

# Assessing Quality of Sensitization Programs of State-Wide Youth Mental Health Promotion Program – An Indian Example

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## Abstract

**Background:** Sensitization plays a pivotal role in raising awareness about critical youth issues and encouraging them to access support services, contributing to the success of programs like Yuva Spandana, a youth-centric mental health promotion initiative in Karnataka, India. For youth to access support within YSKs, the quality and effectiveness of sensitization programs (SPs) are crucial. A standard quality assessment through indicators for SPs is required to provide recommendations for improvement. To enlist quality indicators and assess the quality of SP conducted under Yuva Spandana (YS) program across Karnataka. **Material and Methods:** We performed secondary data analysis (utilizing data available within the computerized management information system over 5 years; 2017-2022) and direct/in-person observation of SPs (by the researcher and the core team of YS between June and July 2022 using a specifically developed checklist). Quality indicators were developed using a process of consensus building. Each attribute within the checklist was scored, and a composite mean score and mean percentage scores for quality were calculated. **Results:** Overall, 33257 SP reports and 31 in-person SPs were assessed. A total of 36 quality indicators (10 quality indicators based on SP reports and 26 based on in-person observation) were developed. The average quality score of report-based SPs was 10.93 ( $\pm 2.59$ ; range 1-20) and in-person assessment was 63.06 ( $\pm 6.61$ ; range 50-73). **Conclusion:** The study emphasizes the importance of addressing all youth issues, including sensitive topics like gender, sex, and sexuality, to ensure a holistic approach to youth mental health. Challenges faced during program execution and the distribution of Information, Education, and Communication (IEC) materials also contribute to program quality. This research offers valuable insights for improving the conduct of SPs, enhancing youth access to services, and guiding future community-based health promotion initiatives.

**Keywords:** Adolescent mental health, sensitization program, Yuva Spandana

## INTRODUCTION

Sensitization means making people “sensitive or aware” about an issue/program/intervention.<sup>[1]</sup> It also refers to making individuals and other stakeholders aware of the program so that beneficiaries can avail themselves of services. This eventually contributes to a successful program. Sensitization is intended to result in beneficial changes in people’s attitudes and responses to the program. Information, education, and communication materials (IEC) play an important part in sensitization of beneficiaries and creating awareness.<sup>[2]</sup> IEC materials include printed literature and visual media, such as videos, reels, influencer videos, and testimonials. These are crucial aids in disseminating information during a sensitization program (SP).<sup>[3]</sup> Young people suffer from an array of issues, for instance – Nutritional disorders (both malnutrition and over-nutrition), substance use, high-risk sexual behaviors, stress, common mental disorders, and injuries (road traffic

injuries, suicides, and violence of different types).<sup>[4]</sup> In addition, they undergo many societal challenges like issues with education, concentration, body-image perceptions, stress management, addictions, gender, difficulty in problem-solving, peer pressure, etc.<sup>[5]</sup> The need of the hour is to have a comprehensive approach towards different concerns, youth are facing and sensitize them on such topics. To reach young people, a group with a wide range of experiences, needs, and lifestyles, a number of approaches must be employed.<sup>[6]</sup> Different strategies need to be employed to sensitize

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**How to cite this article:** Medhi U, Banandur PS, Arvind BA, Sukumar GM, Rajeshwari, Velu S, *et al.* Assessing quality of sensitization programs of state wide youth mental health promotion program- An Indian example. Indian J Community Med 2025;50:34-42.

**Received:** 19-10-23, **Accepted:** 16-05-24, **Published:** 23-01-25

### Access this article online

Quick Response Code:



**Website:**  
www.ijcm.org.in

**DOI:**  
10.4103/ijcm.ijcm\_719\_23

them which includes improving their knowledge, changing attitudes, skill development, and focusing on social support.

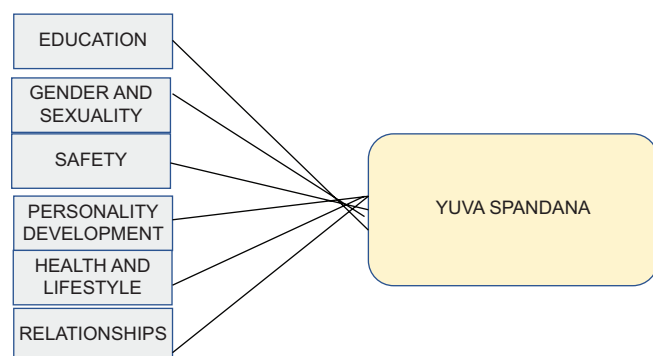
### Broadly, it addresses six major issues, which are [Figure 1]

The program Yuva Spandana, which is a “youth-friendly, youth-sensitive, youth-oriented and youth-driven” program, is implemented by the Department of Youth Empowerment and Sports, Government of Karnataka, with technical support from the Department of Epidemiology, Centre for Public Health, NIMHANS. The program Yuva Spandana was started as a youth policy initiative of Karnataka in 2012 during the year 2014.<sup>[7]</sup> Yuva Spandana is a novel mental health promotion initiative implemented in the state of Karnataka, India, with the focus on providing guidance and support services on six broad youth issues (namely gender and sexuality; health and lifestyle; youth and safety; education and career; personality development and relationship) [Figure 1]. This being a novel initiative, clientele in the program is facilitated mainly through SPs [Figure 2]. The purpose of these SPs is to create awareness about youth issues and motivate youth with concerns to seek services under the program. These SPs are conducted by trained youth named Yuva Samalochakas (YSs) – (meaning youth counselors) and Yuva Parivarthakas (YPs) – (meaning youth change agents). SPs are conducted in places where youth are available such as community, colleges, and youth clubs. Youth with issues are mobilized to seek guidance and counseling services through SPs. Guidance and counseling services are provided at youth mental health promotion clinics named Yuva Spandana Kendras (YSKs) situated in every district stadium in Karnataka.<sup>[1]</sup> Thus, for youth to access support within YSKs, the quality and effectiveness of SPs are crucial.

Through these 8 years of implementation, quality assessments were restricted to analyzing routine reports. With the program being matured, it is time to bring in formal procedures to assess the quality of SPs. Hence, there is a need to develop guidelines for the assessment of the quality of SPs under the program Yuva Spandana. Therefore, we aimed to enlist quality indicators, assess the quality of SP conducted under YS across Karnataka, and provide recommendations for future SPs.

### Aim

To assess the quality of SPs conducted under the program Yuva Spandana in various districts across Karnataka from 2017 to 2022.



**Figure 1:** Youth issues addressed under program Yuva Spandana

### Objectives

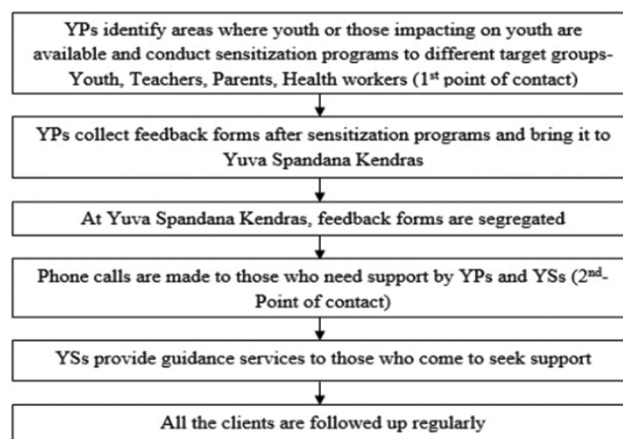
1. To describe the process of conducting SPs under Yuva Spandana in terms of:
  - i. Geographical distribution
  - ii. Type of beneficiaries
  - iii. Issues addressed
  - iv. IEC materials distributed
  - v. Challenges faced
2. To enlist indicators for assessing the quality of SPs conducted under Yuva Spandana across Karnataka.
3. To assess the quality of SPs conducted across Karnataka.

### METHODOLOGY

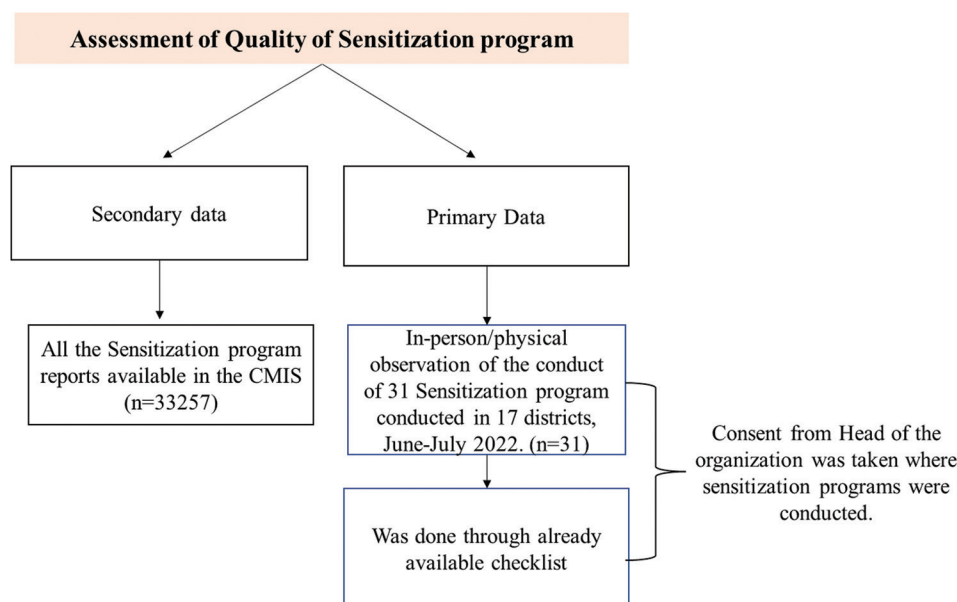
This is a cross-sectional assessment that involves both primary data collection and secondary data analysis [Figure 3].

### Quality assessment of in-person observation of SP

Primary data collection involved in-person/direct observation of select SPs conducted between June 1, 2022, and July 31, 2022. Direct observation of SPs was performed during routine monitoring visits by field staff of the program Yuva Spandana during the study period. A total of 17 districts were visited during the two months, and 31 SPs were directly observed. These field staff filled-in observation data using a specifically developed checklist during the SP conduct. This checklist consisted of information related to the date and place of SP, mode of delivery (consisted of information regarding adequate eye contact by person, active interaction, the conduct of relevant activities, and the language used is simple, understandable, and culturally appropriate), type of beneficiaries (student, teacher, parent, community, and others), issues addressed within the program such as educational and academic; youth and safety; youth health and lifestyle; relationship; gender sex and sexuality; self-development and emotional regulation, IEC (information, education, and communication) materials utilized, distributed and challenges faced by beneficiaries attending these SPs, group management by the persons conducting SPs, vital information related to the program YS (location of YSKs, working hours, services being



**Figure 2:** Process following a sensitization program



**Figure 3:** Flow of the study

free etc.) that needs to be shared during the sensitization program. This checklist was filled simultaneously during the conduct of sensitization program into a specifically developed Google Form and submitted at the completion of each program.

The quality of in-person SPs was assessed in terms of various domains, which were categorized into preparedness and presentability with a maximum possible score of 4 (consisted of information regarding resource person reaching the venue on time and banner being visibly displayed during the SP, etc.), content with maximum possible score of 6 (consisting information regarding number of issues addressed during the SP), presentation and communication with a maximum possible score of 25 (consisting information regarding active interaction, the language used, usage of audio-visual aids, etc.) and facilitating service delivery with a maximum possible score of 12 (consisting information regarding working hours of YSKs, location of YSKs, services provided and services being “free” etc.). These were either marked Yes or No (Yes = 1, No = 0) or on a 4-point rating scale (scored 0-3) based on the response. Overall quality of the SPs was assessed based on overall mean score and mean percentage score.

### Quality assessment of SP reports

Secondary data analysis was conducted utilizing reports of SPs conducted over a 5-year period between April 1, 2017, and March 31, 2022, across 30 districts of Karnataka.

Secondary data analysis using 5-year SP reports was conducted by extracting data from the Computerized Management Information System (CMIS) specifically developed for the program Yuva Spandana. SP reports are routinely filled out by YPs, and YSs conduct SPs immediately after the completion of the program using a digitized reporting format. This format consists of information on the place of SP, the type of beneficiaries, issues

addressed during the SP, difficulties/challenges faced, photographs taken, IEC materials distributed, and banners displayed.

### Development of quality indicators

Quality indicators are developed to assess the quality of SPs, both through in-person assessment and sensitization reports, involving a multi-step process aimed at capturing various dimensions of program effectiveness.

Initially, a comprehensive set of indicators under sensitization program reports available in CMIS was delineated, spanning four domains:

1. The proportion of specified beneficiaries in the total population,
2. The proportion of issues faced during SPs,
3. The utilization of IEC materials and banners, and
4. The collection of feedback forms.

Ten indicators were developed, comprising eight process indicators and two output indicators. These indicators were tailored to address specific aspects of program delivery, such as the distribution of resources, engagement with stakeholders, and responsiveness to identified issues. Notably, the indicators reflected a nuanced understanding of the challenges and opportunities inherent in conducting SPs.

The in-person quality assessment of SPs indicators consisted of a total of 25 indicators categorized into four domains, namely:

1. Preparedness and presentability indicators,
2. Content indicators,
3. Presentation and communication indicators, and
4. Facilitating service delivery indicators.

The finalization of indicators was achieved through a consensus-building process involving investigators and field-level program implementers. This collaborative approach

ensured that the indicators were both comprehensive and practical, aligning with the overarching goal of enhancing the quality of sensitization efforts within the Yuva Spandana program.

Quality assessment was conducted through routine reports and in-person assessments, enabling a holistic evaluation of program performance. Key stakeholders, including supervisors, field liaison officers, and researchers, contributed to this assessment process, providing valuable insights into program strengths and areas for improvement. Our study identified specific areas where quality could be enhanced, such as presentation and communication. To address these deficiencies, targeted interventions, including refresher training, were recommended. By focusing on capacity building in areas of identified need, the study aimed to optimize the effectiveness and efficiency of SPs within the Yuva Spandana initiative.

Overall, the developed indicators offer a robust framework for evaluating the quality of SPs, encompassing a diverse range of factors critical to program success. By systematically assessing program performance and iteratively refining strategies based on feedback and evidence, the Yuva Spandana program can continue to evolve and improve its impact on target beneficiaries.

### Statistical analysis

The overall quality of the sensitization program reports and in-person/direct observation of SPs was expressed as mean score and mean percentage score. The quality percentage score of in-person/direct observation of SPs was scored and categorized quality percentage score as  $\leq 75\%$  and  $> 75\%$ . The quality of sensitization program reports available in CMIS was scored as quality percentage scores of  $< 25\%$ ,  $\geq 25\% - < 50\%$ ,  $\geq 50\% - < 75\%$ , and  $\geq 75\%$ . Subsequently, the quality of each IEC material was assessed using the formula (scores obtained by each IEC material/maximum score for that IEC material  $\times 100$ ). Descriptive statistics of SPs and sensitization program reports were expressed as percentages and frequencies. All the analysis was performed using MS Excel. Appropriate ethical approval for this study was obtained from the institutional Ethics Committee at NIMHANS, Bengaluru, vide letter number No. NIMH/DO/IEC (BS and NS DIV)/2022.

## RESULTS

A total of 33257 SPs were conducted, and approximately 7 million beneficiaries were reached across 30 districts of Karnataka during the 5-year period.

The majority of the beneficiaries were students (74.41%), followed by community members (11.07%), including youth club members, and youth within organizations like offices, computer centers, coaching centers, etc., Other beneficiaries (8.45%) of SPs included ASHAs (accredited social health activists), NSS (National Service Scheme) officers and coordinators, Anganwadi workers, etc., The most common issue addressed was educational and academic (93.23%) issue

followed by youth, health and lifestyle (87.92%), and safety issues (87.62%). The least addressed issue was gender, sex and sexuality (65.09%). Questions asked by beneficiaries during the SPs were minimal (46.77%). Around 80% of SPs were conducted without any difficulties or challenges faced (79.61%). Only about one-sixth (16.22%) of beneficiaries sought guidance by reporting issues within the feedback forms provided at the end of each SP [Table 1]. Overall, A total of 31 SPs were assessed in person across 17 districts of Karnataka. The in-person assessment was conducted in multiple settings. And almost 50% of the in-person assessment was conducted in degree colleges (25.81%) and Pre-university colleges, followed by high schools (41.94%) (data not shown).

It was observed that banners were displayed in all the programs and were visible to "a great extent" on most occasions (80.65%) [Table 2]. The process of seeking feedback was nearly complete in almost all SPs except one where the reason for taking feedback forms was not mentioned, and feedback forms were not collected. In all the programs, feedback forms were provided to the audience, instructions on filling out the feedback forms were provided, and the confidentiality of the feedback forms was informed (data not shown). The least used audio-visual aid was PowerPoint presentation (12.90), and the least addressed issues were gender, sex, and sexuality issues (64.52%) (data not shown).

Overall, a total of 33255 SPs reports and 31 in-person SPs were assessed. The sensitization program reports had an average quality score of 10.93 ( $\pm 2.59$ ; range 1-20). Majority (69%) of them had quality percentage scores between 50 and 75%, and about a quarter of them had quality percentage score 25-50% [Table 3].

Among the in-person assessment of SPs, the average quality score was 63.06 ( $\pm 6.61$ ; range 50-73). More than 70% of them had a quality percentage score above 75%. Among the various domains of assessment, quality percentage score was more than 80% in most of the domains except in presentation and communication which had the least percentage score of 75.74%. [Table 3]

A total of 36 indicators were developed. Among them, 10 indicators consisting of 8 process indicators and 2 output indicators categorized into 4 domains assessed the quality of SPs based on reports [Table 4]. A total of 26 in-person quality assessment indicators are categorized into 4 domains consisting of 1 input indicator, 24 process indicators and 1 output indicator. Almost all the indicators had more than 85% quality, with 15 indicators achieving 100% quality, which indicates the good quality of SPs conducted under Yuva Spandana [Table 4].

## DISCUSSION

Yuva Spandana is a youth-friendly, youth-sensitive, youth-oriented mental health promotion program being implemented by youth themselves across all 30 districts of Karnataka. In this study, we aimed to assess quality of sensitization program conducted in Yuva Spandana across the state. This quality assessment utilizing



**Table 1: Conduct of Sensitization programs across Karnataka (2017-2022)**

	<i>n</i> (%)
a) Type of beneficiaries	
Student	5277730 (74.41)
Community	785442 (11.07)
Parents	238839 (3.37)
Teacher	190968 (2.69)
Others	599450 (8.45)
b) Issues addressed during Sensitization program	
Educational and academic ( <i>n</i> =33254)	31002 (93.23)
Youth health and lifestyle ( <i>n</i> =33252)	29235 (87.92)
Youth and safety ( <i>n</i> =33253)	29136 (87.62)
Relationship ( <i>n</i> =33254)	27378 (82.33)
Self-development and emotional regulation ( <i>n</i> =33253)	25292 (76.06)
Gender, sex and sexuality ( <i>n</i> =33252)	21645 (65.09)
Others ( <i>n</i> =33251)	6146 (18.48)
c) Questions asked regarding youth issues by beneficiaries ( <i>n</i> =33257)	15555 (46.77)
Educational and academic ( <i>n</i> =30997)	4432 (14.30)
Safety ( <i>n</i> =29132)	2274 (7.81)
Health and lifestyle ( <i>n</i> =29234)	2761 (9.44)
Relationship and intergenerational connect ( <i>n</i> =27375)	2089 (7.63)
Gender, sex, and sexuality ( <i>n</i> =21642)	991 (4.58)
Self-development and emotional regulation ( <i>n</i> =23505)	1785 (7.06)
Others ( <i>n</i> =6150)	1223 (19.89)
d) Difficulties/challenges faced ( <i>n</i> =33257)	6778 (20.39)
Program did not start as per scheduled time	1774 (5.33)
Provision of lesser time than the allotted time	1235 (3.71)
Provision of more than the allotted time	2192 (6.59)
Sound/mike system were not functional	546 (1.64)
Others	1031 (3.10)
d) No difficulties/challenges faced during the sensitization program ( <i>n</i> =33257)	26479 (79.61)
e) IEC Related	
Posters, Pamphlets and brochures distributed ( <i>n</i> =33255)	31473 (94.64)
Banner was displayed ( <i>n</i> =33257)	28076 (84.42)
Feedback received after sensitization programs ( <i>n</i> =33257)	26349 (79.22)
Number of beneficiaries reached	7092433
Number of feedback forms received after sensitization program	4835906 (68.18)
Number of feedback forms with issues received after sensitization program ( <i>n</i> =4835906)	784676 (16.22)

“Other issues addressed” include information on COVID-19 awareness, COVID-19 vaccine, how Yuva Spandana facilitates youth and family, etc.,  
 “Others” in questions asked includes questions on sports, environment etc

routine report data of 33257 SPs conducted over a 5-year period, and 31 in-person observations over a 2-month period revealed that almost one-fifth of sensitization program reports and more than 70% of in-person SPs had quality score percentages above 75%. Most sensitization program reports had quality percentage scores between 50 and 70%. In-person assessment of quality showed that all domains of quality had a percentage score of more than 75% with the least in presentation and communication. For quality indicators of SPs, a total of 10 indicators based on sensitization reports and 25 indicators based on in-person assessment checklists were developed under 4 domains of quality each.

In the data utilized by CMIS, there is an increasing trend in each year from 2017, except a slight dip from 2019 to 2021. This could be because of COVID-19, as all the offline SPs were halted to adhere to the COVID-19 protocols, and

online programs were conducted from 2020 onwards. Our study described the process of conducting SPs under Yuva Spandana in terms of geographical distribution, type of beneficiaries, issues addressed, IEC materials distributed, and challenges/difficulties faced during the program.

### Geographical distribution

Number of SPs and beneficiaries reached across districts is similar during the 5-year period. This is due to the uniform allocation of targets to YPs in terms of number of beneficiaries reached in a month. The differences might be due to the number of available YPs conducting SPs within the districts. The YPs work on voluntary basis and are provided honorarium based on reaching the target. Thus, the number of YPs working in a district is dynamic and is the likely reason for differences in numbers reached within districts.

**Table 2: In-person assessment of macro characteristics of sensitization programs under Yuva Spandana (June-July 2022) (n=31)**

	<i>n</i> (%)			
Resource person reached the venue 30 min before the program began	26 (85.87)			
Phone numbers shared during the program				
Yuva Spandana Kendra	30 (96.87)			
Yuva Samalochakas	21 (64.52)			
Yuva Parivarthakas	21 (64.52)			
Location details of Yuva Spandana Kendra shared	30 (96.87)			
Work hours of Yuva Spandana Kendra shared	30 (96.87)			
Offer of services “free of cost” mentioned	29 (93.75)			
	To a great extent	To Moderate extent	To some extent	Not at all
Resource person looked presentable	20 (64.52)	9 (29.03)	2 (6.45)	-
Banner was visible	25 (80.65)	6 (19.35)	-	-
Clarity on information on Yuva Spandana services provided	19 (61.29)	11 (35.48)	1 (3.23)	-
content delivered was relevant	22 (70.97)	8 (25.81)	1 (3.23)	-
Adequate eye contact established	22 (70.97)	7 (22.58)	1 (3.23)	1 (3.23)
Language used was simple/understandable	22 (70.97)	7 (22.58)	2 (6.45)	-
Language used was culturally appropriate	22 (70.97)	8 (25.81)	1 (3.23)	-
Session interactive	17 (54.84)	10 (32.26)	4 (12.90)	-
Relevance of activities conducted	17 (54.84)	11 (35.48)	1 (3.23)	2 (6.45)
Adequacy of knowledge regarding the topics addressed	20 (62.5)	11 (37.5)	-	-
Audience management	14 (43.75)	15 (48.38)	2 (6.45)	-
Resource person responded to questions posed by the audience	21 (65.62)	8 (25.80)	2 (6.45)	-
Resource person was confident	20 (62.5)	11 (37.5)	-	-
The session was paced well	20 (62.5)	8 (25.80)	3 (9.67)	-
Extent of time management by the resource person	17 (53.12)	12 (38.70)	2 (6.45)	-
Content of session was interesting	19 (59.37)	10 (32.25)	2 (6.45)	-

**Table 3: Quality assessment of Sensitization Programs (through CMIS reports and in-person assessment)**

Overall quality assessment of Sensitization program	Mean score $\pm$ SD	Mean percentage score $\pm$ SD
Based on sensitization program reports (Maximum possible score-20)	10.93 $\pm$ 2.59*	54.66 $\pm$ 12.97 <sup>s</sup>
Based on in-person assessment of sensitization reports (Maximum possible score-78)	63.06 $\pm$ 6.61*	80.85 $\pm$ 8.48 <sup>s</sup>
Quality assessment through various domains (n=31)**		
1. Preparedness and presentability (Maximum possible score 4)	3.64 $\pm$ 0.55*	91.13 $\pm$ 13.77 <sup>s</sup>
2. Content (Maximum possible score 6)	5.32 $\pm$ 1.04*	89 $\pm$ 17.42 <sup>s</sup>
3. Presentation and communication (Maximum possible score-25)	18.93 $\pm$ 3.08*	75.74 $\pm$ 12.35 <sup>s</sup>
4. Facilitating service delivery (Maximum possible score-12)	10.12 $\pm$ 1.05*	84.41 $\pm$ 8.80 <sup>s</sup>
Sensitization program reports available in CMIS (n=33255) ***	<i>n</i>	%
Percent Score <25%	367	1.10
Percent Score $\geq$ 25-<50%	8550	25.70
Percent Score $\geq$ 50-<75%	22688	68.22
Percent Score $\geq$ 75%	1650	4.96
In-person Sensitization program direct observation (n=31)		
Percent Score $\leq$ 75%	9	29.03
Percent Score >75%	22	70.97

*n* represents number of SP; % represents percentage; \*\* only select variables are considered for domain-wise assessment of quality of in-person sensitization program \*\*\*two Sensitization Program's data was missing

### Type of beneficiaries

Majority of beneficiaries were students, followed by the community, others (ASHAs, NSS coordinator, NSS officers, etc.), parents, and teachers. The majority of the youth are available within colleges and universities and are easily accessible through their management to conduct SPs. Thus,

majority of the beneficiaries are students. However, the yield in terms of client attendance at YSKs is more after SPs for parents and teachers.<sup>[3]</sup> In the Indian context, parents are key decision-makers, and teachers are key influencers for youth seeking help. Although youth seem to be independent, they are under the control of their parents or caretakers in the Indian

**Table 4: Indicators for assessing the quality of sensitization programs conducted under Yuva Spandana across Karnataka**

Sl.no	Indicator name	N/D*100
<b>INDICATORS FOR SENSITIZATION PROGRAM REPORTS AVAILABLE IN CMIS (Total=10, process=8, output=2)</b>		
1.	Indicator – Proportion of beneficiaries reached	
1.1	Percentage of students attending SPs	74.41
1.2	Percentage of community members attending SPs	11.07
1.3	Percentage of parents attending SPs	3.37
1.4	Percentage of teachers attending SPs	2.69
2.	Indicator – Proportion of issues addressed in Sensitization programs	
2.1	Proportion of sensitization programs where all issues were addressed. Note: All issues addressed means all six issues under Yuva Spandana.	58.39
2.2	Proportion of programs which faced any difficulties/challenges* Note: Difficulties/challenges means program did not start as per the scheduled time, provision of lesser time than the allotted time, provision of more than allotted time and mike/sound system were not functional.	20.38
3.	Indicator – Usage of IEC materials and banner	
3.1	Percentage of brochures and IEC materials distributed per sensitization programs	94.63
3.2	Percentage of Yuva Spandana banners displayed per SPs	84.42
4.	Indicator – Feedback and issues received	
4.1	Percentage of sensitization programs where feedback forms were received	79.22
4.2	Percentage of feedback forms with issues received per beneficiary sensitized Note: feedback forms with issues mean that the beneficiary has stated the issue he/she has and requested support from Yuva Spandana	11.06
<b>INDICATORS FOR IN-PERSON QUALITY ASSESSMENT OF SENSITIZATION PROGRAMS (Total=26, process=24, input=1, output=1)</b>		
5.	Indicator – Preparedness and presentability	
5.1	Proportion of resource persons (RP) who reached the venue at least 30 minutes before commencement of the sensitization program (SP)	85.87
5.2	Proportion of sensitization programs where banner was displayed	100
6.	Indicator – Content	
6.1	Proportion of sensitization programs where issues on Education and Academic issues were addressed.	100
6.2	Proportion of sensitization programs where issues on youth and safety issues were addressed.	77.42
6.3	Proportion of sensitization programs where issues on youth Health and Lifestyle issues were addressed	100
6.4	Proportion of sensitization programs where issues on relationship issues were addressed	90.32
6.5	Proportion of sensitization programs where issues on gender, sex, and sexuality issues were addressed	64.52
6.6	Proportion of sensitization programs where issues on Self Development and Emotional regulation issues were addressed	100
7.	Indicator – Presentation and communication	
7.1	Proportion of sensitization programs where RP had interaction with the participants	100
7.2	Proportion of sensitization programs where RP used simple/understandable language Note: Simple and understandable as perceived by the observer.	100
7.3	Proportion of sensitization programs where RP used culturally appropriate language Note: culturally appropriate language as perceived by the observer.	100
7.4	Proportion of SP where at least one audio-visual aid was used pamphlet, poster, brochure, video, PPT, blackboard and flash cards. Note: usage of any one audio-visual aid means use of any one of the following A-V aids such as Black board/White Board, Power point presentation, Flash cards, Poster, Banner, Pamphlet, Videos	100
7.5	Proportion of sensitization programs where resource person responded to the questions posed by the audience during SP conducted	100
7.6	Proportion of sensitization programs where resource person paced the session well (without any lag or hurrying)	100
7.7	Proportion of sensitization programs where resource person managed the time allotted well during SP	100
8.	Indicator – Facilitating Service delivery	
8.1	Proportion of SP where all the details about Yuva Spandana was shared Note: All details about Yuva Spandana means sharing of the following details.	54.83
8.2	Proportion of sensitization programs where working hours of Yuva Spandana Kendra was shared correctly Note: correct working hours 10 am-5 pm on all working days as specified by the Government of Karnataka.	96.87
8.3	Proportion of sensitization programs where location details of Yuva Spandana Kendra were shared correctly	96.87
8.4	Proportion of sensitization programs where contact details of Yuva Spandana Kendras were shared	96.87
8.5	Proportion of sensitization programs where resource person shared the phone numbers of Yuva Samalochakas/Yuva Parivarthakas	64.52
8.6	Proportion of sensitization programs where resource person mentioned all services offered are “FREE”	93.75
8.7	Proportion of sensitization programs where resource person distributed the feedback forms	100

Contd...

**Table 4: Contd...**

Sl.no	Indicator name	N/D*100
<b>INDICATORS FOR IN-PERSON QUALITY ASSESSMENT OF SENSITIZATION PROGRAMS (Total=26, process=24, input=1, output=1)</b>		
8.8	Proportion of sensitization programs where resource person mentioned about confidentiality of feedback forms Note: Mentioning about confidentiality-the resource person informs the beneficiaries about keeping the information provided confidential and about the disclosure to relevant people within the program with focus on serving the beneficiaries.	100
8.9	Proportion of sensitization programs where instructions was given on filling the feedback forms	100
8.10	Proportion of sensitization programs where feedback forms were collected after the SP	96.87
8.11	Proportion of sensitization programs where the brochures and/or pamphlets distributed	100

SP=Sensitization program, RP=Resource person, N=Numerator, D=Denominator

cultural context when it comes to seeking support or care. Hence, focusing on sensitizing parents and teachers would provide a better yield of clients at YSKs.<sup>[3]</sup> Thus, the proportion of specific beneficiaries is included as quality indicators. It is observed that ASHAs and NSS officers play an integral role in the awareness of the youth regarding various issues as they are in the field and serve as the first point of contact for members of the family and youth within a community. Targeting such beneficiaries might enhance client attendance at Yuva Spandana Kendras.

### Issues addressed

More than one issue addressed in sensitization is known to influence beneficiary attendance in YSKs in Karnataka. Addressing all concerns ensure that beneficiaries become aware that YSKs have something for everyone to cater. Addressing all issues is one of the indicators of quality since addressing all six issues covers the entire spectrum of services within Yuva Spandana,<sup>[6]</sup> ensuring that youth are exposed to a broader range of concerns and may relate to issues they confront and seek help at YSKs, which serves the objective of the program.

All efforts must be made to sensitize potential beneficiaries regarding all the issues addressed under the program Yuva Spandana to facilitate them to access services and support mainstreaming. For both the in-person and report-based assessments, the least addressed issues were gender, sex and sexuality and safety. Gender, sex, and sexuality encompass a wide range of topics like gender roles, perspectives, discrimination, gender-based violence, child sexual abuse, sexually transmitted diseases/infections, etc.<sup>[4]</sup> These issues are known as crucial determinants and antecedents of youth mental health problems, especially during their formative years.<sup>[6]</sup> Thus, these issues need to be addressed during adolescence and youth to ensure healthy adulthood.<sup>[3]</sup> Stigma associated with these issues<sup>[3]</sup> might be a barrier for resource persons to address such issues in a group atmosphere such as that in SP. Although these topics are sensitive and associated with stigma, they need to be addressed through SPs. This ensures beneficiaries become aware of such issues and services available within the Yuva Spandana Kendras. At places where it is not conducive to openly sensitizing/creating awareness about these sensitive issues, various types of IEC materials (both conventional and unconventional) can be made available to beneficiaries attending SPs.

### Challenges/difficulties faced during conducting SP

Challenges and difficulties faced are an important indicator of quality of SPs as smooth conduct of the program ensures that the resource person is focused on the content of the program rather than its challenges/difficulties, thereby improving quality. As per sensitization program reports, most of the programs conducted did not face any difficulty or challenges except a few due to lesser/more time allotment, the program not starting as per scheduled time, and the sound/mike system not being functional. Reaching the venue of the program ahead of time ensures addressing such challenges/difficulties, if any, and improves the quality of SPs. IEC materials such as posters, pamphlets, and brochures were distributed, and feedback forms were received in the majority of the programs. Distribution of IEC materials during SPs and feedback forms received after the SPs not only creates awareness but also affects client attendance.<sup>[6]</sup> These IEC materials serve as teaching aids that provide program-related information and sensitization to a targeted audience that impacts on accessing services. Further, beneficiaries reporting issues within the feedback forms open a window of opportunity for Yuva Spandana to support them with guidance and access services available within the program. Hence, these are part of quality indicators of SPs.

Indicators were developed with a focus on improving client attendance based on experience implementing the program over 5 years. The indicators were developed and finalized through a process of consensus building involving the investigators and field-level program implementers. This activity of developing indicators for SPs was undertaken to comprehensively ensure quality of every aspect of the program, including SPs. Ideally, these indicators had to be developed during the early stages of the program. Initially, priority was to focus on rolling out the program as well as providing quality guidance services as the program is unique and has no precedence. There were few indicators like a proportion of beneficiaries, issues addressed, challenges/difficulties faced, etc., utilized as part of the routine reporting within the system. This study adds value to the existing literature and in improving the quality of conduct of SP enhancing the quality of implementation of the program Yuva Spandana.

Quality assessment in this study was based on routine reports by those who conduct SPs and in-person assessment conducted by supervisors, field liaison officers, field coordinator, YPs,



YSs, researcher, etc., Both the assessments enable looking into gaps, reasons for such deficiencies, and aspects that need attention. This can be in the form of concurrent feedback provided by the person conducting in-person assessment or through incorporating this evidence as part of refresher trainings. For example, in our study quality is lagging in the domain of presentation and communication. Focusing on presentation and communication during training will lead to improved quality of SPs and efficiency of conduct of program Yuva Spandana. Another example is conduct of SPs focusing on gender, sex and sexuality issues, which have various challenges as gender, biological sex, and sexual orientation (GSS) play a pivotal role in shaping the mental well-being of young individuals, particularly during their developmental phase. Concerns related to GSS have been linked to a range of adverse mental health outcomes, such as depression and attempted self-harm, which can in turn hinder educational and professional pursuits.<sup>[8]</sup> Prevailing societal norms and instances of bias might deter youths from openly addressing their GSS-related challenges with others. Additionally, revealing a marginalized GSS identity could potentially result in exclusion, thereby influencing an individual's mental health negatively.<sup>[9]</sup>

### Strengths and limitations

Our study showcases 5-year data of large sample size and geographical distribution across all 30 districts of Karnataka. This is one of the strengths of the study. This makes the results generalizable to Yuva Spandana SPs within Karnataka. The methodology adopted for the assessment of the quality of SPs is a strength. One methodology is to utilize CMIS report, and the other is in-person assessment with actual observation of the conduct of the SP. This provides validation of both the quality of the program as well as the authenticity of reports. YS and YPs who utilize CMIS to report are rigorously trained in both capturing and entering data in CMIS. (Banandur *et al.*, 2020)<sup>[4]</sup> This ensures the quality of reporting. The fact that quality indicators are developed out of experience implementing the programs for 5 years involving consensus building throws light on the methodology of indicator development, which can be of value for such an exercise in other similar programs. The indicators developed are comprehensive and involve an array of aspects related to the quality of SPs, focusing on improving clientele, thereby serving the objective of the program Yuva Spandana. Not all the post-sensitization forms were filled after the sensitization program. This serves as an important determinant to assess the effectiveness of the conduct of SP. Most of the SPs are conducted in local language (Kannada). Thus, the person conducting in-person assessment needs to be able to understand and comprehend the local language to provide input. Also, among the indicators developed, there are certain indicators that are subjective to assess (understandability, usage of simple language, interaction with participants, and response to questions addressed). Although this seems a limitation, the inclusion of these indicators for in-person assessment

provides an indication of user perspective and adds value to understanding field realities.

### CONCLUSION

Understanding the conduct of SPs within Yuva Spandana enables improved execution of both Yuva Spandana and its SPs. Given the dearth of major community-based youth mental health promotion models in India and worldwide, this Karnataka state-wide experience provides crucial insights into how the SPs can be enhanced to increase clientele and access to services. Our study findings also provide valuable insights for program managers, implementers, policymakers, and funders on aspects to consider when planning and executing major community-based health promotion programs or models.

### Acknowledgments

The authors are grateful to Dr. Palak Poddar and Dr. Jaya Surya for their contributions to the study.

### Financial support and sponsorship

Nil.

### Conflicts of interest

There are no conflicts of interest.

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