

# Weekly Nutritional Sessions for Tribal Adolescents

## – An Initiative by the local youths

### The Context

Adolescents must eat healthily because their bodies are undergoing physical changes that influence their nutritional and dietary requirements. Teenagers are growing increasingly self-reliant and making a lot of their own eating decisions. Many teenagers go through a growth spurt, which increases their hunger and necessitates the consumption of nutritious foods. A person's nutritional and dietary needs fluctuate during adolescence due to changes in the body. Teenagers are becoming more independent and are making the majority of their own food decisions. Teenagers frequently experience growth spurts and heightened appetites. To support their growing bodies, they require nourishing foods. Teenagers eat more meals out than at home as compared to younger kids.

### The Problem Statement

253 million adolescents (10 to 19 years old) live in India, and we are at a crossroads with them about whether to waste a generation's potential or nurture them so they may change the world. We all share a responsibility to make sure that adolescence is a time of opportunity because as teenagers thrive, so do their communities. Teenage years are a nutritionally precarious time because of the fast physical growth that raises nutrient needs. Adolescent-developed eating habits may be a factor in nutrition-related issues with long-term health effects. 40% of Indian females and 18% of Indian boys are anaemic. Adolescents' growth, infection resistance, cognitive development, and productivity at work are all negatively impacted by anaemia.<sup>1</sup>

According to a survey on the diet and nutritional health of tribal adolescents in 9 states in India, 39.5 percent of teenage girls were undernourished. Males and females in the current study who were underweight made up 23.36 and 21.21 percent respectively. In another study, similar rates of underweight were discovered among adult Bhil population.<sup>2</sup> According to the study, there is a significant prevalence of hypertension among Bhil teenagers in Gujarat's Narmada area, with men being affected at a rate of 28.97% and females at a rate of 26.27%. Despite a high frequency of stage 1 and stage 2 hypertension, there was a high prevalence of underweight people. The population's high rate of undernutrition and raised blood pressure may be brought on by a lack of knowledge, an unbalanced diet, a sedentary lifestyle, a lack of resources, genetic, and environmental factors.

### The Solution

The solution to combat the issues of nutrition among adolescents, a team of locally recruited volunteers (from the adolescent group) will be responsible to conduct these sessions in the villages. Their key responsibilities will be to mobilise and advocate the program among their peers and network. This initiative will not make the locally recruited volunteers act as a mediator between the implementation partner and the community but will also act as a sense of leadership and community ownership among them. The sessions will have weekly awareness and nutritional sessions with the beneficiaries (Adolescents).

### Key Objectives

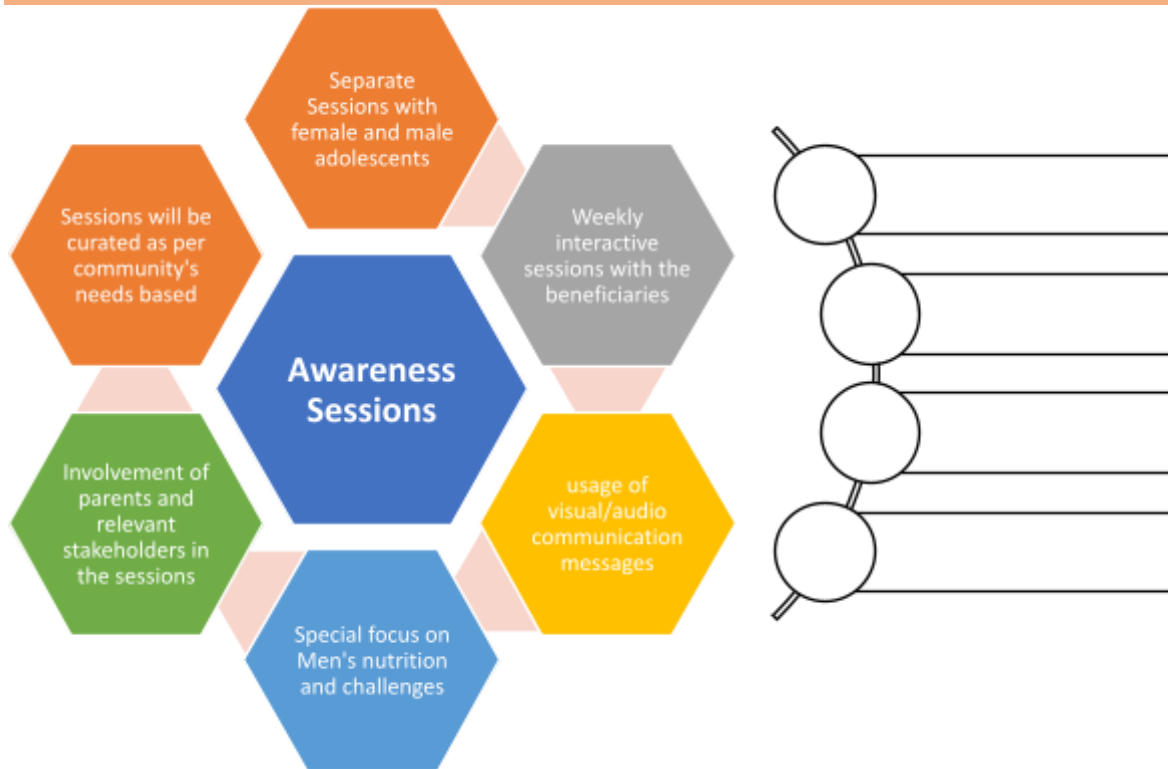
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<https://www.unicef.org/india/what-we-do/adolescent-nutrition#:~:text=Adolescence%20is%20a%20nutritional%20vulnerable,cent%20of%20boys%20are%20anaemic.>

<sup>2</sup> <http://ajms.alameenmedical.org/ArticlePDFs%5C13%20AJMS%20V13.N4.2020%20p%20291-294.pdf>

- ✓ To inculcate behaviour change in nutritional healthy diet approaches of the adolescents
- ✓ To design and curate sessions as per the needs of the community, and with separate modules for males and females
- ✓ To create a community/youth leadership within the community to ensure sustainability

**Project Approach (implementation plan)**



The sessions will be conducted in the community setting in public spaces such as community halls, meeting spaces or spaces mostly accessed by the majority of the residents. Volunteers in the project will be selected by the Project lead of the location through college/school advocacy and recruitment. The sessions will take place on the weekends when the volunteers will not have any classes or other academic engagements. However, a group of volunteers in the same location can even as a team dedicate their assigned number of hours to this project as per their availability. Each session should have atleast 20 beneficiaries attending, with a standard training module which will be sent out to the volunteers.

Target group of the beneficiaries –

Males	Females
Working Adolescents/Adolsecents consuming tobacco/alcohol	Females at their productive age/adolescent mothers/pregnant women

The Sessions will focus on the following topics and more –

- Adolescent health, how is nutrition related to it, how is this stage of growth important and determines future health, cost effective nutritious diets, avoidance of unhealthy diets

- Sexual and reproductive health (ARSH)
- For men, avoidance of tobacco, alcohol
- For women, preparation of motherhood, nutrition for the mother and child etc
- Menstrual disturbances and nutrition and health consequences associated with it

### Scale and Geography (Agile structure for block/district)

#### Theory of Change

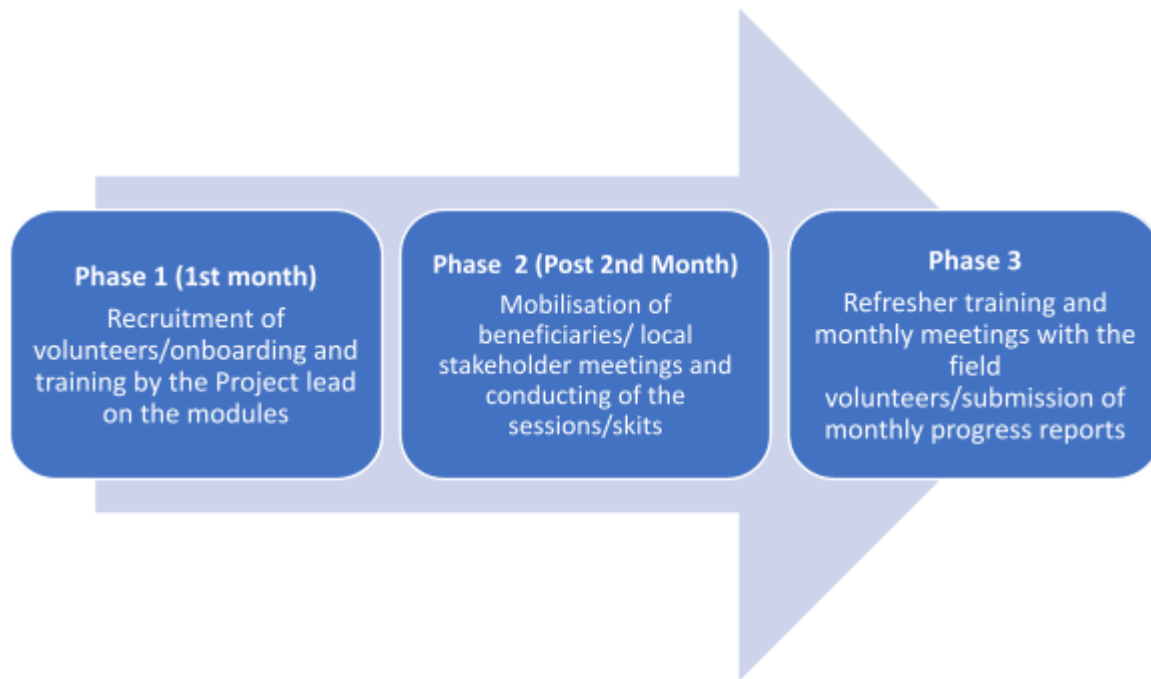
Activity	Outcome	Impact
Recruitment of local volunteers	Locally employed Volunteers with more awareness on nutrition acting as nutrition change agents in the community  Ownership in the community of the project	Employed skilled youth in the community, ensuring sustainability
Awareness sessions in the community on nutrition	More aware youths in the community on nutritional habits  Better awareness on health, nutrition, pregnancy, menstrual health	Better nutritional status of the youth in the villages  Less NCD among youths, reduction in its risks and healthier youth  Contribution to SDG 2 and 3, Zero Hunger and good health and well being

#### Key Deliverables

- Progress reports on each locations sessions/beneficiaries covered per month and a cumulative report on all locations

#### Timeline/Duration

The project will initially be only for one year (Tentatively) however, can even extend upto more years depending on the needs of the communities since the project aims to ensure behavioural change and expects to see the changes and long term impact in the community. The phases of the project starting from initiation, to execution and monitoring, the pattern below will be followed -



### Scale-up Plan/Replicability

- ✓ The project can be scaled up to conducting these sessions in colleges and schools through tie ups
- ✓ The project based on its findings and field observations can also include relevant health camps to maximise the impact of the program by adding a curative element to the preventive aspect to it
- ✓ As a part of not only scale up but also to measure the impact, post the sessions (after a year time frame), **nutritional health check-up** on the beneficiaries can also determine the project's effectiveness

### Impact Communication

### Monitoring

- ✓ Volunteers can record their attendance through an online biometric app, tracking their no. of hours dedicated
- ✓ Brief reports/pictures will also be shared post each session with details such as location, topic covered, total beneficiaries covered, observations
- ✓ Whatsapp groups can also be made location wise to share each locations' activities