene practices, nutrition, empowerment, India.

1. Introduction

Adolescence, defined as the age group of 10–19 years, represents a crucial transition period marked by rapid physical, physiological and psychological changes. In India, adolescents constitute nearly one-fifth of the population, representing both a demographic dividend and a group facing significant vulnerabilities. For adolescent girls, these vulnerabilities are compounded by gender inequality, poverty, early marriage, malnutrition and limited access to health information and services. Evidence suggests that poor health and nutritional status during adolescence has long-term consequences, including adverse maternal and reproductive outcomes. Recognising these challenges, the Government of India has adopted a life-cycle approach through strategies such as RMNCH+A and has introduced targeted schemes for adolescent girls. The Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (SABLA) is a flagship intervention aimed at improving the nutritional and health status of girls aged 11–18 years while enhancing their knowledge, life skills and access to public services. Against this backdrop, the present paper analyses findings from Chapter 3 of an impact evaluation study to assess the extent to which SABLA has influenced knowledge and awareness related to health, hygiene and nutrition among adolescent girls.

2. Background and Rationale

Research on adolescent health in India consistently highlights high levels of anaemia, under nutrition and limited awareness of reproductive and general health, particularly among rural and tribal populations. Girls from socio-economically disadvantaged backgrounds often lack access to formal education and reliable health information, making them especially vulnerable to poor health outcomes.



While several programmes target maternal and child health, adolescents—especially younger adolescents—have historically remained under-served.

SABLA was designed as a comprehensive, multi-sectoral scheme addressing both nutrition and non-nutrition components through anganwadi centres. By combining supplementary nutrition with health education, counselling, life skills and vocational training, the scheme seeks to empower girls and enable informed decision-making. Evaluating the knowledge and practices of beneficiaries therefore provides critical insights into the scheme's effectiveness and its potential contribution to long-term development outcomes.

3. Methodology

The study employed a mixed-methods design, combining quantitative and qualitative approaches. Primary data were collected from 348 adolescent girls across two states—Karnataka and Rajasthan—representing different socio-cultural and developmental contexts. One district from each state was selected, with rural, urban and disadvantaged blocks included. From selected villages, respondents were drawn from KishoriSamools attached to anganwadi centres. Control groups were also identified in villages with no exposure to adolescent-focused schemes.

Data collection tools included structured interview schedules, field observations and focus group discussions. The quantitative data were analysed using SPSS, while qualitative data were used to contextualise and enrich the findings.

4. Findings and Discussion

4.1 Knowledge and Awareness of General Health

The findings reveal relatively high levels of awareness regarding basic concepts of health among adolescent girls, particularly in Karnataka. A large majority recognised health as a state of physical and mental well-being and acknowledged the role of personal habits in maintaining good health. Awareness of harmful behaviours such as smoking and excessive consumption of junk food was high in both states.

However, significant inter-state differences were observed. Girls in Rajasthan demonstrated comparatively lower understanding of holistic health concepts and preventive health education. These differences appear closely linked to variations in educational attainment, maternal education and the extent of effective scheme implementation. Where SABLA activities were more consistently delivered, girls exhibited better comprehension of health-related issues.

4.2 Personal Hygiene Practices

Personal hygiene practices were generally positive among beneficiaries, with higher adherence reported in Karnataka. Practices such as regular bathing, wearing clean clothes, washing hands with soap and maintaining oral hygiene were widely followed. The use of sanitary napkins during menstruation was nearly universal in Karnataka, reflecting better access and awareness.

In contrast, a substantial proportion of girls in Rajasthan continued to use cloth during menstruation, largely due to economic constraints and limited availability of sanitary products. While awareness of hygiene was present, translation into consistent practice was uneven, particularly among tribal and control group respondents. This highlights the importance of coupling knowledge dissemination with material support.

4.3 Drinking Water, Sanitation and Environmental Cleanliness



Access to safe drinking water and sanitation emerged as critical determinants of health behaviour. Most households relied on tap water or public water sources, with boiling and cloth filtration being common purification methods. Knowledge of safe water practices was higher in Karnataka, while in Rajasthan traditional methods predominated due to resource constraints.

Awareness regarding environmental cleanliness and sanitation was encouraging in both states, with strong consensus on the health risks associated with open defecation and unhygienic surroundings. Nevertheless, infrastructural gaps—such as lack of household toilets in parts of Rajasthan—limited the ability of girls to practise what they knew. These findings reinforce the need for convergence between behavioural interventions and infrastructure development.

5. Role of SABLA and Group Comparison

Comparison with control groups indicates that exposure to SABLA and related schemes have a positive association with health knowledge and hygiene practices. Girls with no exposure to such interventions demonstrated lower awareness, particularly regarding nutrition and disease prevention. Education emerged as a critical enabling factor, suggesting that SABLA's efforts at mainstreaming out-of-school girls into education are central to its long-term impact.

However, the Rajasthan case illustrates that nominal programme presence without effective implementation yields limited benefits. Financial constraints, interruptions in service delivery and reliance on parallel schemes diluted the intended impact of SABLA, pointing to systemic challenges in programme execution.

6. Conclusion

The analysis of findings emphasise the importance of comprehensive, well-implemented adolescent-focused interventions in improving health-related knowledge and practices. SABLA has contributed positively to enhancing awareness and promoting healthier behaviours among adolescent girls, particularly in Karnataka. Yet, persistent socio-economic inequalities, infrastructural deficits and uneven implementation continue to constrain outcomes, especially in Rajasthan.

For SABLA to realise its full potential, greater emphasis is needed on consistent programme delivery, context-specific strategies for marginalised groups and stronger convergence with education, water and sanitation initiatives. Investing in adolescent girls' health knowledge and practices is not only a matter of individual wellbeing but a strategic imperative for sustainable development and intergenerational equity.

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