

Adolescent girls and their healthy transition to adulthood - some perspectives

Perspective

For a country which needs to achieve several developmental goals, starting from Millennium Development Goals [MDG] and now, Sustainable Developmental Goals [SDG], not just for the country itself but for the world, India stands at a unique juncture when we discuss women's health. Because time and again, despite several programmes and their modifications, there is still a lot that remains to be achieved in the domain of maternal and child health (MCH) in this country. The question thus arises, why so? There are two approaches to take when we try to 'fix' something - first one where we see from beforehand and stand prepared for the problem and hence avert it; in the second case, we wait for the problem to 'occur' and then try to find solution. The former approach is more towards prevention, whereas the latter resorts to a 'reactive' approach. And it doesn't take much analysis to understand why 'reactive' approach should be avoided and instead our programmes must be based on 'preventive' approach and try to minimise the damage if not completely avert it. In this discussion, what I am trying to bring home is what we fail to do in India's health systems. Most often than not, we miss looking at things in integration, in continuity in which things progress but focus on specific areas over emphasising on achieving targets almost wearing tight 'blinkers'. And the very apt example here would be linking adolescent health programmes with maternal child health programmes, because, it is "as you sow, so shall you reap" at the end of the day.

For a country like India which has a predominantly young population, education and health are key components to indicate development and are therefore sectors that need to be looked into, in the long run. This also echoes in the words of the Nobel Laureate, Amartya Sen, 'You need an educated, healthy workforce to sustain economic development'. Indeed, if India wants to succeed in its long term developmental goals, it has to wisely invest its resources in providing quality healthcare and education to its young generation. All this is good, but can we completely set aside the social-cultural context? We are predominantly a patriarchal setting and all the programmes that are developed, and executed and implemented need to be looked at from social cultural context. We are in a country where mothers along with fathers and family members can eliminate female child even before they are born creating discussions on dwindling sex ratio. Here we are talking about grooming our adolescent girls where families have a strong son preference. Thus, creating programmes and implementing them well, perhaps would not impact as much as if we understand the trees from their roots. It is quite a complex discussion.

Then come the aspects of access, participation and empowerment and somewhere we enter into the domain of status of women in the society. When patriarchy is the norm, women empowerment often time remains more like a terminology as everything we do would somewhere need male approval. Many from urban settings and cities would not agree. Well, do not forget India's socio-economically poor pockets, rural pockets when we discuss women's participation and empowerment. Let us think of an adolescent girl from a tribal pocket in Jharkhand - she (and her family) is aware about programmes she and girls of her age can avail for furthering their education, promote health

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Aruna Bhattacharya Chakravarty

Department of Public Health, Indian Institute of Public Health, India

Correspondence: Aruna Bhattacharya Chakravarty, Department of Public Health, Indian Institute of Public Health, Public Health Foundation of India, Delhi, India, Tel 981 1379537, Email access2aruna@gmail.com

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and economy. But then when it comes to accessing these programmes, is she independent to make a choice or a decision? Many a times, these decisions are weighed from the age old traditional lenses and not seen as a priority. The imminent future goals for girls seem to be all chalked out and nobody questions. When government comes up with many 'girl-oriented' programmes, there also parents see means of making money and not quite as a means to develop the girl child. So, talking about creating developmental programmes for girls is not enough. We need to layer it up with social cultural context and create meaningful and sustainable programmes for the girls of this country.

The next aspect I would like to discuss is 'is health really a priority?'. We have been hearing a lot about maternal and child health and reproductive health for a long time, because 'reproduction' is an important aspect in our social-cultural existence and not so much 'health'. Has this been the case, we would have stressed on several adolescent age group or childhood health programmes from so long ago. Our understanding for health is when someone falls sick and we seek treatment and get cured [reactive approach]. And not so much about investing in health with better access to care, nutrition, awareness etc. [preventive approach]. So when we discuss adolescent health and maternal child health, the focus is different. And trying to integrate these two as part of a comprehensive health programme would take some time. There are two things, one is the vision with which these programmes are designed and the second is to understand the point of view of the community when it comes to accessing these programmes. We need to do a lot more in these two aspects when it comes to adolescent girls transitioning into healthy womanhood. Just by creating opportunities for girls or having programmes benefitting them would not bring so much change in their overall participation, and empowerment. These are piece meal approaches. If these girls do not have their independence and their own understanding of their bodies, and for that matter health, we will not be able to achieve those goals we set after creating those developmental programmes. Similarly, if we have empowered our young girls but we do not create room for them when they are adults, there also we would not be able to reap benefits of these adolescent based programmes. It takes a lot of sensitization in every possible domains and sectors to really make our women participate-be it our adolescent girls or our adult women. In reality, these women would not exist in the vacuum; they will be in constant interaction with different genders, generations, and anything

and everything. And changing a part of the system or for that matter empowering a part of the system does not really bring any change or empowerment. This change has to be emancipated, envisioned and enabling.

And when we discuss health, it itself is an interrelated, complex and dependant on various factors. So wishing our adolescent girls transition into healthy women, would need us to create a robust foundation with 'what all our adolescent girls would require' from a participatory approach, knowing from them, learning from them and not at one shot but over a period of time. For example, we had created a fabulous programme for our adolescent girls, but they cannot really freely access them, and these create issues at home and/or the community, then what is the benefit? So, alongside we also have to create enabling environment by sensitizing families, communities for the need and benefit of these programmes and instil the idea that these young girls are the future mothers. We need to see our young girls as members of our society and not 'someone who would be married off in future' and invest in them to reap benefits for the entire family, community, society and the country.

The more we focus on the adolescent girls as individuals, as members of the community, citizen of the country, there would begin an overall change in perspective. It is not just for them we are

making these programmes but for us in the long run. These ideologies of 'them' and 'us' has affected this country for a long time but we cannot continue in that line as here is an opportunity that we think of being inclusive, comprehensive, and bring change. Girls are part of the whole, if we do not groom them; if we do not enable them then we are actually failing our future mothers and half of our countrymen! We need to start early, start together and start well so that our adolescent girls turn out well in their womanhood. We need to marry our developmental goals, and health programmes with social cultural contexts and it is not an easy task as every context is so very different. And policy makers need to have that vision before finalising any new programme and our communities need to demand what they want. And together these would make our young girls blossom into healthy women, and mothers. And make that age old proverb 'the hand that rocks the cradle rules the world' a reality.

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Conflict of interest

The author declares no conflict of interest.