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VARIATION IN CHILD DEVELOPMENT OUTCOMES AMONG CHILDREN ENROLLED AND NON-ENROLLED IN CHILD DEVELOPMENT PROGRAMS IN CHITTOOR DISTRICT OF ANDHRA PRADESH

Dr. P. Ganesh
Department of Population Studies & Social Work, Sri Venkateswara University, Tirupathi, Andhra Pradesh.

Abstract
During the past two decades, significance of the role of voluntary sector has been in focus for Child Development in India. In fact, the initiatives taken by the United Nations and its agencies in involving the voluntary sector for capacity building and contributing towards the speedier and less expensive processes of development has gained worldwide acceptance. India has a large net work of voluntary organizations working in the fields of Health, Nutrition, Education, Child Rights, Rural and Urban spheres. A large number of such organizations are making significant contributions in this direction in the State of Andhra Pradesh also. The paper reviews evidence from interventions of Child development programs to improve Maternal and Child Health care, enrolment & retention in school, improve health services, improve the learning levels of the children in education, involve in decision making, show higher levels of access to services and entitlements leading to improved realization of rights and provides recommendations for future research and action.

Key Words: Life Stages, Deprived, Excluded and Vulnerable Children, Infant and Young Child Feeding Practices, Child Development.

Introduction

Child development refers to the ordered emergence of interdependent skills of sensorimotor, cognitive– language, and social–emotional functioning, which depend on the child's physical well-being, the family context, and the larger social network. Educational outcomes in this paper include school readiness, retention, drop-out, educational achievement, and years of schooling completed. School readiness refers to skills children need to profit from the educational experiences of formal schooling. School readiness is generally defined as a broad set of skills that affect children's ability to learn in school: physical health, motor skills, self-care, emotional and behavioral self-regulation, social skills, communication skills, pre-academic skills, attention, and curiosity and motivation to learn, although some argue that it should be limited to literacy and numeracy skills.

The programs focuses on children and youth from deprived, excluded and vulnerable (DEV) families providing them direct support (enrolled children) for their overall development. Apart from this, the programs also works with other children and youth (non-enrolled) in selected communities where in they benefit from community and facility based interventions. A total of 947 children were samples for the 605 enrolled children in the Child development programs by voluntary organizations, and 342 non enrolled children in Chittoor district of Andhra Pradesh.

Objectives

The main objective of the study is to assess the outcome and impact of Child development programs and make suggestions to improve the quality of interventions. The specific questions the study tried to answer are to measure the specific child development outcomes across the three Life Stages and variances among children enrolled and non-enrolled in the programs.

Methodology

The study adopted a cross-sectional design with collection of quantitative data. The quantitative data was collected from children and their caregivers on the process being facilitated and the services accessed by children for their age-specific development. The study tools were developed by the Researcher and used to collect quantitative data against each of the development objectives for each Life Stage of a Child.

Sampling

Sampling for the study involved two distinct methods for selection of enrolled and non-enrolled children respectively. Systematic Random Sampling method was used for sampling enrolled children and Lot Quality Assurance Sampling (LQAS) method was used for sampling of non-enrolled children in the development programs. Overall, a total of 947 children were sampled for the study (605 enrolled and 342 non-enrolled) for collection of quantitative data.

Data Analysis

The data analysis was done using Microsoft Excel against the key process, output and outcome indicators identified in the study.

Results and Discussions

The key findings from the study provide us demographic profile of the children across each of the three Life Stages (LS) being targeted by the program and key outcomes for each of the Life stages of children based on the objective of each Life Stage.

Of the total 947 children included in the study, 605 children (64%) were enrolled in the Child development program, and 342 children (36%) were non-enrolled. The percentage of children by Life Stage (LS) shows 12% in Life Stage 1; 44% children in Life Stage 2; and 44% children in Life Stage 3. The low percentage of children in LS1 compared to LS3 and LS3 shows that most of the enrolment of children into the program was done in the initial stage of the program implementation.

The gender distribution of children was 51% male and 49% female most of the children (98%) were residing in nuclear families and more children (69%) from families with 4-5 members. Religious background of the children shows that 90% are Hindus followed by Muslims (4%) and Christians (1%). Similarly, the social category of children shows that 18% are from Schedule Caste category, 20% from Schedule Tribe category; 50% from Other Backward Class category; and 14% from General category. The higher percentage of children from Schedule Caste category, than their share of population (4%), reflects the focus of the program on the deprived, excluded and vulnerable families.

Distribution of children by education level of parent's show that 26% fathers and 50% mothers did not had any education. The variance in education levels of fathers and mothers of children reflects the gender gaps prevailing in the region as indicated in various surveys. Distribution of children by father's occupation show high number (66%) of fathers employed as wage labors - 36% agriculture and 30% as non-agriculture labor. There is a lower employment level among mothers with 44% being house-wives followed by 24% employed as wage labor.

Data collected from caregivers of children in age group 0-5 years for Life Stage 1 shows that there is high levels of access and utilization of maternal and child health services like ante-natal care, post-natal care, intuitional delivery, and immunization for children. The study shows that access to ante natal care (ANC) services for pregnant women is 98% which includes three ANC, 2 Tetanus Toxoid injections and consumption of 100 Iron Folic Acid (IFA) tablets / syrup. Safe Delivery is practice by 98% being Institutional Deliveries (67% at Government Health Facilities and 27% at Private Health Facilities), 4% being Home Deliveries by trained health worker and 2% attended by untrained Dai at home. In line with the high percentage of women having Institutional Deliveries, 98% women and new-borns are also undergoing post-natal check-up within 24 hours of birth of new-born (89% within one hour and 9% within 24 hours of delivery). Access to full immunization services for children is 100% for children whose caregivers were interviewed.

Adherence to appropriate Infant and Young Child Feeding (IYCF) practices is also high, but with some significant gaps. Data shows that 83% of children are initiated on breast feeding within one hour of birth, 98% are exclusively breast fed for 6 months, and 63% are initiated on supplementary feeding at the age of 6 months. An additional 32% of children are initiated on supplementary feeding during 7-8 months of age.

Access to pre-school education through Anganwadi Centre / Other Pre-school is also high at 78%. This is higher for children enrolled (80%) in Child development program than those not enrolled in the program.

Awareness on key childhood illnesses like diarrhoea and acute respiratory infections (ARI) is also high with 88% caregivers aware of the danger signs. This is also evident in the treatment seeking behavior of caregivers of sick children. Of the 13 children (16%) who reported being sick during the last one month, 82% were treated by a trained health workers / doctor. The high levels of awareness of caregivers is also reflected in the high number (100%) practicing appropriate hygiene practices like washing of hands before feeding of children. The high levels of access to maternal and child health services is also reflected from the qualitative data collected from health worker where in most of the health facilities are reported to have basic infrastructure and equipment to provide necessary services. There are some gaps in terms of availability of building, access to running water and labour room as reported by one-third of the six health workers interviewed. This may have contributed to the relative high number (27%) of women accessing Private Health Facilities for Institutional Delivery.

Data from children in age group 6-14 years for Life Stage 2 shows that 99% of children are attending schools with 70% attending Government Schools, 22% Private Schools and 9% Religious Private Schools. Regularity in attendance of schools is relatively lower at 77% which 23% children and caregivers requiring motivation and counseling to improve their frequency of attendance.

Other key aspects that support the children in their education are access to food caregiver's attention to education of their children. Data from the survey shows that 98% of children have access to adequate food without being forced to miss meals. But, there are significant gaps in terms of quality of food (presence of proteins) with only 59% children reporting that their meals include some locally available food with proteins some times in the month. A high number of Caregivers (88%) also attended meetings to discuss with teachers about the progress of their children. But, significant number of children felt that they are not provided adequate attention by their parents in terms of comforting them, listening to them, and setting clear rules.

All the above process of support has resulted in children achieving better learning levels at schools which were assessed through age appropriate abilities of children at literacy and numeracy. The assessment showed that 37% of children were able to tell a story, 33% children write a paragraph, 21% children spell and write words correctly, 6% children able to read numerals and 2% children at beginner's levels. Children enrolled in the program scored significantly better in all aspects when compared with non-enrolled children.

The age appropriate learning levels (between 6-10 and 11-14 years) shows that children aged 6-10 years scored higher percentage at 'word and paragraph level' categories but scored lower percentage in 'beginner, number recognition and story level' (3%, 14% & 8%). It is mostly similar in both non-enrolled categories. This shows that there is a huge gap in children's learning level in the age of 6-10 years. Children aged 11-14 years scored higher percent at only 'Story level' (53%) compared with children aged 6-10 years (8%) and the other grades are similar. This shows that there is no significant difference in learning levels of children in these two age groups in both enrolled and non-enrolled categories. Inadequate infrastructure like class rooms, drinking water facility, toilets, play material, etc., also could have contributed to lower learning levels among children.

One of the key aspects that may have contributed to children's drop out as well as low attendance and learning levels is the violence being witnessed at school. 46% of children were witness to being hit or humiliated by a fellow student and similar (42%) were also witness to being hit or humiliated by a teacher. One of the key aspects that encourage child participation and also adherence to child rights is provision of adequate forums for children to discuss and air their views. This is being done through promotion of Children's Clubs where children's capacities are built to discuss child rights issues as well as provide space for bringing them to the notice of appropriate authority. 58% of children interviewed were members of Children's Clubs with high number of enrolled children (62%) than non-enrolled children (38%). This provided children space to discuss issues and also provided key information on life-styles.

Data collected from youth in age group (16-24 years) for Life Stage 3 shows that 91% are enrolled in schools / colleges with higher number of children from Child development program (94%) enrolled in schools/ colleges than those who were not part of Child development program (82%). More children (99%) in age group 16-18 years are enrolled in secondary schools as compared to those in age group 19-20 years (90%) and those in age group 21-24 years (83%). Highest number of children are undergoing secondary schools education (50%) followed by undergraduate education (33%) followed by technical education (8%) and professional education (6%). Review of information on access to vocational skills shows that 14% of children in age group 16-24 years have undergone some vocational skills training. This includes Basic Business Skills (6%), Technical Skills (5%) and Entrepreneurial Skills (3%).

Review of ability at decision making shows high levels of understanding on social issues as well as decision-making skills. Knowledge on life style choices as well as sexual and reproductive health is also relatively higher with most of the information being accessed from multiple sources – TV and print media, internet, peers, parents, and siblings. Youth also show levels of awareness on social issues and inclination to participate in community development. They show significant level of empowerment in terms of communicating their views as well as ability to use opportunities to asset their rights. These skills are demonstrated by higher number of youth enrolled in Child development program where they have high access to platforms like youth clubs and consequently channels of information made accessible through youth clubs.
Overall, children from communities where Child development program is being implemented show higher levels of access to services and entitlements leading to improved realization of rights. This includes access to better health and pre-school services, access to schools and improved learning levels, better participation and decision-making levels, and ability to choose appropriate life styles as well as willingness to address social issues. These outcomes are better for children enrolled in Child development program than those non-enrolled in Child development program indicating higher levels of exposure to the program through participation in forums like Children Clubs and Youth Clubs.

Some of the key gaps identified are low adherence to IYCF practices, better understanding of childhood illnesses and their management, low attention to education of children by caregivers, high levels of violence being witnesses at schools, low access to vocational skills training and subsequent job placement.

The above gaps needs to be addressed in collaboration with various stakeholders, especially Government facility staff like Anganwadi Centres, Health Workers, School Teachers; along with Community level institutions to ensure that the results are sustainable beyond the program duration.

Conclusions and Suggestions

The present chapter provides conclusions based on the results and in each of the Life Stages and makes suggestions that will enable the key stakeholders to take steps to strengthen the program.

This Section Provides Overview on the Discussion Point on Life Stage 1 Issue Identified Through the Study and Provides Recommendations.

Mother's/ Care givers attended meetings/ workshops conducted by Child development programs

- The study reveals that overall nearly nine out of ten (92 percent) Children's care taker is mother which is good indication for child education, health and development (it is 100 percent in enrolled and 92 percent in non-enrolled Children). The same proportion of mother's (92%) have been attended for Child development programs meetings or workshops and also received support on health, hygiene, nutrition and development. This is little high (95%) in enrolled category compared with non-enrolled (89%).

Birth Registration

- Birth registration is very important outcome indicator in the program as it benefits to the Children in entire life. Overall three fourths (87 percent) of the Children had birth registration in the project area. This is 100% among enrolled Children and 87% in non-enrolled Children.
- It is the impact of the program that, majority of the mothers or care givers (89 percent) has attended the meetings, workshops conducted by the Child development program on health, hygiene, nutrition and development. Emphasis is to be given to 100 percent birth registration of the Children irrespective of the enrolled or not as the village/community is same. The entire community need to be educated on importance of birth registration and involve government frontline workers to ensure the same.

Ante Natal Care

- The study is evident that 100 percent of women among enrolled families and 98 percent among non enrolled have received ANC services. It shows good awareness has gone to the community on ANC care.

Institutional Delivery

- It is also evident that a good awareness has been created in the community to promote institutional delivery, about 98 percent had institutional deliveries (67 % in government hospital, 27% in private hospital and the rest 7 percent were also attended by trained health personnel) and rest 2 percent had by untrained Dai. A significant numbers (27%) of deliveries are conducted in private hospital/clinic. Further awareness needs to go to the community on utilization of government health facilities for ANC, natal care and PNC services and ensure 100% safe deliveries in the community.

Postnatal Care

- The study evidenced that 89 percent of the women visited the Doctor or health professional immediately after delivery for post natal care, 9 percent have visited within 24 hours after delivery. As the 2 percent of women visited after a week time, here the emphasis on postnatal care to be educated to the community and must ensure institutional/ safe delivery and immediate visit to the health facility for postnatal care.
- There is a significant difference between enrolled (100%) than non-enrolled (92%) in accessing Post natal care.

Child Immunization

- Immunization was assessed for the Children who completed one year and till five years, because full immunization cannot be completed within a year for a child. It was assessed through immunization card holding the Mother at home which is given by health facility.
- It is evidenced that 100 percent of Children from enrolled and 99 percent of Children from non-enrolled were fully immunized as per the immunization schedule.

Infant and Young Child Feeding (IYCF) Practices

- It is evident that as most of the deliveries had happened in the institutions there is possibility of women being aware / advised on importance of colostrums feeding and breastfeeding. As a result overall 93 percent of the Children (100 % among enrolled and 93% among non-enrolled) ever been breastfed.
- Timing of breastfeed is very important indicator for the health of both mother and child. In the study majority of the women (83 percent) have been initiated on breast feeding within one hour of birth.
- Cent percent (100%) of mothers from enrolled and 98 percent of mother's from non-enrolled category in study area were exclusively breastfed for 6 months, Exclusive breast feeding given as per the IYCF guidelines.

Nutrition

- Overall little more than three fifths (63 percent) of Children have started eating supplementary food as after completion of 6 months as advised in IYCF guidelines by government of India, this is high (80%) in enrolled and 44% in non-enrolled children.
- Now the focus must be on supplementary feeding, as the WHO and Govt of India guidelines advised to start supplementary feeding to Children after completion of 6 months the awareness has to reach the entire community.

Hygiene Practices

- It is a very good outcome indicator from the program intervention that 100 percent of mother's/ care takers had hand washing practices every time before feeding the child and it is 99 percent in non-enrolled Children also.

Pre-School Education

- Overall, 78% of children in age group 3-5 years are attending pre-school education at Anganwadi Centre (AWC) or Private pre-school. This includes 80% among enrolled and 78% among non-enrolled children. There is no significant variance among enrolled and non-enrolled children.

This shows little more than two out of 10 Children is missing pre-school education among all children. These mothers and family members need to be educated on importance of ECD and join these Children in nearest facility.

Childhood Illness and its Management

- It is good evidence from the study that more than four fifths (82%) were treated by a community health worker, nurse or Doctor either in the health facility or at home (it is 80% in the case of enrolled Children and 82% in non-enrolled Children). Surprisingly an 11 percent of Children from non-enrolled were not treated for their sickness and the rest 7 percent of Children were cared at home with the support of traditional healer.
- Among the Children who had sickness, 95 percent were treated in the same day and the rest 5 percent were treated within two days. This shows that there is a good awareness among mothers or care givers on management of childhood illness.

Malnutrition

- Malnutrition was assessed for the Children aged 6 months to 5 years in the Anganwadi centre through growth monitoring chart using the height, weight and MUAC. There are 7 children (6 percent) had fall under the category of malnourished, but they are mostly from non-enrolled Children (one child from enrolled and 6 Children from non-enrolled) were reported as malnourished.
- Among the 7 malnourished Children 2 of them falls under Green zone which is normal, and the rest 5 children are falls under yellow zone (Moderately under nourished). There is no significant difference among enrolled and non-enrolled children in the grading of malnutrition. This shows clear gap among the parents between enrolled and non-enrolled Children on the knowledge about malnutrition of the Children.
- This shows clear gap among the parents between enrolled and non-enrolled Children on the knowledge about malnutrition of the Children. Hence community level mother's meetings should be conducted regularly and they should be educated on importance of supplementary nutrition and management of malnutrition.

Child Protection

- Parents were asked about their feeling on how safe are their Children from danger and violence in your community, but it is something serious that 77% of the parents expressed that their Children are never safe in their community. It is comparatively less (77%) among non-enrolled Children and 80% in enrolled Children.
- The issue is same in both enrolled and non-enrolled communities, hence serious efforts to be taken to protect Children from violence and danger. Community to be educated strongly on child protection measures. Program promoted village level committees such as SHG, Mother's group, Child Club, Youth association etc should be vigilant in addressing the

violence and other risks for the Children in the community and ensure that Children should be safe and joyful in the community.

This Section Provides Overview on the Discussion Point on Life Stage 2 Issues Identified Through the Study and Provides Recommendations.

Enrolment of Children in School

- Out of 414 Children assessed in age group 6-14 years, 99% of them have been enrolled and retained in schools, it is 99% in enrolled (in Child development programs) and 100% in non-enrolled children. There are 3 children from non-enrolled category have not been enrolled in schools.

Type of School Attending the Children

- Children enrolled in the Child development program are attending more in government school compared to non-enrolled in program (72% and 63% respectively) and overall it is 70%. 9% attending Religious Private Schools (5% for enrolled and 18% for non-enrolled children), and 22% attending Other Private Schools (23% for enrolled and 19% for non-enrolled).

Regularity in Attending School

- Among the Children attending school, 77% are attending regularly and 23 % are irregular. The distributions among enrolled and non-enrolled categories are similar.
- Some of the reasons provide for not attending school regularly include “need to support family in economic activity”, “Help in taking care of siblings / domestic help”, and “Scared of punishment in school”.

Access to Food for Children

- Access to food was very high among children with 98% children having access to enough quantity of food. But, in terms of quality measured by access to protein rich food, only 59% children said that they ate protein rich food, but only for few days in a month. The same is high for enrolled children (59%) in comparison with non-enrolled children (58%) in enrolled children. 39% of children ate normal meals without required nutrition and only 2 % missed meals or ate less because there was no enough food. Among the children who have missed the meals or ate less and often went to bed hungry because there was no enough food, there are 7 children (3 in enrolled and 4 in non-enrolled categories) reported that they have missed meals denoting higher levels of food insecurity among enrolled families.
- Parents need to be educated on food habits of the children in spite of their economic conditions for affordability to food at least children should have minimum normal food all three times in a day.

Learning Levels of Children

All the above process of support has resulted in children achieving better learning levels at schools which were assessed through age appropriate abilities of children at literacy and numeracy. The assessment showed that 37% of children were able to tell a story, 33% children write a paragraph, 21% children spell and write words correctly, 6% children able to read numerals and 2% children at beginner’s levels. Children enrolled in the program scored significantly better in all aspects when compared with non-enrolled children. Inadequate infrastructure like class rooms, drinking water facility, toilets, play material, etc., also could have contributed to lower learning levels among children.

Significant variation is reported between enrolled and non-enrolled children i.e. children who enrolled in the program have performed better compared with non-enrolled children in all the grades in “story level, paragraph level, number recognition and beginner” categories. In only “Paragraph level” non-enrolled children have scored higher than enrolled.

The age appropriate learning levels (between 6-10 and 11-14 years) shows that children aged 6-10 years scored higher percentage at ‘word and paragraph level’ categories but scored lower percentage in ‘beginner, number recognition and story level’ (3%, 14% & 8%). It is mostly similar in both non-enrolled categories. This shows that there is a huge gap in children’s learning level in the age of 6-10 years.

Children aged 11-14 years scored higher percent at only ‘Story level’ (53%) compared with children aged 6-10 years (8%) and the other grades are similar. This shows that there is no significant difference in learning levels of children in these two age groups in both enrolled and non-enrolled categories.

Parental Care and Psycho-Social Support

- Parental care was assessed by asking the children whether the caregiver was affectionate with them in, praising them, hugging them, take time to listen them, set clear rules for them and spends time with them individually. As described in the above, 63% children felt that their care taker is comforting / hugging/ praising them only sometimes, 34% of children reported it is often and the rest 3% reported their care taker is not doing the same. Only 28% of children felt

that caretaker takes time to listen to them often, 52% felt that caretaker listens to them sometimes and 20% felt caretaker does not take time to listen to them at all. Additionally, 5% felt that caretaker spends time individually with them very regularly, 40% felt sometimes and 55% felt he does not spend time with them individually.

- It shows that there is some negligence among parents on child care in terms of providing psycho-social support in all the aspects studied. Hence village level parents meetings to be strengthened and parents need to be educated on importance of parental care towards children.

Decision Making Ability

- Children knowledge on decision making was assessed using the self statements. Most of the children (around 90%) given correct responses for all the categories of statements indicating excellent knowledge among children on appropriate decision making. This is a result of awareness gone from the program to child groups which spreads to all children in the village.

Experience of Violence in School

- Conducive environment at schools contributes significantly to children's retention in schools as well as their learning levels. This includes proper care of children by teachers as well as secures surrounding in which the child feels free to express himself and learn. Children's perception of schools and their experience was assessed by asking the children to respond to two statements. 46% children "evidenced a student on their school being hit or humiliated by another student in the last 3 months".There was little variance among enrolled (44%) and non-enrolled children (50%) in the study area.
- 42% children "evidenced a student on their school being hit or humiliated by a teacher or the principal, or another adult who works in the school in the last 3 months". There was a significance difference among enrolled (44%) and non-enrolled (50%) children in the study area.
- Program promoted village level committees such as SHG, Mother's group, Child club, Youth association etc should be vigilant in addressing the violence and other risks for the Children in the community and ensure that Children should be safe and joyful in the school and community. Parent to Teacher meetings also should happen sincerely and issues of the children should be addressed by the Teachers at school level. School Management Committees (SMC) also should take an active part on this.

Children Participation

- There are 58% children are currently participating in child club/ groups. There is wide variance among enrolled (62%) and non-enrolled (49%). Among the members attending the Child Clubs, 98% children have attended monthly meetings and the rest 2% have attended weekly.

Perceived Benefit of Children Clubs

- Overall, 96% children perceived that the discussions or activities taken up at the Children Club is benefitting.
- It is a very good outcome indicator of the program that because of the child groups and their knowledge on life skills there are 98 percent children reported that they didn't experience any uncomfortable touch in any part of the body by a family member or known adult. The same number of children also reported that they didn't experience by other to touch their body part which they were not comfortable.
- Hence, it is suggested to enroll and involve all children in the village in child clubs for the benefit of entire children in the community.

Awareness among Children on Physical Changes during Adolescence

- Life Skills and awareness on changes in their physic is one of the issues that is addressed through Children's Clubs. Consequently, children were also asked about their knowledge on the physical changes taking place in their body during adolescence. 66% children were well aware of the physical changes occurred during adolescence as well as related hygiene issues. There is no significant variation between enrolled and non-enrolled children on the awareness.

The Section on LS-3 Discussed About Education, Vocational Skills, Employment, Knowledge, Access and Practice to Reproductive and Sexual Health, Abuse, Morbidity, Participation in Citizenship of the Youth Aged 15-24 Years in the Community for Both Enrolled and Non-Enrolled Categories.

Access to Secondary and Higher Education

- Out of total 414 youth assessed, 91% (94% enrolled and 82% non-enrolled) youth are continuing their education at secondary school and higher levels currently. This shows the significant contribution of the program in retaining children in education enabling them to acquire skills and qualification for meaningful employment.
- When we look into the age distribution of Youth who are continuing the education, it shows high retention and low drop-out levels in lower age groups compared to older age groups. It shows 91% of youth in age group are continuing

secondary education, followed by 90% youth in age group 19-20 years continuing under-graduate education, and 83% in age group 21-24 years continuing post-graduate / other education.

- Analysis of type of education being pursued by enrolled and non-enrolled youth shows that 42% youth (56% enrolled and 42% non-enrolled) are pursuing secondary school education; 37% youth (43% enrolled and 19% non-enrolled) are pursuing graduation; 7%1 youth (16% enrolled and 18% non-enrolled) of the technical / vocational courses; and 5% youth (4% enrolled and 6% non-enrolled) are pursuing professional courses.

Access to Vocational Skills

- The study looked at three types of training – Entrepreneur Skills, Technical Skills and Basic Business Kills. Overall, 14% of youth have completed one of the training programs. This includes 3% youth who have completed Entrepreneurship Skills training course for self-employment. This is same among enrolled and non enrolled youth. Similarly, 6 % youth have completed Basic Business Skills training; this is same among enrolled and non enrolled youth. Another 5% of youth (5% enrolled and 4% non-enrolled) have completed Technical Skill training course for a specific skill or trades such as Industrial Training.

Job Placement

- Among the 54 youth who have completed technical/ vocational courses, 22 % have secured job placement. Here the percent is higher (27%) in non-enrolled youth compared with enrolled youth (21%).

Understanding and Decision Making

- The results show that most (around 90%) of the youth have given true answers for all aspects except one on key decisions to be taken by Youth. Hence it is recommended that youth clubs to be effectively conducted the meetings regularly and life skill education to be taught to them by a trained volunteer. Also these groups to be conducted meetings separately for boys and girls for 100 percent attendance and retention. Parents also need to be aware that they should educate their Youth on these kinds of sensitive information.

Sexual and Reproductive Health

- The study assessed the knowledge of youth and source of information on sexual and reproductive health issues. This included sexual and reproductive health, sexual health issues, teenage pregnancy and sexually transmitted diseases. The study showed that higher number of enrolled youth is aware of sexual and reproductive health issues than non-enrolled youth. Though most of the youth have accessed information from multiple sources, the three of the most important sources for accessing information on sexual and reproductive health for youth are TV, Print Media and Internet; Doctors or Healthcare Providers; and Friends. This is followed by Parents and Partners (Boyfriend or Girlfriend). The other sources are Siblings and Parents.
- There is a great impact of the program on Youth who enrolled in the program that there is an excellent knowledge among Youth on reproductive and sexual health aspects. This is a result of awareness gone from the program to child groups, youth clubs which spreads to all Youth in the villages.
- The knowledge among youth on reproductive and sexual health i.e. source and utilization of contraceptives, safe sex methods etc are high in the Youth. More or less the same knowledge has been shared with non-enrolled youth also in the community.

Morbidity

- Youth were asked about the frequency of illness during the last one year including illnesses like fever, diarrhoea, skin diseases, etc. The responses showed that 6% youth had episodes of illness in last one year with not much difference among enrolled (5%) and non-enrolled (6%) children.

Measures for Healthy Lives

- Youth were also asked some of their practices to maintain their health. The responses showed that they practiced ate nutritious food, accessed health care services, did exercise and practiced yoga to pursue good health. The most important practice was consuming nutritious food, followed by appropriate medical care. Regular exercise and yoga are other practices of youth to maintain their health. There is no significant change among enrolled and non-enrolled children in the programs.