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MEDICAL FACILITIES AVAILABLE TO TEENAGE GIRLS IN HARYANA: DISTRICT-WISE ANALYSIS WITH SPECIAL FOCUS ON PANCHKULA - 2024-2025

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ABSTRACT

This research paper examines the medical facilities available to teenage girls aged 10 to 19 years in Haryana, featuring a district-wise analysis and a special focus on Panchkula district for the year 2024-2025. Adolescent girls in Haryana face major health challenges such as anaemia, malnutrition, poor menstrual hygiene, and limited access to adolescent-friendly health services. The study is based on secondary data from NFHS-5, Women and Child Development Department Haryana, Department of Economic and Statistical Affairs, Govt. of Haryana, Poshan Abhiyaan Initiative, and Haryana Health Department reports. It analyses state-level schemes like Poshan 2.0 and Scheme for Adolescent Girls (SAG), district-wise sex ratio data, and health infrastructure in Panchkula and Pinjore. The findings show that while Panchkula benefits from urban infrastructure, proximity to PGI Chandigarh, and the headquarters of the Haryana State Commission for Protection of Child Rights, other districts like Sirsa and Sonipat show a decline in sex ratio and need urgent intervention. The paper also highlights gaps in Anganwadi infrastructure, vacant posts, and low awareness about Adolescent Friendly Health Clinics. The paper concludes that district-level monitoring, regular school health screening, active Kishori Samooh groups, and improved Anganwadi facilities are essential for ensuring equal and quality healthcare for teenage girls across Haryana.

Keywords: Teenage Girls, Haryana, Panchkula, Medical Facilities, Anaemia, Poshan 2.0, SAG, Adolescent Health

1. Introduction

In Haryana, the health of adolescent girls aged 10-19 years is a state priority. In 2024-25, budget under Poshan 2.0 and the Scheme for Adolescent Girls (SAG) increased by 16 percent. This paper analyses the State of adolescent health serivces across Haryana, with a targeted focal study on Panchkula district.

Teenage girls face specific vulnerabilities, including anaemia, malnutrition, menstrual hygiene, mental health and inadequate access to adolescent-friendly health services. Haryana has sought to address these issues through Anganwadi Centres, Adolescent Friendly Health Clinics (AFHC), and integrated school health programmes.

2. Objectives and Methodology

2.1 Objectives:

- To evaluate the availability and accessibility of medical facility for teenage girls in Haryana.
- To compare healthcare infrastructure and demographic indicator across districts.
- To conduct a detailed case study of Panchkula / Pinjore.

2.2 Methodology:

This study utilizes secondary data collected from WCD Haryana, NFHS-5 fact sheets, Poshan Abhiyaan reports, and official Haryana Health Department data for 2024-25.

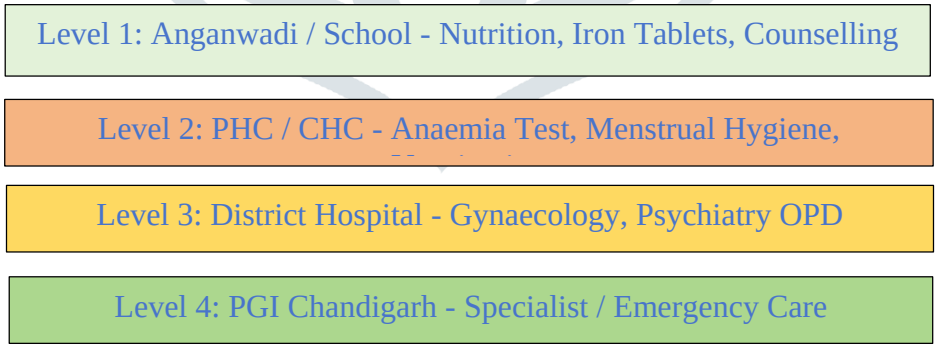
3. State-Wide Schemes (2024-25 Status)

- SAG Scheme: 13,439 beneficiaries identified across the State. In September, 2024, a monthly cohort of 1,451 girls received targeted nutrition support. The financial outlay for the scheme was Rs. 352.59 Lakh.
- Poshan 2.0: Rs 226 Cr released in 2023-24. Poshan 2.0 comprises 82 percent of WCD budget allocation.
- Anaemia Prevelance : 61 percent of breastfeeding women and 72 percent of children in the State are anaemic.
- Free Sanitary Napkins: State-wide distribution drives manage through schools and Anganwadi centres.
- Kishori Samooh and Adolescent Health Days: Monthly counselling sessions covering nutrition, personal hygiene, and mental health.

table 1: major schemes for teenage girls - haryana 2024-25

Schemes	Primary Benefit	Budget/ Status
SAG	Nutrition + Counselling	Rs 352.59 Lakh
Poshan 2.0	Nutrition, Anaemia control	Rs 226 Cr
Free Sanitary Napkins	Menstrual Hygiene	State-wide distribution
Kishori Samooh	Health and Hygiene Awareness	Monthly in AWCs

diagram 1: levels of medical facilities for teenage girls



4. District-Wise Sex Ratio in Haryana

table 2: district-wise sex ratio

District	Sex Ratio in 2025	Sex Ratio in 2024	Change from 2024
Fatehabad	961	898	+63
Panchkula	971	916	+55
Panipat	951	899	+52
Charkhi Dadri	913	871	+42
Karnal	944	919	+25
Kaihtal	924	902	+22
Ambala	926	907	+19

Kurukshetra	927	911	+16
Jind	918	902	+16
District	Sex Ratio in 2025	Sex Ratio in 2024	Change from 2024
Nuh/Mewat	935	920	+15
Haryana	923	910	+13
Jhajjar	915	904	+11
Rohtak	898	887	+11
Bhiwani	926	916	+10
Rewari	882	873	+9
Mahendargarh	905	899	+6
Yamunanagar	943	938	+5
Sirsa	937	932	+5
Palwal	912	907	+5
Gurgaon	901	897	+4
Faridabad	916	919	-3
Sonepat	894	901	-7

The comparative analysis of district-wise sex ratio data for the years 2024 and 2025 indicates a significant and encouraging improvement in the overall sex ratio across Haryana. Out of the 21 districts considered, 19 districts have registered an increase in their sex ratio, while only 2 districts, namely Sonepat and Faridabad, have recorded a decline. This indicates that approximately 90.48% of the districts have shown positive growth, reflecting an encouraging trend in district-level performance.

Fatehabad has emerged as the best-performing district in terms of year-on-year improvement, registering an increase of 63 points, from 898 in 2024 to 961 in 2025. Panchkula and Panipat have also demonstrated remarkable progress, with improvements of 55 and 52 points, respectively. These districts may be considered examples of positive performance, and their strategies and initiatives may be studied to identify practices that could be replicated in other districts.

In terms of the overall sex ratio achieved in 2025, Panchkula secured the highest position with 971 females per 1,000 males, followed by Fatehabad (961) and Panipat (951). On the other hand, Rewari recorded the lowest sex ratio of 882, followed by Gurgaon (901) and Sonepat (894). The considerable variation among districts highlights the need for district-specific planning, continuous monitoring and focused implementation of awareness and intervention programmes.

At the state level, Haryana's sex ratio improved from 910 in 2024 to 923 in 2025, registering a net increase of 13 points. This improvement reflects positive progress; however, sustained efforts are required to ensure that the gains are maintained and extended uniformly across all districts.

Particular attention needs to be given to Sonepat and Faridabad, where a decline of 7 and 3 points, respectively, has been observed. The concerned district administrations should undertake a detailed review of the factors contributing to this decline and strengthen monitoring mechanisms, public awareness campaigns and coordination among the departments concerned.

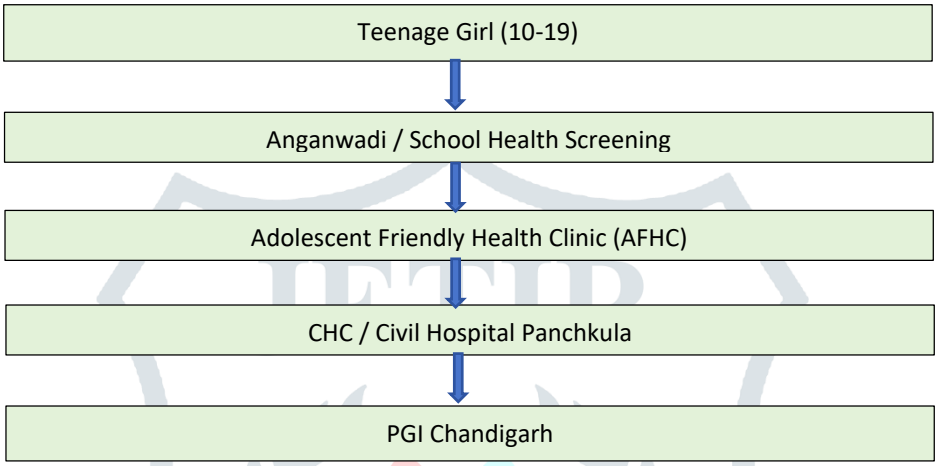
5. Panchkula / Pinjore Specific Status

- Haryana State Commission for Protection of Child Rights: Headquartered in Panchkula; directly monitors complaints, child safety, and adolescent welfare across the State.
- Infrastructure Advantage: As a primary urban district, Panchkula features well equipped CHCs, a Civil Hospital, and Private clinics providing specialized adolescent Health services.
- Anganwadi Infrastructure Gaps: State wide, 28 percent of AWCs lack toilet facility and 11 percent lack drinking water. Panchkula urban AWCs perform significantly better than the State average.
- Referral Facilities: Pinjore lies within 20 km of PGI, Chandigarh and Civil Hospital, Panchkula providing rapid access to Gynaecology and Psychiatry OPD.
- School Health Integration: Schools in Panchkula conduct regular health screenings, hemoglobin tests, and hygiene workshops.

table 3: panchkula / pinjore-available facilities

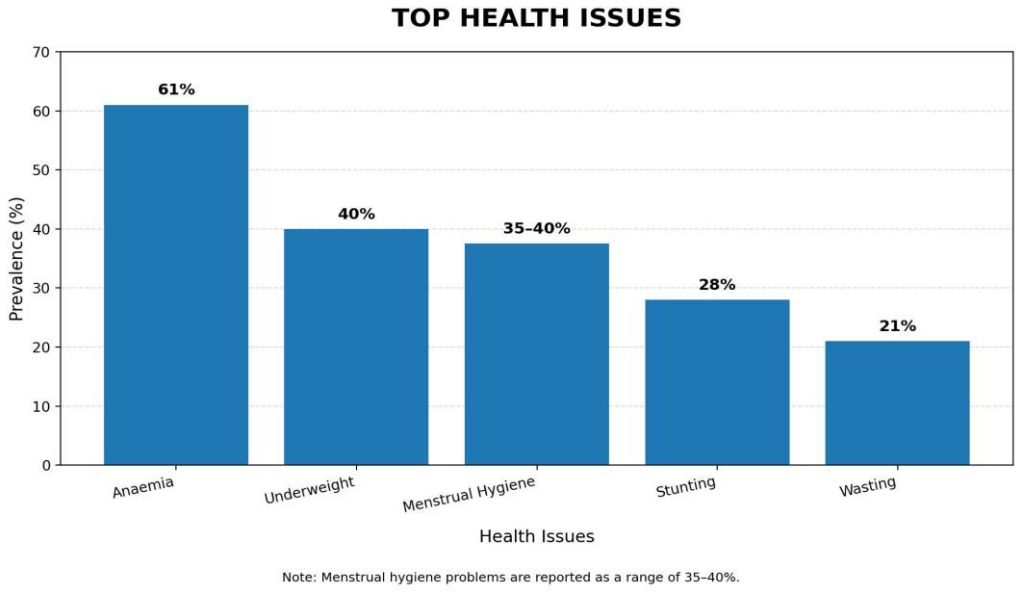
Place	Facility	Distance from Pinjore
Pinjore	PHC / CHC, AWCs	0-5 km
Panchkula	Civil Hospital, Child Rights HQ	15-20 km
Chandigarh	PGI - Gynae + Psychiatry	20-25 km
School	Health Screening, Iron Tablets	In School

diagram 2: health referral flow



6. Health Issues among teenage girls

chart 1: prevalence of major health issues and percentage distribution of identified health issues.



The survey findings indicate that nutritional deficiencies and menstrual health concerns are significant issues among the surveyed population. Anaemia (61%) emerges as the most prevalent health problem, followed by underweight (40%), menstrual hygiene problems (35–40%), stunting (28%) and wasting (21%).

The high prevalence of anaemia highlights the need for improved dietary habits, adequate iron intake, regular haemoglobin screening and appropriate iron and folic acid supplementation. The considerable percentage of underweight and wasting cases indicates possible nutritional inadequacies, while stunting reflects concerns regarding long-term growth and development. Furthermore, menstrual hygiene

problems among 35–40% of the population highlight the need for better awareness, access to sanitary products, hygienic practices and menstrual health education.

Overall, the findings suggest that anaemia is the biggest health concern, while malnutrition and menstrual hygiene are other major areas requiring attention. These issues call for comprehensive health awareness programmes, nutritional interventions, regular medical check-ups, counselling and coordination with healthcare professionals to improve the overall health and well-being of the surveyed population.

7. Challenges and Recommendations

7.1 Key Challenges:

- AWC infrastructure deficits (sanitation and clean water access).
- Urban-rural disparities in speciallized adolescent care access.
- Low community awareness regarding Adolescent Friendly Health Clinics.
- Social Stigma surrounding menstrual hygiene and mental health counselling.
- Staff shortages with 6-8 % vacant health and administrative posts.

7.2 Recommendations for Panchkula/Pinjore:

- Strengthen Screening: Fully activate regular school health screenings and monthly Kishori Samooh meetings.
- Mobile AFHC Camps: Conduct monthly mobile clinic outreach camps in Pinjore and surrounding rural blocks.
- Infrastructure Upgrades: Ensure 100 percent functional toilet and water coverage across all AWCs.
- Anaemia Control Camps: Institute quarterly statewide anaemia check-ups and distribution drives.
- Monitoring Dashboard: Establish a centralized district-level dashboard to track health indicators for adolescent girls.
- Community Awareness: Implement targeted campaigns to reduce stigma around teenage mental health and menstrual hygiene.

8. Conclusion

Healthcare facilities in urban districts like Panchkula benefit from solid infrastructure and proximity to tertiary centers like PGI Chandigarh. However, rural regions and districts such as Sirsa and Sonipat exhibit declining sex ratios and require immediate structural interventions. Ensuring equitable health outcomes for teenage girls across Haryana requires robust district-level monitoring, modernized Anganwadi infrastructure, and active adolescent health outreach.

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